

THE RIGHT TO BREATHE:

HUMAN RIGHTS TRAINING FOR PEOPLE WITH AND AFFECTED BY TUBERCULOSIS

Manual for Facilitators



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**The Right to Breathe:
Human Rights Training for TB Survivors and Affected Communities
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ACRONYMS

ACHIEVE – Action for Health Initiatives

ACT! AP – Activists Coalition on TB Asia-Pacific

BCG – Bacillus Calmette-Guérin

CBNAAT – Cartridge-based Nucleic Acid Amplification Test

CSO – Civil Society Organisation

DOTS – Direct Observed Treatment Shortcourse

HIV – Human Immunodeficiency Virus

HLM – High-Level Meeting

HRBA – Human Rights Based Approach

LAM – Lipoarabinomannan assay

MDR-TB – Multi-drug Resistant Tuberculosis

PLHIV – People Living with HIV

TB – Tuberculosis

UN – United Nations

INTRODUCTION

In 2018, of the 3.9 billion population in Asia and the Pacific, 6.2 million people were diagnosed with tuberculosis.¹ The Asia-Pacific region contributes to over 50% of the global burden on TB and MDR-TB - a global epidemic that has historically been ignored and mostly affects millions of poor, marginalised and vulnerable populations and communities.

The global community's call for a paradigm shift in TB responses, reflected in the Global Plan to End TB¹ and in the WHO End TB Strategy², including a greater focus on people and communities and the need for a rights-based approach³, has started to gain global attention and traction. This is evident in the various TB-affected community and civil society communiques ahead of the first UN High Level Meeting (HLM) on TB in September 2018, in which the need for the full incorporation of human rights language and content in the UN HLM on TB Political Declaration is a key demand⁴. The Political Declaration to be endorsed at the UN HLM, following the conclusion of a second silence procedure period, released on the official website of the President of the UN General Assembly, retained much of the human rights language called for by civil society ahead of HLM on TB including commitments to: access to affordable medicines, an end to stigma and all forms of discrimination, involvement of communities and civil society, recognise the various socio-cultural barriers to access, and, developing community based health services through approaches that protect and promote equity, ethics, gender equality, and human rights. In addition, there has been efforts to understand the barriers to access experienced by people affected by TB through: national legal environment, gender, stigma and key population assessments⁵ support by the Stop TB Partnership and the community monitoring tools including OnelImpact⁶.

As the global community of TB advocates work to secure high-level political commitment for a rights-based TB response and unpack human rights in the context of TB through the Declaration of the rights of people affected by TB⁷, community and civil society mobilisation on the ground are essential for safeguarding and holding governments accountable to the rights of people and communities affected by TB. However, awareness and understanding of human rights principles remain relatively low amongst people living with and affected by TB in much part of Asia-Pacific. Efforts towards integrating and operationalising human rights principles in national TB responses are further challenged by restrictive political environments in most parts of the region.

¹ Global Plan to End TB http://www.stoptb.org/assets/documents/global/plan/GPR_2018-2022_Digital.pdf

² WHO End TB Strategy https://www.who.int/tb/post2015_strategy/en/

³ A Human Rights-based Approach to Tuberculosis: The Nairobi Strategy (June 2016) found at: <http://www.stoptb.org/assets/documents/communities/NairobiTBStrategyFINAL.pdf>

⁴ The Nairobi Strategy High Level Meeting on TB and Human Rights Communique (August 2018) found at: <http://www.kelinkenyana.org/delegates-secure-the-voice-of-human-rights-in-tb-response-through-communique-to-the-un-high-level-meeting/>

⁵ Stop TB Partnership: Community, Rights, and Gender webpage found at <http://www.stoptb.org/communities/>

⁶ Stop TB Partnership OnelImpact app found at <https://stoptbpartnershiponeimpact.org/#>

⁷ Declaration of the Rights of People Affected By Tuberculosis <http://www.stoptb.org/assets/documents/communities/Declaration%20of%20the%20rights%20of%20people%20affected%20by%20TB%20-%20A5%20english%20version.pdf>

Declaration of the Rights of People Affected by Tuberculosis

- Article 2. Right to life
- Article 3. Right to dignity
- Article 4. Right to the highest attainable standard of physical and mental health (right to health)
- Article 5. Right to freedom from torture and other cruel, inhuman or degrading treatment
- Article 6. Right to equality and freedom from discrimination
- Article 7. Right to liberty and security of person
- Article 8. Freedom of movement
- Article 9. Right to privacy and family life
- Article 10. Right to confidentiality
- Article 11. Right to information
- Article 12. Right to informed consent
- Article 13. Right to education
- Article 14. Right to work
- Article 15. Right to adequate food
- Article 16. Right to housing
- Article 17. Right to water and sanitation
- Article 18. Right to social security
- Article 19. Right to freedom of expression
- Article 20. Right to freedom of assembly and association
- Article 21. Right to participation
- Article 22. Right to justice and due process
- Article 23. Right to enjoy the benefits of scientific progress (right to science)

Read more about the Declaration of the Rights of People Affected by Tuberculosis here:

<http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf>

ACT! AP⁸ and its members, including KHANA in Cambodia⁹ and Action for Health Initiatives (ACHIEVE), Inc. in the Philippines^{10,11}, are critically positioned in the region to develop innovative approaches for enhancing community awareness and supporting sustainable community engagement mobilisation in rights-based TB responses. Collectively, ACT! AP members have extensive experience in working with vulnerable communities, facilitating community mobilisation and community-based monitoring, as well as designing and conducting community capacity building activities in their respective countries.

The goal of this module is to strengthen the capacity of people living with and affected by TB in Asia-Pacific in seeking accountability from governments and other duty bearers for their rights in the implementation of national TB strategies.

⁸ <https://apcaso.org/new-asia-pacific-coalition-of-tb-activists-launched/>

⁹ More information on KHANA Cambodia can be found at: <https://www.khana.org.kh/>

¹⁰ More information on Action for Health Initiatives (ACHIEVE), Inc. Philippines can be found at: <https://www.facebook.com/achieve.philippines.inc/>

¹¹ Both KHANA Cambodia and ACHIEVE, Inc. in the Philippines are also Stop TB Partnerships' Challenge Facility for Civil Society grantees

TB Affected Communities, in the Declaration of the rights of people affected by TB, refers to: Any person with tuberculosis disease or who previously had tuberculosis disease, as well as their care givers and immediate family members, and members of tuberculosis key and vulnerable populations, such as children, health care workers, indigenous peoples, people living with HIV, people who use drugs, prisoners, miners, mobile and migrant populations, women, and the urban and rural poor.

Training Objectives

1. To enhance the understanding of TB-affected communities of the relationship between human rights and tuberculosis;
2. To build the capacity of TB-affected communities to document human rights violations experienced by communities affected by tuberculosis; and
3. To build the capacity of TB-affected communities to engage in advocacy that contributes to stronger national TB programmes that would overcome barriers to access and bridges gaps in their countries' response to tuberculosis.

¹² Declaration of the Rights of People Affected By Tuberculosis <http://www.stoptb.org/assets/documents/communities/Declaration%20of%20the%20rights%20of%20people%20affected%20by%20TB%20-%20A5%20english%20version.pdf>

CHAPTER 1

NOTE TO THE TRAINING FACILITATORS

This manual was designed for training facilitators who work in civil society organisations (CSOs) that implement interventions on TB, HIV and human rights, and who have had prior experience in conducting human rights training for communities affected by TB or HIV. This is an important note because human rights training workshops have a tendency to become too conceptual. For community participants, however, it is important that the discussion on human rights be grounded on their everyday experiences so participants can better grasp the human rights concepts that will be discussed in this training. The other big challenge is grounding the concept of human rights in the context of TB and making sure that the link between these two issues are clear to the participants.

Given the complexity of the issues of human rights and TB, adequate preparation can make or break this workshop. There are different levels of preparation needed before the actual training is conducted. As the training facilitator, you need to carefully consider the following:

First, you need to prepare yourself as a trainer. You will not only be teaching your participants concepts that are difficult to grasp, but you also have to be open to learning from the lived realities of your participants, including the legal, political, social and economic barriers to access they have faced, because this entire workshop builds on their experiences. Though this manual will give you a detailed step-by-step of conducting the activities, it is up to you to draw out the relationships between and among the concepts and their experiences.

Second, human rights principles and concepts, and policies and laws are difficult to break down in a community-based training context because you would not want to bore your participants with long and text-heavy slide presentations. The good news is that people have an innate capacity to realise when they are being treated badly, unfairly, or unjustly. People may not always know what terms to use and they may not always understand human rights language but they instinctively know when there is something wrong with the way they are being treated.

Third, it may be challenging to convince communities affected by stigmatised diseases like tuberculosis that they have the capacity to do something about their situation. This is why community empowerment takes a long time and why this training manual need to be part of a more comprehensive and sustainable community-building program. In this training, the structured learning activities are designed for the participants to also realise the important role they have in initiating and effecting changes in their communities.

It is suggested that you review the entire manual prior to the training to give you an idea of everything that needs to be prepared before the actual training. This will also help you have a holistic view of the structure of the training, which will allow you to see how the different modules are connected and how they are geared towards achieving the training objectives.

¹³ *Global Plan to End TB* http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTbPartnership.pdf

About the Training Manual

This training manual was developed by TB-affected communities and TB activists to build and strengthen the capacity of people with and affected by TB to better understand the human rights issues and abuses they encounter and be able to respond constructively. Communities affected by TB include communities of people with TB disease, those who have previously had TB disease, and key populations like children, healthcare workers, indigenous peoples, people living with HIV, people who use drugs, prisoners, miners, mobile populations, women, the urban and rural poor, and their families, and dependents and their caregivers. This manual was designed primarily for members of these communities, who have been previously engaged by TB survivor groups and networks, TB peer support groups or organisations of key populations of TB, as well as civil society organisations that conduct capacity building and advocacy activities¹³.

This training manual builds on the participants' previous experience in participating in a TB- or and human rights-related activity. It is not advisable to include members of the community who have just been diagnosed with tuberculosis because they may need immediate support or psycho-social service, which this training will not be able to provide.

The training will run for three days. The sessions are interactive and were designed to maximise participation of the participants. Given the number of days and the topics covered, it is ideal to have 20 to 25 training participants to ensure adequate time for the participants to share their thoughts and experience.

Overview of the Modules in this Manual

This manual contains the minimum required set of modules to achieve the training objectives mentioned in the preceding section. Although the modules in this manual were meant to be conducted in one training workshop, these may be used separately, depending on the context of the training participants. Likewise, each module may be combined with other modules that best suit the needs of the participants.

Like all training workshops, this cannot be a single and stand alone activity. This needs to be part of a more comprehensive program designed to build a community movement to help end TB.

All the modules contain the module's objective, the amount of time needed to conduct them, and the list of materials. There is a step-by-step guide within this manual to help conduct the activities followed by a section called *Minimum Standard Information for Input and Discussion*. This section can be shared with the participants through slide presentations and discussions. They can also be included in handouts that will be distributed to the participants for reference.

¹³ *Global Plan to End TB* http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTBPartnership.pdf

What follows is a summary of the modules contained in this manual. As mentioned, the training facilitator should review the entire manual to have a better understanding of how the modules are structured and how each module builds on the one before it.

1. **Preliminaries.** Like most training activities, this begins with an opening session, which is found in this module called Preliminaries. Here, the training facilitator and the participants will have a chance to get to know each other, as well as share their expectations for the training. The training facilitator will also provide an overview of the training objectives and the topics that will be discussed during the three-day training. This will allow the facilitator to compare the expectations of the participants to what the training can provide. A pre-test will also be conducted at the beginning of the training. This tool will give the training team a means to assess the learning of the participants at the end of the training using a post test tool.
2. **TB and Human Rights Situation.** To set the context of the training, this module will provide an overview of the current TB and human rights situation in the country or locality, whichever is most relevant to the participants. This session will give the participants an idea of the magnitude of TB, the trends of the disease, as well as the broad human rights concerns related to TB. This session will establish the rationale or the need for TB-affected communities to undergo a training on TB and human rights.
3. **Basic Orientation on TB.** In this module, participants will undergo an interactive session that will give them basic information about TB, how it is transmitted, how it can be prevented, and how it is treated. Participants may already know some information in this session so this can serve as a review for them. This session will also provide time for the participants to brainstorm and to explore society's perceptions about TB and people who have TB, and the impact of these perceptions on TB-affected communities.
4. **Understanding Human Rights Issues in TB.** This human rights module will take about one and a half days to complete. In this module, participants will learn about basic human rights information and gain an understanding of the human rights issues related to TB.
 - a. To help participants understand human rights, which is somewhat an abstract concept, the module begins with exploring the experiences of the participants when they had TB disease. For members of key populations who have not yet experienced having TB, the first session in this module will explore their fears and concerns about having TB disease. This will be done through a letter-writing exercise, which they will share with their group. Additionally, the experiences that will be shared by the participants in this session will be used to identify human rights issues related to TB in the succeeding sessions.

- a. There is a chance that participants may feel overwhelmed when sharing their experiences of having TB, especially if they recall experiences of maltreatment or discrimination. Because of this, there is a short debriefing session included in this manual to allow the participants to unload their emotional baggages and be able to move on to the next session. Note that the session described in this manual is a suggestion. Training facilitators may choose a different method based on what is more appropriate for the participants.
- b. The next step in this module will require the participants to go back to their groups to review the letters they shared and identify the various difficulties and challenges they experienced in relation to having TB or being at-risk of getting TB disease. They will also identify the outcomes or impact of such challenging experiences on the persons who experienced them. The challenges and the outcomes will be written down on Post-its or coloured papers and will be posted on the board. They will be used as reference for the succeeding sessions.
- c. The role-playing exercise will allow the participants to have a deeper understanding of the challenges they experienced. It will also give them an opportunity to explore how they can change the outcomes of the challenging experiences that they have earlier identified.
- d. After the series of activities, there is a need to synthesise the session and recap the key learning points on human rights in the context of TB. This can be done through a slide presentation that contains basic information about human rights. There are also a number of short animated videos on basic human rights information online that are accessible and can be used for this session.
- e. After the synthesis, participants will go back to their groups, review the role-plays they presented and identify the human rights violations that were shown. After they have identified the human rights violations, they will be asked to try to identify the different duty-bearers or government agencies who they think have the responsibility or mandate to address the human rights violations that they identified. They will write the duty-bearers on Post-Its and post them up. This list of duty-bearers will be used in a later session on advocacy.

The module on human rights sets the conceptual understanding of human rights in the context of the participants' experience as TB survivors or from affected communities. In the next two modules, participants will be applying what they have learned through: 1) documenting human rights violations among TB-affected communities, and 2) engaging in advocacy.

1. **Documenting TB-related Human Rights Violations.** This module will provide participants with the skill to interview members of their communities who may have experienced human rights violations and will capture these experiences in a human rights documentation template.
2. **Advocacy.** Engaging in advocacy is a crucial skill that TB-affected communities need to learn so they can participate in decision-making processes, raise their issues and concerns to duty-bearers and decision makers, and effect changes in laws, policies, programs, and services. They will be utilising outputs from previous modules for the advocacy skills-building session.

This three-day training activity will culminate into an advocacy planning workshop that should be pursued and supported after the training. After the participants have shared their advocacy plans, the post-test questionnaire will be administered. An evaluation of the training will also be conducted using the evaluation tool along with this manual.

Training At A Glance

DAY	DAY 1	DAY 2	DAY 3
AM	Module 1: Preliminaries Module 2: TB and Human Rights Situation Module 3: Basic Orientation on TB	Module 4: Understanding Human Rights Issues in TB (contd.)	Module 6: Advocacy
PM	Module 4: Understanding Human Rights Issues in TB	Module 5: Documenting TB-related Human Rights Violations	Module 6: Advocacy (contd.)

Training Venue and Other Logistics

It is important to consider the venue for this training workshop, one that is conducive for learning and big enough to accommodate the various activities that participants are expected to do while ensuring their comfort. There are activities that require participants to be at a comfortable distance from each other. While this is not a training that can be done in a classroom-type of venue where participants are expected to be sitting down the whole time, tables may be needed in some sessions so make sure that the venue can be flexibly customised as needed.

The list below summarises all the equipment, materials and supplies that will be needed for this training:

1. Laptop
2. LCD projector
3. Flip chart papers
4. Post-its or coloured papers
5. Markers
6. Masking tapes
7. Writing pad
8. Ballpens

The following tools need to be prepared and printed out too before the actual training:

1. Pre-test/post-test questionnaire
2. Training agenda
3. Sample documentation tool
4. Training evaluation form
5. Advocacy plan template

CHAPTER 2

TRAINING MODULES

A. Preliminaries

<p>Objective</p> <p>To formally open the training workshop, to introduce the participants to each other and share their expectations for the training workshop, and to clarify the objectives of the training.</p>	<p>Activities</p> <ol style="list-style-type: none">1. Introductions2. Expectations Setting3. Slide presentation4. House Rules Agreement5. Pre-Test
<p>Materials</p> <ol style="list-style-type: none">1. Flip chart2. Markers3. Post-Its or coloured paper cut to the size of Post-Its4. Pre-test questionnaire	<p>Time</p> <p>1 hour</p>

Conduct the Pre-test (20 minutes)

As a simple way to measure the learning of the participants, a short pre-test questionnaire (*Annex 1*) should be administered at the beginning of the day. It would be best to distribute the questionnaire as the participants enter the room so they can accomplish it before the training starts.

1. Inform the participants that they will be answering a pre- and post-training questionnaire to check how much they have learned from the training. Make sure to explain that the results of the tests will not have consequences. Explain to the participants that it is ok if they are not sure of their answers.
2. Distribute the questionnaires.
3. Give the participants 10 minutes to answer the questionnaire.
4. After 10 minutes, collect the questionnaires.
5. Set them aside and check them later.

Introduction of Participants (15 minutes)

It is typical to begin a training workshop with an opening program to welcome the participants and inform them of what to expect from this activity. This is when you establish why they are in this training.

You may begin with a formal welcoming remarks that is usually done by the organisers. It is best to allocate no more than 5 minutes for this session.

1. Divide the participants into two groups.
2. Tell the first group to form a circle and turn to face outwards.
3. Tell the second group to form another circle around the first group, facing inward. You should have these two circles of participants facing each other, each participant with a partner.
4. Give the following instructions:
 - a. All those from the inner circle will introduce themselves to their partners first.
 - b. Share your name, where you are from (village or city) and name one thing that gives you joy.
 - c. Then those from the outer circle will also introduce themselves to their partners. Each pair should be finished introducing each other in under a minute.
 - d. After the pairs have introduced themselves to each other, those in the outer circle will move one step to their right so that they are facing another person from the inner circle.
 - e. Repeat this process and continue doing so until they return to their original partner.
 - f. Let the participants sit down. Ask around some of the things that the participants mentioned that give them joy.
5. As training facilitator, you should also join the activity so you can introduce yourself to the participants and get to know them as well.

Expectations and Objective Setting (15 minutes)

1. Distribute Post-Its and markers to the participants.
2. Tell the participants to write one expectation for the training on the Post-Its and stick on the board in front of the room.
3. As the participants are sticking their Post-Its on the board, you can cluster them according to expectations on the training content, methodology, the facilitator, their co-participants and others.
4. When all the participants have placed their Post-Its on the board, summarise the expectations and clarify if there are expectations that are unclear.
5. Proceed to sharing the objectives of the training so you can immediately clarify what will be covered by the training and what will not.
6. Share an overview of the program for the next three days.

House Rules (10 minutes)

Setting the house rules is important to help ensure a conducive learning environment for the participants. Ask the participants what they think should be included in the house rules that will be followed by everyone for the duration of the training. Some of the common house rules include the following:

1. Be on time.
2. Put mobile phones in silent mode and avoid using them during the sessions, unless it is an emergency.
3. Be respectful of others.
4. Keep confidential the personal stories that will be shared by the participants.
5. Participate actively in the training.

The trainer or the participants can add more to the list when needed. It is also suggested that these house rules be written on a flip chart paper and taped on one side of the room for the duration of the training to remind the participants. As a ceremonial agreement to these house rules, invite the participants to sign the flip chart around the written rules.

B. TB and Human Rights Situation

<p>Objective</p> <p>To provide an overview of the current TB situation in the country or locality as the context for the for the training.</p>	<p>Materials</p> <ol style="list-style-type: none">1. Laptop2. LCD projector
	<p>Time</p> <p>45 minutes</p>

To set the context for and explain the need for the training, a context-setting session should be conducted. This can be a simple presentation of the current TB situation in the country and/or in your locality, as needed. If available, it would be important to include human rights-related information in your presentation of the TB situation. A Powerpoint presentation may be used to guide this session. Key information included in the presentation are the following:

1. TB incidence and prevalence
2. Communities most affected by TB
3. Reasons for the the spread of TB in the country or locality
4. The interventions being done by the government and other stakeholders to address TB
5. The gaps and challenges in the existing TB interventions.

The slide presenting the reasons for the spread of TB in the country, as well as the gaps in the TB response can open the discussion about human rights issues faced by TB-affected communities and also surface the extent to which the government has failed to promote, protect and fulfill the rights of the people, leading to the rise in the number of people who have TB.

C. Basic Orientation on TB

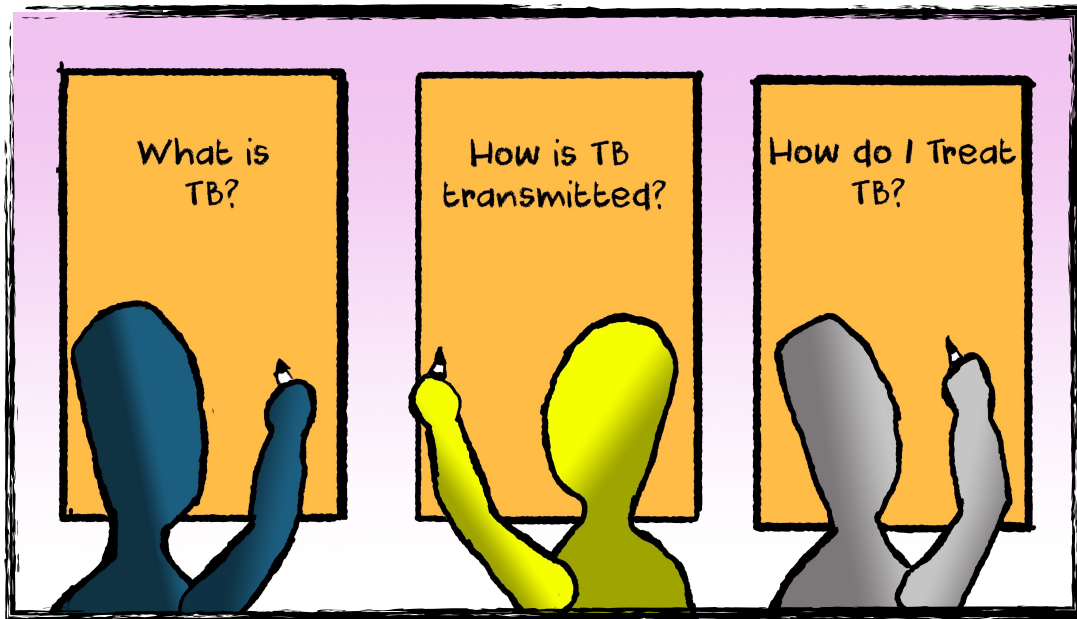
<p>Objective</p> <p>To provide the participants with basic information about TB as an infection or disease.</p>	<p>Materials</p> <ol style="list-style-type: none">1. Markers2. Flip chart papers3. Masking tape4. Laptop computer and LCD projector for PowerPoint presentation (optional)
<p>Activities</p> <ol style="list-style-type: none">1. Group activity: Carousel2. Plenary discussion3. Slide presentation (optional)	<p>Time:</p> <p>1 hour</p>

Things To Do Before the Training

Before the actual training, you need to prepare your carousel. This activity is called a carousel because the process looks like a real carnival carousel (or a roundabout or a merry-go-round in some contexts), you will be asking your participants to move from one station to another in a circle around the training room. This carousel will be comprised of seven (7) stations arranged in a circle around the training room. Each station will have one question that participants will have to answer during this activity.

Preparatory Steps:

1. Prepare 7 sheets of flip chart paper. These will be your stations in your carousel.
2. Prepare the questions that you will put on each of the station. Type them or write them legibly, one question in one sheet of bond paper. Make them large enough to fill the whole page. These are the questions:
 - a. What is TB?
 - b. How is TB transmitted?
 - c. What are the symptoms of TB disease?
 - d. Who are most vulnerable to TB?
 - e. How would I know if I have TB?
 - f. How do I treat TB?
 - g. How do I protect myself from TB disease?



3. It is better to set up the carousel before the participants enter the training room. This will take about 10 minutes to prepare.
4. Take the flip chart paper and stick them to the wall around the training room. Make sure to distribute them so that they are arranged in similar distances from each other and forming a rough circle around the room.
5. Take each question and stick them above the flipchart – one question per station - following the sequence of the questions above in a clockwise manner. Number the flip chart stations 1 through 7.
6. After putting up the questions on each of the stations, cover them with blank sheets of bond paper for now.

Instructions for the Activity

1. Start the activity by dividing the participants randomly into 7 groups. Ask them to come together into the number that correspond to their group.
2. Ask each group to stand in front of the stations in sequence. Group 1 will stand in front of the post with the first question; Group 2 in front of the second question and so on until all the groups have been assigned a station.
3. Give each group a marker. Remind the participants not to touch the covered questions until the instructions for the activity have been explained.
 - a. At the signal, groups will uncover the question and read them. Then, they will have to agree on ONLY one answer and write their answer down on the flip chart paper. Each group is allowed to write only one answer. Give the participants about a minute to do this.
 - b. After a minute, say "Move!". At this point the groups will move to the next station on their right. On the next station, they will do the above step again.
 - c. Repeat this until all the groups have been given an opportunity to write their answers on all the stations.
 - d. Make sure that the groups do not repeat answers that have already been written by the other groups before them. This will encourage the groups to think of other answers. If they cannot think of any other answer, they can leave a blank beside the number corresponding to their answer.
 - e. When all the groups have gone around the carousel, ask them to go back to their seats. Each of the stations will need to have 7 items (count including the groups that gave no answers and were left blank).
4. Go over the answers on the stations. Start from the station with the first question and go through all the stations in sequence.
5. Affirm correct answers and respond to incorrect answers. Encourage questions from the participants.
6. Use a slide presentation if needed to provide basic TB information but make sure that the slides follow the sequence of the questions on the carousel. If there is no slide presentation, prepare handouts before the training and distribute them after this discussion. You may use the information in the next section titled "Minimum Standard Information for Input and Discussion".
7. Invite questions or comments from the participants.

Minimum Standard Information for Input and Discussion on Basic Orientation on TB (For Handout or Powerpoint Presentation)

What is TB?

Tuberculosis (TB) is an infectious disease caused by a bacteria called *Mycobacterium Tuberculosis*. Pulmonary TB occurs when the lungs get infected by this bacteria. When TB affects other organs, or parts of the body, like the bones, joints, kidneys, brain, or genitals, it is called extra-pulmonary TB.

There are different forms of TB:

1. Latent TB infection (LTBI) – A person can have TB bacteria in the body but it is inactive. This means there are no symptoms. The result of an x-ray may be negative.
2. Drug susceptible TB (DS TB) – Refers to the form of TB wherein the bacteria is susceptible to available drugs, thus, if taken properly, will be cured of TB
3. Drug resistant TB (DR TB) – Refers to the form of TB where the bacteria is resistant to at least one of the main TB drugs. The main TB drugs are isoniazid, rifampicin, ethambutol, and pyrazinamide. There are also newer drugs that are becoming more available but the price can be relatively expensive and may not be registered yet in country's drug formularies.
4. Multi-drug resistant TB (MDR TB) – This is the form of TB where the bacteria is resistant to at least isoniazid and rifampicin, which are two of the most effective TB drugs. Treatment of the TB disease does not respond to the standard 6-month treatment regimen.
5. Extensively drug resistant TB (XDR TB) – This form for TB is where the bacteria is resistant to at least rifampicin and isoniazid, in addition to at least one of the fluoroquinolones and at least one of the second line injectable TB drugs such as amikacin, kanamycin or capreomycin. Treatment for this form of TB does not respond to the standard six-month treatment regimen.
6. Totally drug resistant TB (TDR TB) – The form of TB where the bacteria is resistant to all first line and second line drugs and fluoroquinolones.

How is TB transmitted?

TB is spread through the air. A person can get infected with pulmonary TB when one inhales droplets of mucous containing the bacteria. TB-infected mucous can be expelled to the air when a person with TB coughs, sneezes, or spits. The bacteria can settle in the lungs and may cause pulmonary TB. It can also be carried through the blood stream to other organs of the body and may cause extra-pulmonary TB.

A person who has inhaled TB-infected mucous may not always develop TB disease. The bacteria can stay in the body as latent TB infection, waiting for a person's immune system to weaken so it can become active or develop into TB disease.

The following are common misconceptions about TB that you need to correct:

1. TB is hereditary.
2. TB can be transmitted through utensils, clothes, or blankets.
3. TB can be transmitted through handshakes or hugging people who have TB.

What are the symptoms of pulmonary TB disease?

1. Active and persistent cough for over two weeks
2. Blood in the phlegm
3. Chest pains
4. Fever
5. Loss of appetite
6. Loss of weight
7. Breathlessness

Who are most vulnerable to TB?

Everyone is vulnerable to TB infection because everyone breathes air. However there are communities of people who are more at risk of having TB disease, or key populations to tuberculosis. These are:

1. People with weak immune system, such as:
 - a. people who have HIV, diabetes and other immune compromising illnesses
 - b. people with poor nutrition
 - c. older people
2. People who smoke excessively, drink alcohol excessively and/or use illicit drugs
3. People who live and work in enclosed spaces like miners, factory workers
4. People in prison or otherwise detained
5. Mobile, migrant, and nomadic people
6. Indigenous populations

How would I know if I have TB?

Pulmonary TB is diagnosed by testing the sputum and getting an X-ray. The preferred test is a Cartridge-based Nucleic Acid Amplification Test (CBNAAT) Xpert MTB/RIF. For PLHIV, additional testing using TB LAM (lipoarabinomannan assay) is recommended. Extra-pulmonary TB is diagnosed by examining the specific affected area and taking samples to be examined under the microscope. These tests, in combination with the symptoms can determine active TB infection or TB disease. Once TB disease is diagnosed, a drug sensitivity test should be undertaken to determine if a person has drug-sensitivity or has drug resistant-TB.

It is important to note that it is particularly difficult to diagnose TB disease in children. This is primarily because of the difficulty to collect sputum from children including infants. In addition, even if sputum are collected, sputum tests would turn out negative since the amount of the bacteria might be too small for the test to produce a valid result.

Bacillus Calmette-Guérin (BCG) is still the recommended vaccine for infants and young children under 5 years.

How is TB treated?

TB is almost always a curable disease. TB medicines are generally available for free in public health facilities. The treatment for drug susceptible TB takes six (6) to eight (8) months. The standard treatment consists of a combination of drugs – Isoniazid, Rifampicin, Ethambutol, and Pyrazinamide.

For drug-resistant TB, the treatment takes longer, generally from 18 months to up to 24 months. However, the availability of new drugs like Bedaquiline, Delamanid, Clofazime and Linezolid makes it possible to shorten the duration to 9 months while using oral treatment. For XDR-TB, a newly approved Pretomanid has been recently introduced.

Treatment adherence is very important to cure TB. However, there are times when a person with TB finds it hard to adhere to or finish treatment because the side effects (e.g. itchy skin, rashes, nausea, darker colour of urine, diarrhoea, tingling sensation in the extremities; to more dangerous side effects such as inflammation of the liver, and temporary or permanent hearing loss) may be too hard to manage, or because the daily trips to the treatment facility interferes with their livelihood. Incorrect prescription, missing treatment, or stopping treatment can cause the TB bacteria to become resistant to medication. When this happens, the drugs needed to treat it must be stronger but more toxic. Treatment for drug resistant TB is also more expensive and will take longer treatment time period. To help ensure treatment adherence, the person with TB is encouraged to have a treatment partner or treatment support. This treatment partner is expected to support the person with TB, remind them to take their medicines, and support them in managing other aspects of treatment, including side effects and its impact in their daily lives.

How do I protect myself from TB infection and disease?

1. A strong immune system can protect a person from developing TB disease.
2. It is important to have enough rest.
3. Have a good diet of nutritious food.
4. Reduce smoking, and avoid excessive alcohol intake and inhalant drugs.
5. After a short period on treatment, people affected by TB are no longer infectious. Adhering to treatment, therefore, can prevent transmission of TB.
6. Cover the your nose and mouth when coughing to prevent the further spread of TB if you have TB-related symptoms. If face masks are available and accessible, wear them.
7. Keep windows open and ensure good ventilation, especially in crowded spaces.

Stop TB Partnership's Resources

Stop TB Partnership has developed an app that contains basic information about TB. This app, named OneImpact, is currently being implemented in Indonesia and in Cambodia. Those with smartphones can download the app by visiting the website at <https://stoptbpartnershiponeimpact.org/> or through the App Store.

The Stop TB Partnership also developed a dashboard that monitors countries' progress in their TB response. This link can be introduced during the discussions: <http://www.stoptb.org/resources/cd/>

Core message

1. TB is a communicable disease but it is curable and preventable.
2. Treatment adherence is key to curing TB, preventing recurrence, as well as in preventing the spread of infection.
3. It is important to understand why there are persons with TB who do not finish their treatment regimen so that service providers can include a range of services that address these difficulties or challenges and overcome the barriers a person experiences during treatment.

Additional References

10 Facts about Tuberculosis. WHO, September 2018. <https://www.who.int/features/factfiles/tuberculosis/en/>
Basic TB Facts. CDC. March 2016. <https://www.cdc.gov/tb/topic/basics/default.htm>

D. Bridging Session: TB-related Issues in the Community

Objective

To trigger participants to start thinking about the issues faced by people who have TB.

Time:

30 minutes

Steps:

1. Use the following questions to guide this brainstorming session. Note that these questions build on the answers of your participants.
 - a. Who among you know someone who has or had TB?
 - b. In your opinion, what does your community think about people who have TB?
 - c. What do you think are the effects of these perceptions on people who have TB?
 - d. What do you think are the effects of these perceptions on the TB situation in your locality/country?
2. If it helps, you can use a story or a case study.
 - a. John or Jane has been diagnosed with TB. If his/her neighbours found out about his/her TB infection, how do you think they would react? What would they think about him/her? How would they treat him/her?
 - b. If the neighbours/community have a negative reaction to John/Jane because of his/her TB infection, what will happen to John/Jane? How will he/she react? What will he/she do or not do?
 - c. If more and more people get infected with TB like John/Jane and people around them continue to treat them the same way John/Jane was treated by his/her neighbours, what do you think will happen to the TB situation in the whole locality/country?
3. Highlight the participants' responses that reflect experiences of discrimination or violations.
4. There is a chance that participants will open up about their personal experiences. Acknowledge these and remind them that you will have more time in the next session to talk about their individual experiences.
5. End the brainstorming session with a summary of the issues shared by the participants and reiterate that these issues are commonly experienced by people who have TB in different places and countries.

E. TB and Human Rights

Objective

To enhance the understanding of the participants on the human rights issues experienced by people

Activities

1. Letter-writing
2. Group Sharing
3. Unloading and Meditation Session
4. Group Work
5. Role-playing
6. Discussion and Slide presentation

Materials

1. Writing pads
2. Ballpens
3. Post-its or coloured papers
4. Markers
5. Masking tape
6. Meditation music, preferably one with the sound of a river flowing
7. Laptop and projector

Time:

6 hours and 30 minutes

Steps:

Letter-writing activity (60 minutes)

1. Distribute the writing pads and pens to the participants.
2. Instruct the participants to share their experiences when they had TB by writing a letter to someone they trust. They can choose anyone they can address their letter. Inform them that they will read their letters to other members of the group in the next session.
3. To help the participants organise what they want to share, give them the following guide questions:
 - a. What was the most difficult or challenging for you when you had TB?
 - b. What were your fears about having TB?
4. In case there are participants that belong to key populations but have not experienced having TB, give the following guide questions:
 - a. What would you do if you found out you had TB?
 - b. How would you react and why?
 - c. What do you think would be most difficult for you if you were diagnosed with TB?
5. Give the participants an hour to reflect and write their letters.

Group Sharing (60 minutes)

1. Divide the participants randomly in groups of 4.
2. Ask each group to sit closely together in a circle. Make sure the groups have adequate spaces in between to minimise the noise during the activity.
3. Each participant will take turns reading their letters to their group mates.
4. Allow one hour for all the participants to read their letters to each other.

Unloading Activity (15 minutes)

Writing letters and reading them to others might be emotional for the participants. You need to give them some time to release these emotions before moving forward to the next session. This activity will help your participants “unload” whatever baggage may have surfaced from the previous activity. Note that there may be participants who might remember traumatic experiences during the letter-writing or group sharing activity. It would be advisable to have a social worker or a counsellor available to help participants process their emotions or experiences.

1. Request the participants to take a chair, form a circle, and sit down.
2. Ask if there is anyone among the participants who would like to share their feelings about the letter-writing and sharing activities that they just did. Encourage the participants to speak while also reminding them that the room was a safe space and that everyone in it agreed to respect each other’s thoughts and feelings. You may also ask questions about how they felt while listening to others reading while reading their letters.
3. It would be a good idea to point out the common experiences among the participants, as the case may be. Remind them that these common grounds can be foundations for them to come together as a solid community that supports each other.
4. After everyone who wanted to share have expressed their thoughts or feelings, ask the participants to all stand up. The facilitator (or a counsellor or social worker who may be invited for this session) can lead the participants to performing breathing exercises: invite the participants to close their eyes and begin inhaling to calm themselves and exhaling to release their emotional or psychological baggages. Repeat this a number of times, as appropriate. You may play a soothing music as this exercise is being done.
5. After the breathing exercises, tell participants to raise their arms and shake their hands in the air. Do the same with each leg. Tell them to imagine that as they are shaking their arms, hands, legs and feet, they are shaking off the negative experiences and the negative feelings associated with them.
6. After this, ask how the participants are feeling. Find out if anyone needs more time for debriefing. If there are participants who need more time for debriefing, it would be a good idea to take a 15-minute break.
7. Before letting the participants go for a break, invite them for a group hug as a symbol of community support for each other.

8. This session may be done in different ways, depending on what is culturally appropriate the emotional state of the participants after the letter reading activity. What is important is for the participants to be able to release negative emotions that may have come out from writing and sharing about their difficult experiences in relation to TB, and the consciousness that their experience is not solely theirs but a shared experience of the entire group.

Group Work to Identify Challenges and Outcomes of these Challenges (60 minutes)

1. Request the participants to go back to their small groups.
2. Provide each group with Post-Its or coloured papers of two different colours and markers.
3. Use one colour of Post-Its for participants to write down all the difficult experiences or challenges they encountered when they had TB. When they are finished, ask them to use the Post-It of another colour to write down the effects of these difficulties/challenges on their lives.
4. Give the participants 30 minutes for this group work.
5. After 30 minutes, ask each groups to share what they have written down on their Post-Its. Start with the difficult experiences or challenges, and then the effects of these difficulties.
6. As they are sharing the results of their group work, tell them to stick their responses on a board or a wall.
7. Summarise the results by grouping the common experiences but also point out the unique experiences. Even if these were experienced only by a few of the participants, they are as important.
8. After you have summarised everything, inform the participants that you will use the inputs from their experiences for the next session.
9. Invite questions or comments from the participants.

If the suggested agenda was followed, the first day of the training has just concluded. If not, there should be a break of about 30 minutes before the next session. During this break, the facilitator or the training team would need to run through the following:

1. Spend some time grouping the responses from the first set of Post-Its on the wall. Re-cluster or re-classify the responses on the following themes:
 - **Acts of discrimination due to their TB status** – these are actions that treat people with TB differently, usually in a negative way, because they have TB or because they are perceived or suspected to have TB. For example, being disqualified from a job application solely because the perspective employer found out the applicant has, had, or is suspected to have TB.
 - **Human rights violations that are not acts of discrimination** – these are acts of discrimination that can be perpetuated by the State or state actors such as the police, public health service providers, among others. For example, when a person with TB cannot access medicines because there are no stocks in their nearest health centre is considered other human rights violations that are not acts of discrimination.

- **Other challenges or difficulties** – if you are unsure of a particular act of discrimination, put them under this category. For example, adverse side effects of drugs can be considered as difficulties.
2. All the Post-Its containing the effects of difficult experiences should also be grouped into the following themes:
 - Physical – for example, physical side effects of drugs such as diarrhoea or darkened urine
 - Psychological or Emotional – for example, depression, anxiety, helplessness
 - Social – for example, feelings of isolation, being rejected by family
 - Financial or Economic – for example, catastrophic effects while being on TB treatment
 - Others – if you cannot categorise any effects, put them under this category

Leave these clustered Post-Its on the wall. Ask the participants to come back to the room.

1. Refer to the Post-its on the wall. Explain to the participants how the Post-Its have been rearranged into the different themes. Mention the different themes under which the Post-Its were clustered.
2. Introduce the terms “human rights violations” and “acts of discrimination” and define them using the post-its on the board as examples.

Role-Playing (120 minutes)

1. Divide the participants randomly into two (2) main groups.
2. Ask the groups to choose one from among the various human rights violations or acts of discrimination written on the Post-Its.
3. Tell each group to divide themselves further into two sub-groups. Assign one sub-group to be the ‘Violations’ and the other sub-group as the ‘Ideal’. The ‘Violations’ sub-group will create a 3-minute role-play about the chosen experience. The ‘Ideal’ sub-group will also create a 3-minute role play about the same experience but this time, they will change the scenes into what they think is the ideal scenario. This can be a scenario wherein no act of discrimination was experienced, or a solution to responding the act of discrimination or human rights violation. Use the following as an example:
 - a. The first role-play will show that Jane was terminated from her job when her employer found out that she was diagnosed with TB.
 - b. The second role-play will show that when Jane’s employer found out she had TB, her employer made sure that the company clinic provided her medicines so she could continue working.
4. Give the groups 45 minutes to prepare and practice their role-playing.
5. Each group will take turns presenting their role-plays. Start with the violations then the ideal from one group.

Input and Discussion (30 minutes)

After the role-playing is finished, discuss which violations were presented in the role plays and affirm that these are indeed violations.

1. Ask the participants to return to the plenary. Lead a brainstorming session with the participants using the following guide questions:
 - a. Is the ideal scenario presented in the role-play possible in real life?
 - b. If yes, what things or elements need to be present to make the ideal scenario possible?
 - c. If no, what are the things that prevent the ideal scenario from happening in real life?
 - d. Who should make sure that the ideal scenario is possible?
2. Using a slide presentation, introduce the definition of human rights, and who are the rights holders and who are the duty bearers in order to fulfil these rights. You may use the information in the next pages titled, *Minimum Standard Information for Input and Discussion on TB and Human Rights* for reference.
3. Ask the participants to return to their groups and list all the rights that they think need to be fulfilled to realise the ideal scenario in their role-play. Give 15 minutes for this activity.
4. Ask each group to share what they have in their lists.

Identifying Human Rights Violations (30 minutes)

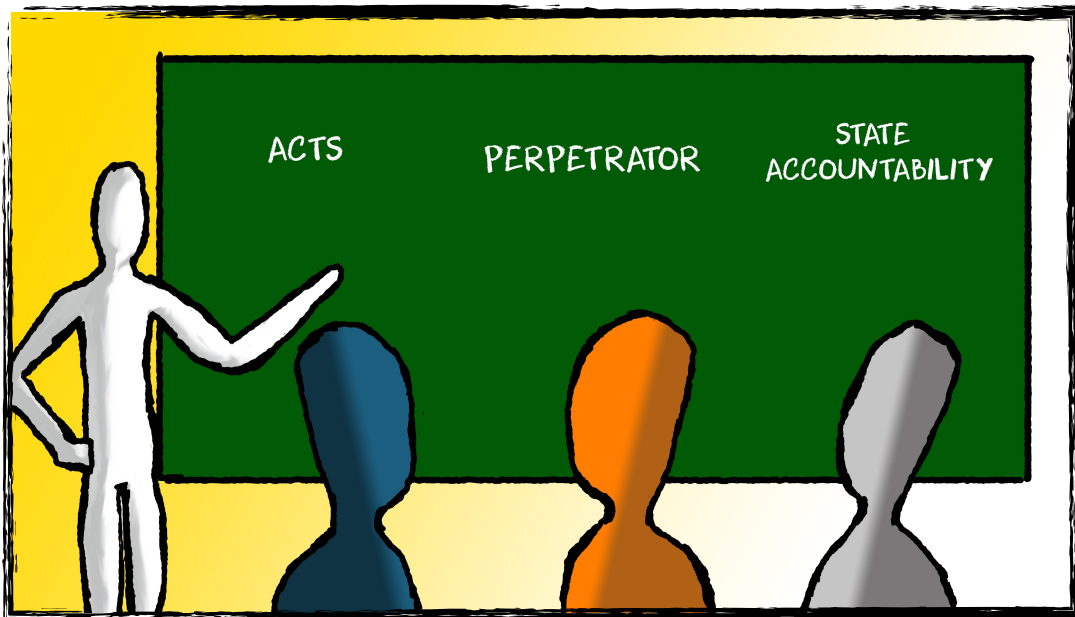
There is a common misconception about what constitutes a human rights violation. It is common to hear people say their neighbour violated their rights by spreading a rumour about their TB status. But it is important for the participants to understand when this example becomes a human rights violation so that when they apply their learning in human rights documentation and in advocacy, they are clear about who should be accountable.

Steps:

1. Draw a matrix on the board with three columns. Label the first column 'ACTS', the second column 'PERPETRATOR' and the third column 'STATE ACCOUNTABILITY'.
2. Ask the participants to select one act of discrimination that the participants have identified. Take the post-it and place it under the first column of the matrix.
3. Ask the participants to identify who is the actor who is violating or is acting on this violation or act.
4. Ask the participants what the government has done or not done to make the person with TB be terminated from his employment because of his TB status. Write these responses under the third column.

You may use this as an example: an employee has been terminated from work due to TB status (first column – ACTS). The actor responsible in making this happen is either the employer or the company (second column - PERPETRATOR). This act happened because the government has not enacted policies that protect people with TB from being discriminated against at work

1. (third column – STATE ACCOUNTABILITY). If there is actually a policy but a person with TB still got terminated from work, then the government has failed to implement the policy.
2. Explain that although the employer terminated the person from his job because he had TB, the employer did not commit a human rights violation. Remind them that for an act of discrimination to be a human rights violation, it is the state or the government who has the obligation as the duty bearer to promote, protect and fulfil the rights of the people.
3. Invite questions from the participants and discuss this further if needed.
4. Proceed with your slide presentation to explain the principles of human rights.
5. Invite questions or comments.



Identifying Duty-Bearers (30 minutes)

1. Instruct the participants to return again to their groups to identify the different government stakeholders who have the responsibility to ensure that their ideal scenarios could be a reality. Tell the participants to write down the different government stakeholders and post these on the board.
2. After around 10-15 minutes, invite each group to share their lists.

Minimum Standard Information for Input and Discussion on TB and Human Rights (For Handout or Powerpoint Presentation)

Human Rights are inherent entitlements, birthrights and freedoms which every person should possess and enjoy by virtue of having been born a human being. These are protective devices designed to shield or protect individuals from random violence and neglect.

Human rights are normative standards upon which States are to conduct themselves when relating with their citizens. This implies that there are two parties involved in the realisation and fulfilment of human rights. These are the rights holders and the duty bearers. **The rights holders are the citizens or individuals and they have the responsibility to defend, exercise and claim their human rights. The duty bearers, on the other hand, are the State and everyone who form part of the State machinery as they all have the obligation to respect, protect, and fulfill the human rights of the rights holders.**

To illustrate, a person who has TB is a rights holder while the doctor at the public health clinic who manage the Direct Observation Treatment Shortcourse (DOTS) facility is a duty bearer.

What are these obligations?

- **Respect** – The duty bearer should refrain from interfering with the enjoyment of human rights. For people with TB, this means that the government must not adopt policies that would hinder them from enjoying their rights, such as their right to work and right to access health services.
- **Protect** – The duty bearer should prevent others from interfering with the enjoyment of human rights. For people with TB, this means that the State must adopt policies that will penalise people who discriminate people with TB.
- **Fulfill** – The duty bearer should adopt appropriate measures towards the full realisation of human rights. For instance, the government must adopt national TB laws that allows people to enjoy their right to education and protect them from discrimination.

Human Rights Principles

- **Inherence**: by virtue of being human beings, we have human rights. What this is means for people with TB and affected communities is that any person, even with tuberculosis, has rights.
- **Universality**: each and every human being has human rights; implies equality and non-discrimination). This means that the rights of people with TB must be respected regardless of where they live or what their situation are.
- **Inalienability**: rights cannot be randomly taken away from human beings. This means that even people with TB who are undergoing treatment have rights and that their rights must be respected all the time. Rights of TB-affected populations, such as prisoners, must be respected even if they are incarcerated.

- **Indivisibility:** there are no hierarchy of rights. This means that in fulfilling the right to health of people with TB and those affected by TB, States need to fulfil their rights to work, or their families' right to education, as well as their freedoms from any form of discrimination.
- **Interrelatedness and interdependence:** one human right cannot be addressed in isolation. Similar to indivisibility, fulfilling one human right without fulfilling other human rights means that States are still violating these rights.

Accountability is an important principle of human rights that holds States as duty bearers answerable to the observance of and fulfilment of human rights. This means that States can be held accountable for their actions and inaction in relation to their obligations regarding the enjoyment of human rights. Furthermore, it is also incumbent upon the State to ensure that there are accessible, effective, and independent mechanisms and procedures for redress where duty bearers can also participate. TB communities can also help with accountability by monitoring whether States are fulfilling the commitments, laws and policies that they have made.

Principles of Equality and Non-Discrimination

The principles of equality and non-discrimination are reflected in international covenants on fundamental human rights, such as the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. In fact, these three international documents have a common Article 2, which says:

"The States Parties to the current Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status."

More Definitions on Discrimination

Discrimination can be manifested directly or indirectly:

- **Direct discrimination** occurs when an individual is treated less favourably than another person in a similar situation for a reason related to a prohibited ground, i.e. when family members of a people with TB isolated them and separate all their things at home.
- **Indirect discrimination** refers to laws, policies, or practices which appear neutral at face value, but have a disproportionate impact on the exercise of Covenant rights as distinguished by prohibited grounds of discrimination. For instance, there are policies that require all new students to undergo medical check-up as part of their admission to Universities. Although the policy is intended to promote health awareness, students with TB or have had TB may experience being held back or refused entry into schools until they complete their treatment regimen.

Human Rights-Based Approach (HRBA)

A human rights-based approach identifies the rights holders and their entitlements and corresponding duty bearers and their obligations, and works towards strengthening the capacities of rights holders to make their claims and duty bearers to meet their obligations.

Based on the HRBA employed by the United Nations Development Action Framework, the focus of this approach should be those groups that are discriminated against and marginalised. Its aim is the progressive achievement of all human rights and it gives equal importance to the outcome, as well as the process of development.

The goal of HRBA is the further realisation of human rights. The process it employs is guided by human rights standards and principles, such as equality, non-discrimination, participation, and accountability. The outcome of HRBA should be the developed capacities of rights holders and duty bearers.

A human rights based approach (HRBA) to TB has been advanced in the Nairobi Strategy on TB and Human Rights and the Declaration of the rights of people affected by TB. For prisoners and migrants it has also been explored in further detail. The introduction of the concept of HRBA is therefore not new to TB, but it requires significant effort for it to be operationalised across national TB programmes.

In 2018, UN Member States have made a number of commitments and these are enshrined in the Political Declaration on the Fight against Tuberculosis. These commitments include an aim to treat 40 million people with TB by 2022, successfully treating 3.5 million children with TB by 2022, rollout preventive therapy including among 6 million people living with HIV by 2022, commit to mobilise at least USD13B a year until 2022 to sustain funding for the TB response as well as USD2B on research and development, among others.

The original text can be found through this link (<https://www.un.org/pga/72/wp-content/uploads/sites/51/2018/09/Co-facilitators-Revised-text-Political-Declaration-on-the-Fight-against-Tuberculosis.pdf>) while the Stop TB Partnership has summarised these commitments into an easy-read document, which can be accessed here: http://www.stoptb.org/assets/documents/global/advocacy/unhlm/UNHLM_Targets&Commitments.pdf.

In summary:

1. We, including people with TB or those affected by TB, all have human rights.
2. Health is a human right. This includes the right to access quality healthcare service, health information, right to treatment, and right to be free from stigma and discrimination because of health status, among others.
3. The human rights framework provides the framework for addressing issues in TB.
4. Discrimination on the basis of TB infection constitutes a human rights violation if this is perpetuated by the State or State actors, or if no action has been done by the State to protect the rights of people with TB.

Additional Reading:

O'Neill Institute. 2018. Migration, Tuberculosis and the law: An Urgent Need for a Rights-based Approach. <https://oneill.law.georgetown.edu/media/Migration-Tuberculosis-and-the-Law-An-Urgent-Need-for-a-Rights-Based-Approach.pdf>

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UNAIDS & Stop TB Partnership. 2016. Gender Assessment Tool for National HIV and TB Responses. http://www.stoptb.org/assets/documents/communities/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf

F. Community Mobilisation for Human Rights Documentation

Objective To build the capacity of the participants to document human rights violations in the	Materials 1. Flip charts 2. Markers 3. Masking tape 4. Post-Its or Coloured papers of similar size 5. Sample Documentation Tool 6. Laptop and Projector
Activities 1. Discussion and/or Slide Presentation 2. Mock Interview 3. Input and Discussion	Time: 3 hours and 30 minutes

Steps:

For the purpose of this training, it would be best to provide the participants a simple documentation tool that will help them document their own experiences of human rights violations or those experienced by their peers, neighbours or other members of their families. Have the following information in your tool as a minimum. You may also use the template in Annex 2 for reference.

- I. PERSONAL INFORMATION
 1. Name of the person who experienced the violation
 2. Residence
 3. Age
 4. Gender identity
 5. Marital/Civil Status
 6. No. of dependents
 7. Educational attainment
 8. Source of income
 9. Average monthly income

II. INCIDENT REPORT

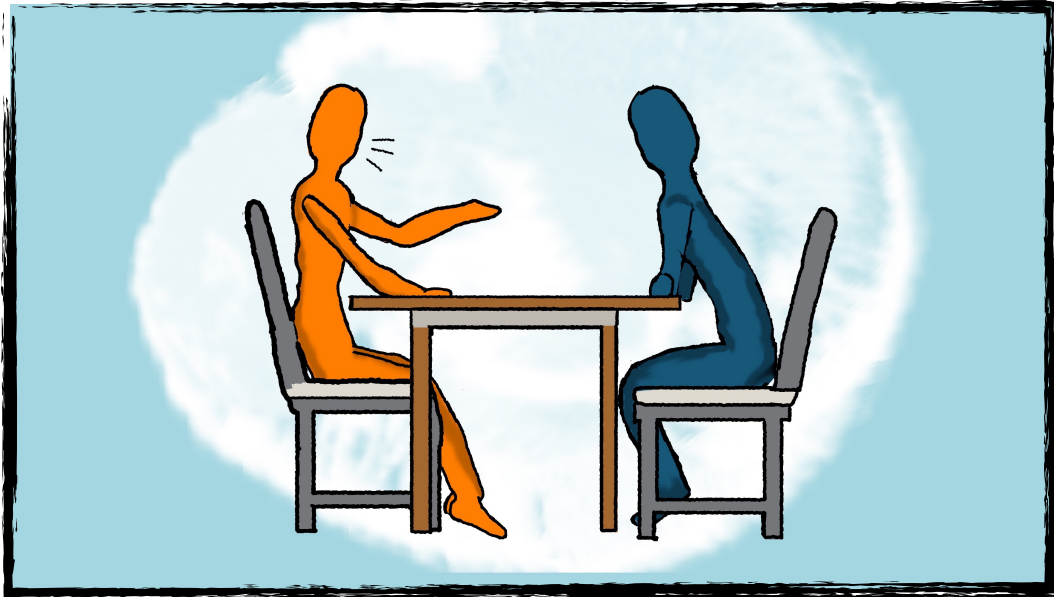
1. Date and time of incident
2. Place where the incident happened
3. Who perpetrated the violation/s
4. What happened (narration of the incident)

Mock Interview (90 minutes)

The participants are not expected to learn how to be an expert in conducting an academic research during this training. At the very least, they can learn how to use the documentation tool to encourage the habit of recording their experiences or the experiences of their peers as they are dealing with TB. It is important to emphasise that the experiences that they are recording can be used to inform the other interventions that they suggested in the previous activity – advocacy, in particular.

The mock interview exercise will teach the participants how to use the documentation tool, and how to ask the right questions.

1. Divide the participants randomly into pairs. Each pair will take turns interviewing each other.
2. Distribute the documentation tool that you prepared before the training.
3. Orient the participants on the tool. Let them familiarise themselves on the information that they need to acquire from the interview that they're about to do. Invite questions and clarifications.
4. After devoting around 10 minutes to explain on the tool, tell the participants to think of an act of discrimination or violation that they experienced or know about. This can be based on the letters. They will be talking about this in the interview.
5. Instruct each pair to take their chairs and find a spot in the room where they will do the exercise.
6. For each pair, let the participants decide who will be interviewer and the who will be the interviewee. The interviewer will then use the tool to take note of the interview. Allow them to write their interview on the tool.
7. Give the participants 15 minutes for the first round of interviews. After 15 minutes, tell the participants to switch roles and give them another 15 minutes for the second round of interviews.
8. Give the participants 10 minutes after the interviews to finish their notes on the documentation tool.
9. Gather the participants together and discuss the following:
 - a. How was your experience in conducting interviews?
 - b. What did you like about the experience?
 - c. What was challenging for you?
 - d. How did you overcome these challenges in interviewing?
 - e. What else do you need to be able to document violations experienced by communities affected by TB?



10. Note the responses of the participants. You may be able to use them to improve the documentation tool or plan for follow up skills building activities.
11. Ask the participants if there were issues that were raised in the mock interviews that needed immediate attention. If there is any, ask the participant/s to meet with the training team after the end of the session to discuss the matter further.
12. Alternatively, instead of pairs, the participants can be divided into groups of three depending on the total number of participants in the training. With this setup, the third person will act as an observer while the other two are conducting the mock interview. All three will still take turns in being the interviewer, interviewee, and observer. This alternative will take more time to allow all the participants to go through the exercise.

Minimum Standard Information for Input and Discussion on Documenting Human Rights Issues in the Context of TB (For Handout or Powerpoint Presentation)

Documenting human rights violations is a good way of gathering evidence that could be used for community advocacy to bring about changes that benefit those most affected by certain issues, in this case, rights violations related to TB. The process of documenting the experiences of the community by the community can also be quite liberating and empowering for both the ones sharing their experiences and those doing the documentation.

In documenting the violations experienced by the community, we need to be guided by the following:

1. **Determine the objective.** Answer the question such as, 'Why are we documenting these experiences?' This will ensure that there is a clear reason for documenting these narratives, as well as its utility.
2. **Determine the focus and scope of the documentation is also important.** This means that the person collecting the narratives must be clear in terms of the level and depth of detail that will need to be documented.
3. **Determine how the experiences will be collected.** Some members of the community may prefer not to share their identity because of fear or anxiety. In this case, the documenter must know the extent of comfortability of the person who will be sharing their experience. The documenter must also ensure that a safe space must be provided to the person being interviewed to lessen his or her worries. This can be in terms of doing the interview in the domicile of the interviewee, or linking the interviewee to a health service provider after the interview in case they may need some form of support.

In documentation, the most basic set of information that will be gathered should answer the following:

1. Who: Who was the victim? Who was/were the perpetrator/s?
2. What: What was the human rights violation experienced? What are the effects of these violations?
3. Where: Where did the incident happen?
4. When: When did the incident happen (date and time)?
5. How: How did the incident happen? (Describe the events that took place leading up the human rights violation, as well as the results).

Having a template of a documentation tool is helpful for the community to start documenting these experiences of TB-related human rights violations. Refer to Annex 2 for a sample of a documentation tool.

Principle to Guide the Process of Documenting Human Rights Violations

In human rights documentation, it is important for the documenter or interviewer to maintain and exercise a set of principles in order to ensure a factual narrative of the incident. Here are some of the principles that will need to be observed during the documentation process:

1. **Impartiality.** It is important to be objective when documenting human rights violations. Stick to the factual information and events that are being shared by the community. Probe more if needed but stick with the facts (i.e. following the set of questions mentioned above).
2. **Accuracy.** Just like any other data-gathering activity, it is important to ensure that information being collected are precise or accurate. Embellishing the truth or reporting false information may lead to loss of integrity and credibility of the documentation process, as well as the advocacy that will be conducted after. If the interviewee finds it difficult to recall or remember any details, document them as such or come back to the interviewee if needed.
3. **Specificity.** It is important to make sure that the documentation of experiences are as detailed as possible. The details help in making the results of the documentation more compelling and convincing. While some documentation tool as prescribed in this manual may be thin, interviewers are free to add more papers for documentation. Interviewers can also attach photographs and other mementoes if helpful.

Ethical Considerations are just as important as ensuring the veracity of the information that are being collected through human rights documentation. When planning to conduct TB-related human rights documentation, ensure the following:

1. **Informed Consent.** Before even starting the interview, make sure that all necessary information are explained to the interviewee before getting their consent to be interviewed. You can develop a consent form that you and your interviewee will sign before the interview begins. Information in a consent form would include the name of the person/institution conducting the interview, the objective of the interview, and how the information being gathered will be used. The consent form also outlines the rights of the person being interviewed such as protection of their personal details, their right to withdraw from the study, and their right to review the results of the interviews. The form should also include the measures that the interviewer will take to protect the data coming from the interviewee, as well as the responsibilities of the interviewer or the institution conducting the study to utilise the data only for the purposes stipulated in the consent form. A sample consent form can be found on Annex 3.
2. **Privacy and Confidentiality.** You need to ensure that the process of conducting this human rights documentation does not lead to a violation of the right to privacy of the person you are interviewing. You need to explain to your interviewee that you will take all necessary measures to keep confidential the information that you are gathering.

3. **Autonomy of the Interviewee.** Be mindful of the fact that the person being interviewed has total autonomy over the level of involvement they want to have in the documentation process and the actions that will be done as a result. The person being interviewed has the right to withdraw from the process at any time if and to respect their decision when they change their mind.
4. **Compensation.** Depending on the context and availability of resources, what is important to consider is that the interview will take the interviewee's time and asking them to relive some of their painful experiences. In exchange, it is good practice to give them something to acknowledge their inputs. This does not have to be monetary as you do not want to be accused of bribing the interviewee. Refreshments or transportation allowance might also be appropriate.

Tips on Conducting Interviews

Here are some tips that can be helpful as you conduct the interview:

1. Build rapport with the interviewee. Greet them. Introduce yourself. Ask them how they are.
2. Explain the purpose and process of your documentation activity. This may also be when you introduce the consent form for their signature.
3. Ask your questions clearly and one at a time. Avoid bombarding the interviewee with a series of questions at a time.
4. Be mindful of non-verbal communication: yours and the interviewee's. Sometimes, actions do speak louder than words.
5. At certain times during the interview, and especially at the end, rephrase and/or summarise the interviewee's responses to validate them.
6. Do not forget to thank the interviewee after the interview. Request contact information in case you need to contact them again.
7. If needed, explain the process of referral to service providers.

Core Messages

1. Documenting TB-related human rights violations lays the ground work for developing rights-based responses to the TB response.
2. The community is well-placed to conduct TB-related human rights documentation.
3. TB-related human rights documentation should be guided by ethical and rights-based principles.

For those with smartphones, you could suggest they download the OnelImpact App from <https://stoptbpartnershiponeimpact.org/> This application provides an example of how some human rights-related issues are monitored and recorded in a number of countries, such as in Cambodia and Indonesia.

G. Developing Advocacy Skills

Objective

To build the capacity of participants for advocacy as a response to the human

Activities

1. Slide presentation
2. Group activity
3. Discussion

Materials

1. Laptop and projector
2. Flip chart paper
3. Markers
4. Post-it notes or similar cards
5. Masking tape

Time:

5 hours and 30 minutes

Steps:

Sharing and Brainstorming (15 minutes)

1. Distribute Post-Its or coloured papers to the participants.
2. Ask the participants to write on the coloured papers all the advocacy activities they have been previously involved in. If participants have never been in any advocacy activity or unsure of whether the activity that they participated in is an advocacy activity, allow them to write anyway.
3. Ask the participants to stick their papers on the board.
4. Classify the coloured papers according to advocacy activities and non-advocacy activities. For example, group activities that include information sharing, education, or capacity-building into one, and group the policy advocacy-related activities in another group.
5. Inform the participants which ones are advocacy activities and which ones are not. For instance, it is usually a common misconception among members of the community who are involved in TB programs to refer to themselves as advocates when in reality they may be peer counsellors or peer educators. Use the *Minimum Standard Information for Input and Discussion on Advocacy* in the succeeding page for reference.

Discussion (15 minutes)

1. Guide the participants to a discussion on advocacy. You may use a presentation slide if needed. Use the *Minimum Standard Information for Input and Discussion on Advocacy* as a guide.
2. Ask them again if any of them have been engaged in advocacy activities. If there are participants who have been engaged in advocacy activities before, let a couple of them share their experiences to the rest of the participants.
3. Invite questions from the participants and facilitate discussion. Ask them the following questions:
 - a. What do you think is the importance of engaging in advocacy work?
 - b. What are some of the potential challenges in doing advocacy?
 - c. Think of the current TB response. Which areas of the response do you think advocacy will be helpful?

Group Work (90 minutes)

1. Divide the participants into four groups.
2. Provide each group with flip chart paper, markers, and coloured papers of Post-Its.
3. Introduce to them the Advocacy Framework. Feel free to use the *Minimum Standard Information for Input and Discussion on Advocacy* as a guide.
4. Instruct the group to fill in the different steps in the advocacy framework using the information generated by the previous activities.
 - a. The participants may choose from the Post-Its with the acts of discrimination and human rights violations, or the documentation of human rights violations the issue they want to address with advocacy.
 - b. The session where the participants wrote about their experiences, determining the acts of discrimination and violations are all part of analysing the issue or problem.
 - c. The group work where the participants identified the duty bearers or the government stakeholders who are mandated to address the human rights violations could provide a possible list allies and advocacy targets.
 - d. The groups will also need to identify the resources they need to carry out their advocacy. Remind the participants that resources are not limited to funds. The people who will be doing the actual work, organisational partners, available supplies, materials, and office space are also resources.
5. After the groups have prepared their outputs, ask each group to share. Invite comments and questions from the other groups. The trainer should also share feedback on the results of the group work to ensure that the participants are guided in how to conduct advocacy.

Elevator Pitch (90 minutes)

Advocacy skills are enhanced more when the participants have an opportunity to apply the knowledge and their workplans from what they have learned so far. An elevator pitch is an quick exercise that allows the participants to sharpen their advocacy messages and present them to a stakeholder at very limited amount of time.

1. From the same groups, give the participants 60 minutes to prepare their elevator pitch role play.
2. Ask the groups to create a scenario wherein they will be meeting a particular target (Step 4 of their Advocacy Framework) to raise a particular issue or problem (Step 2), and pitch a particular solution (Step 3), with an aim of convincing the target to support their work and share their plan afterwards (Steps 6 and 7).
3. Give some time for the groups to rehearse their pitch.
4. After the preparations, each group will then take turns role-playing their elevator pitch.
5. Invite questions and comments from the other participants. As a facilitator, share feedback also on the effectiveness of the elevator pitches that the participants are presenting.
6. Ask the participants how they felt about doing an elevator pitch. Explore what else they need to improve their advocacy skills.

Advocacy Planning Activity (90 minutes)

1. Let the participants go back to their groups.
2. Provide them with flip chart papers, markers, Post-Its or coloured papers, and masking tape.
3. Share with each group the advocacy planning template (Annex 4). Discuss that the inputs from the advocacy plan will come from the Advocacy Planning Framework that they initially developed but will allow them to focus on a specific timeframe (e.g. one year) for implementation.
4. Instruct the groups to fill in the columns of the planning template using the results of the previous activity with a timeframe of one year.
5. Ask the groups to share their outputs when they're finished.
6. Give feedback to the outputs of the groups.

Plenary Discussion (30 minutes)

1. Gather the participants and summarise this module. You may use the following to start the discussions:
 - a. How was your experience going through the exercises today?
 - b. What did you like about the activities?
 - c. What was most challenging for you?
 - d. How did you overcome those challenges?
 - e. Do you see yourselves as advocates? Why or why not?
 - f. What other types of support do you need to become advocates?
2. Note the responses of the participants. You may use these responses in planning out future advocacy trainings or to plan for follow up skills building activities after this training.

What is advocacy?

Advocacy is a process of convincing or influencing people who are in a position to make, change, or remove programs, laws, and policies. It is usually done by groups who share similar issues and concerns.

What is the purpose of advocacy?

Advocacy is easily confused with education or awareness-raising activities. Unlike these activities that are aimed to raise people's knowledge or understanding of certain issues, advocacy is aimed to influence the creation or changing of laws, policies and programs. For example, lobbying to create a national law on TB is an advocacy activity. Conducting a seminar on TB alone is not an advocacy activity. However, the seminar can be an activity to support and complement the advocacy activity.

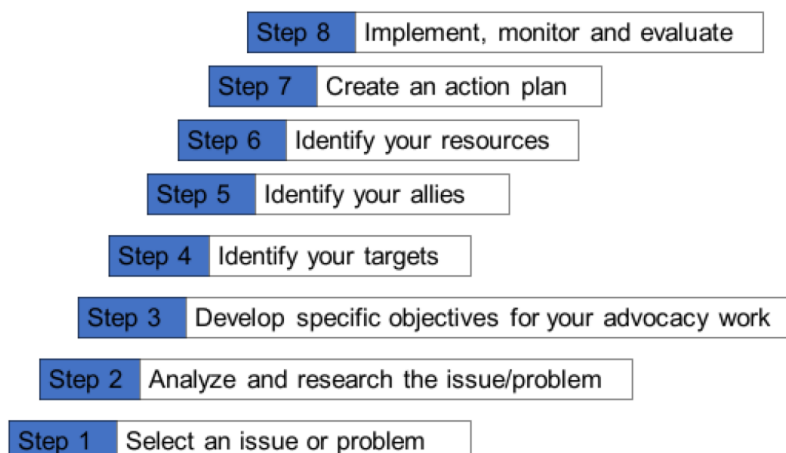
Who is the target of advocacy?

One way to determine if an activity is an advocacy activity is knowing who its targets are. Advocacy targets those who are in positions of power to make, change, or remove policies, laws, or programs. For example, advocacy targets legislators (those who make laws); judges of the Supreme Court (those who make jurisprudence); village leaders (those who develop village rules and policies); or ministry officials (those who decide on the kinds of programs should be implemented and funded).

How is advocacy done?

There are steps to implementing advocacy as detailed in the Advocacy Planning Framework.

Advocacy Planning Framework



Step 1: Selecting or Identifying the issue or problem. It is important to select issues or problems that are realistic to undertake through advocacy. Needless to say, select an issue or problem that you or your group is passionate about. Otherwise, you might lose interest along the way. Remember that advocacy takes time but they also bring about changes with the biggest impacts.

Step 2. Researching or analysing the issue or problem. It is necessary to be knowledgeable about every aspect of the issue or problem that is the subject of your advocacy. Also, you cannot have a successful advocacy campaign with evidence to back it up. This step may take the longest because it entails gathering data from various sources and processing them into bits of information that you can use for your advocacy.

Step 3. Identifying the specific advocacy objective/s. When developing your advocacy objectives, remember the following guide: S-M-A-R-T.

- **S**-pecific – Objective must focus on a particular issue or concern so that it will not overwhelm the kinds of activities that need to be done.
- **M**-easurable – Set objectives that you or your organisation can set tangible outputs. This can be in terms of meetings that have been set, or agreements that can be counted as an achievement. No matter how small the outputs or outcomes are, having

- **A**-ppropriate – Set advocacy objectives that will produce the biggest and most relevant impact. In the same vein, activities under each objective must also be relevant to the objective in order to produce the greatest impact.
- **R**-ealistic – Set objectives that you or your organisation can meet. It may be too overwhelming to set objectives such as “to change the TB response”
- **T**-ime-bound - Set a specific timeframe for your advocacy objective. While advocacy in itself takes a long time (even years or decades) to produce an outcome, setting a measurable timeframe will make sure that your activities are aligned to the advocacy objective that you would want to focus on.

Step 4. Identifying the advocacy targets. Targets are the people who have the power or influence to bring about the change we want. There are direct targets – those who make the laws, policies, programs – and there are indirect targets – those who can influence or put pressure on the direct targets.

Step 5. Identifying allies and opponents. Most advocacy campaigns are won by the concerted effort of a multitude of people. It helps to have allies who can help you in your campaign. Conversely, you also need to anticipate people or groups who would oppose your campaign. Anticipating their presence means you can prepare and be ready for them.

Step 6. Identifying resources. Advocacy campaigns need resources. It takes time and effort, as well. Here are different forms of resources that you may need:

1. Financial resources
2. Human resources
3. Knowledge and skills
4. Data or information
5. Material and other resources

When identifying resources, make sure to make a note of the kinds of resources that you or your group/organisation already possess and those that you still need to mobilise. This is an important consideration when you are doing your planning.

Step 7. Advocacy planning. An advocacy plan will help guide you as you implement your advocacy campaign. You can use a simple template for your plan. The critical information that you need to reflect on your planning template are:

1. The activities that you need to conduct in relation to your advocacy
2. How these activities will help you reach your objectives

3. The activities that you need to conduct in relation to your advocacy
4. How these activities will help you reach your objectives
5. The resources you need to have to conduct these activities
6. Who is responsible for these activities
7. The timeline of your activities

See Annex 4 for a sample advocacy planning template.

Step 8. Implementation, monitoring and evaluation. When you have gone through all the above steps and have secured everything you need, you are ready to implement your advocacy activity. Make sure that you also monitor your implementation regularly. This will ensure that you are on the right track, you are aware of challenges being encountered, and that you are able to respond to these challenges. At the end of an activity, it is also crucial to conduct an evaluation to determine whether you achieve your goal or not, what were the things that facilitated or hindered this achievement, and plan on how to do better in your next set of activities.

CHAPTER 3

CLOSING ACTIVITIES

This part will provide details as you end the training. Regardless which modules did you use in this manual, it is important to conduct a process in which the training will be formally close and will provide the participants and the organisers with a space to discuss and share the plans after the training.

As early mentioned, this training should be part of a bigger TB program and must not be considered a standalone activity. Before you close the training, inform the participants that although the training is ending, it does not mean this is the end of your engagement with them.

Objective To formally close the training	Materials <ol style="list-style-type: none">1. Post-test questionnaires2. Training evaluation forms3. Pens4. Certificates
Activities <ol style="list-style-type: none">1. Synthesis2. Post-test3. Training evaluation4. Awarding of Certificates	Time: 1 hour and 15 minutes

Steps:

Synthesis

There are different ways of synthesising the whole training. You can take the core messages from all the sessions or modules that were conducted and recap them with the participants. You can also add the most striking points from the discussions and facilitate a group work so the participants can see the interconnections and their contributions in the overall result of the training. Be sure to outline the relationships of the different sessions when you are doing the synthesis. If it helps, you can use a slide presentation to guide you.

Conduct Post-test

One key element of the closing activities is the administration of the post-test. This will provide a quick check with the participants to gauge their learning after the training.

1. Distribute the questionnaires.
2. Give the participants 15 minutes to answer the questionnaire.
3. Explain to the participants that it is okay if they are not sure of their answers.
4. Give 15 minutes for the participants to answer the questionnaires. Collect the questionnaires afterwards.
5. Set them aside and check them later. You may use these for your internal training evaluation with your team.

Training Evaluation

Apart from the post-test, the training evaluation will also allow feedback from the participants with regards to their experience of the training. The evaluation can also help you and your organising team in improving how the training was facilitated.

1. Distribute the evaluation form to each participant.
2. Give the participants around 15 minutes to accomplish the form. Collect the completed evaluation forms.
3. Set them aside for use in your internal training evaluation with your team.

Awarding of Certificates and Closing

You can have a ceremonial awarding of certificates to your participants. This is important for your participants to feel that they have accomplished the training.

Closing remarks can be delivered by a representative of the organisers of the training. You may also invite someone from either the National TB Programme, World Health Organisation, Stop TB Partnership, a TB legislative champion or local chief executive, or any relevant stakeholder in your country or locality.

CHAPTER 4

TRAINING EVALUATION

Sometimes, trainers neglect the important process of evaluating the training they have just conducted. A training evaluation process helps you to determine whether you have reached the objectives of your training or not. Moreover, this process also gives you an idea of whether the contents of your training was adequate or lacking; whether your training methodologies were effective or not; and whether your training team (facilitators, trainers, documenters, support staff) and resource speakers were skilled and effective enough. The results of your training evaluation will guide you when you plan for future training activities.

You will need to conduct your evaluation process on two levels: internally or within the training team, and among the participants. There are also different ways of doing the evaluation.

Internal Daily Evaluation

Ideally, your training team should devote time to meet at the end of each day to discuss the session that was conducted that day. This is a simple feedback session for you to find out how well the day went for each member of your team, so make sure that these sessions are well-documented. You can use the following questions to guide your daily evaluation session:

1. What went well in today's session?
2. What did not go so well in today's session?
3. Can we still remedy any issues we had today? How? Can we insert an extra session tomorrow to respond to this issue?
4. Run through what will happen the next day.

Internal End-of-Training Evaluation

After concluding the training, the training team needs to meet to evaluate the whole training activity. Included in this level of evaluation are the training preparation phase, the logistics, as well as the actual training. In other words, this evaluation process needs to have a more holistic perspective. Here are some questions to guide your evaluation process:

1. On the Preparation
 - a. What did we do well?
 - b. What were the challenges encountered?
 - c. How do we improve the way we prepare our trainings in the future?
2. Training Proper
 - a. Did we achieve the objectives of the training? If not all were achieved, discuss why and how this can be remedied.
 - b. Were the methods we used effective or not?

- c. Was the training facilitation effective or not?
- d. How were the performances of the resource speakers? Were they effective or not?
- e. How was the quality and level of participation of the training participants?
- f. What were the challenges encountered during the training?
- g. How can these challenges be used to improve future trainings?

3. Logistics

- a. How was the training venue, accommodations, food?
- b. What challenges were encountered in terms of logistics?
- c. How can the logistics aspect of the training be improved for the next training?

Participants' Training Evaluation

It is important to get feedback from the participants on the same aspects of the training that the training team evaluated internally, such as:

1. Content of the training
2. Methodologies used
3. Facilitators and resource speakers
4. Logistics

It is also important to solicit the recommendations of the participants on how the training can be improved if it were to be conducted again with a different set of participants.

ANNEXES

ANNEX 1. Sample Pre-test/Post-test Questionnaire

The Right to Breathe: Human Rights Training for People with and Affected by Tuberculosis Pre-test/Post-test Questionnaire

1. Tuberculosis is transmitted through _____.
 - a. Sharing of utensils
 - b. Inhaling infected droplets from the air
 - c. Shaking hands with a person with TB
 - d. Having sex
2. Who is vulnerable to TB?
 - a. Smokers
 - b. Miners
 - c. People living with HIV
 - d. All of the above
3. Tuberculosis can be cured. True or False?
4. Tuberculosis can be prevented. True or False?
5. There is a new preventive therapy available that protect people from TB. Shall this be mandatory to everybody affected by TB? True or False.
6. TB is spread through the air, therefore, it cannot be prevented. True or False?
7. Which of the following is an example of human rights:
 - a. Right to smoke
 - b. Right to health
 - c. Right to hurt those who hurt me
8. I have been diagnosed with tuberculosis. Can I be fired from my job? True or False?
9. Advocacy is a process of changing which of the following:
 - a. Programs
 - b. Laws
 - c. Both of the above
 - d. None of the above
10. A person needs to be at least 18 years old or above to have human rights. True or False?
11. Do people with TB have the right to make a complaint for a violation that they experience? True or False.
12. My country does not prioritise development of or making sure that people with TB have access to new drugs. Is the government violating my rights? Yes or No.
13. People with TB are sick, therefore, they should not be allowed to go to school. True or False?
14. People with TB should be involved in developing TB-related programs. True or False?
15. People with TB should be allowed to run for office. True or False?

ANNEX 2: Sample Documentation Tool

DOCUMENTING TB-RELATED HUMAN RIGHTS VIOLATIONS

Name:		Age:
Residence:		
Gender Identity:	Marital Status:	
Number of Dependents:		
Educational Attainment:		
Source of Income:	Average Monthly Income:	

Incident Report

Date and Time: _____

Place of Incident: _____

Perpetrator/s: _____

Description of Incident:

Name of Interviewer:

Date of Interview:

Place of Interview:

ANNEX 3. SAMPLE CONSENT FORM

Dear participant:

Good day!

We at [name of organisation] will be interviewing you for the purpose of seeking paralegal or legal remedy for the experience that you had.

The aim of this interview is to [state your objectives here] understand the experience that you faced and you would like to seek remedy of, and (b) figure out the necessary support that we can provide in order to address your concern.

This interview will be conducted upon your consent. Thus, your participation in this interview is voluntary. You may opt not to answer any of the questions that you feel inappropriate or uncomfortable. We can also stop the interview at any time upon request.

All information that you will provide in this interview is strictly confidential and will be used for the purpose that will be agreed upon by you and by the interviewer or our organisation. We may also be requesting documents in support of your interview; please be assured that these will be utilised to provide additional context and will also not be published in any way. The duration of the interview will be recorded.

Prior to usage of any part of the interview will be required by your consent.

If you agree to take part in the interview, please sign the below.

Thank you very much for your participation.

Sincerely,

[state here the name of the interviewer]

[state here the name of the organisation, if applicable]

Participant agrees to be interviewed:

Signature of the interviewee / date

Date and time set:

Reason why participant does not agree:

ANNEX 4: Sample Advocacy Planning Template

Objectives	Activities	Potential Allies and Partners	Resources Needed	Timeframe

ANNEX 5: Suggested Training Agenda

Time	Topic	Activity	Persons Involved
Day 1			
8.30 – 9.00	Registration		Organizers
9.00 – 9.40	Opening Program	Welcome Remarks	
		Introduction of Participants	
		Expectations and Objectives	
		House Rules	
9.40 – 9.50	Pre-test		Participants
9.50 – 10.15	TB Situation	Slide Presentation	Training Facilitator
10.15 – 10.30	Morning Break		
10.30 – 11:30	Tuberculosis 101	Carousel	Training Facilitator Participants
11.30 – 12.00	TB-related issues in the community	Brainstorming	Training Facilitator Participants
12.00 – 13:00	Lunch Break		
13.00 – 14.00	TB and Human Rights	Letter-Writing	Participants
14.00 – 15.00		Group Sharing	Participants
15.00 – 15.15		Unloading and Meditation	Participants
15.00 – 15:30	Afternoon Break		
15.30 – 17.00	TB and Human Rights	Group Work Plenary Presentation	Participants

Day 2			
9.00 – 9.30	TB and Human Rights	Recap	Training Facilitator
9.30 – 11.30		Role-playing (working morning break)	Participants
11.30 - 12:30		Group Work: Listing of right violated Group Presentation Synthesis	
12:30 - 13:30	Lunch Break		
13.30 – 14.30	Community Mobilization for Human Rights Documentation	Mock Interviews	Training Facilitator Participants
14.30 – 15.30			Participants
15.30 – 15.45	Afternoon Break		
15.45 – 16.45	Community Mobilisation for Human Rights Documentation	Group Work: Mapping of service providers	Participants
16.45 – 17.00		Slide Presentation on human rights documentation and tips on interviewing	Training Facilitator
Day 3			
9.00 – 9.30	Community Mobilization for Human Rights Documentation	Recap	Training Facilitator
9.30 – 10.15	Advocacy	Slide Presentation	Training Facilitator
10.15 – 10.30	Morning Break		
10.30 – 12.30	Advocacy Skills	Group Work: Moving from Issue to Response	Participants
12.30 – 13.30	Lunch Break		
13.30 – 15.30	Advocacy Skills	Group Work: Advocacy Planning	Participants
15.30 – 15.45	Afternoon Break		
15.45 – 16.00	Training Synthesis		Training Facilitator
16.00 – 16.15	Post-test		Participants
16.15 – 16.30	Training Evaluation		
16:30 – 17.00	Closing and Awarding of Certificates		
THE END			

ANNEX 6: Evaluation Form

EVALUATION FORM

I. Content, methodology, facilitators, resource persons and co-participants

1. Rate the following sessions:

SESSIONS	EXCELLENT	GOOD	FAIR	POOR	NO ANSWER
Basic Orientation on TB					
Tuberculosis and Human Rights					
Letter-writing					
Group Sharing					
Group Work: Identifying violations and effects of violations					
Role Playing					
Input on Human Rights					
Documenting Human Rights Violations					
Advocacy Orientation					

2. Which session was most relevant to you? Why?

3. Which session was the least relevant to you? Why?

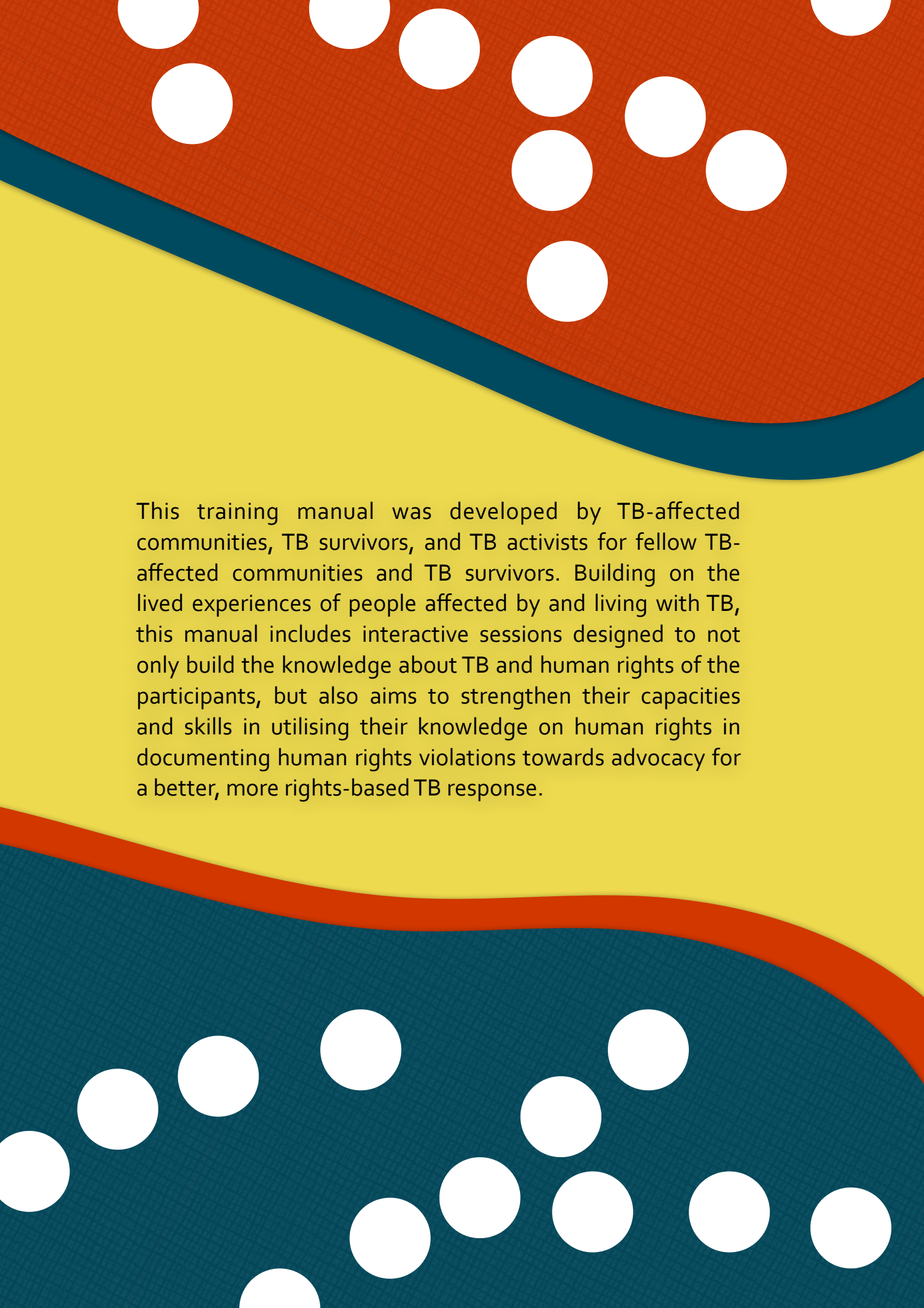
4. What can you say about the methods and processes used in the training-workshop?

5. What can you say about the facilitators and resource speakers?

II. Logistical Aspects

	EXCELLENT	GOOD	FAIR	POOR	NO ANSWER
1. Training room					
2. Hotel room					
3. Food					
4. Handouts and materials					
5. Visual aids					

III. Other comments and suggestions to improve future training activities.



This training manual was developed by TB-affected communities, TB survivors, and TB activists for fellow TB-affected communities and TB survivors. Building on the lived experiences of people affected by and living with TB, this manual includes interactive sessions designed to not only build the knowledge about TB and human rights of the participants, but also aims to strengthen their capacities and skills in utilising their knowledge on human rights in documenting human rights violations towards advocacy for a better, more rights-based TB response.