

Facilitators' Guide

TRAINING ON ADVOCACY FOR CHILD T.B. CHAMPIONS



T.B. Alert India

This project was made possible by:

CaP TB Project: Catalyzing Pediatric TB Innovations (CaP-TB) is a four year (Oct 2017 – Sept 2021) multi-country Pediatric TB Initiative Project supported by Unitaid and Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) with SAATHII being the implementing partner in India. The objective of CaP-TB project in India is to support the Central TB Division's (CTD) National Tuberculosis Elimination Program (NTEP) by enabling rapid scale-up of Pediatric TB services across the private health sector through evidence generation in 15 Districts of Andhra Pradesh, Telangana & Maharashtra States.

EGPAF: The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF) is committed to a comprehensive response to fighting HIV and AIDS through research, global advocacy, strengthening of local health care systems, and growing the capacity of governments and communities in the world's most affected regions to respond to urgent needs. EGPAF founded in 1988 works in 12 countries around the world including India driven to see a world where no other mother, child, or family is devastated by this disease.

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SAATHII operates in all the states and union territories of India and has a strong track record of managing multi-year, national and multi-state projects funded by GFATM, USAID, EU, DFID, EGPAF, UNDP, and UNICEF, among others. SAATHII is currently partnering with the MOHFW, state NHM units, CTD, NACO, SACS and DAPCU. Headquartered in Chennai, SAATHII has offices in Ahmedabad, Bhopal, Bhubaneswar, Delhi, Hyderabad, Imphal, Jaipur, Kolkata, Guwahati, Mumbai, Nagpur, Ranchi and Thiruvananthapuram. SAATHII is staffed by over 200 professionals in public health, social work, research, nutrition, program communication, and other areas.

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Introduction to TB

TB is one of the world's biggest health crises as it is a highly infectious airborne disease that spreads rapidly. When a person who is infected with active TB coughs, sneezes or speaks, droplets carrying TB bacteria are expelled into the air. Anyone who is in the vicinity and inhales the same air is likely to get infected with TB. But everybody having the TB bacteria is not infected by TB. If their immune system is strong, it may not result in TB disease.

However, if the bacteria multiply and attack the organs especially the lungs as a result of low immunity, then the person develops TB disease. Some of the other reasons are malnutrition, diabetes, HIV infection and substance (cigarette or alcohol) abuse. While everyone can get TB infection, the poor are more likely to get it due to poor hygienic conditions, malnutrition and cramped living spaces.

Paediatric TB

Children are particularly vulnerable to severe disease and death following infection. In young children a household source is most commonly implicated while older children are likely to be infected from outside the household. Poverty, poor housing, polluted urban environments, overcrowding, malnutrition, HIV infection and lack of immunity are associated with increased transmission.

Following infection, children have a higher risk of progression to disease and even extra-pulmonary TB and death. Infants have a particularly high morbidity and mortality from TB.

Children have different pathophysiology and clinical presentation of TB which makes the diagnosis more challenging. The risk of TB infection is greatest for infants and children under 2 years of age. Out of the total (10 million) TB cases across the globe, children under 15 are around 11 percent. But only about half of these (1.1 million) children were diagnosed.¹

Preventable and curable

Paediatric TB is a preventable and curable infectious disease and if treated, children with TB rarely die. But under-detection is the major reason of the death in children. TB preventive therapy (TPT) is a proven and effective intervention, particularly in young children, but it remains underutilized. Only 27 percent of the 1.3 million eligible children under 5 years old received TPT in 2018.²

Childhood TB contributes significantly to the burden of disease and represents the failure to control transmission in the community as the pool of infected children creates a reservoir of infection for the future burden of TB.

¹ [https://theunion.org/our-work/tuberculosis/child-adolescent-tuberculosis#:~:text=TB%20preventive%20therapy%20\(TPT\)%20is,old%20received%20TPT%20in%202018.](https://theunion.org/our-work/tuberculosis/child-adolescent-tuberculosis#:~:text=TB%20preventive%20therapy%20(TPT)%20is,old%20received%20TPT%20in%202018.)

² [https://theunion.org/our-work/tuberculosis/child-adolescent-tuberculosis#:~:text=TB%20preventive%20therapy%20\(TPT\)%20is,old%20received%20TPT%20in%202018.](https://theunion.org/our-work/tuberculosis/child-adolescent-tuberculosis#:~:text=TB%20preventive%20therapy%20(TPT)%20is,old%20received%20TPT%20in%202018.)

Challenges in Paediatric TB

More clarity about Paediatric TB through research into the epidemiology, immune mechanisms, diagnosis, treatment and prevention would provide wider insights and opportunities to facilitate efforts to control spread of and morbidity due to TB. However, there are several challenges that limit the clarity and work on Paediatric TB. Some of the significant challenges that need to be addressed are:

- Paediatric TB is frequently under reported or misdiagnosed because up to 50% of children are asymptomatic during the early stage of TB. World Health Organization (WHO) has recommended a combination of tests to determine the presence of Paediatric TB. But these are not possible especially in low-resource settings as they are expensive and need multiple visits to testing centres.
- Active TB in children is accompanied by persistent and non-remitting symptoms, such as cough, i.e. the symptom-based diagnosis is crucial. Missed or delayed diagnoses can be problematic. It is also important to build awareness regarding the symptoms of childhood TB in communities so that they can also approach healthcare services in time.
- Children are not included in the trials for TB drugs. Hence children especially in resource-constrained settings tend to receive portions of adult tablets, rather than customised liquid formulations or chewable tablets. Crushing the pills makes it harder to deliver accurate dosing, which impacts success of treatment. Hence work on essential TB medications suitable for children needs to be put on fast track.
- World Health Organization (WHO) has recommended that all children under the age of five be screened following close contact with active TB patients and all children living with HIV be screened irrespective of any contact. However these recommendations are not always implemented. This results in reduced case detection and underreporting of childhood TB to Nation Tuberculosis Programme (NTP). Moreover, the age and sex-disaggregated data on the TB burden in children also needs to be collected.
- Family and community-centred strategies for treatment are not developed yet.
- Access for children and their families to TB diagnosis and treatment and other appropriate services needs improvement.
- Children with Active TB are stigmatized at the community, school and even healthcare facilities. As such many children try to hide their status. They also tend to avoid accessing diagnostic facilities. At one level, the risk is of their remaining untreated. On the other they can also infect many other children.

The Paediatric TB champions who belong to the age group between 12 to 18 years may not be able to understand all these issues completely and hence may not be able to advocate some of them. However, they can add value to the efforts made by adults by sharing their experiences of suffering due to delayed diagnosis and access to treatment etc. Regarding some issues their self-advocacy will be very important.

About TB Alert

TB Alert India (TBAI), the Indian arm of TB Alert works to the vision of a 'TB Free India'. It aims to prevent morbidity and mortality associated with TB by providing holistic TB care i.e., addressing psycho-social and economic aspects which affect uptake of TB testing and treatment.

TBAI is aided in its work by a diverse funding base that includes multilateral, bilateral, corporate and other donors and a strong team of frontline workers. TBAI is working at present in Telangana, Andhra Pradesh and Delhi in India. TBAI has served as the Civil Society Representative (CSR) for TB on India's Country Coordination Mechanism (CCM) of the Global Fund from 2012 to 2015.

The need for Advocacy for Paediatric TB

It is important to understand that advocacy alone is not enough as a solution to any issue in Paediatric TB. In fact, it complements other efforts made for TB prevention and care which include awareness creation, education, community mobilization etc. Advocacy includes efforts to influence the policy-makers/decision-makers to change and improve the existing scenarios related to Paediatric TB. Advocacy is important as it works as a mechanism to improve research, increase access to treatment and involve communities in policy and programmatic decisions.

If we look at the past events, TB advocacy has changed the disease from a silent epidemic to one with many voices that seek increased political will and investment in research.³ With reference to Paediatric TB, advocacy also needs to play a similar role and highlight the need to prioritize Paediatric TB. Paediatric TB advocacy needs to focus on overcoming the challenges and harnessing the opportunities in its prevention and control.

The challenges and needs in childhood TB are universal and apply to all settings and must be addressed more effectively by all stakeholders.

Advocacy efforts should complement the TB work with the communities and influence policy makers to look at the gaps such as under reporting of the paediatric TB cases, weak systems of national age-specific surveillance and management of TB in children, lack of sensitive tools of diagnosis, age-appropriate treatment and child-friendly TB formulations etc.

Similarly, advocacy in Paediatric TB is important to change the social environment and stigma against Paediatric TB patients so that the tendency of not approaching the healthcare facilities and hide the cases that results in increasing the burden of Paediatric TB, will reduce considerably. In the absence of the advocacy, the efforts made for prevention and care would remain incomplete and the response could be delayed.

Why engage children in advocacy

Children are affected by practically every area of government policy – may it be education or public health. If policies overlook the interests of children, they have a severe negative impact not only on children but also on society at large.

As children do not have voting rights, their opinions either expressed in schools or at home on many important issues that concern their lives are ignored. As per the United Nations Convention on the Rights of the Child (UNCRC), children have the right to participate in the decision-making. If we empower children to speak up about their local realities, share their personal stories and experiences they can offer solutions and co-decide on matters affecting them. They can also stimulate governments to improve relevant policies and laws.

³ Ref: Boulanger RF, Seidel S, Lessem E, et al. Engaging communities in tuberculosis research. *Lancet Infect Dis* 2013; 13: 540-545

Children therefore must be engaged in advocacy in different ways so as to make the entire process child-led and child-centered even though it is initiated, led and managed by adults.

About Paediatric TB Champions and the roles, they can play

Recognizing the presumptive role of TB survivors, people with TB and their families as powerful advocates for TB, they are selected to work as TB Champions. As they have first-hand experience of TB, the diagnostic process, treatment and criticality of adherence, they can be the most powerful advocate of their own issues. TB Champions who work in the Paediatric TB sector and the children below 15 years who are willing to work as TB Champions are called Paediatric TB Champions. The children under 15 years can also meaningfully participate in the TB advocacy and play the following roles:

- Increase the visibility of importance to look at Paediatric TB as a priority issue
- Share their experiences to build community's understanding of the disease and appeal for early diagnosis for children having TB infected adults at home
- Appeal families and communities to reduce stigma against children having TB
- Train children who have active TB in appropriate behaviours and adherence to TB medicine
- Appeal healthcare authorities for adequate supply of paediatric formula and other required facilities

The need for Training on Advocacy for TB champions

As the TB survivors have experience but do not have enough knowledge about TB as a disease and skills to advocate their issues, unless their capacities are built, they cannot play the expected roles effectively.

Hence a training programme that is specially designed to build the capacities of the presumptive TB champions to advocate their issues is critical. The training programme needs to include inputs that would provide them knowledge on TB as a disease. At the other level, it also needs to include developing skills in advocacy, communication and sensitization etc. Sessions to build their confidence to talk to the key stakeholders such as media, community and decision makers such as health officials and political leaders are also need to be included in the training.

Objectives of the training

- Build the capacities of Paediatric TB Champions (Children who have successfully completed the course of treatment) to play advocacy roles for
 - Increasing the access of children to quality Paediatric TB services
 - Addressing psychosocial and behavioural aspects of Paediatric TB
- Build and enhance the knowledge and skill of Paediatric TB Champions required for communicating and sensitizing the community members and motivating them to help in case finding and reducing stigma.

Overview of the guide

This guide is written to help the orient facilitators to online training techniques and inviting meaningful participation of the Paediatric TB champions into the entire training process. This guide also offers inputs on different relevant topics related to TB with special reference to Paediatric TB. The guide suggests different online activities and exercises with detailed instructions on each activity that enable the facilitator to engage the participants retaining their interest.

It suggests various participatory methodologies such as small group discussions using breakout rooms feature, exercises using flashcards and presentations using share the screen feature. It is designed in a manner that is simple for children under 15. The content is divided into 14 sessions. For the benefit of facilitators, detailed and systematic guidelines are provided for conducting each session which include suggestions for duration, methodology and step by step process.

Checklist of training materials

- Facilitators' Guide for reference
- All the tools as per the list in Annexure 3
- Computer with network connection`
- Zoom / Google meet / Microsoft teams app
- Paper and pencil

Tips for facilitating online training

Dear Facilitator,

This guide is designed specially to assist you in conducting an online training. As this training aims to build the capacities of prospective advocates who will regard you as a role model, you have to behave responsibly with reference to your body language and non-verbal messages. For example, even though this is an online training, wear your mask and use a tissue paper to cover your face while coughing. Do not throw the tissue paper but keep a bag with you and dispose it in that.

As this is a new method of training you need to do the following before attending the training programme:

1. Read the guide carefully and understand each activity
2. Download Zoom / Google rooms / Microsoft teams app on your device – mobile/ laptop
3. Understand different features of the app that are used in the module. Practice using them correctly.
4. Ensure that you have the internet availability throughout the training period.
5. Check that your mike and camera are working properly.
6. Ensure that all the tools required for the day are open on the screen and you can share them as per the session requirement.
7. Schedule and conduct a 20-30 minutes class prior to the training to familiarise your participants with different features of the app.
8. Pre-divide the group of participants into small groups using the format given in the annexure for small group tasks – not for the breakout rooms. You can change the members in the groups in each activity or keep the same members throughout the training. Take care to include girls and children from different age groups and areas in one group.
9. Send a pre/post- test format (After ticking the word pre) to participants on a scheduled time and ask them to upload it within 20 minutes. The same format needs to be given after the end of the training too but after ticking the word post.
10. Check that participants can log-in. Provide support and troubleshoot if need be.
11. Make the learning environment comfortable and conducive to learning
12. Keep the tone of the discussion relaxed, engaging, and informative.
13. Be organized and punctual
14. Work within the timeframe but ensure that participants are attentive and have understood the content.
15. Use appropriate body language.
16. Be careful to use gender sensitive language and references.
17. You can keep the guide open on your laptop screen for ready reference but do not share this screen with participants.

Best of luck
Vikas Panibatla
CEO (TB Alert)

SESSION BRIEFS

Session 1: Setting the context

	Objectives	Help participants to • Come out of their inhibitions and actively participate in the activities • Set the ground rules • Understand the objectives of the training
	Group size	• 15 to 20
	Sub-topics	• Welcome • Self-introduction • Setting the Do's • Introduction to the objectives of the training
	Time required	45 minutes
	Training methodologies	• Interactive dialogue • PPT • Small group discussion in breakout rooms • Case briefs • Debriefing
	Training materials required	• Tool 1: The Do's (PPT) • Tool 2: Case briefs and Objectives of the training (PPT)
	Expected learning outcomes	• The TB champions participating in the programme would ◦ Know each other and come out of their inhibitions. This would improve their participation in the training programme. ◦ Understand the code of conduct they should follow during the session and contribute to the conduciveness of the learning atmosphere. ◦ Gain clarity about the objectives of the training programme.
	Safety considerations	• Expect emotional outburst / disturbance in children who have themselves faced similar problems as narrated in the case briefs. • Be prepared to handle and manage such situations carefully.

Process

Sub-topic 1: Welcome

Duration: 5 minutes

Methodology: Interaction

- Welcome the participants to the training programme. Congratulate them for getting selected as TB Champions as they are going to play an important role in raising awareness in the children who are living in TB affected households and hence are likely to be affected by TB.
- Tell them that they would be a part of a movement that is making sincere efforts to create awareness in the parents, family members and communities about the need to get these children tested and treated if required.
- Explain that their appeal is going to carry weight as it will be based on their personal experiences. Tell them that there are several children who are infected by TB in the country and may be in their neighbourhoods too. But they are not tested and given treatment due to the ignorance of their parents. Their active work will help these children and in return the communities they are a part of.
- Congratulate them once again and welcome them to the training programme.
- Emphasize that each of them is expected to participate actively in the learning process and contribute to it by sharing their opinions, experiences and what they already know. Underline that their learning process would be richer if they participate more actively.

Sub-topic 2: Self-introduction

Duration: 15 minutes

Methodology: Icebreaker

- Tell participants that since we all will be contributing to the learning process; we need to know each other. Everyone's name is displayed below their images in the participant list. So, there is no need to repeat them.
- Instead, you can ask them to share their nicknames. In addition, they should share what they feel when the word 'Champion' is used and describe it in one word. Ask them that they think of the term- their feelings and not repeat what others have already said.
- Start from yourself and say my nickname is ----- and I feel ----- to be a TB Champion. Don't share the terms given below but if they run out of ideas and tend to repeat you can suggest from the following list.
- The list of terms to describe their feelings

- Happy
 - Proud
 - Excited
 - Responsible
 - Enthusiastic
 - Glad
 - Pleased
 - Delighted
 - Satisfied
 - Thrilled
 - Overjoyed
 - I need support
- After everyone's turn is over. Welcome them again and move to next sub-topic.

Sub-topic 3: The Do's

Duration: 5 minutes

Methodology: PPT

- Tell the participants that now that we know each other and are going to work together for the coming five days let us understand that we will be working as a group where everyone is expected to contribute to the learning process. Tell them that it is therefore important to decide the set of Do's i.e. the set of acceptable behaviours during the sessions. This will help in avoiding group tensions and in minimizing the possible conflicts. It is equally important to mutually agree to abide with them throughout the training programme.
- Now display Tool 1: 'The Do's (PPT) on screen and invite different participants to loudly read them one after the other.

• Be punctual for training • Switch off your mobile phones • Listen to what other participants say, without interrupting them • In case you want to say something share in a group not with your neighbour	• Respect everyone and their experience • Be non-judgemental • Mute your mike when you are not expected to speak • Keep your video on throughout the training programme
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- Ask everyone to raise their hands if they agree with what they are expected to do. They can either physically raise hands or use the Zoom feature to raise hand.

Sub-topic 4: Introduction to the objectives

Duration: 20 minutes

Methodology: Small group discussion in breakout rooms, case briefs, debriefing and PPT

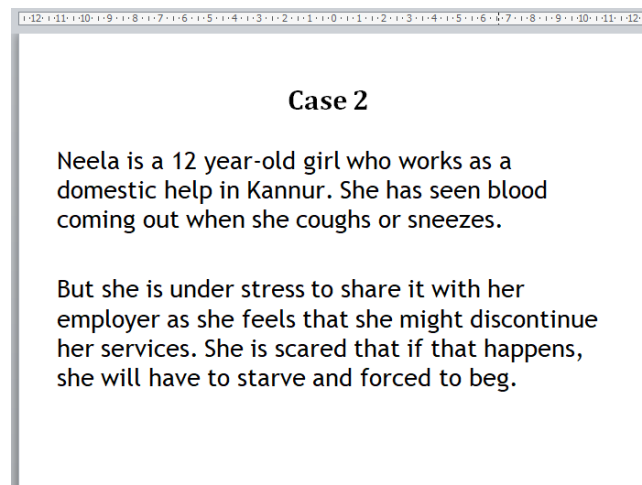
- Now tell participants that all of us have introduced ourselves by sharing a small bit of information about ourselves. But beyond this bit of information we have our own personal stories. These stories are very valuable as they capture our experiences which make us what we really are. But more importantly, these stories also have a power to help us learn from them.
- Introduce that we would see the personal stories of three children like us.
- Share screen with the participants which has Tool 2: Case briefs and Objectives of the training. Show them the first case brief and ask one of them to read it loudly.

Case 1

Nagaraj is a 13 year old boy who lives in Nalagonda. His father has active TB. Nagaraj has to take care of his father.

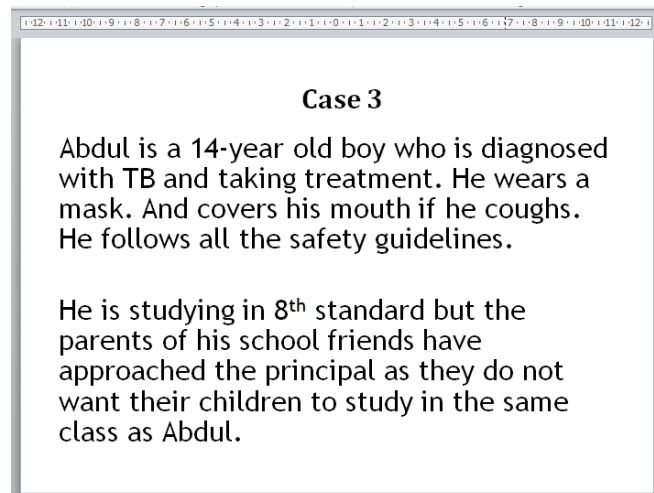
Since last three weeks, he is also coughing. He wants to approach a doctor for check-up and treatment but has no money to do so.

- Now ask them the following questions -
 1. What problems did Nagaraj face?
 2. What type of support does he need?
- Encourage participants to think and contribute to the thinking process. Ensure that maximum children take part by answering questions.
- The answers should be -
 1. Nagaraj is coughing since three weeks but he has no money to pay the doctor's fees.
 2. Nagaraj needs support to understand that
 - o TB treatment is offered free in the government centres.
 - o How to access government-run TB centres for diagnosis and treatment
- Now show the second case brief.



- Now ask them the following questions -
 1. What problems did Neela face?
 2. What type of support does she need?
- The answers for the questions should be –
 1. Neela has blood coming out when she coughs or sneezes but she is stressed to share it with her employer due to fear of being thrown out.
 - o Neela needs support to Manage her stress
 - o Sensitize her employer
 - o Get help in coming out of child labour
 - o Get access to TB centres for testing and treatment
 - o Get financial and nutritional support

2. The activists who work in the TB sector and Child Rights in her area and the TB champions from her area
- Now show the third case brief.



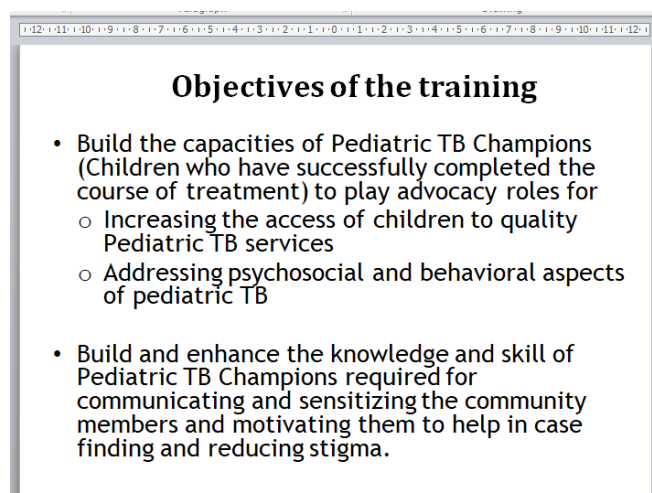
- Now ask them the following questions -
 1. What problems did Abdul face?
 2. What type of support does he need?
- The answers for the questions should be –
 1. Parents of Abdul's classmate want the school principal to deny permission to Abdul to attend school.
 2. Abdul needs support to
 - o Sensitise his principal and parents of his friends regarding the Rights of the infected children like Abdul and by pressuring him not to attend class they are violating his rights.
 - o Convince his principal and parents of his friends that as far as Abdul follows all safety guidelines, the chance of transmission is almost nil. Further, they can maintain social distance to avoid transmission. But should not object to his attending the class. He should not be stigmatized but given support.
- Now ask them who according to them can support Nagaraj, Neela and Abdul or many such children who are having similar problems. Encourage them to share what they think. If they are not able to answer ask probing questions such as –

Who are the people/ organizations who have information, resources and contacts to support them?

The answer should be –

 - o The NGOs and activists who work in the TB sector and Child Rights sector and who work in the areas where the children live.

- If they refer to TB champions as support givers it is good. If they do not mention, ask whether they as TB champions, should/ can do in such cases. Ask for their ideas. If they are not able to share, refer to the support needed by Nagaraj, Neela and Abdul and ask whether it is possible for them to provide the support that is needed by them. Note down the kind of support that they would be able to provide on the white board. Congratulate them for their thinking.
- Now ask why they think that other kinds of support are not possible for them. Also ask if it is possible for them to in association with elders/ NGO activists. Make a list of these too.
- Ask them to list the people/ agencies with whom they would work in the process of providing support. Add your inputs if need be. This list should include but need not be limited to the following –
 - TB patients – primarily children
 - Their parents
 - Their schools and school staff
 - Communities in the neighbourhood
 - NGOs and other agencies working on the same issue
 - Government authorities – local, State / Central etc.
- Now ask whether they would need more information, knowledge and skills to talk to / convince/ negotiate or work with these diverse groups. Consolidate and conclude that as they would need more knowledge and skills so that they can effectively support the children like Nagaraj, Neela and Abdul.
- Now tell them that this training programme aims to build these capacities in them. Tell them that we will read the objectives of the training programme to be more specific. Now display the last slide of **Tool 2: Case briefs and Objectives of the training** and ask two volunteers to read the points.
- Explain if need be.



Session 2: About TB

	Objectives	• Create clarity in TB Champions about TB as a disease
	Group size	• 15 to 20
	Sub-topics	• Orientation to TB with special reference to Paediatric TB – Part 1 • Energizer • Orientation to TB with special reference to Paediatric TB - Part 2 • Quiz
	Time required	55 minutes
	Training methodologies	• Presentation of Flash cards and discussion • Energizer • Quiz
	Training materials required	• Tool 3: About TB - Flash cards • Tool 3.1: Quiz on TB • Tool 3.2: Answer key for the quiz
	Expected learning outcomes	• The TB champions participating in the programme would get clarity on ◦ TB as a disease ◦ The symptoms of TB with special reference to Paediatric TB ◦ Prevention strategies ◦ Diagnosis and treatment of Paediatric TB ◦ Importance of adherence
	Safety considerations	• Expect emotional outburst / disturbance in children who have themselves faced problems in accessing treatment • Be prepared to handle and manage such situations carefully.

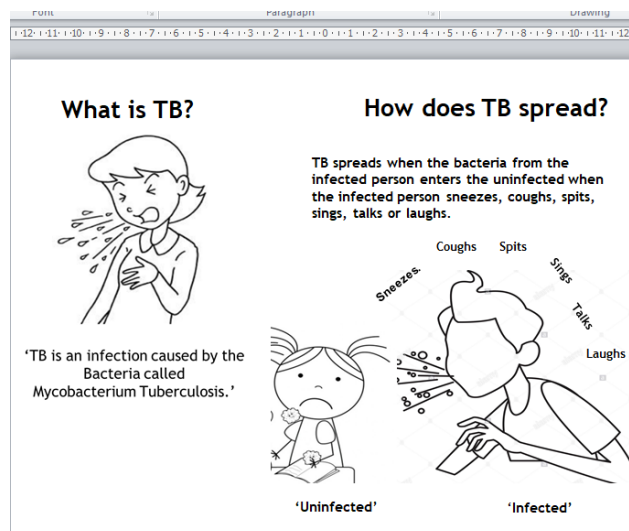
Process

Sub-topic 1: Orientation to TB with special reference to Paediatric TB – Part 1

Duration: 15 minutes

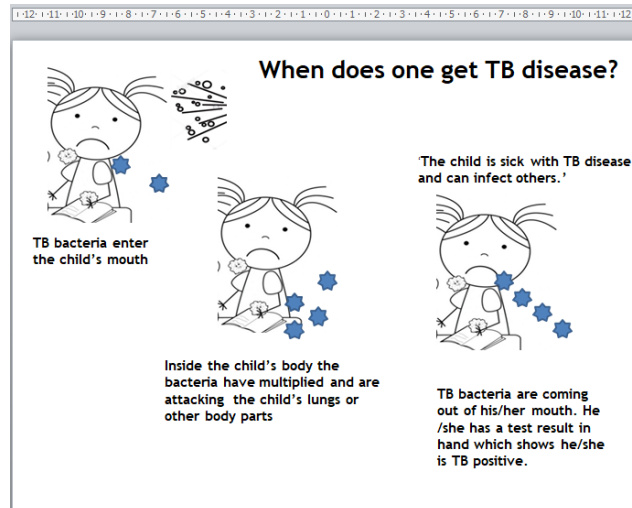
Methodology: Presentation of Flash cards and discussion

- Show the first six flash cards from **Tool 3: About TB - Flash cards (PPT)** one after the other on your screen. Ask children to look at the flashcard carefully. Now ask them to raise their hands if they have understood what is conveyed in each card. Ask any one of them to explain what he/she has understood. Ask others if what he/she has understood is correct. If the answer is yes, ask whether they want to add anything. If the answer is 'No' ask he/she to share what she would like to say.
- Share your inputs **only if required** and repeat the correct answer. Ensure that children have understood the message.

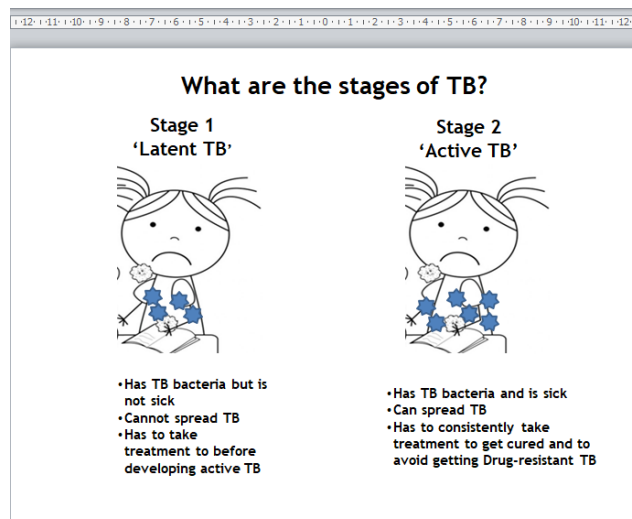


Explain that

- a. TB is an infection caused by the bacteria called Mycobacterium Tuberculosis. **Bacteria** are small living things that can be found in all natural environments and are made of a single cell. Most **bacteria** can be seen only with a microscope.
- b. When any infected person (Adult from family, neighbourhood, peers / friends or a stranger) sneezes, coughs, spits, sings, talks, laughs; tiny water droplets which carry the TB bacteria are released in the air. They remain in the air for several hours and if any uninfected person with low immunity breathes the air, the uninfected person/ child is likely to get TB infection.



- Explain that the bacteria enter a child's mouth/ nose when the child breathes the air which has the suspended TB bacteria init. If they multiply and attack the child's lungs or other body parts, the child gets the TB disease. At that time, the test results are positive. And the child can infect others.



- Explain that there are two stages in TB

The 1st stage is called 'Latent TB'. Latent means they do exist but are not yet active and needs certain conditions to be active. TB bacteria can live in the body without making the person sick. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. This is called the latent stage.

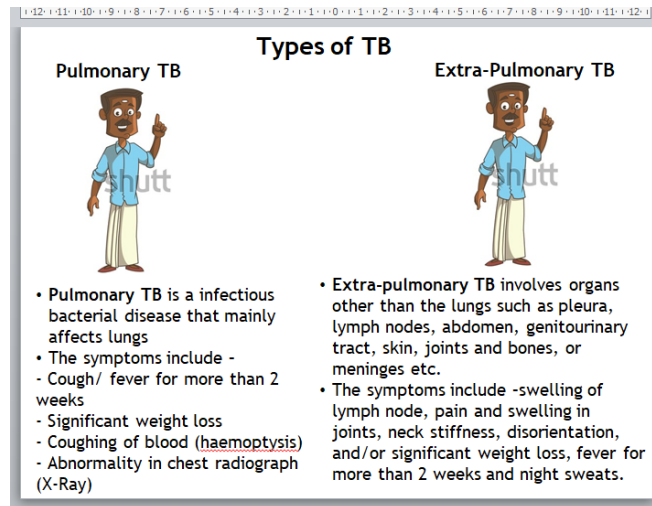
In this stage the person

- Has TB bacteria but is not sick
- Cannot spread TB
- Has to take treatment to before developing active TB.

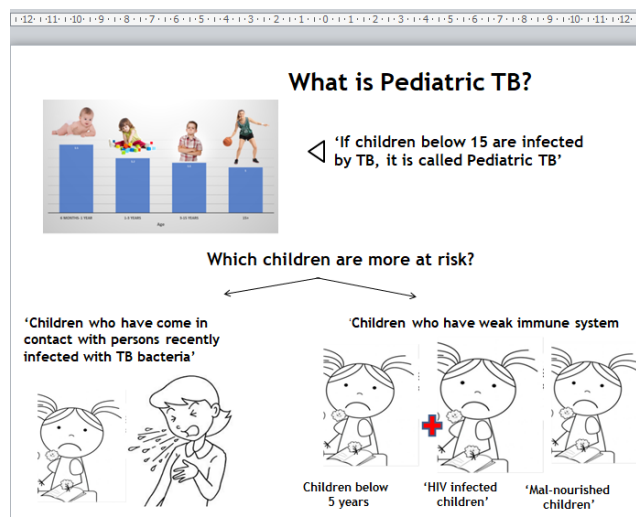
The 2nd stage is called 'Active TB'. In Active TB, TB bacteria become active, they multiply and cause the TB disease.

In this stage the person

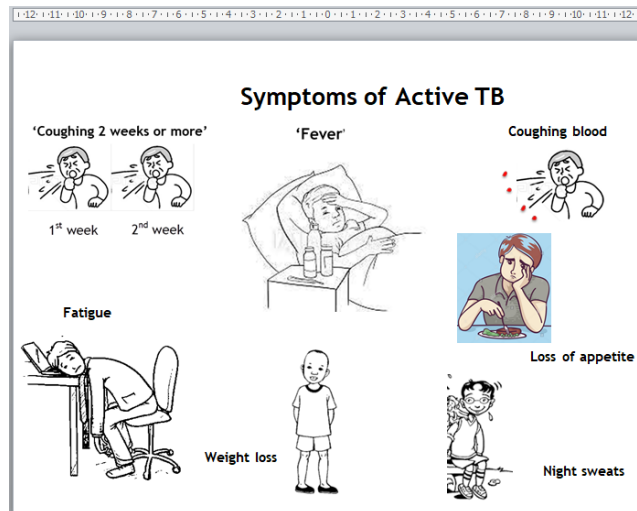
- Has TB bacteria and is sick
- Can spread TB
- Has to consistently take treatment to get cured and to avoid developing Drug-resistant TB



- Explain that there are two types of TB disease. One is known as Pulmonary TB which affects the lungs. This is more commonly found.
- The second type is Extra-pulmonary TB which affects organs other than lungs such as lymph nodes, skin, joints and bones etc.
- Explain that the symptoms of the first type we already know that it is cough / fever for more than 2 weeks, blood in cough, chest abnormalities etc. while for the 2nd type, the symptoms are swelling of lymph node, pain and swelling in joints, neck stiffness, disorientation, etc. and/or significant weight loss, persistent fever for more than 2 weeks and night sweats etc.



- Explain that
 - a. Paediatric means related to children. Hence when children below 15 are infected by TB, the disease is called Paediatric TB.
 - b. Two types of children are at risk:
 1. Children who have come in contact with persons recently infected with TB bacteria and
 2. Children who have weak immune system. This category may include - Children below 5 years, HIV infected children and mal-nourished children



- Explain that

A symptom means any sign of illness. The following are the symptoms of TB in children - Coughing for 2 weeks or more, fever, coughing up blood, fatigue, night sweats, loss of appetite and weight loss.
- Tell participants that we have learnt some important facts about TB which were related to understanding what TB is and how a person gets the infection. But as we all know, TB can be cured and more importantly it can be prevented too which is the hope. Hence, before going to that part let us talk about hope a little by playing a game that is called 'I am special and unique.'

Sub-topic 2: Energizer

Duration: 15 minutes

Methodology: Game

'I am special and unique'

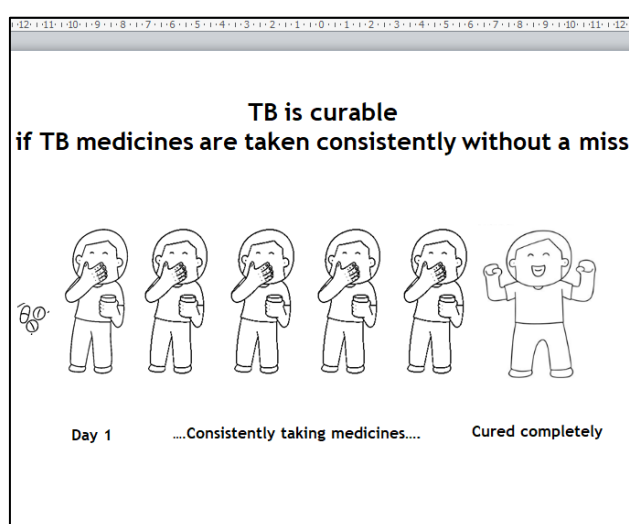
- Tell participants that for playing this game, each participant has to pick up a number between 1 to 10 taking care that once, any number is chosen by a participant, it cannot be repeated again.
- Tell them that when they utter the number, you will pick up an action that corresponds with the number they have picked up.
- Ask them to pick up numbers and accordingly you ask the questions from the following list –
 1. Name the thing that I would like to do for fun.
 2. Name the place which you would like to visit to enjoy.
 3. Name an adjective that best describes you
 4. Name a thing which you are good at
 5. Name a good deed you have done to help others
 6. Name a compliment / praise that you have received.
 7. Name a thing that most people do not know about you.
 8. Name an achievement of yours you are proud about
 9. Name a skill that you have
 10. Name a thing that makes you laugh
- Now tell them that as we have seen what makes you laugh, we will end the game also with a big laugh. Ask them to repeat after you. Say haa, haa, hee, hee, he, he, ho and end with a big laugh.
- Now conclude that when we laugh heartily you feel hopeful. Hope is a force that drives us. Even in TB, let us see the ray of hope by seeing how to prevent and cure TB.

Sub-topic 3: Orientation to TB with special reference to Paediatric TB – part 2

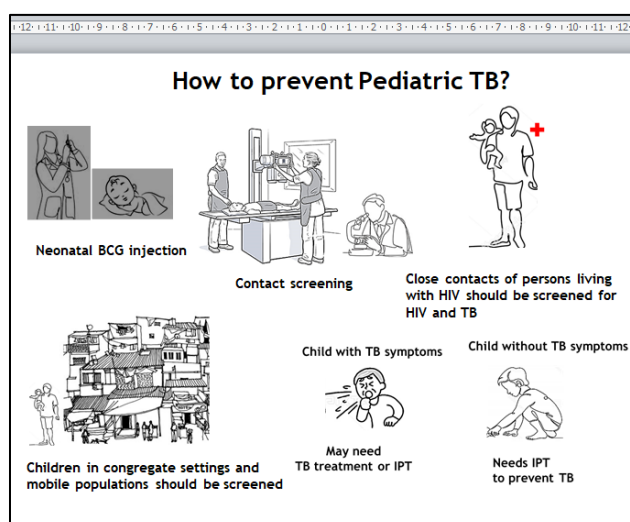
Duration: 15 minutes

Methodology: Presentation of Flash cards and discussion

- Show the next six flash cards from **Tool 3: About TB - Flash cards (PPT)** one after the other on your screen. Ask children to look at the flashcard carefully. Now ask them to raise their hands if they have understood what is conveyed in each card. Ask any one of them to explain what he/she has understood. Ask others if what he/she has understood is correct. If the answer is yes, ask whether they want to add anything. If the answer is 'No' ask he/she to share what she would like to say.
- Share your inputs **only if required** and repeat the correct answer. Ensure that children have understood the message.

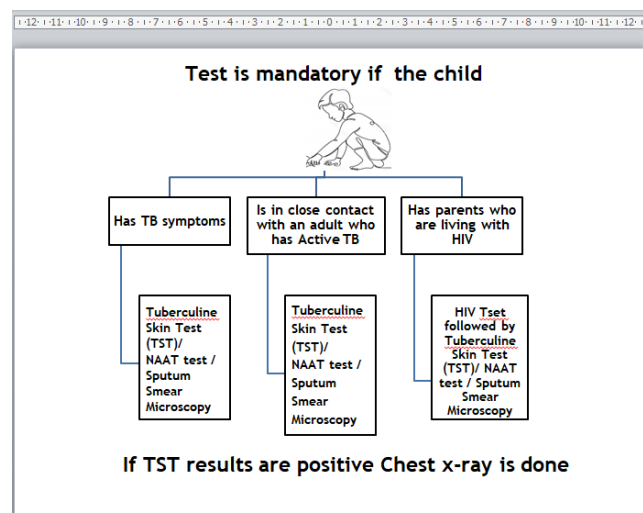


- Explain that TB is curable **if TB medicines are taken consistently without a miss**. Explain that if the treatment is discontinued in between, then it can lead to resistance towards the drugs and they no longer help in curing the disease and then the treatment required could be a much longer one and would need different drugs. There could be more side effects too.



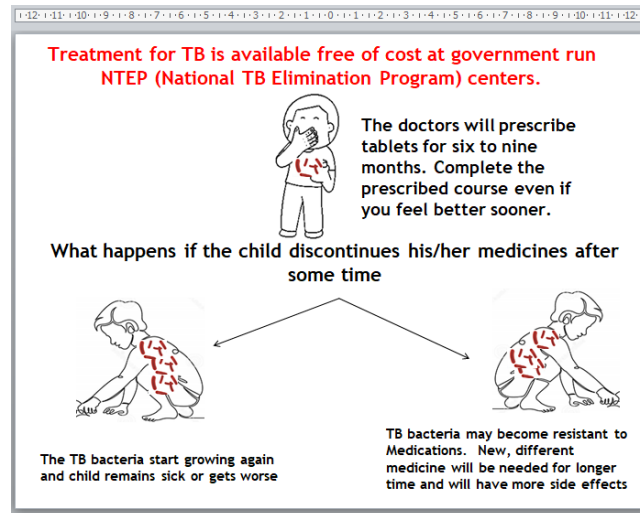
- Explain that Paediatric TB can be prevented using several measures which include –
 - a) Neonatal BCG injection - BCG injection that is given to the new born baby within 10 weeks
 - b) Contact screening - Anyone who has had a recent contact with someone who has active TB is known as contact. Contact screening involves checking for exposure to TB bacteria in people who have had recent contact with someone who has been diagnosed with TB disease (active TB).
 - c) Screening of children who are in close contact with People living with HIV (PLHIV)

HIV or human immunodeficiency virus that attacks cells which help the body fight infection. Thus, people living with HIV are more vulnerable to other infections and diseases and have increased risk of TB infection. PLHIVs if contacted with TB can put children in their close contact at risk. Moreover, children born to HIV positive parents could have HIV infection and compromised immunity.
 - d) Screening of children in congregate settings and mobile populations- due to unhygienic conditions it is likely that the TB bacteria are present in the air and could infect the children in these settings due to weak immune system due to mal nutrition and other problems.
 - e) Explain that if a child is in close contact with a person with Active TB and has TB symptoms - he/she may need TB treatment or IPT (Preventive Therapy)
 - f) But if the child in close contact with a person with Active TB does not have symptoms he/she should be given IPT.

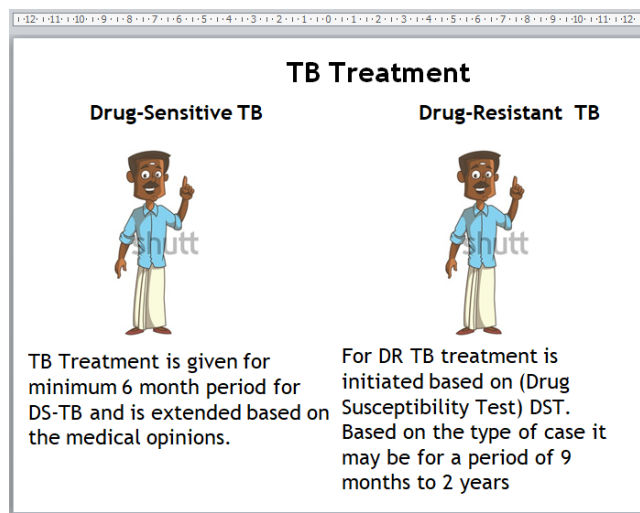


- Explain that Test is mandatory for children having TB symptoms, who are in contact with adults having active TB and children having PLHIV parents.

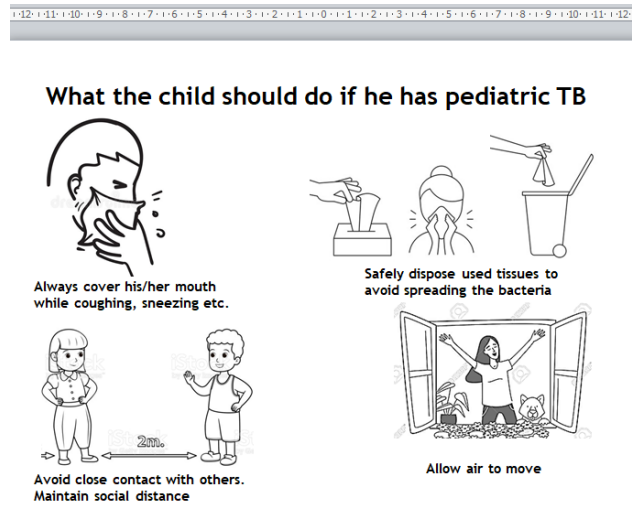
- If a child has TB symptoms or if he/she is in close contact with Active TB patient – a tuberculin skin test/ NAAT test / Sputum Smear Microscopy should be done.
- If the child has PLHIV parents the HIV test should be done before the tuberculin skin test/ / NAAT test / Sputum Smear Microscopy. If test results are positive, chest x-ray needs to be done



- Explain that treatment of TB is available free of cost at government run NTEP (National TB Elimination Programme) centres.
- Explain that if the child is tested positive, the doctors will prescribe tablets for six to nine months. He/she has to complete the prescribed course even if he/she feels better sooner'.
- If the child discontinues his/her medicines, after some time either TB bacteria will start growing again and child would remain sick or his/ her condition may be worsened or TB bacteria may become resistant to the medications and the child may require new, different medicines for longer time and will have more side effects



- Explain that the treatment for Drug-sensitive TB is given for minimum 6 month which may be extended if the doctor feels it necessary. While for Drug-resistant TB, the treatment is initiated based on (Drug Susceptibility Test) DST and it varies from 9 months to 2 years based on the type of case.



- If a child has paediatric TB the child should
 - Always cover his/her mouth while coughing, sneezing etc.
 - Safely dispose used tissues to avoid spreading the bacteria
 - Avoid close contact with others and maintain social distance
 - Allow air to move in the room.

So that he/ she will not spread TB infection.

Sub-topic 4: Quiz

Duration: 10 minutes

Methodology: quiz using ppt

- After all the flash cards are over, conduct a mini quiz. First divide the participants into five small groups using the pre-prepared format for dividing the groups. Display the names of the groups with share screen.
- Tell them that you will ask two questions to each group any member of the group can answer the question. But once a member answers, he/she cannot answer again, the chance goes to some other participant.

Use Tool no. 3.1 for quiz questions. You can use the PPT and display each question and then move to next slide. Read each question loudly and clearly. Use answer key given in Tool no. 3.3 for **your reference only**. Use Tool 3.2 – High Five to appreciate the participants who gives the correct answer.

Question 1 If I enter a person's body, multiply myself and attack the person's lungs, the person gets TB... Who am I?	Question 2 If a doctor advises a child who does not have TB symptoms to take me for six months... Who am I?
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Question 3 If I am a stage where a person has TB bacteria but is not sick... Who am I?	Question 4 If a child is taken to the TB lab, the doctors can diagnose whether the child has TB or not by conducting me or friends... Who am I and who are my friends?
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Question 5 If a child between 1 to 15 years is infected by TB, then the disease is called by my name... Who am I?	Question 6 Any person has me for more than three weeks, it could be a symptom of TB and has to get him tested ... Who am I?
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Question 7

If a TB infected person takes me consistently without a miss till the period the doctor has prescribed, TB is curable...

Who am I?

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Question 8

If a newborn child is given me then it is a preventive measure against TB...

Who am I?

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Question 9

If a child who is diagnosed of TB uses me when he coughs or sneezes and disposes me off safely, he can prevent the bacteria from spreading...

Who am I?

12 11 10 9 8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9 10 11 12

Question 10

If a child has PLHIV parents then he has to take me before the TB diagnostic tests are done...

Who am I?

High Five

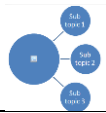


Answer sheet

Answer Key to Quiz - Who am I

Question no.	Answer
1	<i>Mycobacterium tuberculosis</i> (TB bacteria)
2	IPT (Preventive therapy)
3	Latent TB
4	tuberculin skin test/ NAAT test / Sputum Smear Microscopy
5	Paediatric TB
6	Coughing
7	TB medicines
8	BCG injection
9	Tissue paper
10	HIV test

Session 3: Issues in Paediatric TB

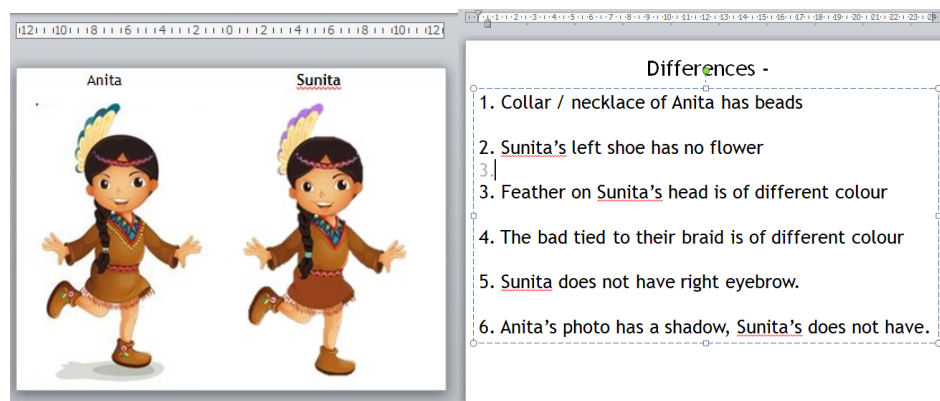
	Objectives	• Discuss issues and challenges in Paediatric TB
	Group size	• 15 to 20
	Sub-topics	• Energizer • Issues in Paediatric TB
	Time required	35 minutes
	Training methodologies	• Energizer / game • Case Study • Small group discussion using breakout rooms • Interactive dialogue and inputs
	Training materials required	• Tool 4: Spot the difference • Tool 4.1 Case briefs for issues in Paediatric TB • Tool 4.2 – Issues in Paediatric TB
	Expected learning outcomes	• The TB champions participating in the programme would know different challenges faced by the Paediatric TB sector
	Safety considerations	• Expect emotional outburst / disturbance in children who have themselves faced problems in accessing treatment • Be prepared to handle and manage such situations carefully.

Sub-topic 1: Energizer

Duration: 10 minutes

Methodology: game

- Tell students that you will show two pictures on screen from Tool 4: Spot six differences. There are six differences between them. It is an individual task for them to identify all the differences. They will get five minutes to spot six differences and send it to you alone on chat. The first participant to identify all six differences correctly will get a 'Star'. Display the picture given in Tool 4: Spot the difference on screen. Keep it for five minutes. Congratulate the participant who is the first one to spot all differences. The list is given in the next page. Give the golden star displayed on the next page to the winner while announcing his/ her name.
- Now tell them that we will look at the process that we followed in identifying these differences. Ask them what they did. Allow time for them to think and share it. In case they are not able to identify the process, ask how they could find the first difference. Add your inputs if need be. Conclude that we had to look very carefully at each and every detail and then apply our thinking to see if each of them looks same or different.



Sub-topic 2: Issues in Paediatric TB

Duration: 25 minutes

Methodology: Case study, small group discussion, interactive dialogue and inputs

- Tell them that we are going to follow the same process now to analyse the stories which we are going to see. But we will go a little further, recall what we have learnt in the previous session and apply that to the situation described in the case. It will help us identify and understand what is lacking or is absent in these cases described in the stories and how it could impact various dimensions of the Paediatric TB issue.
- Tell participants that you will send them case briefs and divide them into breakout rooms. In the breakout rooms they will have to
 - First step - Read the case let and understand it
 - Second step - Carefully look at each aspect and try to find out the main problem
 - Until this step the answer is in the case study itself.
 - Third step – They have to think and find out how the child will be suffering due to the main problem
 - Fourth step = if there are many more children like the one described in the case, how will it affect the entire community/ nation / issue.
- Then they should read the question given below and answer it briefly – preferably in bullet points. (No need to write the answer)
- Now, allot one case brief from **Tool 4.1** to each group.
- Tell them to select a volunteer / representative of the group who can and present it in the plenary.
- Give them 10 minutes for completing the task.
- Call them back to the plenary. Ask them to share the challenges / issues identified by them in Paediatric TB one after the other. You can add your inputs if required.

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Case brief 1

- Neelima has been detected Active TB three months back. Her 10-year old son Bharath being the only child is pampered by her. He sleeps close to her and she still attends all his needs. Despite the NGO workers telling her to get him tested; she ignored them as he did not have any symptoms. He was also not given BCG as she had delivered Bharath at home.
- Neelima is not alone. Several parents do not take their children to diagnostic center even if they are living in TB affected households if they do not have any symptoms.

How does this behaviour affect Paediatric TB?

- Let the group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Neelima’s lack of awareness about the risks to Bharath and the fact that absence of symptoms does not confirm that child does not have TB.
- How will it affect Bharath – Bharath is deprived of getting diagnosed and treated in time. He is also deprived of receiving IPT which can prevent TB. It puts Bharat into a greater risk of contracting TB and delay in accessing diagnosis and care.
- How it will affect the community as a whole. Explain that Neelima represents the whole lot of people who behave irresponsibly due to ignorance regarding the way TB spreads and the risks it poses to children if they remain undiagnosed and untreated.
- Thus, Neelima contributes to the following issues:
 - o Under-detection and under-reportage of presumptive TB cases
 - o Increase of the TB burden.
 - o Absence of access to diagnosis and treatment especially IPT
 - o Lack of preventive measures such as BCG

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Case brief 2

- Siri is 3-year-old and HIV positive. She does not have any TB symptoms. Hence her parents do not find it important to consult the doctor about any TB screening or IPT / TB treatment.
- Siri's parents are not an exception. There are many like them.

Does this kind of behaviour affect Paediatric TB? How?

- Let the second group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Lack of awareness of Siri's parents about HIV TB co-infection and the fact that absence of symptoms does not confirm that child does not have TB.
- How will it affect Siri – Siri may not get the diagnosis and care in time which is required for her health. She may not get IPT which can prevent TB infection. It puts her into a greater risk of contracting TB.
- How it will affect the communities - Explain that Siri's parents represent the whole lot of people who behave irresponsibly due to ignorance regarding the HIV-TB co-infection the risks it poses to children if they remain undiagnosed and untreated.
- Thus, Siri's parents contribute to the following issues:
 - o HIV-TB co-infection (which is more serious than only TB infection as it can also lead it death)
 - o Under-detection and under-reported presumptive TB cases
 - o Increase of the TB burden.
 - o Absence of access to diagnosis and treatment especially IPT
 - o Lack of preventive measures such as BCG

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Case brief 3

- 5-year old Shahbaz stays in a remote village in Telangana. He is very weak and has not taken proper immunization. A NGO worker took him to a nearby diagnostic centre as he was coughing for more than two weeks.
- He was diagnosed of TB. But the treatment could not start immediately as enough child-friendly dosages were not available in the nearby centre. It would take at least a week for the dosage to arrive at the facility. Till then his treatment can not start.
- Many children like Shahbaz suffer in the same way.

Does this lacuna affect the children with Active TB?

- Let the next group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Lack of availability of adequate child-friendly dosages in the facilities in remote areas.
- How will it affect Shahbaz – If Shahbaz does not get the dosage in time, the delay could prove costly to him. His health condition may further deteriorate.
- How it will affect the communities - Explain that Shahbaz may not be the only child who is facing the problem. If there are more places where dosages are not available, despite the diagnosis, children will continue to be at risk. It might increase the rate of delayed treatments.
- Thus, the lack of supply of medicines at the facilities contributes to the following issues:
 - Lack of supply of medicines at remote places
 - Lack of access to treatment to children

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Case brief 4

- 12-year old Susan is on TB treatment. She takes her medicines regularly and is willing to take the medicines till the prescribed period is over. But due to poverty she is not getting nutritious food.
- Her appeal to NGOs and the government functionaries has not resulted into her getting any support as they do not have funding for that.

Will lack of funding affect issue of pediatric TB?

- Let the next group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Lack of availability of nutritious food to TB patients taking medicines.
- How will it affect Susan – Lack of nutrition will weaken the body's ability to fight the disease and her health may not improve at the expected rate.
- How it will affect the communities - Explain that if more such cases are there, the improvement rate would be very slow and may impact the cost of treatment too.
- Thus, the lack of nutrition contributes to the following issues:
 - o Weakening the TB patients to fight their disease
 - o Increased cost of treatments

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Case brief 5

- 7-year old Nagaveni and her brother Vishal are both TB positive. Both are on medicines but since the parents are poor, they do not have enough money to give nutritious food to both of them.
- Their parents give proper and adequate food to Vishal but Ngaveni is the one who is often excluded.

Does gender discrimination affect children suffering from TB?

- Let the next group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Gender discrimination even in TB treatment and nutritional support
- How will it affect Nagaveni – Lack of nutrition will weaken her body's ability to fight the disease and her health may not improve at the expected rate.
- How it will affect the communities - Explain that if more such cases are there, the improvement rate especially of girls would be very slow and may impact the cost of treatment too.
- Thus, the gender discrimination contributes to the following issues:
 - o Weakening the girl TB patients to fight their disease

Case brief 6

- 14-year old Anees is losing weight and feels tired with very little activity. He also has mild fever and cough since a long time. His mother took him to a informal health worker.
- But as she did not have enough knowledge of TB symptoms, she gave him medicines for cough and fever but did not take him to any diagnostic centre. Anees's mother has spent money on medicines but has not received proper advice.

Will lack of proper knowledge in healthcare providers affect children infected by TB?

- Let the next group present the case study and their answer of the question posed at the end. If their answer is close to the issue, congratulate them and give them a star. Ask other groups to add their opinions too. Consolidate the understanding by adding your inputs if need be.
- The main problem – Lack of knowledge and awareness about symptoms, diagnostic tests and treatment of TB available in government facilities amongst the informal health service providers.
- How will it affect Anees – Anees will not get the essential diagnostic service and care which is available at no cost at all. This may lead to delay in getting proper treatment and deterioration of his health condition. It may also lead to increased severity of TB.
- How it will affect the communities - Explain that as the informal service providers are the first contact points for the healthcare needs of communities especially those who do not have adequate resources, lack of knowledge and awareness of TB in them will be detrimental to the communities. The number of cases who are not properly diagnosed and hence not give appropriate treatment will increase considerably and affect the percentage of TB patients who are out of the purview of healthcare service. Also, as they are not diagnosed of TB, they can remain unaware of their status and hence unknowingly infect many more people in their vicinity.
- Thus, the lack of knowledge / awareness in informal healthcare service providers will contribute to the following issues:
 - o Delay in accessing diagnostic service and care of TB patients
 - o Increased number of TB patients
- Now, tell them that we will consolidate the issues identified by us through these case briefs, from case briefs of Neela, Nagaraj and Abdul which we have seen earlier and also which they might have seen in their surroundings. Tell them that we will now see them under the categories to make them easy to remember. We would see them under the following categories -

Challenges related to

- Lack of awareness and knowledge
 - Access to services
 - Prevention
 - Diagnosis and treatment
 - Stigma
 - Research and Development
 - Gender
 - Policy and implementation
 - Supply chain
- Present **Tool 4.2** which has these issues in Paediatric issues put together.
 - Ask different participants to read each category. Ensure that everyone understands the challenge and its impact of the larger issue.

Challenges related to lack of awareness and knowledge		Challenges related to lack of awareness and knowledge	
Challenges	Impact on the issue	Challenges	Impact on the issue
• Parents lack awareness about ○ Availability of free TB treatment at government facilities ○ The need for screening their children irrespective of whether they have symptoms or not if ○ They live with Active TB patients ○ They have weaker immune system ✓ whose age is below 5 years ✓ HIV infected/ having PLHIV parents ✓ Mal-nourished ✓ Living in slums or unhygienic living conditions	• Under-detection and under-reportage of prospective TB cases • Delay in screening causes aggravating the TB infection and reduces chances of getting cured considerably. It increases the number of untreated cases.	• Communities lack awareness about ○ How does TB spread ○ The need to eliminate stigmatizing behaviours • Informal / private health care providers lack awareness about - ○ The symptoms of TB ○ The need to screen the patients having cough for more than two weeks at government facilities	• Under-detection and under-reportage of prospective TB cases • Stigma and discrimination against TB patients Absence of proper diagnosis leading to increased number of untreated TB cases

Challenges related to access to services		Challenges related to prevention	
Challenges	Impact on the issue	Challenges	Impact on the issue
• People normally take the patients to private health care providers who may lack knowledge about TB and hence are deprived of access to services at government facilities • TB in children is often missed or overlooked either because there are no symptoms or because they are less infectious.	• Under-detection and under-reportage of prospective TB cases • Absence of systematic screening for TB of children living in households affected by TB	• Children not born at medical facilities are often not given BCG vaccine within 10 weeks from birth which is supposed to prevent TB. • Parents refuse to give the BCG injection even though they are born at the medical facilities • Contact screening of eligible children is less • IPT is often not given to children as they do not have any symptoms	• As Prevention measures are not taken, the number of cases getting TB infection increases • Children who are not given IPT are at higher risk of infection following TB exposure.

Challenges related to diagnosis and treatment <table> <tr> <th>Challenges</th><th>Impact on the issue</th></tr> <tr> <td> - Collecting adequate Sputum sample from children for testing is difficult for parents and health care providers. - Lack of accessories required for diagnosis and treatment in the healthcare facilities - Often, Public health facilities do not have Paediatric specialists and counselors to give proper guidance to patients. </td><td> - Delay in diagnosis delays treatment and makes cure difficult - Lack of proper guidance delays the process of cure </td></tr> </table>	Challenges	Impact on the issue	- Collecting adequate Sputum sample from children for testing is difficult for parents and health care providers. - Lack of accessories required for diagnosis and treatment in the healthcare facilities - Often, Public health facilities do not have Paediatric specialists and counselors to give proper guidance to patients.	- Delay in diagnosis delays treatment and makes cure difficult - Lack of proper guidance delays the process of cure	Challenges related to Stigma <table> <tr> <th>Challenges</th><th>Impact on the issue</th></tr> <tr> <td> - Children who have active TB or those who come from TB affected households are often stigmatized in the neighbourhood, school/ college, workplaces and even in health facilities </td><td> - Child Rights of TB affected children are violated - Parents/ children avoid going to the health facilities for diagnosis/ Treatment which deprives the child of treatment - Children refuse to disclose their status and hence pose potential risk to other children </td></tr> </table>	Challenges	Impact on the issue	Children who have active TB or those who come from TB affected households are often stigmatized in the neighbourhood, school/ college, workplaces and even in health facilities	- Child Rights of TB affected children are violated - Parents/ children avoid going to the health facilities for diagnosis/ Treatment which deprives the child of treatment - Children refuse to disclose their status and hence pose potential risk to other children				
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Challenges	Impact on the issue												
Children who have active TB or those who come from TB affected households are often stigmatized in the neighbourhood, school/ college, workplaces and even in health facilities	- Child Rights of TB affected children are violated - Parents/ children avoid going to the health facilities for diagnosis/ Treatment which deprives the child of treatment - Children refuse to disclose their status and hence pose potential risk to other children												
Challenges related to Research and development <table> <tr> <th>Challenges</th><th>Impact on the issue</th></tr> <tr> <td> - Lack of actual data on cases of Paediatric TB. - There is a need to invent child-friendly tests for children. </td><td> - Makes designing of strategies difficult - Increases diagnosis process difficult </td></tr> </table> Challenges related to Gender <table> <tr> <th>Challenges</th><th>Impact on the issue</th></tr> <tr> <td> - Girls with active TB are often neglected as far as treatment or nutritional support is concerned </td><td></td></tr> </table>	Challenges	Impact on the issue	- Lack of actual data on cases of Paediatric TB. - There is a need to invent child-friendly tests for children.	- Makes designing of strategies difficult - Increases diagnosis process difficult	Challenges	Impact on the issue	Girls with active TB are often neglected as far as treatment or nutritional support is concerned		Challenges related to Policy and implementation <table> <tr> <th>Challenges</th><th>Impact on the issue</th></tr> <tr> <td> - Funding/budget for issues in Paediatric TB such as Nutrition are low. - The amount allotted by the government also does not reach people in time. Sometimes patients do not get the payment even after the treatment is over. - Due to current pandemic of COVID 19, identifying a symptomatic case of Pediatric TB has become difficult. Thus focus on Pediatric TB is further reduced. </td><td> - The treatment is less impactful and cure takes more time </td></tr> </table>	Challenges	Impact on the issue	- Funding/budget for issues in Paediatric TB such as Nutrition are low. - The amount allotted by the government also does not reach people in time. Sometimes patients do not get the payment even after the treatment is over. - Due to current pandemic of COVID 19, identifying a symptomatic case of Pediatric TB has become difficult. Thus focus on Pediatric TB is further reduced.	The treatment is less impactful and cure takes more time
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- After each category ask them which case exemplifies these challenges. If there are no case related to the particular issue, ask them if they have seen any example of this issue in their surroundings.
- Tell them that in addition to these important issues, there could be other issues too but these are enough for us to start. Tell them that for future reference, we will send this tool to everyone and send it.

Consolidation of learning

Duration: 15 minutes

Methodology: recall and reiteration

- Tell participants that in today's training we have taken three sessions out of which the first one was setting the context and in other two, we learnt about TB. Now let us recall the learning from both the sessions.
- Ask everyone to recall learning from first session on About TB. Tell them no one should repeat the learning which is shared by someone else. Then repeat the process for second session.
- Close the session by reminding participants to login for the training 10 minutes earlier than the stipulated time.

Day 2

Recap

Duration: 15 minutes

- Welcome participants to the 2nd day training. Tell them that before starting the new topics, we are going to do a quick recap of things we learnt on the previous day in a fun way. Tell them that you will utter a term and they have to share what they have learnt related to that term.
- Ensure that each term is asked to a different participant.

Terms

1. Spread of TB
2. Bacteria
3. Latent
4. Weak immune system
5. Weight loss
6. Curable if
7. IPT
8. Tuberculin
9. Covering the mouth
10. BCG
11. Stigma
12. Delay in diagnosis
13. Counsellors
14. Contact screening
15. Under-detection

Response could be

Terms

1. Spread of TB – when an infected person sneezes, coughs or laughs the droplets carrying the bacteria are suspended in the air. If an uninfected person breaths the air, the bacteria enter the uninfected person's body.
2. Bacteria – TB is caused by the Mycobacterium tuberculosis bacteria
3. Latent – Latent TB
4. Weak immune system – Children having weak immune system are more at risk of TB
5. Weight loss – is a symptom of TB in children
6. Curable if – medication is taken consistently without a miss
7. IPT – is a preventive therapy which should be given to any child who is exposed to TB or HIV irrespective of presence of symptoms
8. Tuberculin – is a skin test for diagnosis of TB
9. Covering the mouth – with a cloth to avoid spread of bacteria
10. BCG – injection to be given to a new born within 10 weeks
11. Stigma – the differential treatment given to the TB infected children/ children from TB affected households
12. Delay in diagnosis – due to lack of essential accessories for diagnosis
13. Counsellors – specialized in TB are not available in all centres hence the TB patients lack guidance
14. Contact screening – screening people/ children who are recently some in contact with TB infected people
15. Under-detection – As people do not get tested, the all the TB cases are not detected.

Session 4: National response

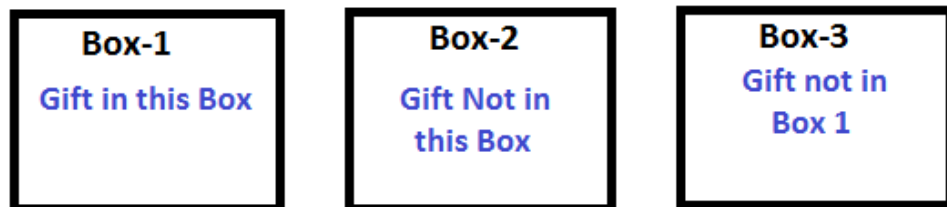
	Objectives	• Create clarity in TB Champions about the National response / strategies to address various issues in TB
	Group size	15 to 20
	Sub-topics	• Energizer • National response to TB
	Time required	30 minutes
	Training methodologies	• Game • Matching flashcards (Small group Discussion) • Game (Agree / disagree)
	Training materials required	• Tool 5.1 – National response/ strategies • Tool 5.2 - National response/ strategies • Tool 5.3 – Key to answers
	Expected learning outcomes	• The TB champions participating in the programme would get clarity on ◦ Different strategies and efforts undertaken by WHO and the government to end TB
	Safety considerations	Nil

Subtopic 1: Energizer

Duration: 10 minutes

Methodology: Game⁴

- Tell participants that we are going to start the day with a very positive note.
- We are going to play a game. Tell them that there are three identical boxes are kept in front of you but only one of them has a GIFT inside. Each Box is labeled with a statement but only one of the statements is true.



conditions:-

- >only one statement is correct.**
- > only a box have Gift.**

Box 1 says the GIFT in this Box.
Box 2 says the GIFT not in this Box.
Box 3 says the GIFT not in Box 1.

- Tell them that the task is to identify which Box has a GIFT and which statement is true.
- Now tell them that they would work in small groups and have seven minutes to solve the puzzle. Divide them in breakout rooms. After they come back ask them which box has the gift and which statement is true. (The answer is that Gift is in Box no. 2. Statement on Box no. 3 is true.) If any group has given the correct answer, congratulate the group members and ask them to share how they got the solution. If none of the groups has the correct answer explain as follows -

⁴ **References:** <https://www.youtube.com/watch?v=vwg87d8N3uM&t=53s>

Explanation:

We would analyze all statements one by one.

Case 1: Let Statement of Box-1 “GIFT in this Box” be true then Box 2 & 3 will be empty but Box-2 says the “GIFT not in this Box” which makes the statement true but puzzle says only one statement is true so clearly statement of Box-1 is invalid.

Case 2: If statement of Box-2 is true “Gift not in this Box” then other statements should be false according to puzzle. Statement of Box no. 3 says “GIFT not in Box no 1” which makes the statement of Box-3 true if the gift is in Box no. 3 and statement of Box no. 1 true if the gift is in Box no. 1. But according to puzzle only one statement is true so statement of Box-2 is also invalid.

Case 3: Let statement of Box-3 “GIFT not in Box-1” be true. Box-1 says “gift in this box” but since we assume statement of Box-3 is true and according to puzzle only one statement is true so statement of Box-1 is false and Gift is not in Box-1. Statement on Box-2 says “GIFT not in this box” but according to puzzle only one statement is true so this statement should be false which means gift is in Box-2. So, finally all conditions are full filled and we have found the gift is in Box-2 and statement of Box-3 is true.

- Tell them that here we saw how a problem is solved by carefully separating the elements in it and seeing how it works out. It means that each problem has a solution but there is a need to design a strategy to solve it.
- Our government has also designed strategies to identify solutions to the issues/ challenges/ problems we had identified the previous day and overcome them.

Sub-topic 2: National Response

Duration: 20 minutes

Methodology: Matching flashcards (small group discussion) and discussion, Game

- Send them both the tools Tool 5.1 – National response/ strategies – (Green cards) and Tool 5.2 - National response/ strategies – (Orange cards).
- Tell them that as they are already aware of the issues in Paediatric TB, they can also think of the strategies to address the issue. Here, we will not design the strategies but match the flashcards (Green) that have issues in Paediatric TB with the flashcards (Orange) that have the strategies designed to address them. They have to just write the numbers of green cards and in front of it write the number of orange card that matches with the respective green card. **Tell them to note that there could be more than one issues addressed by the same strategy and similarly, one issue could be addressed by more strategies.**
- Give them an example and say that green card no. 4 refers to a challenge related to nutritional support and hence strategy card 2 that speaks for linking TB patients with social support scheme pairs with it.

Green card number	Orange card number
1	
2	
3	
4	2
5	
6	
7	
8	
9	
10	
11	

1 Under-detection of presumptive TB cases	2 • Absence of systematic screening of TB of children living in households affected by TB
3 • Lack of accessories required for diagnosis and treatment in the healthcare facilities delays treatment and makes cure difficult • The Paediatric medicines/ formulations are not easily accessible everywhere especially in remote place, this delays the treatment	4 • Funding/budget for issues in Paediatric TB such as Nutrition are low. • The amount allotted by the government also does not reach people in time. Sometimes patients do not get the payment even after the treatment is over.
5 • Lack of awareness regarding need to screen HIV infected children and children having PLHIV parents as HIV reduces the immunity and child becomes more prone to TB infection	7 • Public health facilities do not have <u>Paediatric</u> specialists and counselors to give proper guidance to patients especially regarding adherence and nutritional support.

8

- Informal / private health care providers lack awareness about -
 - o The symptoms of TB
 - o The need to screen the patients having cough for more than two weeks for TB at government facilities

9

Collecting **adequate** Sputum sample from children for testing is difficult for parents and health care providers.

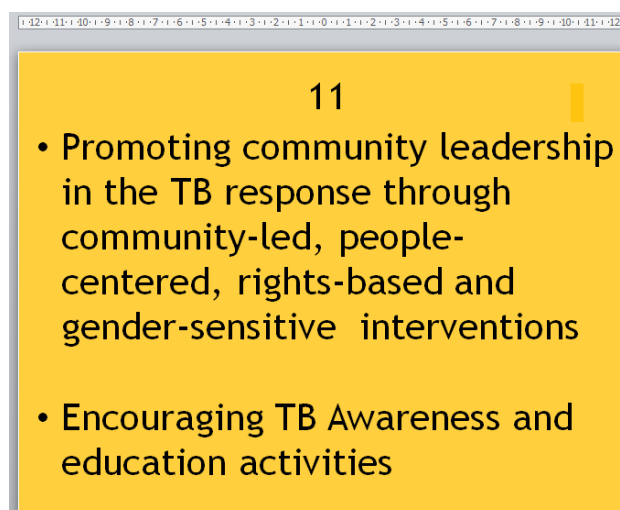
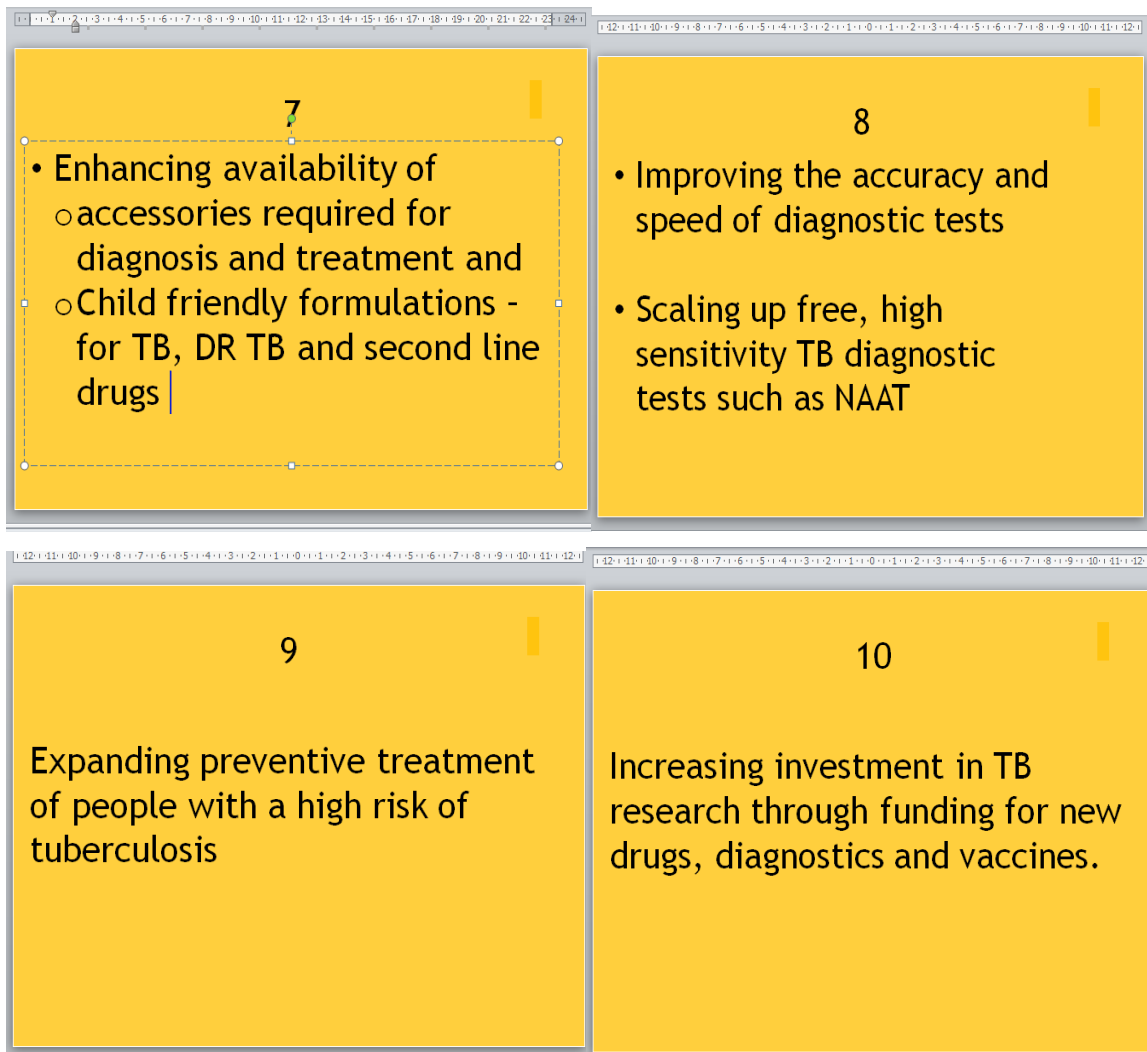
10

As Prevention measures are not taken, the number of cases getting TB infection increases especially from the high risk populations such as children

- o Living with Active TB patients
- o Having weaker immune system
 - ✓ whose age is below 5 years
 - ✓ HIV infected/ having PLHIV parents
 - ✓ Mal-nourished
 - ✓ Living in slums or unhygienic living conditions

Orange cards

1 • Collaboration of HIV and TB programmes • TB counseling and testing to all the PLHIVs	2 Linking eligible TB patients with social welfare schemes including providing nutritional support.
3 Active case finding (ACF) for early detection of TB cases and initiating proper treatment without any delay	4 • Counseling to Pediatric TB patients and their parents/caregivers • Providing patient-friendly adherence monitoring and social support in order to sustain TB treatment and avoid DR-TB
5 • Contact tracing and reverse contact tracing • Systematic and regular screening for signs and symptoms suggestive of TB of high risk populations such as - ○ Children below 5 years ○ PLHIVs ○ Mal-nourished children ○ Children living in congregate settings	6 • Engagement and capacity building of private sector / informal healthcare providers • Strengthening proper referral system between private and public health facilities



- Now divide them into 5 breakout rooms and give them ten minutes to complete the task.
- Bring them back and one of the groups to present the first pair. Ask everyone if what they have presented is right or wrong. If it is wrong, ask other groups to correct it. IF none of the group is able to give a correct pair, share the answer and explain it. Continue till or issues have matching responses. Refer to the key given in Tool 5.3.

Green card number	Orange card number
1	3, 5 & 6
2	5
3	7
4	2
5	1
6	11
7	4
8	6
9	8 & 10
10	9

- Ensure that they have understood the National strategy to each of the issue.
- Now follow it with an 'agree / disagree' game. (Optional)
- Tell participants that you will tell a statement and also share it on the screen. You will then say 1, 2, and 3 go. At go, everyone who agrees has to raise the hand and everyone who disagrees shows thumb down. Tell them that they will have to explain the reason why they agree / disagree if asked.
- Announce the following statements – (answer is provided in the bracket for the facilitator's benefit.)
 1. The strategy to provide TB counselling and testing is designed to address the risk of TB infections to PLHIVs due to their compromised immunity. (Agree)
 2. The issue of lack of adherence i.e., consistent and regular medication till the end of prescribed period is not being addressed by any national strategy. (Disagree)
 3. For overcoming the challenge of difficulty in collection of adequate sputum sample the strategy designed is to increase investment in TB research through funding for new drugs, diagnostics and vaccines. (Agree)
 4. Engagement of private sector health providers and strengthening of referral system between the public and private health facilities are reduce the load on the public health facilities. (Disagree)
 5. Active case finding is a strategy that addresses under-detection of TB cases. (Agree)
 6. Contact tracing, reverse contact tracing and systematic screenings are strategies to increase rate of diagnosis and prevent delay in starting treatment. (Agree)

Session 5: Role of Stakeholders

	Objectives	• Create understanding about the term stakeholders • Create understanding about the stakeholders of Paediatric TB • Create understanding about the roles stakeholders can play
	Group size	15 to 20
	Sub-topics	• Energiser • Understanding the term stakeholders • Identifying stakeholders • Understanding the roles stakeholders can play
	Time required	40 minutes
	Training methodologies	• Game • Interactive dialogue
	Training materials required	• Tool 6: Stakeholders • Tool 7: Role of stakeholders
	Expected learning outcomes	• The TB champions participating in the programme would get clarity on ◦ The meaning of term stakeholder ◦ Role of different stakeholders • They would be able to ◦ Identify stakeholders in the Paediatric TB
	Safety considerations	Nil

Process

Sub-topic 1: Energizer

Duration: 10 minutes

Methodology: Game

- Tell participants that we are going to play a game. This game has an interesting name... Slap. Clap, Right, Left.
- Tell them that they will work in the same five groups that were formed the previous day. The game is simple. It starts with one participant who has to say the mantra - Slap. Clap, Right, Left and to coincide it... he/she should slap himself/herself lightly on the cheeks, then clap hands, then snap the right fingers and then the left fingers. This has to be done really fast. He/she can do it a couple of times and doing the same actions he/she should say from me to ---(name of a group member). Immediately that particular member has to repeat the same process...Slap, Clap, Right and Left. After a couple of tries, he/ she utters the name of the he next participant. The last participant has to utter the name of the first and continue the game. The game ends when you say stop. Tell them there is no leader and everyone is responsible for the group to win because when all of them do the actions properly they get 5 marks.
- Give a trial run and then start the game. End it after 5 minutes. Even if anyone member makes a mistake, the group is out of the game.
- After five minutes stop the game and announce the winner. If none of the group wins also it is OK.
- Now, ask them the following questions –
 - Who was responsible for your group to win/ lose?
 - Who gets the credit/ blame of winning / losing?
 - What benefit each of them got on winning?
 - What loss each one of them experienced on / on / losing
- The answer would be that there was no one in particular who was responsible for winning or who has received any benefits. Similarly, there was no one in particular who was responsible for losing or received any loss.
- Now ask if there was not a single person who was responsible, why everyone tried to win. It is because as a group member, everyone was interested in winning for the group. This 'interest' can also be called stakes. And everyone who has a stake is called a stakeholder.
- Now tell them that similarly, there are a number of people who also have stakes in the issue of Paediatric TB. Explain that in the fight against TB, most patients may feel lonely and isolated. However, if they see the larger picture, there are a number of people who are involved in this fight. These are individuals or groups that have an interest in the issue or stakeholders.

Sub-topic 2: Understanding the term stakeholders

Duration: 5 minutes

Methodology: Interactive dialogue

- The term stakeholders can also be explained as
 - Anyone who is affected by the issue either positively or negatively
 - Anyone who can influence the issue / outcome of any action related to the issue positively or negatively.
- Tell participants that such people are called stakeholders.
- In the issue of Paediatric TB too there are several such stakeholders. If we are aware who they are and what role they can play; we can decide how to engage with them in a way that is beneficial to the issue.

Sub-topic 3: Identifying stakeholders

Duration: 15 minutes

Methodology: Interactive dialogue

- Now tell them that together we will identify different stakeholders. Tell them that we can identify the stakeholders by asking ourselves very simple questions.
- Now ask the following question
Who will be most affected by the issue or who would be most disadvantaged if he/she is not involved in the issue?
- Tell them to share the names/ categories of individuals or groups that are affected by lacuna / challenges in the Paediatric TB sector according to them. As they share, write the responses on the whiteboard under the first column. If they are not able to share more names, ask probing questions such as
 - Who is likely to get infected by TB if they are not made aware of the way TB spreads?
 - Who are others who may suffer financially or in any other way?
 - Who might be affected by the decisions and changes in the issue?
- Encourage participants to think and share names / categories of other stakeholders. You can also add your inputs in between. The list may not be as comprehensive as the following but they should be able to understand the meaning and think in the right direction.
- Now share the document on screen which has **Tool 6: Stakeholders**
- Now explain the column heads and write the names/ categories suggested by the participants under the first column.
- Now, explain that all the individuals, groups and organizations that can influence the solutions are also the stakeholders of the issue.
- Ask them to share the names / categories of such stakeholders and write them as they share in the 2nd column. If need be, ask probing questions such as
 - Who can impact the individual's/ organization's ability to solve the issue?
 - Who can influence the individuals/ organizations who make the decisions related to the issue?
 - Who can make decisions that impact the issue?
- Add your inputs if required. The list may not be as comprehensive as the following but they should be able to understand the meaning and think in the right direction.

Individuals/ groups/ organisations	
That are affected by the issue of <u>Pediatric TB</u> (direct and indirect)	That can influence / identify the solution (direct and indirect)

- The list could include the following –
 - Parents
 - Siblings
 - Other family members
 - Neighbours
 - Friends
 - Community members such as teachers and principal, Bus / Van driver, other co-travellers, Vendors etc.
- Now make the list of stakeholders who could influence the solution following the similar procedure. This list could include the following -
 - Healthcare workers (government) such as
 - Doctors
 - Nurses
 - ASHA
 - ANM
 - AW
 - Lab technicians
 - DOTS providers (????)
 - Healthcare workers (private) such as
 - Private doctors
 - Informal health care providers
 - Rural healthcare providers
 - Political leaders especially elected representatives and ministers etc.
 - Healthcare officials from government
 - NGO workers
 - Community leaders

- o Organizations and institutions involved
 - Three-tier healthcare system - sub-centres, PHCs and CHCs
 - Other hospitals and centres
 - DMCs
 - NTP
 - NGOs
 - Research organisations
 - ADD
- Now tell them that some of these stakeholders are directly affected or can directly influence while some of them are indirectly involved.
- Similarly, some are primary stakeholders while some are secondary. The primary stakeholders are the beneficiaries, who stand to gain something as a direct result of any action related to the issue is taken or those who has **‘high interest’** in the issue. For example, in the Paediatric TB issue, children infected or affected by TB are the primary stakeholders.
- The Secondary stakeholders are those who include individuals and organizations that live with, are close to, or care for the primary stakeholders. For example, in the Paediatric TB issue, parents, school teachers, Principals etc. are the Secondary Stakeholders.
- Explain that the third category of stakeholders is the Key stakeholders, who can devise, pass, and enforce the rules/ guidelines/ policies related to the issue. For example, the officials in the health department or the TB programme could be the key stakeholders. These may not have high interest but they have **‘high power’** that can bring about a significant change in the issue.

Sub-topic 4: Understanding the roles stakeholders can play

Duration: 10 minutes

Methodology: Filling up the table in interactive dialogue

- Tell participants that we are now going to see the roles stakeholders with whom we would work as TB champions. However, due to time constraint we would understand the roles of some important stakeholders only.
- Now display the first page of **Tool 7: Role of stakeholders**. Tell them that various roles that stakeholders of Paediatric TB can play are outlined under the first column.
- Tell participants that we will together see the roles which parents can play. Then ask volunteers to read on role and other to say whether parents can play that role. If the answer is yes, use the stamp feature in zoom and put a tick mark in front of the row under the column with a sub-head 'Parents'. Continue till all the roles are read and tick marks on relevant roles are put. While doing the task, ask everyone if the answer is correct or not. Similarly, refer to the filled table is given on the page 2 of the tool to check if the answer is correct. If time permits, do the same process for health workers (government). Share both the pages with the participants and ask the, to study the same as homework. Tell them that the recap next day will be on these roles.
- Now tell the participants that later we are going to see how we are going to use this information on stakeholders for playing our role as TB champions effectively.

	Parents	Community members	Healthcare workers - Government	Healthcare workers - Non government	Political leaders / policy makers and officials
Create awareness on criticality of BCG vaccine to children within 10 weeks from birth irrespective of their parents' TB status					
Get the children tested if any family member or either/ both parents have active TB					
Get the child tested if he/she has any symptoms of TB					
Get the child tested if he/she is HIV positive					
Get the child appropriate treatment if he/she is tested TB positive					
Ensure that all children who are exposed to TB, have no TB symptoms and are under 5 are given IPT (Preventive Therapy) for six months					
Create awareness about ensuring that the child continues to take medicines and adheres to the treatment till the period which the doctor has prescribed is over					
Ensure that the child gets nutritional food while on treatment					
Ensure that the child follows all safety measures to prevent spreading of TB bacteria					
Ensure that the child gets emotional support and is able to continue his / her daily routine					
Support and not stigmatize the child with active TB					
Arrange awareness raising programmes on symptoms/ need to access government facilities/ adhere to treatment / follow safety guidelines					
Arrange cleaning of the area and safe disposal of infected waste					
Ensure that all Paediatric TB patients receive appropriate dosage of treatment					
Ensure adequate supply of medicines is available through the supply chain					
Ensure that all Paediatric TB patients receive adequate nutritional support					
Ensure that adequate data is collected and provided to help in designing of appropriate policies					
Ensure that proper coordination is there between the patients and government system					
Ensure appropriate policies and programmes for case finding, treatment and dosages etc. are designed					
Ensure that all TB treatment and nutritional support is provided at low cost/ no cost					
Ensure that appropriate policies are made					
Ensure that adequate supply of Pediatric formulations is available especially in resource-poor areas.					

Session 6: Role of TB Champions

	Objectives	Create understanding about the role of TB champions
	Group size	15 to 20
	Sub-topics	Role of TB Champions
	Time required	20 minutes
	Training methodologies	- Small group discussions - Plenary presentation - Interactive dialogue
	Training materials required	- Tool 8: Role of TB champions - Tool 8.1: Roles TB Champions can play
	Expected learning outcomes	The TB champions participating in the programme would be able to outline the roles for themselves
	Safety considerations	Nil

Sub-topic 1: Role of TB Champions

Duration: 20 minutes

Methodology: Small group discussions, Plenary presentation and Interactive dialogue

- Explain that until now we have seen the roles different stakeholders can play. Now it is time to outline our own roles as TB champions.
- Now, ask the TB champions to work in the small groups, use the first column of the previous tool which is copied in **Tool 8 – Role of TB Champion** and decide which of these roles can be played by them as TB champions. Divide them into breakout rooms and give them seven minutes for the task.

Roles that can be played	TB Champions
Create awareness on criticality of BCG Vaccine to children within 10 weeks from birth irrespective of their parents' TB status	
Get the children tested if any family member or either/ both parents have active TB	
Get the child tested if he/she has any symptoms of TB	
Get the child tested if he/she is HIV positive	
Get the child appropriate treatment if he/she is tested TB positive	
Ensure that all children who are exposed to TB, have no TB symptoms and are under 5 are given IPT (Preventive Therapy) for six months	
Create awareness about ensuring that the child continues to take medicines and adheres to the treatment till the period which the doctor has prescribed is over	
Ensure that the child gets nutritional food while on treatment	
Ensure that the child follows all safety measures to prevent spreading of TB bacteria	
Ensure that the child gets emotional support and is able to continue his / her daily routine	
Support and not stigmatize the child with active TB	
Arrange awareness raising programmes on symptoms/ need to access government facilities/ adhere to treatment / follow safety guidelines	
Arrange cleaning of the area and safe disposal of infected waste	
Ensure that all Paediatric TB patients receive appropriate dosage of treatment	

Ensure adequate supply of medicines is available through the supply chain	
Ensure that all Paediatric TB patients receive adequate nutritional support	
Ensure that adequate data is collected and provided to help in designing of appropriate policies	
Ensure that proper coordination is there between the patients and government system	
Ensure appropriate policies and programmes for case finding, treatment and dosages etc. are designed	
Ensure that all TB treatment and nutritional support is provided at low cost/ no cost	
Ensure that appropriate policies are made	
Ensure that adequate supply of Paediatric formulations is available especially in resource-poor areas.	

- When they come back from the breakout rooms, ask every group to present a role each. After one group presents a role, ask everyone whether they agree with this role. You can also add your inputs if required.
- After all the entries are over, consolidate the understanding by sharing **Tool 8.1: Roles TB Champions can play**. In case if there is any role which was not discussed earlier, discuss, finalise and add.

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Role of TB Champions

- Raise awareness on Pediatric TB in their respective communities
- Sensitize community members on TB and try to reduce stigma against them
- Meet influential people to change how the government functions
- Meet healthcare providers and appeal them to bring about changes
- Provide emotional support to children affected by Pediatric TB

Session 7: Understanding Advocacy

	Objectives	• Orientating participants to the concept of Advocacy
	Group size	15 to 20
	Sub-topics	• Energizer • Understanding Advocacy
	Time required	30 minutes
	Training methodologies	• Energizer / game • Interactive dialogue and inputs
	Training materials required	• Tool 9: Energizer – Format for answer
	Expected learning outcomes	• The TB champions participating in the programme would gain clarity on the concept of Advocacy
	Safety considerations	Nil

Process

Sub-topic 1: Energizer

Duration: 10 minutes

Methodology: Game

- We have identified our roles as TB champions. But let us keep them aside for a moment and see how we respond to various scenarios in our life.
- Tell participants we are going to play a small game. I will narrate a scenario and ask you to respond to it. You don't have to tell with whom you are talking to but it should be recognizable from what you say.
- For example, the scenario given to me is
 - You are very hungry.
- My response could either be
 - Mom, please give me food or Shopkeeper uncle, please give me a packet of Parle-G biscuits or Raja can I take a laddu from your tiffin box? Etc. But you would know that I am talking to mom, shopkeeper and Raja.
- Now explain the rules of the games as –
 - For one scenario, none should repeat the same response as given by another participant
 - There should not be any time lapse. The response should be immediate.
 - The third very important rule is you should not be aggressive in your response.
- Now start the game – describe the scenarios one after the other and ask 3 to 4 participants to respond. Do not allow any time lapse and same responses.

The scenarios are

1. Your classmate has taken your text book without even telling/ requesting you.
2. A group of boys standing at the bus stop regularly tease a disabled girl from your class
3. When your friend was going to the dais for his/her speech a classmate sitting in the next row deliberately put his foot to make her stumble
4. Your elder brother always wears the shirt you have kept ready for wearing,
5. A classmate who sits on the back bench always puts ink on the shirt of your bench mate making him look shabby
6. When you sit for lunch, you always find that someone has already eaten a major portion of your lunch box

Now close the game and debrief it by asking the following questions –

1. Who were the people to whom you addressed –
2. What have you tried to do –
3. For whose problem did you take the said action -

- Analyse the responses after each question and consolidate the understanding.
 - o For the first question, the answer would be that they were either addressed to
 - a. the person who caused the trouble - your classmate, a group boys standing at the bus stop, the classmate sitting in the next row, elder brother, classmate sitting on the batch mate or your friends
 - b. a person who had the authority to deal with the cause of trouble - Your teacher, Your mother/ father, police, School principal etc.
 - o For the second question, the answer would be that they tried to
 - a. Tell the person who caused the trouble not to do the action again
 - b. Inform the authorities about the injustice and appeal them to take action so that it would not continue.
 - o For the third question, the answer would be that they tried to take action
 - a. Against their own problem
 - b. Against the problem caused to someone else – a disabled girl, your classmate or your friend.

Sub-topic 2: Understanding Advocacy

Duration: 20 minutes

Methodology: Interactive dialogue and inputs

- Refer to the game and say that they have taken some actions to solve the issues either faced by them or someone else.
- Now ask them when they talked / appealed to the person who caused the trouble or the activities what were they tried to do –
Take their responses and if need be add your inputs the understanding that emerges should include that that they were actually trying to bring change in
 - o Attitudes, perspectives, beliefs and thus behaviour of people
 - o Rules, policies or laws or course of actions/ procedures that are adopted
- Now explain that this is exactly what advocacy is. When it is done in our self-interest it is called self-advocacy. But it can be also to support a particular change in the interest of others.
- Now refer to earlier case briefs of Neelima, Siri and Abdul and ask them that if we look at these not individual case studies but as cases representing an issue faced / experienced by many children and look at the larger picture -
 - o Whom should we approach to solve/ address these issues?
 - o What actions should we do to change their perspectives/ opinions etc.?
 - o Whom should we take along with us in this task?
- Take their responses and add your inputs if need be. The answers should include the following
 - o First question – Parents / Community members / healthcare workers and officials / Political leaders.
 - o Second question – Motivate them to change by sharing our personal stories / Appeal to take positive actions / Meet and appeal etc.
 - o Third question – We can take support of other parents, people working on the same issue etc.
- Explain that thus Advocacy can be described as a citizens' initiative to
 - o Influence the formulation and implementation of public policies and programmes
 - o Put pressure on the state authorities and convince them
 - o Make efforts to get a positive and lasting difference in the lives of the affected by
 - Challenging and changing opinions and mind-sets in the interest of people
 - Seeking a political commitment for change, justice or rights
 - Changing policy, legislation, practice

- Delivering evidence-based recommendations to decision makers
- Explain that thus Advocacy can be described as a citizens' initiative to
 - Influence the formulation and implementation of public policies and programmes
 - Put pressure on the state authorities and convince them
- Add that it is important to understand that advocacy alone is not enough as a solution to any issue for example, Paediatric TB. In fact it complements other efforts made for TB prevention and care which include awareness creation, education, community mobilization, Research and development etc.

Consolidation of learning

Duration: 15 minutes

Methodology: Questions and answers (Q & A)

- Tell participants that in today's training we have taken four sessions. These included National response / strategies, Stakeholders and the roles they can play, Role of TB Champions and Understanding advocacy. Now let us recall the learning from all these sessions.
- Tell them that this would be done today in a marathon of questions. Tell them that you have chits on which participants' names are written. You will pick up a chit and ask the question. The respective participant has to answer the question in one word or maximum one sentence.
- Now ask the following questions one after the other –
 1. What is the strategy designed for screening children who have come in contact with the TB patients?
 2. Who is a stakeholder?
 3. Describe any two roles TB champions can play.
 4. Name a purpose of Advocacy.
 5. Why engagement of private health care providers is considered an important strategy?
 6. The officials in the health department can be called the ----- stakeholders.
 7. The stakeholders who have high interest in the issue are called ----- stakeholders.
 8. The role TB champions can play with reference to the community is -----
-
- Close the session by reminding participants to login for the training 10 minutes earlier than the stipulated time.

Day 3

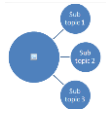
Recap

Duration: 15 minutes

Methodology: Role play

- Welcome participants to the 3rd day training. Tell them that before starting the new topics, we will have a quick recap of things we learnt on the previous day in a fun way.
- Tell them that the participants will be divided into four groups. Each group will be given a theme. They have to discuss for five minutes and do a role play on the theme outlining any aspect of the theme. They will get two minutes each to present the role play.
- Explain that since this role play is an online one. There are no actions but only dialogues. The other things should be suggested only through dialogues.
- Give one theme each to the groups from the following
 - Stakeholder
 - Response to need for prevention
 - Role of TB champion with reference to parents
 - Role a private health care provider can play
- Give two minutes to each group to present their role plays. The role plays will tell you if they have understood the topic. If they have understood the respective topic, congratulate and move on. If it seems that they have not understood it. Spend a couple of minutes to explain the crux of the topic and tell the group to attend the refresher session at the end of the day for 15 minutes.
- Tell participants that now that the recap is over, we will start the new session of the day.

Session 8: Opportunities for advocacy in Paediatric TB

	Objectives	• Orient the participants to various opportunities for advocacy in Paediatric TB
	Group size	15 to 20
	Sub-topics	• Energizer • Opportunities for advocacy in Paediatric TB
	Time required	25 minutes
	Training methodologies	• Energizer • Small group discussion • PPT presentation
	Training materials required	• Tool 9: Advocacy points
	Expected learning outcomes	• The TB champions participating in the programme would know various opportunities that exist in Paediatric TB
	Safety considerations	Nil

Process

Sub-topic 1: Energizer

Duration: 5 minutes

Methodology: Game

- Tell participants that we are going to play a fun game which is called 'This or That'. Tell them that you will ask some questions where you have to make a

choice immediately. If your choice is the first one, show  and if your

choice is the second one show 

The questions

1. Watching TV or playing outside
 2. A cycle ride or swimming
 3. Ice-cream or Cake
 4. Problems or solutions
 5. Reading books or listening to music
 6. Dancing or Singing
 7. Lack of access to facilities or access
 8. Take part in Running competition or elocution (public speaking) completion
 9. Doremon or Nobita
 10. Disclosing status or Spreading infection
- Now debrief the game and say that in our life we many a times we have to make a choice between two or more options. If we make a right choice and make good decisions, desired results follow. Now, as TB champions, we have made a choice that we would like to get solutions to the problems TB affected people face. Hence, we need to now know what are the opportunities / advocacy possibilities.
 - Tell participants that they have already identified issues in Paediatric TB using different cases we have seen and from their experience. We have added some of them or reworded them.

Sub-topic: Opportunities for advocacy in Paediatric TB

Duration: 20 minutes

Methodology: Small group discussion and PPT presentation

- Now we have to find out what could be the solution for which we can appeal the authorities or community leaders and members. In other language, **what change do we want in the existing scenario? If we know what we want we would be able to demand for that change.**
- However due to time constraint, we will practice identifying solution or advocacy point only for one issue and the rest we will learn from the list which is already prepared.
- Tell them that they will work in small groups and identify a solution/ advocacy point for one issue. They will be given seven minutes for this task. Now tell them that the issue is - Often; Public health facilities do not have Paediatric specialists and counselors to give proper guidance to patients. The lack of proper guidance delays the process of cure.
- Divide them into breakout rooms and give them 7 minutes to find out the solution / change they want.
- After 7 minutes, ask one of the groups to share solution they have found out. If need be reword the solution in consultation with them.
- Tell them that we have tried to consolidate the advocacy points. Share the **Tool 9: Advocacy points**. Ask participants to read one after the other and ensure that each one of them have understood the advocacy points.
- Tell them that we will now understand the necessity of planning Advocacy and how the planning is done.

Advocacy point 1: All children should mandatorily receive BCG vaccine within 10 weeks from birth

Advocacy point 2: Contact screening must be a priority for all children living in households affected by TB irrespective of the presence/ absence of symptoms

Advocacy point 3: Children living in households affected by TB should be mandatorily given IPT.

Advocacy point 4: Health and women and child development programme should jointly evolve strategies to address childhood morbidities especially HIV and Pediatric TB

Advocacy point 5: Child-friendly dosages and nutrition support must be made accessible to all children diagnosed with TB.

Advocacy point 6: Resources must be made available for research in Pediatric TB and other needs of the TB patients such as nutrition support.

Advocacy point 7: Girls with active TB should also be given equal attention

Advocacy point 8: Efforts must be made to engage more with community leaders, private healthcare providers and parents in any discussion on Pediatric TB. Training programmes for the private and informal healthcare providers must be organized to orient them.

Advocacy point 9: Children should be involved in all the decision-making process concerning them.

Advocacy point 10: All accessories should be made available at the diagnostic centers to ensure that the diagnosis is not delayed.

Advocacy point 11: Public health facilities must have pediatric specialists and counselors to give proper guidance to children and their parents

Advocacy point 12: The rights of the children must be protected at any cost whether it is within the neighbourhood, school or health care facility.

Advocacy point 13: Infected children should be encouraged to disclose their status and strictly follow safety guidelines to ensure that they do not spread the TB bacteria further.

Session 9: Planning Advocacy

	Objectives	• Introduce the concept of planning for advocacy • Help participants ◦ Select one issue ◦ Gather information on the selected issue ◦ Identify target audience ◦ Identify allies ◦ Build networks
	Group size	15 to 20
	Sub-topics	• Energiser • Planning Advocacy - ◦ Identifying and selecting an issue for advocacy ◦ Gathering information ◦ Identifying Target audience ◦ Identifying allies and building networks
	Time required	110 minutes
	Training methodologies	• Energizer • Inputs and interactive dialogue • Game / exercise • Small group discussion and plenary presentation • Role play
	Training materials required	• Tool 9.1: Energiser – Format for answer • Tool 10: Questions for gathering information • Tool 10.1: Tips to follow in Steps in Advocacy
	Expected learning outcomes	• Participants would gain clarity on how to ◦ Identify and select an issue for advocacy ◦ Gather relevant information ◦ Identify Target audience ◦ Identify allies and build networks
	Safety considerations	Nil

Process

Sub-topic 1: Energizer

Duration: 10 minutes

Methodology: Game

- Send Tool 9.1: Energizer – Format for answer to the participants.
- Tell them that each one of them is going to have his/her birthday party at home. She/her has to decide certain things about the birthday party beforehand.
- Tell them that you have sent them the details. They have to open the file and use it only for reference. They have to write the answer in their respective notebooks. They have to write only the no. and then write their answer in just one word. They also have to write the name of the person who would be responsible to do that task.
- Explain that they have to start when they will be told to start and stop also when they are instructed to stop.
- Tell that the participant who finishes the exercise in 3 minutes and also has the best idea will be the winner.
- Say 123 start. After 3 minutes ask them to stop. Ask all those who have completed the exercise to raise their hands.
- Stop the exercise after 3 minutes. Ask one of the participants who has raised the hand to share only the special feature and the special dish. Ask all participants who have raised the hands to share one after the other. Ask others to vote for the winner by writing the name of the participants whose special feature and the special dish they liked the most and showing it. Announce the winner depending on the number of votes.

Energizer - Format for answer

Details	Who will take responsibility
No. of Invitees	
Special dish in the Menu	
Venue	
Time	
Special feature of the celebration	

- Now explain that just now they have done an activity where they decided what to do and who will take the responsibility prior to their birthday. This is exactly what planning is.
- So, explain that planning means deciding the details of the event/ project/ programme before it happens.

- Now ask them why planning is essential for an event like birthday according to them. Take their responses and at the end conclude that - Planning is essential as it
 - Tells us what to do and hence provides a direction to each action
 - Helps us to think innovatively
 - Tells us what not to do and therefore helps in avoiding wastage of resources and wastage of valuable time
 - Helps in knowing alternate actions if a challenge arises during implementation
 - Helps us in making the event effective. (In case of party – it helps in making the party enjoyable)
- Tell them to just think that if they would not have planned for an event like their birthday party, what would have happened. Ask them to imagine that if they had not planned the main dish – what would be the consequences. Ask for their response. You can also add and conclude that if the main dish is decided at the 11th hour; it might lead to non-availability of all the required ingredients in the house and lack of time for buying them.
- The result would be that instead of cooking a dish of their choice, they might have to cook something which is not of their choice. Thus for every item, the same thing would have happened and the whole event would have been a chaos. Hence planning is critical if one wants to make the event/ project/ programme effective and as per one's desire.
- Now ask them that if planning is important for a birthday party, is it possible to advocate an issue which is done for impacting the lives of many without any planning?
- Let us now see how to plan advocacy.

Sub-topic 2: Identifying and selecting an issue for advocacy

Duration: 20 minutes

Methodology: Interactive dialogue

- Tell participants that the first step in planning the birthday party was the decision to have a birthday party. Similarly, for advocacy, we have to first decide the issue for advocacy. Explain that we have already identified challenges in Paediatric TB and advocacy points in the previous sessions. Hence, we know the process of identifying challenges so we will not repeat it.
- Explain that even though all these issues are important for elimination of Paediatric TB, that it is not possible for any individual/ organization to work on all the challenges at the same time. Hence there is a need to select one of them for advocacy.
- As such **the first step in Advocacy is to Identify/ select issue for advocacy.**
- Explain that for selecting the issue for advocacy, the TB Champion/ organisation can decide their own criteria for selection. But broadly the criteria can include the following – The issue should
 - Touch most children
 - Have scope for participation of children
 - Promote awareness and respect for Rights of the children
 - Bring improvement in most children's lives
- Explain that while selecting the issue, the general process is to give weightage on these criteria for all the issues, total it for each issue and then select the issue which receives the highest weightage and select one issue.
- Tell them that due to lack of time, instead of going through the elaborate process here, we have done the selection on your behalf for this training. The selected issue is -

‘Child rights of Paediatric TB patients are violated as they are stigmatized at schools, colleges and even at Health care facilities.’

- Refer to the case briefs of Neela and Abdul. Explain that Abdul suffered from stigma and his Right to education which comes under Right to development was getting violated. In Neela's case, she was scared of getting stigmatized and thrown out of her workplace. Tell them both Abdul and Neela have faced this issue.
- Now ask them whether they can relate with this issue or have they seen any such examples in their own lives or their friends' lives. Ask them to share a couple of experiences of stigma briefly not disclosing the identity of the people involved but only describing what type of stigmatizing behaviour they have experienced / seen.

Sub-topic 3: Gathering information about an issue

Duration: 30 minutes

Methodology: Game, Interactive dialogue, small group discussion and role play

- Before going to the next step, let us play a small game. Mala, who is studying in your class, has lost her book. She suspects that someone has stolen it. She is asking your help to solve the case. You have to help her out.
- Either solve the mystery or if you need more information to solve it make a list of questions you need to ask her or a list of things you want to know before you are able to solve the mystery. Give three minutes to do the task.
- Ask how many of them were able to solve the mystery and find out who has stolen the book. If some participants say they have. Ask them to share his/her name and cross question to see whether the solution can be correct. The questions could be –
 - What is the proof that the said person has stolen the book?
 - How did you conclude that the said person has stolen the book?
- If there are no satisfactory answers...Ask others who have made the list. Add your inputs and make a near comprehensive list. This could include but is not limited to the following –
 - When did you last see the book?
 - Did you meet any one after you saw the book?
 - Who else was interested in having the book?
 - Who would benefit from having the book?
 - Is there anything the person who could have stolen the book left near the book while lifting it unknowingly?
 - Will anyone else would be of help?
- Now tell the participants that if one gets the answers to these and other questions, it would be easier to resolve the case.
- Now provide the answers to the questions given by Mala –
 - I saw the book last when I took it out and kept on my desk.
 - No.
 - None. Since it is a text book, everyone has their own copy.
 - None.
 - No.
 - May be Leela who sits on the same bench.
- You get a clue and ask Leela. She says, Mala had forgotten the book on the desk and gone home. Hence, I took it and kept it in the class cupboard. It would be there still.
- When Mala looked into the cupboard, she found out the book.

- Explain to participants that as it was easy to solve a case of the lost book by gathering more information, even while planning advocacy, it is important to have as much information and clarity as possible on the issue for finding a solution.
- Tell them that the information is very much essential to create a strong foundation for developing the objectives, strategies and communications of the advocacy campaign.
- It is also required to talk to anyone either to get support from them or to get a positive action that can lead to the solution.
- Moreover, the information will enable the Paediatric TB champion to provide satisfactory answers to the queries of concerned people. The champions would also owe a clarification in case anyone has a doubt or expresses contrary opinion.
- Hence explain that the next step in advocacy is to '**Gather information about the issue**'.
- Tell participants that the information could be in the form of
 - Opinions of the infected and affected / bystanders
 - Experiences of the infected and affected
 - Policies/ Rules / laws
 - Data – facts and figures, photographs
 - Information about the possible consequences / impact –both positive and negative
 - Information about earlier efforts of advocacy / if failed – what is the reason
- Now ask participants from where they can get this information. If they share it, write it down on the white board. If they are not able to respond, ask probing questions such as – (Answers are given in bracket only for the facilitators' reference.)
 - Who are the infected people? (Children with latent/ active TB or having exposure to TB – living with adults having TB, PLHIVs etc.)
 - Who are affected by this issue? (Parents, siblings, neighbours, community people etc.)
 - Hence who would be the people who would give us information about their opinions and experiences? (All the above)
 - Where do we normally go for accessing information such as policies / rules/ laws and data etc. that is in public domain (Available for everyone to refer)? (Library, Search engines such as Google / Yahoo etc.)
 - Who would have knowledge about the possible consequences of the change that we are asking for? (Doctors, activists and people working on the issue for several years) Add that it is important to understand whether there is any health hazard in allowing children to attend schools or do we need to tweak our demand a little. Similarly, do we need to approach

anyone else for violation for rights and can we do advocacy for the issue in general or the issue needs to be solved per case.

- Who would know the earlier efforts of advocacy? (NGO staff and activist working on Paediatric TB and Child Rights.) Add that this information can help us in ensuring that we are not creating the same situation which would make them reject our plea
- Write down their responses on the white board as sources of information.
Now tell participants that all of us are going to do a group role play. Display the roles for each group using share screen option –
- Roles for role play
 - Group 1: TB champions
 - Group 2: Parents of a Child who has active TB, Parents of the friends of Child having active TB
 - Group 3: NGO staff and activists who are working on the issue of Paediatric TB
 - Group 4: NGO staff and activists who are working on Child Rights
 - Group 5: School principal and teachers
- Now tell them that group 1: In order to get as much information as possible on the issue the TB Champions should approach the above groups and try to get the information.
- The other groups should give the information they have and if they do not know anything, they can say it or promise to find it out and share it the next day.
- Now allot two minutes to Group 1 to allot different respondent groups to each member.
- Tell them that due to time constraint, each member should ask only two questions and the respondent groups should quickly and briefly answer each question.
- After all the members of Group 1 complete asking the questions, consolidate the questions by adding your own questions. These questions could be as given in the **Tool 10: Questions for gathering information**. Do not read the questions already asked by the group. Only read questions added by you.

1 12 11 10 9 8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9 10 11 12

Questions for parents / friend's parents

- Have you/ your child has every experienced stigma? If yes...
- What kind of stigmatising behaviour have you experienced?
- What is its impact on your child's education?
- What is its impact on your child's psyche/ mind?
- What is its impact on your child's over all health?
- What is it's impact on your family, your child's siblings and Friends?
- Do you think about the advocacy against the stigmatising behaviour?
- Do you support the advocacy against the stigmatising behaviour?

1 12 11 10 9 8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9 10 11 12

Questions for School Principal and teachers / Trustees

- Are you aware of any stigmatising behaviour to any of your students by other students / their parents? If yes...
- What was your response to it?
- What is your opinion about the children suffering from TB continuing studies in your school? Why?
- Do you think that not allowing them to continue studies is a violation of their Right to Education?
- Do the children suffering from TB follow safety guidelines?
- What role you would like to play to resolve this issue?

1 12 11 10 9 8 7 6 5 4 3 2 1 0 1 2 3 4 5 6 7 8 9 10 11 12

Questions for NGOs working on the issue of Paediatric TB

- Are you aware of any advocacy efforts done previously to address stigma and discrimination towards children having active TB / coming from TB affected households?
- If yes... what was the impact? Were the efforts successful in achieving the desired results? If yes - Do we need to tweak our message?
- If No...what was the reason for failure? What should we follow to avoid failure?
- Do you have any authentic data on children having active TB facing stigma and its impact on them? Can you share it with us?
- What role you would like to play to support our advocacy efforts on Stigma faced by children with Active TB?

Sub-topic 4: Determining key audience

Duration: 30 minutes

Methodology: Exercise, small group discussion

- Now tell the participants to imagine the following scenarios and tell who has the authority to make the decision in this regard. Tell them that this information is essential because this person will be the right person to approach with the request. If you approach others, they may not have the decision-making power and your efforts will not bear fruit.
- Describe the following scenarios one after the other and ask one of the participants to name the authority. Repeat the same process for other scenarios each time asking a different participant to respond.
 - A school trip is announced and only two days are remaining to pay the fees.
 - It is your best friend's birthday. You want to take a homemade sweet for her/ him to school.
 - You want to give a rose flower to your teacher. There is a flower in your neighbours' garden.
 - You want to prepare a speech and want a book from the school library for reference.
 - You want to impress your school friends by your cycle riding skills. Your elder brother owns a new cycle.
- Explain that depending on the kind of request they have determined who needs to be approached so that they will get what they want.
- Similarly, in advocacy too, if your demand needs to be met you need to approach the right audience.
- Hence the next step in planning is to – **'Determine key audience'**.
- Explain that the meaning of audience is stakeholders / individuals or organizations that they have to approach in order to fulfil their demand.
- Now tell the participants that they will have to identify who is the appropriate audience for our issue. Display the list of stakeholders prepared previously. Tell them that they can use the list of stakeholders as a reference.
- Tell them that they should remember that they should select only those stakeholders as target audience who would be able to make a decision regarding the change or who has the power or authority to make the desired change.
- Explain that our issue has two important components – **Protection of Child Rights** and **Reduction of Stigma against TB infected children**. Hence, we need to identify audience appropriate for either for both components or one of them.
- Now divide them into small groups and send them to breakout rooms. Give them seven minutes to determine the appropriate audience. Tell them that

the audience need not be only one individual / organization. You could identify more organizations / individuals who could make relevant decisions.

- Tell them that they will also have to share what decisions they expect each audience to make.
- After seven minutes, call them back to the plenary and ask each group to share an audience. Use a whiteboard to make the list of audience as they share. (If you have time constraints do not write the change.) Do not forget to save it. You can add your inputs if required. Add your inputs if required but ensure that decisions at different levels could be expected from the same audience.

• **The appropriate target audience should include**

Audience	Decisions they can make
Parents	• We need to be aware and get information about the adverse impact of stigma on our children • We need to be aware about the rights of our children and ensure that they are not violated. • We have to assume responsibility of ensuring that our children follow safety guidelines
Community leaders and members	• We need to be aware and get information about the adverse impact of stigma on our children • We need to be aware about the rights of our children and ensure that they are not violated. • We have to assume responsibility of ensuring that our children follow safety guidelines • We would influence parents of infected children to ensure that their children follow safety guidelines and do not spread the bacteria • We would make efforts to make our community stigma free.
School / college authorities	• We would ensure that child rights are neither violated by our school nor in our premises. • We would ensure that no child is emotionally or socially abused within the limits of our premises. • We would influence the parents not to stigmatise children infected by TB

	• We would influence the parents of infected children to ensure that their children follow safety guidelines and do not spread bacteria • We would make efforts to make their school/ college stigma free.
Education officers at town/ block / district / state level	• We would make strict rules so that the Rights of the children infected by TB will not be violated in the school coming under us. • We would monitor that the rules are followed by all schools / colleges coming under us.
Education Minister	• I would make strict rules for the educational institutions in the entire state so that the Rights of the children infected by TB will not be violated. • I would monitor that the rules are followed by all schools / colleges.
Health officers	• We would make strict rules so that the Rights of the children infected by TB will not be violated at any healthcare facility coming under us. • We would monitor that the rules are followed by all healthcare units coming under us.
Health / Chief Minister	• We would make strict rules for all the healthcare facilities in the state so that the Rights of the children infected by TB will not be violated. • We would monitor that the rules are followed by all healthcare facilities and providers

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Tip 1: Identifying allies

- Organizations / people who are working on the same/ similar issue
- Organizations /People who are influential and can be convinced to work with you as an ally (They do not have opposite point of view)
- Organizations /People who would be benefited by your advocacy.

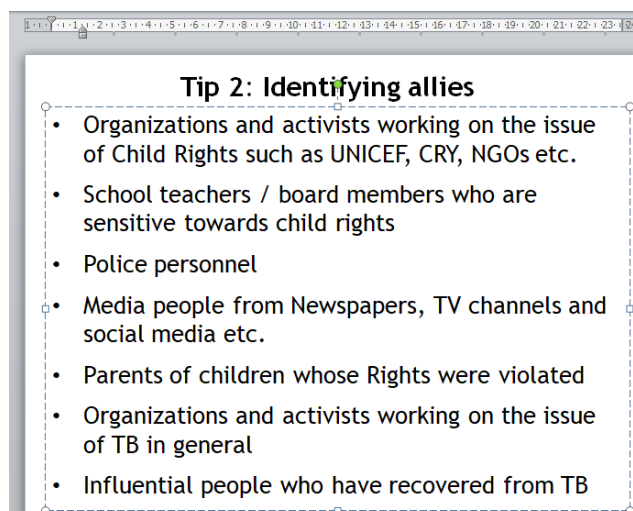
- Now appreciate them for successfully identifying the target audiences.

Sub-topic 5: Identifying allies and building networks

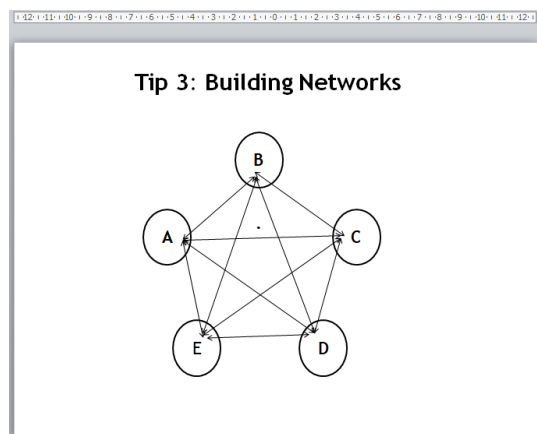
Duration: 20 minutes

Methodology: Interactive dialogue

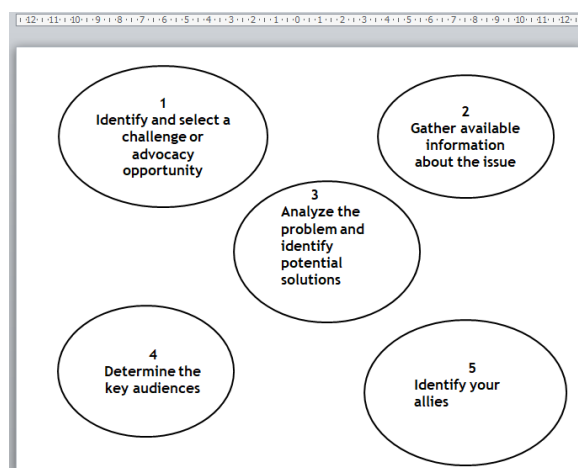
- Tell them that advocacy is a long process and does not end with one meeting or appeal made once. You might need to contact different audiences and several times. Hence it is important to identify some organisations / individuals who can support your efforts.
- Give an example. Refer to the previous exercise where they had planned to appeal their father for money for the school trip. Now ask them what they would do if they haven't got enough courage / confidence to approach him. Take their responses and conclude that they might take help from their mother who supports them in influencing their father.
- Explain that in the same way in advocacy, they can take support from their allies.
- Explain that allies are organisations/ individuals who have common interest in the issue and can help you achieve your goal. They may be willing to influence your target audience or share their resources and information with you.
- So, the next step in Advocacy is **identifying allies and building networks** with them.
- **Use Tool 10.1: Tips to follow in steps in Advocacy for identifying allies**
- Ask participants who they think can work as an ally for this issue. Ask probing questions to help them think. These could include the questions given in tip 1: Identifying allies
- Use white board to write down the responses. You can add your inputs if need be. The list can include but is not limited to the list given in Tip 2 from Tool 10.1: **Tips to follow in Steps in Advocacy.**



- Give an example of media which you can use as an ally. Explain that media can work as a strong ally. It can support the issue by raising awareness about the existing scenario of stigma against the children and the need to protect their Rights by publishing articles, interviews and Case stories etc.
- Now, tell them that advocacy can be done in a better way if a network is built of all like-minded organisations/ individuals.
- Explain Network as a group (formal/ informal) that has contacts with each other and who exchange resources / information among them.
- Explain that for building a network everyone needs to agree to be a part of the network and assume different roles as per their strengths. Show them the slide titled 'Tip 3 – Building networks' in **Tool 10.1: Tips to follow in Steps in Advocacy** and explain how each of them can interact with every other entity but on agreed terms and conditions.



- Explain that thus we have seen the first 5 steps of Advocacy. These were
- Show the first five steps on screen – slide no. 6 from **Tool 10.1: Tips to follow in Steps in Advocacy**



- Now tell the participants that we have come closer to the end of today's training. We will continue to see more steps in advocacy and also learn interesting ways / techniques to carry out advocacy.

Consolidation of learning

Duration: 15 minutes

Methodology: Question and answer (Q & E)

- Tell the participants that as usual before closing we would consolidate our learning. Today, we have learnt four sub-topics under Planning advocacy which were - Identifying and selecting an issue for advocacy, gathering information, Identifying Target audience, identifying allies and building networks. We have five groups.
- The first group asks a question on the 1st sub-topic to the 2nd group.
- The 2nd group answers the question and asks a question on the 2nd topic to the third group.
- The 3rd group answers the question and asks a question on the 3rd topic to the fourth group.
- The 4th group answers the question and asks a question on the 4th topic to the fifth group.
- The 5th group answers the question and asks a question on any topic to the first group.
- Each group gets 1 minute to ask a question / answer the question.
- Close the training of the day and remind them the time to login the next day exactly 10 minutes before the training.

Day 4

Welcome all participants to the training. Ensure that everyone has joined the meeting and their cameras are working.

Recap

Duration: 15 minutes

Methodology: Picture cards

- Tell participants that you will start the day with some picture cards. Show the cards from **Tool 11: Picture cards for Recap**. Each card will be kept on the screen for three minutes. The participants have to see the picture carefully. Think and interpret it and then write the no. of the card and what the card means in one or a couple of words only and send it to the facilitator through chat.
- After the picture cards are over. Ask participants if they have any doubts, they can ask now and get clarity. Give them time for getting their doubts cleared. If they do not have any doubt.
- Now tell the participants that the first few sessions will mark further steps in advocacy and also give us an opportunity to learn advocacy skills.

Session 10: Advocacy skills

	Objectives	• Understand the desired components and qualities of key messages • Understand the for each audience the messages would vary • Build skill in sharing personal stories as a part of advocacy • List communication activities which can be used for advocacy • Discuss selection of appropriate activities for different audiences
	Group size	15 to 20
	Sub-topics	• Energiser ◦ Developing key messages ◦ Using personal stories for advocacy ◦ Selecting appropriate communication activities ◦ Using audience friendly innovative mid-media
	Time required	120 minutes
	Training methodologies	• Interactive dialogue • Inputs • Examples • Consultative process • Video • Sharing of stories • Games
	Training materials required	• Videos • Tool 11: Picture cards for Recap • Tool 12: Using puppets for advocacy • Tool 12.1: Guess the logo
	Expected learning outcomes	• Participants would gain clarity on how to ◦ Develop key messages ◦ Tell powerful personal stories ◦ Select appropriate communication activities ◦ Use appropriate social media for reaching more people with the advocacy messages
	Safety considerations	Nil

Process

Sub-topic 1: Developing key messages

Duration: 25 minutes

Methodology: Example, analysis, Interactive dialogue and inputs

- Start by saying that 'let us go back a little and take the same example of approaching your father for money for school trip'. Ask them to think and share what they will tell to their father so that he will not refuse giving them money.
- Ask some of them to share their ideas. Now ask one of the other participants to assume the role of the father and tell what will be his reaction to each one of the message. After the exercise is over, ask participants to comment and share what according to them should be the qualities of a message so that it would get a positive response. If they are not able to comment, start with your own comment.
- Tell that the message must tell the person exactly what do you want him/ her to do. In other words, there must be direct call for action. For example, it must convey to him that you want him to pay money and he has only two days to do the payment. Let them share their responses.
- You can also demonstrate different ways of conveying the message and ask them whether this type of message will be appropriate. If they feel that the message is not appropriate they have to tell what is lacking in it and suggest what qualities are desirable in a message.
- The examples could be
 - a. Last time when the trip was announced a couple of students paid very late and hence the class teacher faced problems and could not make arrangements. So this time John, Kusuma and all the other friends have decided that if we do not want the teacher to suffer due to our mistake, we should do something. I also agreed. We all feel that students should not create problems for teachers. I am sure you would also agree with me. I know, your salary is less and we always have a problem in paying fees in time. But I hope, you will not do it this time at least. There are only two days remaining to pay for the fee, but please see that I am not embarrassed.
 - b. Papa, I know how much you love us and try to give us everything we need. I am sure you will pay the trip fees before the time is up.
 - c. Baba, my teacher has given a letter to you about the trip fees. It says that day after tomorrow is the last day of paying fees. Please arrange to pay the fees in time so that I can also go for the study tour.
- Take their responses and see how they rate these messages. Add your inputs if need be but the understanding should be that –
 - o The first message is too long and lacks clarity. It is difficult for the listener to understand your expectations.
 - o The second one accuses the listener and he will be demotivated to grant your wish.

- The third looks Okay. But it is unnecessarily emotional and puts pressure on the listener to take an action.
- The fourth message is based on facts and comprises a direct call for action.
- Now consolidate the desired qualities of the keys messages. These should include but not limited to the following - (Use a whiteboard to write the points. Don't forget to save.)
 - Clear
 - Simple (without any Jargon)
 - Brief
 - Convincing
 - Persuasive
 - Based on facts
 - Has a direct call to action
 - Has a human connect
- Add that that for each audience the message will slightly vary as per the action we want them to take and also their interests.
- Generally, the message should convey the problem and the solution you have worked out based on the information you have gathered.
- Explain that in the message there are two components
 - a primary message which conveys the problem, evidence and the desired action.
 - Secondary messages that reinforce the primary message and outline the action that the particular audience needs to take.
- Tell them that we will work it out together. Let us take the example of stigma at school and work it out. Open whiteboard. Write
 - Audience – School Principal / Chairman
- Now in a consultative process workout the following as –
 - Action we want to him/her to take:
 - Take a firm stand and make it a school policy that TB infected children will not be treated differently but they would be made to follow safety guidelines.
 - Problem: Stigma against the TB infected the children adds to their burden, lowers their self-confidence and willingness to seek treatment.
 - Primary message would include
 - Problem: When school children and teachers disapprove and distance the children infected by TB, they are emotionally disturbed and their willingness to seek treatment gets affected.

- Evidence: I am cured today but I have gone through this phase. Life seems worthless.
- Solution: School children should not stigmatize the TB infected children.
- Secondary message could be –
 1. Stigma limits children's chances to get cured and it also makes them spread more bacteria.
 2. It also violates a child's right to education/ development and dignity.
 3. Stigma is a result of fear of transmission to other children which is due to ignorance regarding the safety guidelines that need to be followed.
- Specific message: The school should make and strictly implement a policy that no child is allowed to treat any other child violating his/ her dignity.
- Call for action: As the head of the school, make a policy that prevents any child from stigmatizing other children. Organise awareness building programmes on TB and prevention strategies for children, teachers and parents.
- Explain that here as a part of the evidence, we can provide statistical data such as percentage of TB infected children that are stigmatised in schools, percentage of children avoiding to get tested and treated due to fear of stigma etc. This data can have good impact no doubt but the personal story of a TB champion who has experienced stigma and suffered as a result is more persuasive and motivates change.
- Explain that as stigma and violation of Rights are issues affecting the mind sets of children, if personal stories are narrated effectively, they are more impactful.
- Now explain to participants that they can follow similar process to develop messages for other audiences and on other advocacy points.
- Explain that in all probabilities, adults will help in developing the key messages for advocacy campaigns. However, TB champions should know that different key messages are needed for different audience and they must include a 'call for action' i.e., what do you expect them to do. It also should have a human connect.

Subtopic 2: Using personal stories for advocacy

Duration: 30 minutes

Methodology: Video, Sharing Personal stories, interactive dialogue, inputs

- Explain that all of us have stories to tell and we feel that our stories have presumptive and power to persuade our target audience and move them to take positive action. Stories are definitely more powerful than facts alone as it is easy to remember stories than numbers or percentages.
- The personal story that is used during must highlight the problem we are narrating and the importance of the change we are seeking.

Show the video of Malala, the Nobel prize winner who advocates the issue of Girls education – Video link -

<https://www.youtube.com/watch?v=y1O2B7Y-fiA&list=RDLVn1UCjkUq-9Q&index=2>

Or

<https://www.youtube.com/watch?v=tgP7ubB8Xcl>

Or

Niharika NM. Video link:

<https://www.youtube.com/watch?v=d2E2LVJwbUU>

- Tell participants that we have just watch a personal story which is used for advocacy of Girls Education. Similarly, there are several stories which are used for the advocacy of their respective issues. Similarly you can also use your own personal stories for advocacy for your issue.
- Now ask them, what according to them constituted the story of Malala/ Niharika and which one of them could impress the listener. Take their responses. If they are unable to share ask probing questions such as –
 - What did she say about herself?
 - What kind of experiences did she share?
 - How did these experiences impact her life?
 - How did she overcome the problems?
- Now tell them that based on this personal story, let us understand the elements that made the story impactful.
- While telling your story
 - Introduce yourself and your work also tell where and when the story took place
 - Describe the challenge faced by you or what created the conflict/ problem
 - Narrate the barriers and complications that evolved from the conflict and your personal, emotional and physical struggles which are related to the issue
 - Describe how they impacted you psychologically and physically
 - Use powerful language and details to engage the audience

- Highlight the turning point or moment that lead to resolution Relate your story with the broader context
- Connect it to the issue you are advocating and its solution. Describe what you gained or learned from their experience and what the audience can learn.
- Now ask if anyone of them has experienced stigma and if the answer is yes, will the like to share their story as a tool for advocacy. Tell them that their stories need not be exceptional. Tell them that Malala had said, “I tell my story, not because it is unique, but because it is not. It is the story of many girls.” So remember stories should be common and need not be special.
- Ask a couple of participants to narrate their stories of stigma preferably at school. Tell them to follow the guidelines for effective story telling which we discussed. If any other participant wants to volunteer, encourage him/her to tell the story.
- Since it is their first time, don't get bogged down by whether or not they have followed the guidelines. After they narrate stories, congratulate and appreciate their efforts and tell them it will be better and better with practice.
- Ask the participants where else can they share these personal stories apart from directly talking to individuals and organisations.
- Take responses and add if need be. It can include but not limited to the following –
 - On social media such as Facebook, Instagram, YouTube and blog
 - While giving interview to media persons for writing articles or case stories
 - With community in the form of street plays / puppet shows / songs etc.
- Explain the participants that thus the next step in advocacy is **‘Determine the communication activities to deliver those messages.’**

Sub-topic 3: Selecting appropriate communication activities

Duration: 20 minutes

Methodology: Role play, small group discussions in breakout rooms

- Ask two participants to volunteer. Send instructions to them on chat. Instructions for participant 1: Assume that you are deaf. Hence don't show any reaction whatever the other person says. Be quiet. Don't even look at him/her. Talk only when you ask him / her question. As an answer he/she has to explain that I did not hear what he/she was telling as I am deaf in the role play.
- Participant 2: You have to convey to Participant 1 that you have topped the examination and you want to celebrate it with a party. Invite him and ask him what he feels about your success and the party. Start talking when he is instructed to talk
- Now in the plenary, say that we will now see a conversation between two of our participants the first participant is ----- and the second is ----- . Now instruct them to start.
- After Participant 2 has invited Participant 1 and asked him/ her to share the reaction wait for a minute. Then ask Participant 1, why he did not react to him. When he answers, thank both volunteers and ask the participants. What is the reason for Participant 2 failing in conveying his/ her message to Participant 1.
- Take responses. Ask if Participant 2 would have known that Participant 1 is deaf, how he / she could convey the message. Take responses – add your inputs. This should include but not limited to the following
 - o Sign language if you know
 - o Write on board and show
 - o Use body language and gestures
- Now ask what they learned from this exercise. Take responses. Conclude that it is crucial to choose the communication method which is appropriate to the audience. If it is not appropriate, there is no use of the communication at all. Explain that while it is true about any communication, particularly for successful advocacy for social change, effective communication is the key component.
- Now tell participants that they have to look at the list of our audience and suggest appropriate communication method/ technique or channel to convey our message.
- Ask participants to work in the breakout rooms and make a list of the audience on white board and in front list the appropriate media. Allot 7 minutes for them to discuss and list.
- Tell them that while checking if the media is appropriate or not, they should ask the following questions
 - o Will the selected media/ channel reach the targeted audience?

- Is the selected media/ channel a preferred media of your target audience?
- Is your targeted audience savvy about using the selected media/ channel?
- Do you have the resources needed to use the media/ channel?
- Give permission to participant group one after the other to share the screen. Ask one of them to present the list. Ask other groups to add if any to the first group's inputs using their list. You can ask probing questions and if participants add to the list, ask the group leader to add the media on the whiteboard. Add your inputs if need be. Ask the group leader to save the whiteboard and share the list with everyone. The list could include ---

Audience	Type of media	Appropriate media
Parents	• Oral • Visual • Digital • Mid-media	• One-to-one meeting • Letter • Street play / folk media / mid media • Instagram / Facebook
Community leaders and members	• Oral • Visual • Audio- visual • Mid-media	• One-to-one meeting • Letter • Street play / folk media / mid media • Video
School / college authorities	• Oral • Written • Audio-visual • Digital	• One-to-one meeting • Letter / email • Video
Education officers at town/ block / district / state level	• Oral • Written • Digital	• One-to-one meeting • Letter • Email / website link
Education Minister	• Oral • Written • Digital	• One-to-one meeting • Letter • Email / website
Health officers	• Oral • Written • Digital	• One-to-one meeting • Letter • Email / website
Health / Chief Minister	• Oral • Written • Digital	• One-to-one meeting • Letter • Email / website

Sub-topic 4: Using audience friendly innovative mid-media

Duration: 45 minutes

Methodology: Inputs and interactive dialogue, Puppet show

- Explain to participants that presently there are several choices for media available to people for use. Social activists have been using different mass media - print media such as magazines, newspapers, pamphlets, etc. and electronic media which includes television, radio, the Internet, CD-ROMs, DVDS and online platforms etc. for advocacy. Many of these require a lot of spade work and are expensive to prepare. Unless the adults take the main lead and are ready with the required resources, TB champions who are in the age group of 12-18, may not be in a position to use these.
- But that does not mean that you will not be in a position to use any powerful medium for advocacy. There are lots of others which you can also use. Some of them are called mid-media while some others are included in social media. We will be seeing both types and will also practice them.
- Explain that compared to the mass media, mid-media addresses a smaller number of audiences hence it is more focused to a particular audience. These are mostly local formats which use interactive methods. Different forms of mid-media include street theatre, folk songs and dances, *kirtans*, magic shows and puppet shows. These forms of entertainment are very flexible and have potential of conveying our messages. Most of these can be organised without much cost as we can use our own clothes, make up, easily accessible papers and sketch pens etc. and do not need expensive gadgets/apparatus such as mike and loudspeakers etc.
- Now show them the videos to show how folk song or skits are used to convey messages. Tell them that these videos are not conveying messages on TB but they have the potential to show you the power of these media in conveying relevant messages.
 - <https://www.youtube.com/watch?v=CbQPZR03Zvo> for folk song
 - <https://www.youtube.com/watch?v=j1MGG8-XJ2M> for a skit
- Now tell them that most of us are accustomed to folk songs / group songs specially developed to give a message on TB. If anyone of them knows a song, they can sing here.
- Give chance to a couple of participants. You can also sing a song on preventing TB / stigma related to TB if you know. Remember rhythm / good voice etc. is not compulsory.
- Now tell them that we will learn a new media...Puppet show. Tell them that there are various types of puppets that can be used. Show them some types of puppets using **Tool 12: Using Puppets for Advocacy**.
- Show the slides one after the other and explain that this PPT offers us information on very simple types of puppets which can be used for advocacy. These are hand / finger puppets, string puppets, stick puppets and shadow puppets etc. It gives the speciality of each of them and then elaborates on how to make simple stick puppets which can be held in hand. These can be used to tell a story and convey a message through them.

Hand and finger puppets



A finger puppet is controlled by one or more fingers which are inserted inside the puppet. ... The movements of the puppets are limited. Multiple finger puppets can be used on each finger so that the child can control many puppets at one time.

A hand puppet is controlled by the hand or hands which are inserted inside the puppet.

There are various types of puppets that can be used for Advocacy.

Let's see some of them first. Some of these are easy to make and use.

We are going to see the easiest type of puppets and learn how to use these for advocacy.

String puppets



Different strings are attached to different body parts of the puppet such as hands, legs, head etc. The puppeteer manipulates the strings and controls the movements of the puppet. Thus the puppet moves his body which creates interest.

Shadow puppets



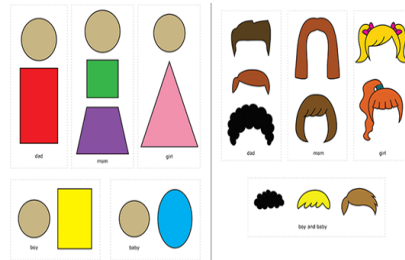
Shadow puppets are placed between a light and a screen. Moving them creates the illusion of moving images on the screen. An experienced puppeteer can make figures appear to walk, talk, fight and dance.

Stick puppets



Card sheet or thick paper figures are attached to ice-cream sticks .

How to make stick puppets



Step 1

Draw basic shapes as shown on the hard cardboard and cut them. You can choose other shapes as well. Alternatively you can draw a picture of the character and cut it or you can cut these figures from books/ newspapers/ magazines.



Step 2

Draw faces

Draw a face on each circle. Give each character lots of personality. Add eyeglasses, a moustache, a beard and other distinct features of the family member



Step 3

Glue the hair

Glue the corresponding hairstyle onto each head. If you would like to have more texture, you can glue yarn, crepe paper strips, and other materials as the puppet's hair.



Step 4 & 5

Glue each body onto a craft stick
Glue each of the character's body onto a craft stick. Position the shape near the tip of the stick.

Glue the heads

Glue each head onto the tip of the craft stick. Overlap the bottom edge of the head over the top edge of the body.



Step 6

Decorate the puppets

Draw patterns and details on the character's clothes. You can also cut out a small paper hat / cap and glue it onto the head, cut out paper legs and arms, and many more details as per the time you have

How to use the puppets

TB Champions can select characters to use for telling their own stories. These stick puppets can be used as characters in the story. Using and moving these characters the TB Champion can tell his own story . An example is given in the next page. You can create a puppet theatre by drawing the scene on a card sheet and keeping it as a background.

Make the stick puppets by copying the images or drawing your own. This is for community presentation. Just learn here.

These are my parents

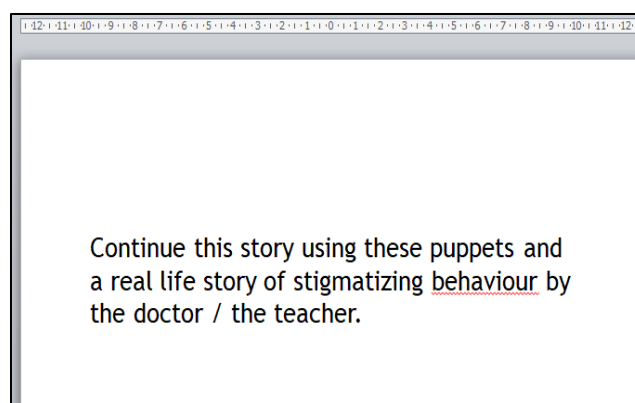
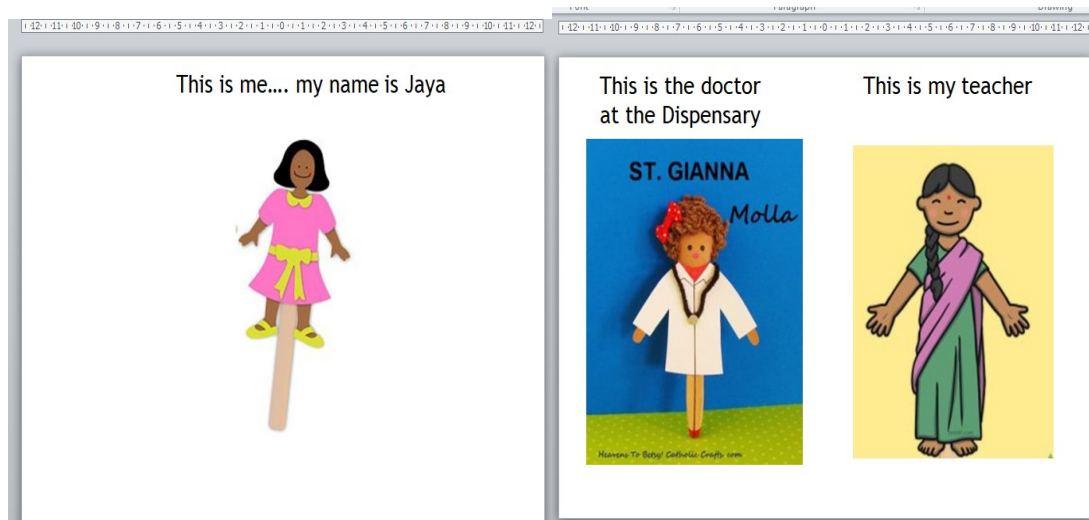
My father Mahendra



My mother Anu

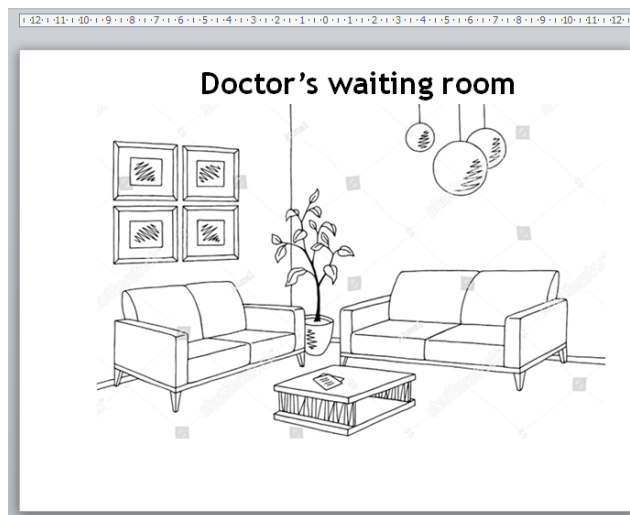
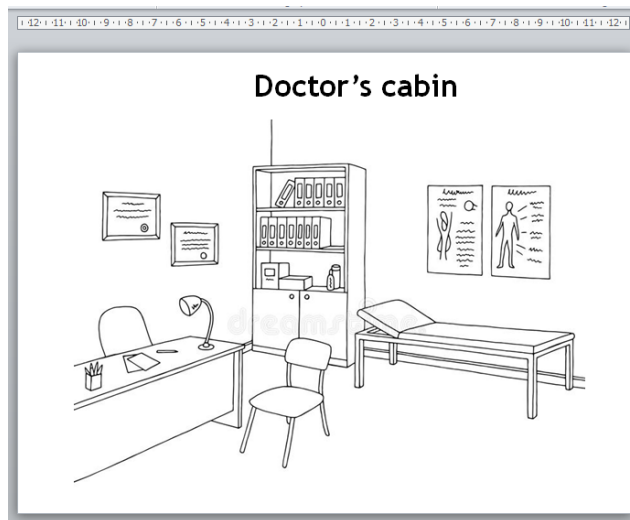


and



- Present the tool and explain how easy and interesting it is to make stick puppets.
- Follow it by showing Jaya, her parents and her doctor. ..
- Ask any one to volunteer to tell a story of Jaya...based on their experiences.
- If none of them tells a story. Share the following story –

A dispensary of a local healthcare provider



Jaya: I am Jaya. I am suffering from cough since two weeks doctor.

Anu: Since me and my husband have TB, I am slightly afraid.

Doctor: Oh! TB... Wait till I check everyone. Sit in that corner.

After half an hour.... Anu enters Doctor's cabin

Anu: I have to go to work... Can you check Jaya, my daughter now?

Doctor: why did you come inside? Please sit in the corner. I have already told you that I can see you only after everyone's check-ups are over.

Anu: But I was the first patient.

Doctor: Please go out and sit. Actually, I cannot see your daughter. Take her to some other daughter.

Anu: but then you could have told me earlier. I have already wasted 1 hour waiting for my turn.

Doctor: Don't tell me that. I will also have to wash the bench.

- Tell them that they have to stop the skit and discuss with the audience about the following. –
 - What do you think about the Doctor's behaviour?
 - Is it justified? If yes...why? If No...Why not?
 - What Anu should have done?
 - What will be the impact of this event on Jaya and Anu?
 - Can Anu take someone's support?
 - Who will you support Anu or the Doctor? Why?
- Now tell them that as the discussion is over, they should conclude the activity by saying that TB is an infectious disease and anyone whose immunity is low can get it. It is wrong to disrespect the person's affected by TB or violate their Right to get equal opportunity to get cured. They should also appeal the community members especially the leaders to ensure that none of the community members stigmatize and discriminate persons affected by TB.
- Now discuss with participants and say that the puppet show provides an opportunity to discuss these important issues. But instead of just communicating in written formats or by sharing facts, this medium takes them through a close-to-real experience. It makes them understand the pain Anu and Jaya have undergone and thus brings about the change in their attitudes, beliefs and behaviour.

Consolidation of learning

Duration: 15 minutes

Methodology: True or False

- Tell participants that you will say some statements, based on the previous day's learning; they have to decide whether the statement is 'True or False'. Without losing time, they have to send T (If it is true according to them) / F (If it is false according to them) to you.
- As per the key, you can check their answers later and declare results. The answer in bracket is for your advantage and not to be read while reading the statement.

True or False

1. The key message has to be clear, brief, based on facts and have a human connect.
2. The Personal story has to be interesting. It is okay even if it does not have any connect with the message you want to convey.
3. Mass media reaches to larger audience at different levels such as national and global.

4. Any communication activity has potential to reach huge audiences. So you have to select the activity which you are interested in.
5. Mid media includes folk songs, street plays, skits, exhibitions and fairs.
6. Personal stories can be shared through videos, audio files or in-person narration.
7. For young audience, stories, games and instagram stories are appropriate communication activities.
8. The key message must contain a call for action.

Day 5:

Recap

Duration: 15 minutes

Methodology: Sharing

Ask each participant to share learning from the fourth day which is related either to key messages and personal stories and another from selecting communication media and using mid-media for advocacy.

Session 11: Advocacy skills (Continued)

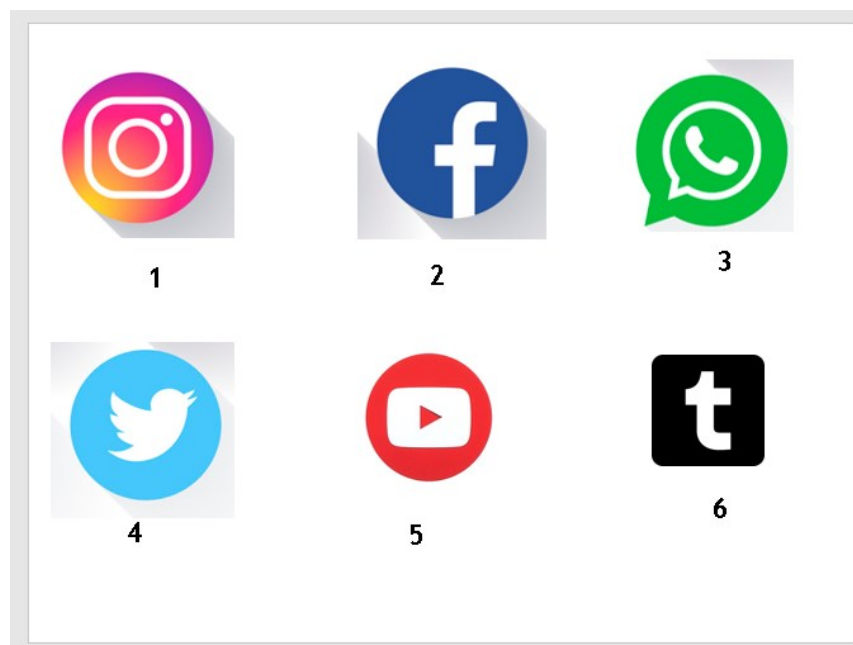
	Objectives	• Learn efficient and effective use of social media for social change
	Group size	15 to 20
	Sub-topics	o Using social media for advocacy
	Time required	45 minutes
	Training methodologies	• Interactive dialogue • Inputs • Game • Small group discussion • Practical
	Training materials required	• Tool 12.1: Guess the logo
	Expected learning outcomes	• Participants would gain clarity on how to - o Use appropriate social media for reaching more people with the advocacy messages - o Using social media in a safe manner
	Safety considerations	Nil

Sub-topic 1: Using social media for advocacy

Duration: 45 minutes

Methodology: Game, interactive dialogue, small group discussion and practical

- Now introduce that as we have just seen that the puppet show was used to address a focussed audience from a particular area. Now let us discuss a media that we regularly use to communicate / interact with our friends and relatives. Ask them to guess the name of the media. Take responses and say yes.... it is the social media. But interestingly the same platforms we can also use to advocate our issue. Tell them that we will play a game of fastest fingers. We would show you some logos with numbers. Their task is to just write the number and the platform which is associated with it. And send it you through chat. The first answer that reaches you will be the winner. Now display Tool 12.1: Guess the logo. And say start. As soon as you receive the first answer, check it and if found correct stop the game and announce the winner. If it is not correct check the second one... continue the process till you get the winner. Ask everyone to clap for the winner. Also announce the names of all those whose answers you receive till you check the answer of the winner and ask everyone to clap for them too.



- Key for tool 12.1: Guess the logos
 9. Instagram
 10. Facebook
 11. WhatsApp
 12. Twitter
 13. YouTube
 14. Tumblr
- Now ask them if they have used these earlier and if yes for what purpose. Take responses. These may include the following
 - Instagram – for sharing your photographs, videos and personal news
 - WhatsApp – for sending messages, information, photographs and videos etc
 - Facebook – for sharing your memories, experiences, short articles, photographs, videos and birthday wishes
 - Twitter – For sharing comments and opinions
 - YouTube- for sharing videos and opinions
- Tell them that due to their potential to reach many people quickly and without any cost, these social media can be very effectively used for advocacy too. Social media has tremendous scope for exchanging information in the form of photographs, text, audio, graphics and videos; while mobile phones can be used for sending messages and sharing information about helplines etc.
- There are several advantages that the use of social media offers as a tool for advocacy. Ask participants if they can think of any. Take their responses, add your inputs and reiterate the following advantages.
 - Social media provides an opportunity to reach more people who think alike, network with them and thus amplify their voice.
 - It provides a common platform to share real stories of real people.
 - Offers efficient resources to inform and collect support from parents, teachers, policy makers, journalists and the community members in a cost-effective way.
 - The reach is fast so it takes very little time to reach critical mass of supporters.
- Now tell them that they are aware of the meaning of advocacy and they know the purpose and power of each social media. Hence, the upcoming task is to put both these things together and think how would they be able to use a particular social media more efficiently and effectively for advocacy and going further create a message, photograph or personal story to share on the particular media platform. They should also mention who would be the target audience.
- Allot the social media in the following way –

- Breakout room 1: Facebook
- Breakout room 2: WhatsApp
- Breakout room 3: Twitter
- Breakout room 4: Instagram
- Divide the group into four breakout rooms and give them 15 minutes to complete the task
- After they return from the breakout rooms ask each group to present the gist of their discussion in 2 minutes each.
- After each presentation ask other groups whether any other point needs to be mentioned. Ensure that the following are included –
 - Facebook - Facebook is one of the most popular social networking services. It can be viewed from computers and smart phones. Facebook lets users post updates and links to ‘friends’ (persons they agree to share info with), post photos and other images, make comments, and send individual messages. Facebook account can be opened either in individual or in group name. As Facebook helps in building your network of people, one post can reach them in no time. Hence as an advocacy tool, Facebook is a great way to:
 - Create and expand a community of people who can press the “like” button
 - Inform your friends about an upcoming event or a live chat and ask them to join
 - Share behind the scene stories using live videos of stigma, lack of medicines etc.
 - WhatsApp

WhatsApp is a messaging and voice-over service. It allows users to send text messages and voice messages, make voice and video calls, and share images, documents, user locations, and other content. It runs on mobile devices but is also accessible from desktop computers, as long as the user's mobile device remains connected to the Internet while they use the desktop app. WhatsApp can be used as an advocacy tool to

 - Messages ‘go directly and immediately to the user's phone, from known contacts
 - Can be used to reach communities that don't have access to other platforms
 - We can also send documents, photographs and videos
 - It is cheap/free with encrypted communication (which prevents access to anyone to the data being transmitted except the sender and receiver)
 - It can be used for group chats / forums
 - Can be used by the receiver to endorse pledges, petitions or broader causes by using their status updates
 - Twitter

Twitter is a social networking and micro-blogging service that lets users send and read text-based messages. These messages are called, 'Tweets'. The messages have to be brief and contain maximum 140 characters. Anyone can create a Twitter account by going to twitter.com and signing up.

The power of Twitter lies in the number of followers you can generate. In order to generate these followers, it is important to advertise on other social media such as Facebook and your website, and to choose a catchy hashtag #(Twitter address) so followers can easily locate and read your tweets.

You can use Twitter for advocacy by

- Sending short message which can become viral and reach policymakers on a given day.
- Informing followers about what is happening at an event

○ Instagram

Instagram has the following interesting posting options-

- Static photo posts - you can share one photo or a collage of photos which can be seen on your follower's feeds.
- Stories - You can upload a story (a video or photo) to your account and add captions, GIFs, emojis etc. These can be archived and seen later even the story expires after 24 hours.
- Live Video - all the followers get a notification when you're broadcasting a video and they can join to view it in real-time.
- Instagram TV (IGTV) –allows users a means of communicating a message to their followers but also allows users to expand their message to others in the Instagram ether.

These features can be used for advocacy in the following way -

- Using static posts to document photo-worthy moments on your campaign or speeches of advocates to update your followers.
 - Using stories to capture specific things that happen over the course through adding a video or a photo to your story of your advocates talking on the issue.
 - Using live video to pose questions to your followers or to interview influencers or decision-makers
 - Using IGTV to get out the vote, and educate your followers
- Now add the following inputs
 - They can use. www.change.org for filing petitions against stigma, or demanding paediatric dosages etc. Thousands of users contribute to it and your issue reaches the wider communities and even the politician whom it is hard to meet.
 - You can use # (hashtags) to draw attention. When you use hashtags, your posts become searchable by anyone on that platform. Many people search

specific hashtags, so using hashtags increases the chances of being seen. They also improve your rates of click through.

- Tell participants that it is important to stick to respectful communication with people who follow you. It is in your personal interest but also in the interest of the issue and your advocacy efforts. Any disrespectful communication can harm your efforts with a multiplier effect.
- Tell them that social media usage is not without risks. But if we learn to prevent them beforehand, we can mitigate/ reduce these risks. Share the following safety tips with them.
 - Take care not to share your personal details such as date and place of birth, address, phone numbers, banking information and passwords etc. to avoid the risk of becoming a victim of cyber-crime. Also adjust your privacy settings in such a way that the details are not visible to everyone.
 - Verify the details of the people with whom you are connecting to avoid risk of getting connected to false accounts which link you and your followers with malicious websites.
 - Control the information shared from outside sources.
 - Never respond to mean or rude texts, messages, and e-mails. Delete any unwanted messages. Know how to block people who have suspicious accounts or friends who continuously bother you or post things that are not appropriate.
 - Use a strong password to prevent your account getting hacked. NEVER share your password with anyone, including your best friend.
- Now tell them that we are now using the social media platform ourselves and see the response we get.
- Send them the following message on WhatsApp and ask them to send it to at least 10 people from their contact.

'We will not tolerate violation of our rights at schools, colleges and even at Health care facilities. We want equal access to all facilities and a life with dignity'

- Ask them to share photographs of the training on Facebook/ Instagram.
Guide them through the process and tell them that these are user-friendly and easy to use media that can be accessed through your mobile phone.
- Tell them that it is not possible to be a master of social media in a day. But if they start using it meaningfully instead of just sharing Good morning messages, it will be a valuable advocacy tool for them. They can easily use it and contribute a great deal to Paediatric TB advocacy.

Session 12: Exercise

	Objectives	• Give participants a practical experience of analysing the problem, identifying solutions and playing advocacy. • Assess the understanding of participants build through the training programme.
	Group size	15 to 20
	Sub-topics	• Exercise
	Time required	30 minutes
	Training methodologies	• PPT • Small group discussion in breakout rooms • Interactive dialogue • Role play
	Training materials required	• Tool 13 - Exercise
	Expected learning outcomes	• Participants would get a practical experience of analysing a case and take appropriate steps to do advocacy
	Safety considerations	Nil

Process

- Tell participants that till now, we have learnt that what a TB Champion can and should do to bring about changes in various policies related to Paediatric TB. Now this is the time to take a step forward and apply our learnings to a case.
- Use Tool 13: Exercise and show them the slides except the last one. Ask one of the participants to read the second slide loudly while the others listen carefully. Now ask another volunteer to read the next slide in the same way. Continue the same process for the next slide as well.



Ram and Seeta live with their daughter Nayana who is 13-year old and son Narayan who is eight.

Ram was diagnosed of TB one year back. He started TB medicine in time but discontinued it when he started feeling better.

After six months, he started coughing again. He started taking the tablets that were remaining with him but there was no cure. He had to go to the doctor again when coughing was unbearable. He was detected of TB, this time drug resistant.



After two months....

Now he is taking medicine regularly and has understood the problems of discontinuing medicines before the course is completed.



But

Narayan is coughing since two weeks and seems tired even in the morning.

Nayana is ok. But she refuses to go to school as her classmates mock her by coughing and laughing loudly.

They also run away from her when she goes anywhere near them when they are playing or having lunch. She is tired of their mockery and being isolated.

- Now present the last slide and read it yourself.



1. What according to you Ram and Seeta do to ensure that Narayana and Nayana are healthy and happy?
1. What will you do to help Nayana come out of her fear?
1. What according to you should be Nayana's role in this?

- Tell them that there are three questions. They have to work in breakout rooms, discuss and answer each question as much thoughtfully as they can. Allot 15 minutes for the task. Tell them to also prepare a role play on the following themes – Tell them that each group will get only two minutes to present the role play. There is no need to present how they decided to meet or what happened before the meeting. They should directly start talking to the target group.
 - Group 1 – Meeting with Nayana's school principal
 - Group 2- Meeting with Nayana's classmates to convince them not to isolate her
 - Group 3 – Meeting with community leaders from their neighbourhood'
 - Group 4 – Meeting with parents of Nayana's classmates'
 - Group 5 – Meeting of TB champions to decide further course of action
- After they come out of the breakout rooms, ask each group to present the role play.
- After each role play discuss the main learnings emerging from the role play. Add your inputs if need be.
- Now ask the first group to share the answer of the first question. Ask other groups to add points that are not covered by the first group but not repeat any point again. Add your inputs if need be.
- Then follow the same process with second and third question but giving opportunities to different group each time.
- The answers should include but are not limited to the following –
- Question 1:
 - Ram and Seeta should get both Narayana and Nayana tested for TB since both of them are in close contact with their father.

- If the children are diagnosed of TB, they should start the treatment immediately as per Doctor's advice and continue without a miss till the course is completed.
 - If the diagnosis is negative, they should be given IPT as per doctor's advice may be for six months.
 - Both Naryana and Nayana should be given nutritional food.
- Question 2:
 - As, TB champions, we should accompany Nayana to her school and meet her school principal. We should talk to them about Nayana's problem and also convince him/her that Nayana is stigmatised which is violation of her rights.
 - Assure him/her that she has undergone a TB test and the result is negative. Moreover, she is taking IPT. Hence there is no threat to other children from her.
 - More importantly, she is taking all precautionary measures and following safety guidelines. Or ...her test result is positive but she has started taking her treatment. Moreover, she is taking all precautionary measures and following safety guidelines to avoid spreading the bacteria.
 - Ask permission from him/her to meet the children and convince them.
 - Meet the children and convince them not to isolate Nayana. We can speak to them or arrange a street play / puppet show to convince them.
 - If this is enough, and the desired change happens, it is fine. But if the problem does not get solved, then we can go to block level education officer or even further to resolve it.
- Question 3:
 - Nayana can describe her feelings of scare and isolation to the principal.
 - She can play the main role in the street play.
 - At the end of the street play or Puppet show, she can personally appeal everyone.
 - She can share her personal story in the community meeting.'
 - Close the session by asking them to share what did they learn new from the practical experience of planning what actions they need to take and then actually taking the practical steps while doing the role play. The discussion could include the following points
 - The practical experience gave them an opportunity to talk to different target groups and understand what challenges could be there in the process.
 - As every target group may not immediately agree with the argument of TB champions, they were able to understand what would be the arguments

of the other side and decide how to convince them effectively by providing facts and figures or personal stories of how stigma affects the concerned people.

Session 13: Developing action plan for advocacy

	Objectives	• Build participants' understanding about the importance of preparing an action plan for advocacy • Build participants' skill on preparing an action plan for advocacy
	Group size	15 to 20
	Sub-topics	• Developing action plan for Advocacy
	Time required	40 minutes
	Training methodologies	• Filling format for preparing an action plan for advocacy.
	Training materials required	• Tool 14 - Format for action plan • Tool 10: Tips to follow for steps in Advocacy
	Expected learning outcomes	• Participants would learn ○ The importance of developing an action plan for advocacy ○ How to develop an action plan ○ Importance of monitoring progress
	Safety considerations	Nil

Process

Action plan for Advocacy

- What is the objective of your advocacy?
- Who is your audience?
- Who are you allies?
- What are your key messages?
- Your team members

Action plan for Advocacy

Target audience	Activities planned	Start date	End date	Responsible person/ team	Support needed from adults	Who would support

- Send the format to all participants. Explain that we have already learnt the importance of planning. Now in this session, we will practice how to prepare the action plan and then monitor it to ensure that the actions are done as per the plan. Also learn to plan alternative actions if the planned action delays or you have encountered any challenge in carrying it out which was not envisaged earlier.
- Now share the format on the screen and explain each component. Now ask them to work in area-wise groups and allot breakout rooms to them. Tell participants to discuss among them and plan for at least two activities. Give them 20 minutes to complete the task.
- Call them back and ask them to present the action plan. Give your feedback / suggestions if any.
- Tell the participants that in reality they have to prepare the plan in consultation with the adults or they should prepare it and modify it as per the feedback given by the adults.
- Tell participants to start advocacy work once the action plan is ready and carry out activities following the timelines.
- Tell participants that they need to monitor and see whether the activities are done as per plan. Similarly, if the activities are not completed you have to think about the reason for not being able to complete the action, the alternate plan to complete the activities and the new time line.
- Now tell them that we have come to end of the training programme. But before that we will see the remaining five steps in advocacy and ensure that we have covered the entire road map. Present last slide of Tool 10.1: Tips to follow for steps in Advocacy.

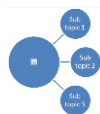
Consolidation of learning

Duration: 15 minutes

Methodology: Match the following

A column	B column
<i>WhatsApp</i>	<i>Brief messages that can go viral and reach huge audience</i>
<i>Change.org</i>	<i>Allows users to post updates and links to 'friends'</i>
<i>Twitter</i>	<i>Protects your account from getting hacked</i>
<i># hashtag</i>	<i>IGTV</i>
<i>Strong password</i>	<i>Reaching to groups or individuals</i>
<i>FaceBook</i>	<i>Attracts people's attention</i>
<i>Instagram</i>	<i>For getting support for your petition</i>

Session 14: Closing

	Objectives	• Take feedback from participants on training • Take a pledge and commitment to the cause of ending TB by 2025, • Administer Post-test questionnaire • Close the training programme
	Group size	15 to 20
	Sub-topics	• Feedback • Pledge • Post-test
	Time required	20 minutes
	Training methodologies	• Filling format for feedback • Taking a pledge • Administering the post-test questionnaire
	Training materials required	Tool 14 - Format for action plan
	Expected learning outcomes	• The feedback will help in improving the training programme • The difference between the pre and post test will indicate the impact of the training programme
	Safety considerations	Nil

Process

- Send Tool 15: Feedback form to all participants.

The image shows a screenshot of a feedback form titled "Feedback form". The form is displayed in a window with a standard operating system interface. The text on the form is as follows:

Feedback form

Please take some time to fill this form. Your answers will help us improve future training programmes.

Name: [optional]
Place:

Please mark your opinions on the scale of one to five for each statement:
Strongly Disagree 1, Disagree 2, I am neutral 3, Agree to a large extent 4, Strongly agree 5

1. The objectives of the training programmes were clearly stated 1 2 3 4 5

2. We had opportunities to participate in the training programmes 1 2 3 4 5

3. The information was clearly presented 1 2 3 4 5

4. The trainer was supportive and allowed space for learning 1 2 3 4 5

5. The time allocated for each session was adequate 1 2 3 4 5

6. The training programmes was enjoyable 1 2 3 4 5

Please answer the following...

1. What are the three most important things (or topics) you learned during this training?
a.
b.
c.

2. What are the three most important learning from this training you would be able to practice in your flat?
a.
b.
c.

3. Any other comments / suggestion:

Thank you for your valued feedback.

- Tell them to fill it as per the instructions written on the form. They will get 10 minutes to fill the form after that they have to upload the form and send it to the trainer.
- Now tell them that we have come to almost end of the training programme. During this 5-day training programme we have learnt several aspects of TB with special focus on Paediatric TB. We have become aware of several issues present in Paediatric TB and also got to know about Advocacy as one of the powerful tools in ending TB. Now ask them if they are willing to take responsibility and commit to the cause of ending TB. If their answer is yes...Ask them to stand up where ever they are. Stretch their right hand in front and say the following pledge with complete sincerity.
'I, ----(name) am proud be a TB Champion. I sincerely pledge to build awareness in my community about TB, its prevention, diagnosis and treatment. I also commit myself to eliminate stigma against the TB affected people and contribute to the process of ending TB by 2025.'
- Then send them the Post-test format. Tell them that they are familiar to this form as they have filled the same form before the start of the training. Now they have to answer the same format. The difference between the two scores (Pre-test and Post-test) will be an indicator for their learning from the training programme.

Pre/ Post-test questionnaire	
Choose the most appropriate answer and put a B mark against it.	
1. The name of the vaccine that is given to children within 10 weeks from birth and which is supposed to protect them from TB is:	7. For elimination of stigma at healthcare facilities, the target audience is:
• Coldfish • BPT (Triple antigen) • BCG Vaccine • OPV or Oral Polio vaccine	• ASHA • Community members • District Health officer • School principal
2. Stigma means:	8. Diagnosis of TB in children is difficult, because:
• Social distancing • Strong feeling of disapproval • Difference of opinion • Quarantine	• It is difficult to collect adequate quantity of sputum from children • Small children are difficult to handle • Children do not have previous health records • More qualified doctors are not involved in diagnosing children
3. The first step in advocacy is:	
• Meet the ministers who make the decisions • Identify and select the issue for advocacy • Select a communication media • Develop a key message	
4. Children can become advocates of their issues because:	
• They have a right to participate in the decision-making process on issues concerning them • The adults do not want to take up children's issues • Children have plenty of time to take up extra-curricular activities • Advocacy does not <u>cost</u> any money	
5. The target audience for advocacy are primarily:	
• School-going children • Decision-makers/ policy makers • Marginalised women • Rural people	
6. The communication media that can be easily used for <u>advocacy</u> by children:	
• Newspaper articles • Television documentaries • Radio interviews • <i>W/o</i> media such as puppet show, folk songs etc.	

- Allot 10 minutes to them for the test. After that they have to upload the form and send back to the trainer.
- Now it is time to close. Thank the participants for their active participation in the training programme. Tell them that with this training they have become assets to the Paediatric TB programme in general and TB Alert in particular. More importantly they would be doing a great service to the children who are affected by Paediatric TB.
- Tell them that through their action plans, they have expressed their willingness to work actively as a TB Champion. Wish them all success as TB Champions and offer your support during their journey. Close with everyone clapping for the hope that TB especially Paediatric TB will be eliminated from the world and the children would live a healthy and happy life.

Annexure 1: Suggested schedule

Day	Session no.	Topic of Session	Duration
Day 1	Session 1	Setting the context of training	
		o Welcome	5 minutes
		o Self-introduction	15 minutes
		o The Do's	5 minutes
		• Objectives of the training	20 minutes
	Session 2	o Orientation to TB with special reference to Drug resistant and Paediatric TB - Part 1	15 minutes
		o Energizer	15 minutes
		o Orientation to TB with special reference to Drug resistant and Paediatric TB – Part 2	15 minutes
		o Quiz on TB	10 minutes
	Session 3	o Energizer	10 minutes
		o Issues in Paediatric TB	25 minutes
		o Consolidation	15 minutes
		Total	2.5 hours
Day 2	Session 4	Recap	15 minutes
		o Energizer	10 minutes
		o National response	20 minutes
	Session 5	o Energizer	10 minutes
		o Understanding the meaning of stakeholders	5 minutes
		o Identifying stakeholders	15 minutes
		o The roles stakeholders can play	10 minutes
	Session 6	o Role of TB Champions	20 minutes
	Session 7	o Energizer	5 minutes
		o Understanding advocacy	20 minutes
		o Consolidation	15 minutes
		Total	2.5 hours
Day 3		Recap	20 minutes
	Session 8	o Energizer	5 minutes
		o Opportunities for advocacy in Paediatric TB	20 minutes
	Session 9	o Planning Advocacy	
		o Energizer	10 minutes
		o Identifying and selecting an issue for advocacy	20 minutes
		o Gathering information	30 minutes
		o Identifying Target audience and allies	30 minutes
		o Building networks	20 minutes
		o Consolidation	15 minutes
		Total	2.75 hours

Day 4		Recap	15 minutes
	Session 10	• Advocacy skills	
		o Developing key messages	25 minutes
		o Using personal stories for advocacy	30 minutes
		o Selecting appropriate communication activities	20 minutes
		o Using audience friendly innovative mid-media	45 minutes
		o Consolidation	15 minutes
		Total	2.50 hours
Day 5		Recap	15 minutes
	Session 11	• Advocacy skills (Continued)	
		o Using social media for advocacy	45 minutes
		o Consolidation	15 minutes
	Session 12	• Exercise	30 minutes
	Session 13	• Developing action plan for advocacy	40 minutes
	Session 14	• Closing	20 minutes
		Total	2.75 hours

Allot 10 minutes to take video of two participants of each batch of trainees sharing their experiences.

Annexure 2: List of Tools

Tool 1: The Do's (PPT)

Tool 2: Case briefs and Objectives of the training (PPT)

Tool 3: About TB – Flash cards

Tool 3.1: Quiz on TB

Tool 3.2: Answer key for the quiz

Tool 4.1: Case briefs for Issues in Paediatric TB

Tool 4.2: Issues in Paediatric TB

Tool 5.1: National Response or strategies (Green card)

Tool 5.2: National Response or strategies (Orange card)

Tool 6: Stakeholders

Tool 7: Role of stakeholders

Tool 8: Role of TB champions

Tool 8.1: Roles TB champions can play

Tool 9: Energizer - format for answer

Tool 9.1: Advocacy points

Tool 10.1: Tips to follow in steps in Advocacy

Tool 11: Picture cards for Recap

Tool 12: Using puppets for advocacy

Tool 12.1: Guess the logo

Tool 13: Exercise

Tool 14: Action plan

Tool 15: Feedback form

Tool 16: Pre/post-test questionnaire

Annexure 3: Format for dividing participants in small groups

Group no.	S. No.	Names of participant	Age	Area
1	1			
	2			
	3			
	4			
	5			
2	1			
	2			
	3			
	4			
	5			
3	1			
	2			
	3			
	4			
	5			
4	1			
	2			
	3			
	4			
	5			
5	1			
	2			
	3			
	4			
	5			

Stigma

- "My employer has discontinued my services and stopped me from entering any premises because I have TB."
- "My school principal has asked me not to attend school till I get completely cured. She told me I will be promoted without attending school."
- "My daughter refused to go hospital to receive medicines. She died because of the fear of stigmatization and discrimination."

Do these look familiar to you? These are all examples of stigma and discrimination due to TB.

What is Stigma?

Stigma is a social process that separates and discriminates people and leads to a loss of status of the victim. It is an unfair and unjust action towards an individual or group on the basis of real or perceived status or attributes or a medical condition (e.g., TB), socio-economic status, gender, race, sexual identity, or age.

Why there is Stigma against TB infected people?

Stigmatization against infected people is often incited by the association of TB with poverty, social marginalization, and risk of transmission and death which is a result of fear, ignorance and misinformation.

How does Stigma affect the TB infected people?

Stigma is perpetuated by social practices that include isolation and blame as a source of TB. People who are stigmatized feel lonely, alienated, depressed, victimized, rejected and unwanted. Therefore, they tend to hide their status from others.

Infected people may experience Stigma in workplace, neighbourhoods, schools and even health facilities. However, stigma in health facilities is extremely dangerous as it negatively affects people seeking health services. In health facilities, the manifestations of stigma range from outright denial of care, provision of sub-standard care, physical and verbal abuse, to make them wait longer or passing their care off to junior colleagues. As a result, stigma becomes a barrier to care for people seeking services for disease prevention, treatment of acute or chronic conditions.

Infecting others by spreading bacteria increase considerably.

What should be done to eliminate/ reduce Stigma?

While it is important to help TB-infected individuals resist TB stigma by counseling or forming support groups, it is also important to raise awareness among the communities and give them proper information about transmission and prevention of TB.

However raising awareness about TB stigma alone is not enough to mitigate stigma, it needs *consciousness raising*, a form of activism where people with and affected by TB come together to share their experiences, identify common struggles and begin collectively organizing to change harmful practices. It is essential to adopt the human Rights approach and demand modification in the TB policies and practices on the basis of the rights and dignity of people with TB in the best interests of public health.

Tool 1

The Do's

- **Be punctual for training**
- **Switch off your mobile phones**
- **Listen to what other participants say, without interrupting them**
- **In case you want to say something share in a group not with your neighbour**
- **Respect everyone and their experience**
- **Be non-judgemental**
- **Mute your mike when you are not expected to speak**
- **Keep your video on throughout the training programme**

Tool 2

Case briefs and Objectives of the training

Case 1

Nagaraj is a 13 year old boy who lives in Nalagonda. His father has active TB. Nagaraj has to take care of his father.

Since last three weeks, he is also coughing. He wants to approach a doctor for check-up and treatment but has no money to do so.

Case 2

Neela is a 12 year-old girl who works as a domestic help in Kannur. She has seen blood coming out when she coughs or sneezes.

But she is under stress to share it with her employer as she feels that she might discontinue her services. She is scared that if that happens, she will have to starve and forced to beg.

Case 3

Abdul is a 14-year old boy who is diagnosed with TB and taking treatment. He wears a mask. And covers his mouth if he coughs. He follows all the safety guidelines.

He is studying in 8th standard but the parents of his school friends have approached the principal as they do not want their children to study in the same class as Abdul.

Objectives of the training

- **Build the capacities of Pediatric TB Champions (Children who have successfully completed the course of treatment) to play advocacy roles for**
 - **Increasing the access of children to quality Pediatric TB services**
 - **Addressing psychosocial and behavioral aspects of pediatric TB**
- **Build and enhance the knowledge and skill of Pediatric TB Champions required for communicating and sensitizing the community members and motivating them to help in case finding and reducing stigma.**

Tool 3

About TB

Flash cards

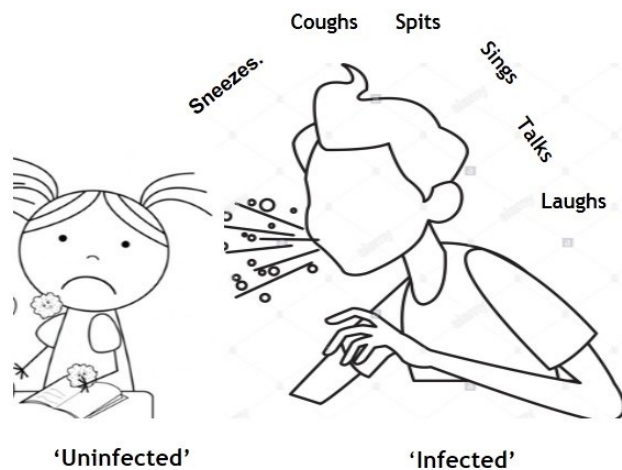
What is TB?



'TB is an infection caused by the Bacteria called Mycobacterium Tuberculosis.'

How does TB spread?

TB spreads when the bacteria from the infected person enters the uninfected when the infected person sneezes, coughs, spits, sings, talks or laughs.



When does one get TB disease?



TB bacteria enter the child's mouth



Inside the child's body the bacteria have multiplied and are attacking the child's lungs or other body parts

'The child is sick with TB disease and can infect others.'



TB bacteria are coming out of his/her mouth. He /she has a test result in hand which shows he/she is TB positive.

What are the stages of TB?

Stage 1 'Latent TB'



- Has TB bacteria but is not sick
- Cannot spread TB
- Has to take treatment to before developing active TB

Stage 2 'Active TB'



- Has TB bacteria and is sick
- Can spread TB
- Has to consistently take treatment to get cured and to avoid getting Drug-resistant TB

Types of TB

Pulmonary TB



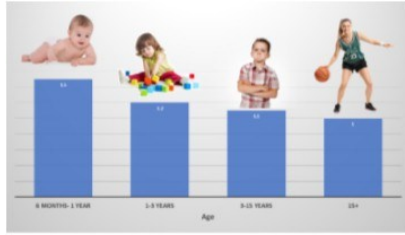
- **Pulmonary TB** is a infectious bacterial disease that mainly affects lungs
- The symptoms include -
 - Cough/ fever for more than 2 weeks
 - Significant weight loss
 - Coughing of blood (haemoptysis)
 - Abnormality in chest radiograph (X-Ray)

Extra-Pulmonary TB



- **Extra-pulmonary TB** involves organs other than the lungs such as pleura, lymph nodes, abdomen, genitourinary tract, skin, joints and bones, or meninges etc.
- The symptoms include -swelling of lymph node, pain and swelling in joints, neck stiffness, disorientation, and/or significant weight loss, fever for more than 2 weeks and night sweats.

What is Pediatric TB?



◁ 'If children below 15 are infected by TB, it is called Pediatric TB'

Which children are more at risk?

'Children who have come in contact with persons recently infected with TB bacteria'



'Children who have weak immune system'



Children below 5 years

'HIV infected children'

'Mal-nourished children'

Symptoms of Active TB

'Coughing 2 weeks or more'



1st week

2nd week

'Fever'



Coughing blood



Fatigue



Loss of appetite

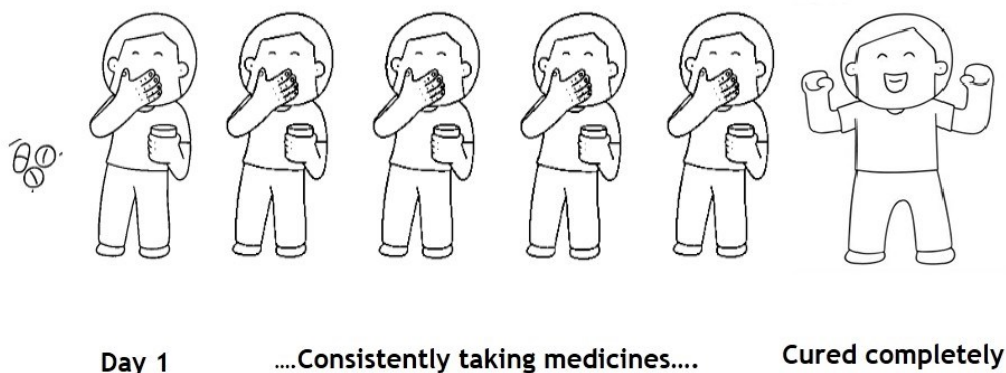
Weight loss



Night sweats



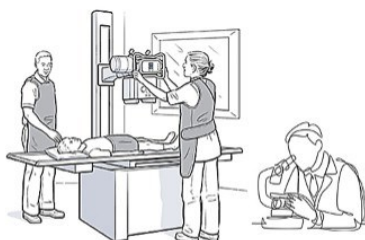
TB is curable
if TB medicines are taken consistently without a miss



How to prevent Pediatric TB?



Neonatal BCG injection



Contact screening



Close contacts of persons living with HIV should be screened for HIV and TB



Children in congregate settings and mobile populations should be screened

Child with TB symptoms



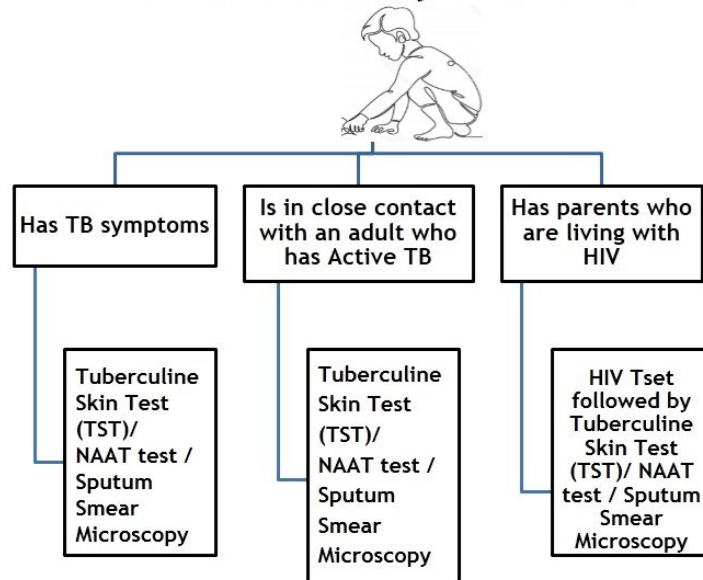
May need TB treatment or IPT

Child without TB symptoms



Needs IPT to prevent TB

Test is mandatory if the child



If TST results are positive Chest x-ray is done

Treatment for TB is available free of cost at government run NTEP (National TB Elimination Program) centers/ District TB Control office.



The doctors will prescribe tablets for six to nine months. Complete the prescribed course even if you feel better sooner.

What happens if the child discontinues his/her medicines after some time



The TB bacteria start growing again and child remains sick or gets worse



TB bacteria may become resistant to Medications. New, different medicine will be needed for longer time and will have more side effects

TB Treatment

Drug-Sensitive TB



TB Treatment is given for minimum 6 month period for DS-TB and is extended based on the medical opinions.

Drug-Resistant TB



For DR TB treatment is initiated based on (Drug Susceptibility Test) DST. Based on the type of case it may be for a period of 9 months to 2 years

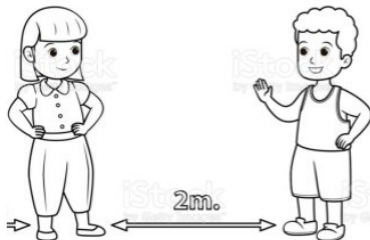
What the child should do if he has pediatric TB



Always cover his/her mouth while coughing, sneezing etc.



Safely dispose used tissues to avoid spreading the bacteria



Avoid close contact with others. Maintain social distance



Allow air to move

Tool 3.1

Quiz

Who am I

Question 1

If I enter a person's body, multiply myself and attack the person's lungs, the person gets TB...

Who am I?

Question 2

If a doctor advises a child who does not have TB symptoms to take me for six months...

Who am I?

Question 3

If I am a stage where a person has TB bacteria but is not sick...

Who am I?

Question 4

If a child is taken to the TB lab, the doctors can diagnose whether the child has TB or not by conducting me or friends...

Who am I and who are my friends?

Question 5

If a child between 1 to 15 years is infected by TB, then the disease is called by my name...

Who am I?

Question 6

Any person has me for more than three weeks, it could be a symptom of TB and has to get him tested ...

Who am I?

Question 7

If a TB infected person takes me consistently without a miss till the period the doctor has prescribed, TB is curable...

Who am I?

Question 8

If a newborn child is given me then it is a preventive measure against TB...

Who am I?

Question 9

If a child who is diagnosed of TB uses me when he coughs or sneezes and disposes me off safely, he can prevent the bacteria from spreading...

Who am I?

Question 10

If a child has PLHIV parents then he has to take me before the TB diagnostic tests are done...

Who am I?



Answer Key to Quiz – Who am I

Question no.	Answer
1	Mycobacterium tuberculosis (TB bacteria)
2	IPT (Preventive therapy
3	Latent TB
4	tuberculin skin test/ NAAT test / Sputum Smear Microscopy
5	Paediatric TB
6	Coughing
7	TB medicines
8	BCG injection
9	Tissue paper
10	HIV test

Tool 4 – Spot Six differences

Anita



Sunita



Differences -

- 1. Collar / necklace of Anita has beads**
- 2. Sunita's left shoe has no flower**
- 3. Feather on Sunita's head is of different colour**
- 4. The band tied to their braid is of different colour**
- 5. Sunita does not have right eyebrow.**
- 6. Anita's photo has a shadow, Sunita's does not have.**



Image taken from:

https://www.google.com/imgres?imgurl=https%3A%2F%2Fi.pinimg.com%2Foriginals%2Fdb%2Ffe%2Fb0%2Fdbfeb085fadd233950f2157ce5193904.png&imgrefurl=https%3A%2F%2Fwww.pinterest.co.uk%2Fpin%2F749638300465012383%2F&tbnid=38RZtbLK3r3rBM&vet=12ahUKEwiKz_u4kZvxAhUGAHIKHhaOyCeYQMygAegQIARBB..i&docid=-0DbsDqk8WjqPM&w=700&h=525&q=identify%20differences%20in%20images%20India%20children&ved=2ahUKEwiKz_u4kZvxAhUGAHIKHhaOyCeYQMygAegQIARBB

Tool 4.1

Case briefs for issues in Pediatric TB

Case brief 1

- Neelima has been detected Active TB three months back. Her 10-year old son Bharath being the only child is pampered by her. He sleeps close to her and she still attends all his needs. Despite the NGO workers telling her to get him tested; she ignored them as he did not have any symptoms. He was also not given BCG as she had delivered Bharath at home.
- Neelima is not alone. Several parents do not take their children to diagnostic center even if they are living in TB affected households if they do not have any symptoms.

How does this behaviour affect Paediatric TB?

Case brief 2

- Siri is 3-year-old and HIV positive. She does not have any TB symptoms. Hence her parents do not find it important to consult the doctor about any TB screening or IPT / TB treatment.
- Siri's parents are not an exception. There are many like them.

Does this kind of behaviour affect Paediatric TB? How?

Case brief 3

- 5-year old Shahbaz stays in a remote village in Telangana. He is very weak and has not taken proper immunization. A NGO worker took him to a nearby diagnostic centre as he was coughing for more than two weeks.
- He was diagnosed of TB. But the treatment could not start immediately as enough child-friendly dosages were not available in the nearby centre. It would take at least a week for the dosage to arrive at the facility. Till then his treatment can not start.
- Many children like Shahbaz suffer in the same way.

Does this lacuna affect the children with Active TB?

Case brief 4

- 12-year old Susan is on TB treatment. She takes her medicines regularly and is willing to take the medicines till the prescribed period is over. But due to poverty she is not getting nutritious food.
- Her appeal to NGOs and the government functionaries has not resulted into her getting any support as they do not have funding for that.

Will lack of funding affect issue of pediatric TB?

Case brief 5

- 7-year old Nagaveni and her brother Vishal are both TB positive. Both are on medicines but since the parents are poor, they do not have enough money to give nutritious food to both of them.
- Their parents give proper and adequate food to Vishal but Ngaveni is the one who is often excluded.

Does gender discrimination affect children suffering from TB?

Case brief 6

- 14-year old Anees is loosing weight and feels tired with very little activity. He also has mild fever and cough since a long time. His mother took him to a informal health worker.
- But as she did not have enough knowledge of TB symptoms, she gave him medicines for cough and fever but did not take him to any diagnostic centre. Anees's mother has spent money on medicines but has not received proper advice.

Will lack of proper knowledge in healthcare providers affect children infected by TB?

Tool 4.2

Issues in Paediatric TB

Challenges related to lack of awareness and knowledge

Challenges	Impact on the issue
• Parents lack awareness about ○ Availability of free TB treatment at government facilities ○ The need for screening their children irrespective of whether they have symptoms or not if ○ They live with Active TB patients ○ They have weaker immune system ✓ whose age is below 5 years ✓ HIV infected/ having PLHIV parents ✓ Mal-nourished ✓ Living in slums or unhygienic living conditions	• Under-detection and under-reportage of presumptive TB cases • Delay in screening causes aggravating the TB infection and reduces chances of getting cured considerably. It increases the number of untreated cases.

Challenges related to lack of awareness and knowledge

Challenges	Impact on the issue
• Communities lack awareness about ○ How does TB spread ○ The need to eliminate stigmatizing behaviours • Informal / private health care providers lack awareness about – ○ The symptoms of TB ○ The need to screen the patients having cough for more than two weeks at government facilities	• Under-detection and under-reportage of presumptive TB cases • Stigma and discrimination against TB patients Absence of proper diagnosis leading to increased number of untreated TB cases

Challenges related to access to services

Challenges	Impact on the issue
• People normally take the patients to private health care providers who may lack knowledge about TB and hence are deprived of access to services at government facilities • TB in children is often missed or overlooked either because there are no symptoms or because they are less infectious.	• Under-detection and under-reportage of presumptive TB cases • Absence of systematic screening for TB of children living in households affected by TB

Challenges related to prevention

Challenges	Impact on the issue
• Children not born at medical facilities are often not given BCG vaccine within 10 weeks from birth which is supposed to prevent TB. • Parents refuse to give the BCG injection even though they are born at the medical facilities • Contact screening of eligible children is less • IPT is often not given to children as they do not have any symptoms	• As Prevention measures are not taken, the number of cases getting TB infection increases • Children who are not given IPT are at higher risk of infection following TB exposure.

Challenges related to diagnosis and treatment

Challenges	Impact on the issue
• Collecting adequate Sputum sample from children for testing is difficult for parents and health care providers. • Lack of accessories required for diagnosis and treatment in the healthcare facilities • Often, Public health facilities do not have Paediatric specialists	• Delay in diagnosis delays treatment and makes cure difficult • Lack of proper guidance delays the process of cure

and counselors to give proper guidance to patients.	
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Challenges related to Stigma

Challenges	Impact on the issue
• Children who have active TB or those who come from TB affected households are often stigmatized in the neighbourhood, school/ college, workplaces and even in health facilities	• Child Rights of TB affected children are violated • Parents/ children avoid going to the health facilities for diagnosis/ Treatment which deprives the child of treatment • Children refuse to disclose their status and hence pose potential risk to other children

Challenges related to Research and development

Challenges	Impact on the issue
• Lack of actual data on cases of Paediatric TB. • There is a need to invent child-friendly tests for children.	• Makes designing of strategies difficult • Increases diagnosis process difficult

Challenges related to Gender

Challenges	Impact on the issue
• Girls with active TB are often neglected as far as treatment or nutritional support is concerned	

Challenges related to Policy and implementation

Challenges	Impact on the issue
• Funding/budget for issues in Paediatric TB such as Nutrition are low. • The amount allotted by the government also does not reach people in time. Sometimes patients do not get the payment even after the treatment is over. • Due to current pandemic of COVID 19, identifying a symptomatic case of Pediatric TB has become difficult. Thus focus on Pediatric TB is further reduced.	• The treatment is less impactful and cure takes more time

Challenges related to Supply chain

Challenges	Impact on the issue
• Inadequate supply of the accessories required for diagnosis of Paediatric TB delays the diagnostic process. • The Paediatric medicines/formulations are not easily accessible everywhere especially in remote place, this delays the treatment	• Delays the diagnostic process resulting into delay in treatment and increase in severity of infection • Delays treatment and makes cure difficult and time consuming

Tool 5

National Response

Challenges in Pediatric TB	National Strategy / Response
Under-detection of TB cases	Collaboration between HIV/AIDS and TB programmes
Patients approach private sector doctors who lack information	
	Contact screening
	Contact tracing and reverse contact tracing
	IPT
	Child friendly formulations – for TB and DR TB also second line drugs
	Support for adherence to avoid DR TB
	Nutritional support
	IPT
	Improving the accuracy and speed of diagnostic tests

Issues in Pediatric TB	National Response
------------------------	-------------------

TB Awareness and education activities

Contact tracing and reverse contact tracing

Counselling to Pediatric TB patients and their parents/caregivers

Strengthening proper referral system between private and public health facilities.

Lack of awareness about importance of testing of the	Collaboration of HIV and TB programmes
Lack of awareness in communities	
Lack of awareness in Informal / private health care providers	Orientation to and engagement of private sector
Lack of access to services due to ignorance about the importance of testing	Active case finding among key populations
Lack of preventive measures – absence of proper immunization (BCG) in new-born babies	Universal testing for drug resistant TB
Lack of preventive measures – ignorance about criticality of giving IPT	Scaling up free, high sensitivity TB diagnostic tests such as NAAT
Lack of preventive measure – less contact screening	People living with HIV (PLHIV), people who are malnourished, who have diabetes or cancer, should be regularly screened for signs and symptoms suggestive of TB.

The risk of TB to PLHIVs	All presumptive TB patients should be offered HIV counseling and testing
Lack of accessories for diagnosis and treatment in the healthcare facilities	A presumptive pulmonary TB patient, is a patient with any of the signs and symptoms of TB
Absence of Paediatric specialists and counselors at the public health facilities.	Continue BCG vaccination
Difficulty in collecting adequate Sputum sample from children	Expand preventive treatment of people with a high risk of tuberculosis
Stigma against TB infected children and children from TB affected households	Scaling up air-borne infection control measures at health care facilities

	Linking eligible TB patients with social welfare schemes including providing nutritional support.
Lack of actual data on cases of Paediatric TB	Systematic screening of high risk populations
Lack of actual data on cases of Paediatric TB	active case finding (ACF) is to detect TB cases early and to initiate treatment promptly
Lack of funding/budget for issues in Paediatric TB such as Nutrition	Providing free TB drugs for all patients with TB
Delay in receiving the support amount allotted by the government	Providing patient friendly adherence monitoring and social support in order to sustain TB treatment

Tool 5.1
National Response / Strategies
Set 1: Issues/ challenges

- Under-detection of presumptive TB cases
- Absence of systematic screening of TB of children living in households affected by TB
- Lack of accessories required for diagnosis and treatment in the healthcare facilities delays treatment and makes cure difficult
- The Paediatric medicines/ formulations are not easily accessible everywhere especially in remote place, this delays the treatment
- Funding/budget for issues in Paediatric TB such as Nutrition are low.
- The amount allotted by the government also does not reach people in time. Sometimes patients do not get the payment even after the treatment is over.
- Lack of awareness regarding need to screen HIV infected children and children having PLHIV parents as HIV reduces the immunity and child becomes more prone to TB infection
- Communities lack awareness about
 - How does TB spread
 - The need to eliminate stigmatizing behaviours
- Stigma and discrimination against TB patients Absence of proper diagnosis leading to increased number of untreated TB cases
- Parents and communities lack TB Awareness which results into not accessing proper diagnostic facilities for their children
- Public health facilities do not have Paediatric specialists and counselors to give proper guidance to patients especially regarding adherence and nutritional support.
- Informal / private health care providers lack awareness about –
 - The symptoms of TB
 - The need to screen the patients having cough for more than two weeks for TB at government facilities

Collecting adequate Sputum sample from children for testing is difficult for parents and health care providers.

As Prevention measures are not taken, the number of cases getting TB infection increases especially from the high risk populations such as children

- **Living with Active TB patients**
- **Having weaker immune system**
- ✓ **whose age is below 5 years**
- ✓ **HIV infected/ having PLHIV parents**
- ✓ **Mal-nourished**
- ✓ **Living in slums or unhygienic living conditions**

Tool 5.2

National Response / Strategies

Set 2: Strategies

- **Collaboration of HIV and TB programmes**
- **TB counseling and testing to all the PLHIVs**
- **Linking eligible TB patients with social welfare schemes including providing nutritional support.**
- **Active case finding (ACF) for early detection of TB cases and initiating proper treatment without any delay**
- **Counseling to Pediatric TB patients and their parents/caregivers**
- **Providing patient-friendly adherence monitoring and social support in order to sustain TB treatment and avoid DR-TB**
- **Contact tracing and reverse contact tracing**
- **Systematic and regular screening for signs and symptoms suggestive of TB of high risk populations such as –**
 - **Children below 5 years**
 - **PLHIVs**
 - **Mal-nourished children**
 - **Children living in congregate settings**
 - **Engagement and capacity building of private sector / informal healthcare providers**
 - **Strengthening proper referral system between private and public health facilities**
- **Enhancing availability of**
 - **accessories required for diagnosis and treatment and**
 - **Child friendly formulations – for TB, DR TB and second line drugs**
 - **Improving the accuracy and speed of diagnostic tests**
 - **Scaling up free, high sensitivity TB diagnostic tests such as NAAT**
 - **Expanding preventive treatment of people with a high risk of tuberculosis**
 - **Increasing investment in TB research through funding for new drugs, diagnostics and vaccines.**
 - **Promoting community leadership in the TB response through community-led, people-centered, rights-based and gender-sensitive interventions**
 - **Encouraging TB Awareness and education activities**

Tool 5.3
National Response / Strategies
Key

Green card number	Orange card number
1	3, 5 & 6
2	5
3	7
4	2
5	1
6	11
7	4
8	6
9	8 & 10
10	9

Individuals/ groups/ organisations	
That are affected by the issue of Pediatric TB (direct and indirect)	That can influence / identify the solution (direct and indirect)

	Parents	Community members	Healthcare workers - Government	Healthcare workers - Non government	Political leaders / policy makers and officials
Create awareness on criticality of BCG Vaccine to children within 10 weeks from birth irrespective of their parents' TB status					
Get the children tested if any family member or either/ both parents have active TB					
Get the child tested if he/she has any symptoms of TB					
Get the child tested if he/she is HIV positive					
Get the child appropriate treatment if he/she is tested TB positive					
Ensure that all children who are exposed to TB, have no TB symptoms and are under 5 are given IPT (Preventive Therapy) for six months					
Create awareness about ensuring that the child continues to take medicines and adheres to the treatment till the period which the doctor has prescribed is over					
Ensure that the child gets nutritional food while on treatment					
Ensure that the child follows all safety measures to prevent spreading of TB bacteria					
Ensure that the child gets emotional support and is able to continue his / her daily routine					

Support and not stigmatize the child with active TB					
Arrange awareness raising programmes on symptoms/ need to access government facilities/ adhere to treatment / follow safety guidelines					
Arrange cleaning of the area and safe disposal of infected waste					
Ensure that all Pediatric TB patients receive appropriate dosage of treatment					
Ensure adequate supply of medicines is available through the supply chain					
Ensure that all Pediatric TB patients receive adequate nutritional support					
Ensure that adequate data is collected and provided to help in designing of appropriate policies					
Ensure that proper coordination is there between the patients and government system					
Ensure appropriate policies and programmes for case finding, treatment and dosages etc. are designed					
Ensure that all TB treatment and nutritional support is provided at low cost/ no cost					
Ensure that appropriate policies are made					
Ensure that adequate supply of Pediatric formulations is available especially in resource-poor areas.					

Answer Key

	Parents	Community members	Healthcare workers - Government	Healthcare workers - Non government	Political leaders / policy makers and officials
Create awareness on criticality of BCG Vaccine to children within 10 weeks from birth irrespective of their parents' TB status		✓	✓	✓	
Get the children tested if any family member or either/ both parents have active TB	✓	✓	✓	✓	
Get the child tested if he/she has any symptoms of TB	✓	✓	✓	✓	
Get the child tested if he/she is HIV positive	✓	✓	✓	✓	
Get the child appropriate treatment if he/she is tested TB positive	✓	✓	✓	✓	
Ensure that all children who are exposed to TB, have no TB symptoms and are under 5 are given IPT (Preventive Therapy) for six months			✓	✓	
Create awareness about ensuring that the child continues to take medicines and adheres to the treatment till the period which the doctor has prescribed is over	✓		✓	✓	
Ensure that the child gets nutritional food while on treatment	✓		✓	✓	✓
Ensure that the child follows all safety measures to prevent spreading of TB bacteria	✓		✓	✓	
Ensure that the child gets emotional support and is able to continue his / her daily routine	✓	✓		✓	

Support and not stigmatize the child with active TB		✓			
Arrange awareness raising programmes on symptoms/ need to access government facilities/ adhere to treatment / follow safety guidelines		✓	✓	✓	
Arrange cleaning of the area and safe disposal of infected waste		✓		✓	
Ensure that all Pediatric TB patients receive appropriate dosage of treatment			✓	✓	✓
Ensure adequate supply of medicines is available through the supply chain					✓
Ensure that all Pediatric TB patients receive adequate nutritional support					✓
Ensure that adequate data is collected and provided to help in designing of appropriate policies			✓		✓
Ensure that proper coordination is there between the patients and government system			✓	✓	
Ensure appropriate policies and programmes for case finding, treatment and dosages etc. are designed					✓
Ensure that all TB treatment and nutritional support is provided at low cost/ no cost					✓
Ensure that appropriate policies are made					✓
Ensure that adequate supply of Pediatric formulations is available			✓		✓

especially in resource-poor areas.					
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Tool 8.1

Roles TB Champions can play

Role of TB Champions

- **Raise awareness on Pediatric TB in their respective communities**
- **Sensitize community members on TB and try to reduce stigma against them**
- **Meet influential people to change how the government functions**
- **Meet healthcare providers and appeal them to bring about changes**
- **Provide emotional support to children affected by Pediatric TB**

Tool 8

Advocacy Points

Advocacy point 1: All children should mandatorily receive BCG vaccine within 10 weeks from birth

Advocacy point 2: Contact screening must be a priority for all children living in households affected by TB irrespective of the presence/ absence of symptoms

Advocacy point 3: Children living in households affected by TB should be mandatorily given IPT.

Advocacy point 4: Health and women and child development programme should jointly evolve strategies to address childhood morbidities especially HIV and Pediatric TB

Advocacy point 5: Child-friendly dosages and nutrition support must be made accessible to all children diagnosed with TB.

Advocacy point 6: Resources must be made available for research in Pediatric TB and other needs of the TB patients such as nutrition support.

Advocacy point 7: Girls with active TB should also be given equal attention

Advocacy point 8: Efforts must be made to engage more with community leaders, private healthcare providers and parents in any discussion on

Pediatric TB. Training programmes for the private and informal healthcare providers must be organized to orient them.

Advocacy point 9: Children should be involved in all the decision-making process concerning them.

Advocacy point 10: All accessories should be made available at the diagnostic centers to ensure that the diagnosis is not delayed.

Advocacy point 11: Public health facilities must have pediatric specialists and counselors to give proper guidance to children and their parents

Advocacy point 12: The rights of the children must be protected at any cost whether it is within the neighbourhood, school or health care facility.

Advocacy point 13: Infected children should be encouraged to disclose their status and strictly follow safety guidelines to ensure that they do not spread the TB bacteria further.

Energizer – Format for answer

Details	Who will take responsibility
No. of Invitees	
Special dish in the Menu	
Venue	
Time	
Special feature of the celebration	

Tool 10

Questions for gathering information

Questions for parents / friend's parents

- **Have you/ your child has every experienced stigma? If yes...**
- **What kind of stigmatising behaviour have you experienced?**
- **What is its impact on your child's education?**
- **What is its impact on your child's psyche/ mind?**
- **What is its impact on your child's over all health?**
- **What is it's impact on your family, your child's siblings and Friends?**
- **Do you think about the advocacy against the stigmatising behaviour?**
- **Do you support the advocacy against the stigmatising behaviour?**

Questions for School Principal and teachers / Trustees

- **Are you aware of any stigmatising behaviour to any of your students by other students / their parents? If yes...**
- **What was your response to it?**
- **What is your opinion about the children suffering from TB continuing studies in your school? Why?**
- **Do you think that not allowing them to continue studies is a violation of their Right to Education?**
- **Do the children suffering from TB follow safety guidelines?**
- **What role you would like to play to resolve this issue?**

Questions for NGOs working on the issue of Paediatric TB

- **Are you aware of any advocacy efforts done previously to address stigma and discrimination towards children having active TB / coming from TB affected households?**
- **If yes... what was the impact? Were the efforts successful in achieving the desired results? If yes – Do we need to tweak our message?**
- **If No...what was the reason for failure? What should we follow to avoid failure?**
- **Do you have any authentic data on children having active TB facing stigma and its impact on them? Can you share it with us?**
- **What role you would like to play to support our advocacy efforts on Stigma faced by children with Active TB?**

Questions for NGOs working on the issue of Child Rights

- **Have you done any advocacy for children facing stigma in schools?**
- **What Rights of children are violated if these children are forced to leave school?**
- **What should be our position on Violation of Rights of children having active TB?**
- **What kind of support can we expect from you and your organization in our advocacy efforts?**

Tool 10.1

Tips to follow in Steps in Advocacy

Tip 1: Questions for gathering information

- **What is the opinion of the following on the issue –**
 - **Child Rights activists / organisations**
 - **Doctors treating Pediatric TB**
 - **Parents whose children are cured from Pediatric TB**
 - **Any other**
- **The reason behind some people opposing the issue**
- **If changes need to happen –will it need any resources financial/ non-financial**
- **If the change happens what will be the impact on the following**
 - **Children infected by TB**
 - **Children who have risk of being infected**
 - **Children who do not have any infection**

Tip 1: Questions for gathering information

- **Are there any barriers in addressing this issue?**
- **What could be the way to overcome the barriers?**
- **What were the past efforts made to address the issue?**
- **What were the results?**
- **Why?**

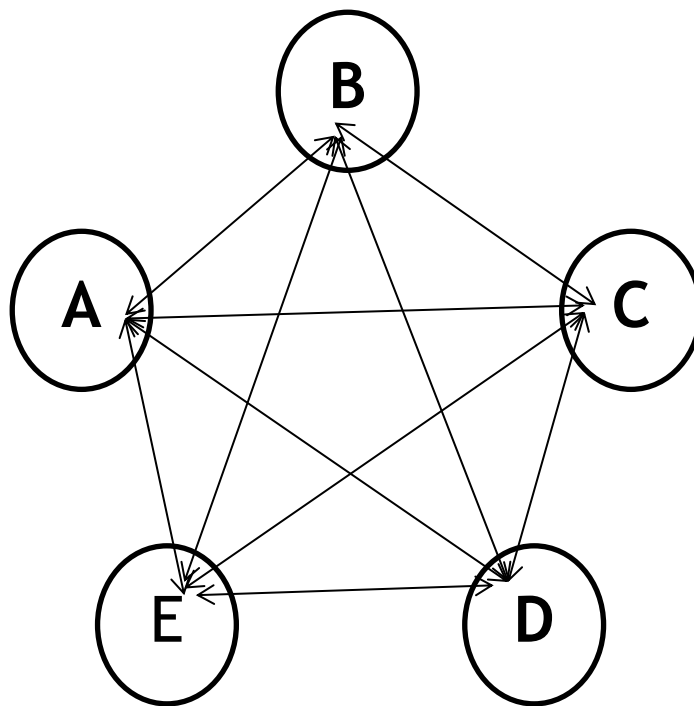
Tip 1: Identifying allies

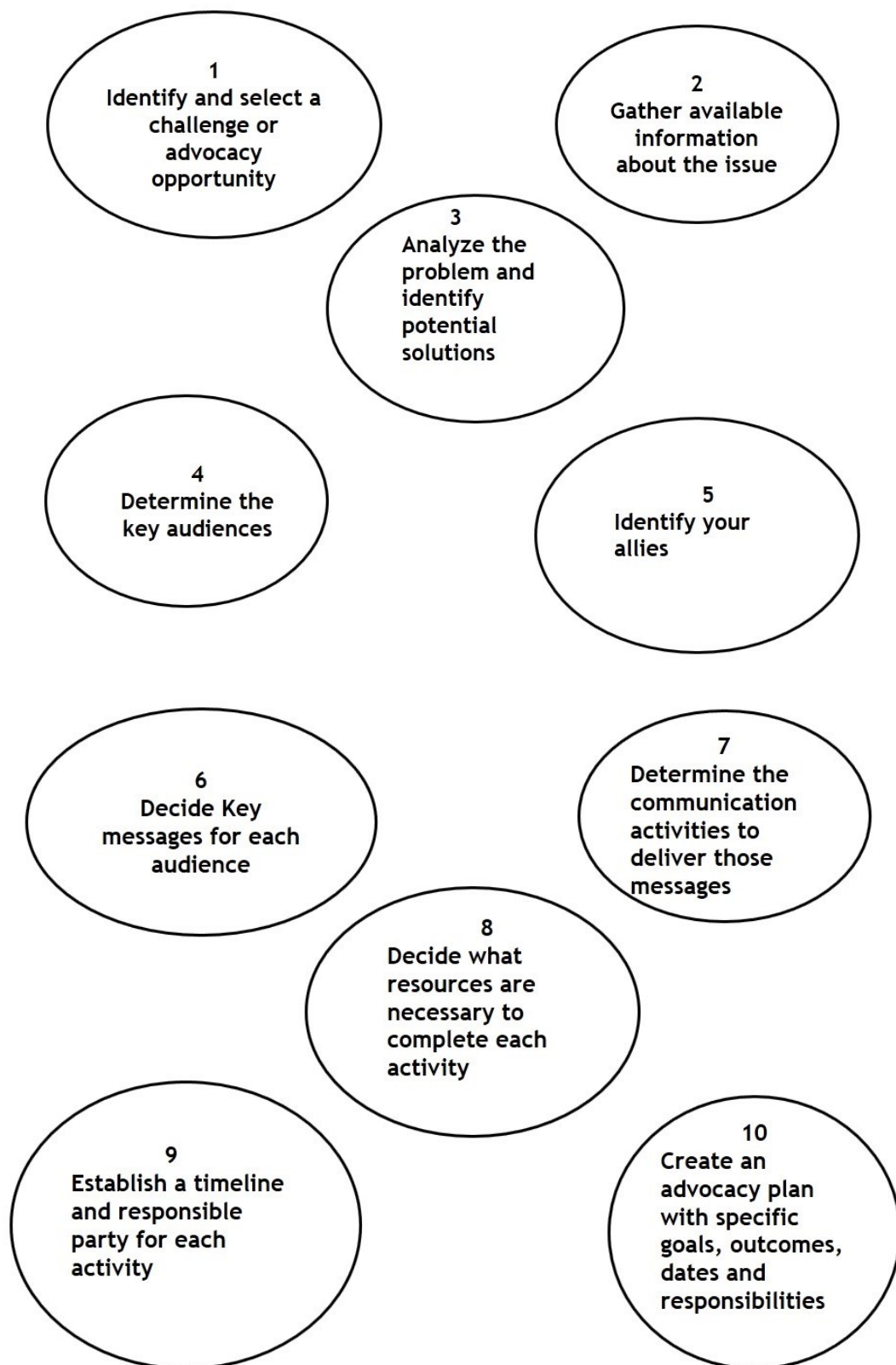
- **Organizations / people who are working on the same/ similar issue**
- **Organizations /People who are influential and can be convinced to work with you as an ally (They do not have opposite point of view)**
- **Organizations /People who would be benefited by your advocacy.**

Tip 2: Identifying allies

- Organizations and activists working on the issue of Child Rights such as UNICEF, CRY, NGOs etc.
- School teachers / board members who are sensitive towards child rights
- Police personnel
- Media people from Newspapers, TV channels and social media etc.
- Parents of children whose Rights were violated
- Organizations and activists working on the issue of TB in general
- Influential people who have recovered from TB

Tip 3: Building Networks





Picture card 1: Divided into two parts

Part 1: A 10-12 year old child is doing his homework. Very near to him is a bed on which an adult is sitting. The adult is coughing profusely. Tablets are kept on the table. Used tissue papers are lying near the bed.

Part 2 – The same child is seen sleeping. A big question mark is seen near the child.

Picture card 2: Divided into two parts (Picture can be taken from the previous flashcards)

Part 1: A child is with his mother at the testing center. Mother has the test report in her hand which says positive.

Part 2: The same child is coming back from the testing center. A big question mark is seen near the child.

Picture card 3:

A group of children with bacteria surrounding them



Around them at a distance in the following pictures are seen (refer the position of Rangoli dots)

1. Father and mother
2. Community members
3. School and Teachers entering the premises
4. Health centre with doctor / District Health Office (DHO) with an officer sitting inside
5. NGO activists
6. Vidhan Soudha written below Health Minister's office

Picture card 4:

A child with bacteria surrounding him/her is sitting alone on a bench. He is wearing a mask.

On the adjacent bench 3 children are sitting in cramped position and they are inclined away from the infected child. Disgust is seen in their eyes.

Picture card 5: (Divided into two parts)

First Part: Two to three children are standing in one part discussing with one another. One of them is pointing at the pictures in the second part. There is a big question mark above their head.

Second part: stamps one below the other

1. Testing lab with dream balloon with wads of money
2. Same picture of stigma above
3. Child with bacteria at a PHC – No child friendly dosage written below
4. A child with bacteria is eating food...with very little food in his plate (written below is low nutrition)
5. A mother is waiting in a health centre with child. Doctor says dosage is not available.

Answer Key

- Picture card 1 – Testing Required
- Picture card 2 – Treatment should start
- Picture card 3 – Stakeholders
- Picture card 4 – Stigma
- Picture card 5 – Identifying issue for advocacy