# Framework for the Empowerment of Women and Girls in TB REACH Grants

In the framework of the sustainable development goals (SDGs), eliminating TB means tackling the root causes of poverty, and the causes of stigma and marginalization which include, among others, elimination of gender inequality and discrimination. TB programs can effectively contribute to the positive shift towards gender equality and health equity by:

1. **Understanding** how gender affects the TB response and how the epidemic affects gender issues in affected communities;
2. **Designing** responsive interventions to address identified gaps; and
3. **Promoting** gender equity through TB programs that empower women and girls.

1 Looking at data and evidence

2 Formulating gender responsive interventions

3 Promoting gender equality through empowerment of women and girls
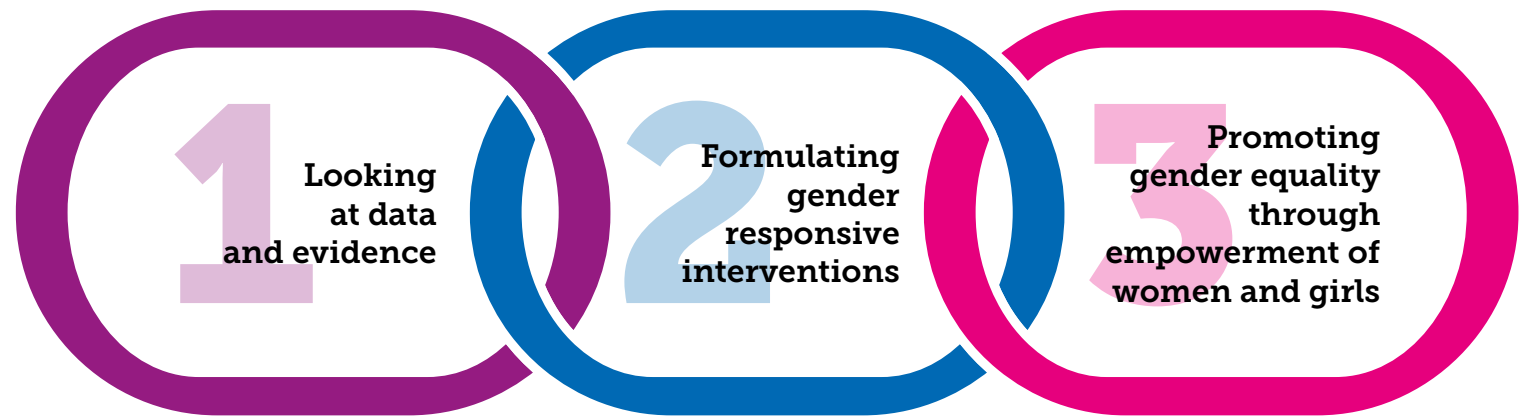
NOTE: While this framework introduces a step-wise approach to incorporating empowerment into TB programming, for TB REACH Wave 7, only applications that combine data or gender responsive interventions with empowerment, will be considered.

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What needs to be done

Data:
Understanding how gender affects TB and how TB affects gender issues.

- Expand research to address knowledge gaps on gender specific barriers and challenges to diagnosis, access to treatment and adherence to TB treatment for women, men, and LGBTI people, including particularly vulnerable and marginalized populations

- Strengthen gender specific data collection in TB programs such that gender disaggregated data is routinely collected, analyzed and reported on to inform programming.

- Strengthen gender sensitive monitoring and evaluation of TB programs

Gender responsive interventions:
Designing responsive interventions to address identified gaps.

- Ensure the availability of tools such as gender assessments and gender specific treatment protocols to guide work on gender in TB responses.

- Improve attention to gender throughout the TB care cascade including improving case detection and maximizing entry points to TB care for women and children through a wider range of health service points such as HIV, reproductive health, maternal, neonatal and child health programs

- Build or strengthen the capacity of the broadest range of health care workers, including community health workers, to deliver gender sensitive services.

Promoting gender equality through TB programs that empower women and girls.

- Address gender equality more broadly – gender equality as critical for achieving SDGs, ending poverty and achieving UHC

- Support women's organizations that are working in communities on broader gender issues that affect TB

- Ensure involvement of women in all levels of decision making and participation of women in leadership roles in TB programmes

Possible interventions*

* This list is simply for idea generation, and is not prescriptive or exhaustive. TB REACH welcomes all types of proposals that lead to the empowerment of women and girls

- **Proposals that advance improvements in the TB care cascade** AND
  - » promote empowerment of women at community level to facilitate rapid case finding approaches, such as engagement of women in TB health work, education of women in order to perform healthcare tasks and open educational and career opportunities for women;
  - » engage women in proactive mobilization of their communities, including their partners and their children, for screening
  - » increase case-finding and treatment adherence support through engaging women as peer educators, organizers of support groups, and as community partners;
  - » build capacity to enable women to play an active role in formal health decision making spaces in their locales. Including for example policy literacy, advocacy capacity, and creating opportunities for women to monitor the availability and quality of TB services in their communities.
- **Proposals that focus on TB, have impact on women's empowerment** AND
  - » integrate a research components to better understand the effects of TB on women, including particularly vulnerable or marginalized women;
  - » incorporate operational research to assess what are the most impactful points where TB care (in facilities or at community level) can be integrated in order to address the specific barriers experienced by different genders;
  - » integrate TB with other health services for women that can increase case finding and treatment adherence e.g family planning, maternal and child health, HIV in areas of high prevalence; and additionally, evaluate the most impactful points of care
  - » find the most effective ways to improve health-seeking behavior related to TB among women, men and LGBTI individuals and that demonstrate how these can be integrated with broader health promotion efforts in communities;
  - » improve case finding among women in areas where the TB burden is skewed or in particular groups of women, such as indigenous and other marginalized women (women who use drugs, mobile populations and refugee women, women in professions with increased risk of TB etc.).

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What resources to use

1. Stop TB gender assessment tool
2. Addressing gender inequalities and strengthening responses for women and girls, Global Fund Information Note
3. Tuberculosis, Gender and Human Rights technical brief, Global Fund
4. Gender and TB Discussion Paper, UNDP
5. Tools for assessing gender in health policy and programs, Health Policy Project
6. Why gender matters to achieving all 17 SDGs
7. Data Driving Change: Introducing the EM2030 SDG Gender Index
8. What works for women and girls: evidence for HIV/AIDS interventions
9. Why it must be a feminist global health agenda

How to evaluate the impact of interventions

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Impact on data

The following data disaggregated by gender from the national TB program (or different surveys and project data) should be provided both for the national level as well as the region in which the work is taking place, if available.

1. Prevalence
2. Drug resistance
3. Notifications

Treatment outcomes *TB Care cascade*

4. Time to diagnosis women vs. men
5. Pre treatment loss to follow up women vs. men

Barriers

Patient cost surveys

Data could also include persons who are not gender binary (in India the TB program is tracking notifications and treatment outcomes among persons of the third gender)

Programmatic impact

Is the organization collecting gender-disaggregated data at all steps of the cascade?

1. Number of people receiving services, disaggregated by gender and adult/children (indicate N/A if the project does not deliver services in this area)
   a. Reached through outreach efforts
      i. Facility based
      ii. Community based
   b. Screened for TB
   c. Investigated for TB disease
      i. Clinical
      ii. X-ray
      iii. Bacteriological
   d. Diagnosed with TB
      i. Pulmonary
      ii. Extra-pulmonary (specify sites in notes)
      iii. DR TB
   e. Initiated on TB treatment
   f. Completed treatment
   g. Cured
   h. Receiving prevention interventions
      i. BCG vaccine (children only)
      ii. IPT for HIV+
      iii. IPT for contacts
   i. Received patient support (specify – this could include DOTS, support groups, nutrition etc)

Organizational impact

1. Does the organization have a gender policy? (Y/N) – if yes, provide
2. Number of staff by gender at each of the following levels:
   a. Organizational leadership
   b. Project management (for TB Reach specifically)
   c. Facility service delivery
   d. Community engagement
3. Number of staff who have undergone gender sensitization training (include details on training)
   a. Organizational leadership
   b. Project management (TB Reach Project)
   c. Community engagement
4. Does the organization conduct quarterly review to ensure gender equality in compensation? (Y/N)
5. Has the organizavtion done any gender sensitivity/training with other partners involved in the project? (Y/N)
6. Has the organizavtion conducted, or been involved in, analysis on TB and gender in the community? (Y/N)

How to evaluate the impact of interventions

Programmatic impact

2. Has the organization conducted regular analysis to better understand any gender gaps identified? (if yes, provide additional details)
3. Has the organization incorporated any insights from this analysis into their program design (re-sponsiveness)? (if yes, provide additional details)
4. Is the outreach material gender-sensitive? (include visual representation of all genders, and address any gender barriers identified)

Societal impact

1. Is the organization partnering with women's rights organizations and those working with men, LGBTI individuals and others that prioritize gender equality and health equity for all?

2. How many women received leadership opportunities through your TB program?

3. How many young girls were empowered in accessing education or coaching opportunities through your TB?

4. How did your program foster creation or initiation of women-run community organizations?

5. How has your program improved the standing of women in the community?

6. How has your program provided more economic opportunities for women?

7. Has your program influenced any policy change in relationship to women's rights at district or national level?

8. Has your program encouraged more women to obtain health and/or other social services?

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