

TB REACH Wave 6

TB REACH Gender Equality Strategy

TB is one of the top five killers among women aged 20-59 years – affecting females of reproductive age and during their economically most productive years. In 2016 globally 3.7 million women were estimated to have fallen ill with TB.¹ Because women account for the majority of the world’s poor, the burden of TB among women is especially present in developing countries.² In these settings, TB remains the third leading cause of death among women of reproductive age (15–44 years).³

The gender dynamics of TB care, however, are not uniform. Almost three-quarters of women with TB live in Africa and South/South-East Asia. These regions are also known for the presence of different risk factors known for TB, including HIV/AIDS but also diabetes and malnutrition. In sub-Saharan Africa, the HIV epidemic is the number one driver of the TB epidemic, and the prevalence of HIV/AIDS among young women is more than twice that of young men. This gender imbalance in HIV infections has resulted in the feminization of the TB epidemic in the region, compared with other parts of the world. TB is the greatest cause of deaths among PLHIV globally and caused an estimated 140,000 deaths of women living with HIV in 2015.⁴ As more HIV-positive women are notified with TB, maternal tuberculosis also increases the risk of vertical transmission of HIV.⁵ TB can also have especially severe health consequences for pregnant women, with high prevalence in the African and the South East Asian regions. Diagnosis and treatment in this population is particularly important as the clinical manifestations of TB among pregnant women are often masked and can lead to poor and even lethal obstetric and perinatal outcomes.⁷

A more nuanced view on the burden of TB and coverage of treatment among men and women can be obtained through most recent modern TB prevalence surveys. Respective results have consistently shown that two thirds of TB occurs in men, indicating that males are more frequently exposed to TB bacteria and/or they have biological risk factors for developing TB disease after becoming infected. When TB prevalence survey results are compared against the number of people treated for TB (a marker of treatment coverage), it is clear that in most settings, women have a higher chance of being diagnosed with TB and started on treatment.

¹ World Health Organization. Global TB Report 2017; Geneva: WHO; available at: http://www.who.int/tb/publications/global_report/en/; accessed: 13.11. 2017

² United Nations, 2015. The World's Women 2015: Trends and Statistics. New York: United Nations, Department of Economic and Social Affairs, Statistics Division. Sales No. E.15.XVII.8; available at: https://unstats.un.org/unsd/gender/downloads/WorldsWomen2015_report.pdf; accessed: 09.10.2017

³ The Global Coalition on Women and AIDS. 2010. “Tackling TB and HIV in Women: An Urgent Agenda”; available at: <http://www.mchip.net/sites/default/files/Tackling-TB-and-HIV-in-Women.pdf>; accessed: 09.10.2017

⁴ World Health Organization. 2016. Tuberculosis in Women. Factsheet. Geneva: WHO; available at: http://www.who.int/tb/challenges/hiv/tb_women_factsheet.pdf?ua=1, accessed: 09.10.2017

⁵ Getahun H, Sculier D, Sismanidis C, Grzemska M, Raviglione M. Prevention, Diagnosis, and Treatment of Tuberculosis in Children and Mothers: Evidence for Action for Maternal, Neonatal, and Child Health Services. *J Infect Dis.* 2012 May 15;205(suppl 2):S216–27.

⁶ World Health Organization, Global tuberculosis control: surveillance, planning, financing, 2011 Geneva, Switzerland WHO

⁷ Olabisi M. Loto and Ibraheem Awowole, “Tuberculosis in Pregnancy: A Review,” *Journal of Pregnancy*, vol. 2012, Article ID 379271, 7 pages, 2012. doi:10.1155/2012/379271

Evidence, however, exists that men and women respond differently to illness and face different barriers when accessing TB diagnostic and treatment services.⁸ Gender barriers to accessing TB health services are of physical character (e.g. distance to TB services and access to transport), financial nature (e.g. the direct and indirect costs of seeking TB services), or sociocultural factors (e.g. gender roles or family status). Other critical gender barriers include stigma (surrounding TB), health literacy (knowledge and education of TB). All of these barriers often lead to longer delays for women to present at TB health services for diagnosis, treatment and care. Even when women are able to reach health facilities, studies have shown that the lack of gender-sensitive screening and diagnostic approaches can result in their disease not being detected. Furthermore, women are more frequently diagnosed with extra pulmonary TB than men, which requires enhanced diagnostics to detect and more intensive treatment follow-up. The equipment and health staff needed to make such diagnoses and provide care is often lacking in low-income and rural settings. While various gender barriers to TB health services exist, they manifest themselves differently in the diverse local settings, both at individual level and at provider level. Local solutions to gender barriers are thus required and TB REACH projects have the unique capacity to test out adequate gender-sensitive solutions.

By fostering equality, projects implemented by TB REACH can also empower women and girls to achieve their potential, become agents of positive change and improve their own lives and the wellbeing of their families, communities and countries.⁹ Women and girls can be empowered (i.e. in taking on visible and impactful roles in leadership, advocacy, as decision-makers or innovators) to serve as catalysts for improving accessibility, affordability and acceptability of TB services and thus improved TB case detection and generate better health outcomes. Additionally, by considering gender TB REACH projects have the capacity to initiate powerful discussions within organizations, in the community, and at the health facility level that can further lead to shifts in perceptions and changes in policy.

While the importance of addressing women and TB is being acknowledged by the international community, few models (and best practices) or funding schemes are available that support TB health service delivery interventions targeted at women or that meaningfully engage women. TB REACH investments provide a promising platform for funding interventions that help identify bottlenecks and opportunities so as to ensure that TB health services are more accessible, affordable and acceptable for females. More specifically, TB REACH investment can address challenges, such as the following:

- Gender-specific barriers which influence access to TB screening and diagnostic services
- Diagnostic tests which have poor sensitivity in pauci-bacillary specimens, which are more likely to be submitted by women
- Lack of gender parity among providers of care
- Gender-specific barriers which influence treatment non-adherence and improved treatment outcomes
- Promotion of processes in TB health service delivery that can empower women and girls
- Capacity building within implementing organizations to identify gender gaps

TB REACH has been funding a number of projects with interventions that focused on women and girls' roles as agents of change as well as ensuring equal access for all to TB diagnosis and treatment.

⁸ <http://www.sciencedirect.com/science/article/pii/S0962847996901100?via%3Dihub>; accessed: 3.3.2017

⁹ Canada's Feminist International Assistance Policy, 2017

Examples of such programming from TB REACH funding Waves 1-5:

- In Ethiopia, female health extension workers provided basic health services to their communities, doing routine house-to-house visits and carrying out systematic verbal screening activities. Together with an effectively established sputum transport network case detection and better treatment outcomes improved in rural communities, especially among women and children. This project, along with targeting women, also establishes the role of women as agents of change,
- In Swaziland and Nigeria, several projects intensified case finding strategies among women in settings where women present to health services that are disproportionately affected by the TB and HIV epidemics, including in ANC and PMTCT clinics.
- In Afghanistan, an ongoing project is seeking to enhance women's and girls' access to TB services through empowering and engaging school girls and mobile TB services. In addition, intensified TB care services for women and girls are implemented through newly build partnerships with health facilities that are frequented by women.
- In India an ongoing project is scaling up several proven gender-sensitive strategies among the extremely poor in rural areas where women face additional health challenges. Female community health workers are specifically targeting the female population to achieve increased TB case notification, better adherence to treatment and rebuild trust in the public health system.
- In South Africa, an ongoing project is targeting pregnant women during their antenatal, intra-partum and post-natal periods and their children through leveraging existing community-based ANC and PMTCT structures. The project also seeks to improve contact tracing and reverse contact tracing in children and provide these with preventive therapy for TB where TB disease is ruled out.

Women and girls as agents of change in their families and their communities: Making health systems and health programs more effective

While TB REACH encourages applicants to address any gender barriers to improve TB health service delivery for women, children and/or men, applications should also actively facilitate empowerment of women and girls as a catalyzer for attaining better health outcomes.

Community healthcare and outreach will be a critical solution to address finding the missing people with TB. Utilizing community health workers (most of whom are women), enables women to attain the role of decision-makers who take important decisions not only for themselves but also for the entire community.

Examples of such programming from TB REACH funding Waves 1-5:

- In Ethiopia, an ongoing project is seeking to expand its successful engagement of all female Health Extension Workers to conduct community case finding in rural areas by establishing a sample transportation network to expand access to next-generation molecular diagnostics in Ethiopia.
- In Afghanistan, cadre of female health promoters is to set up house to house screening for TB and to facilitate referrals to health facilities in Afghanistan.
- In Indonesia, female health promoters are currently employed to raise awareness about TB and facilitate lineage of people with suspected TB to TB testing, initiation of TB treatment and provision of follow-up care in remote island communities .In Sudan, a snowball sampling mode was used

where diagnosed female TB patients were incentivized to recruit future TB cases among their women’s social network. This approach resulted in increased TB case notification among the targeted female population and helped sensitize the wider population on the importance of tackling stigma and gender-related discrimination.

TB REACH’s Gender Equality Strategy builds on the lessons learned and best practices from such previously funded projects, positing that the differences of how TB affects women and girls in various settings and regions need to be considered and local solutions to address barriers that women and girls face in accessing TB case detection and treatment is key to improving the health and lives of women and girls.

TB REACH’s Gender Equality Strategy can be consulted in the Annex sections D-F of TB REACH’s Project Implementation Plan, and are informed by key components as discussed herewith below.

1.1.1 Gender-and age disaggregated data

All funded TB REACH projects are required to disaggregate per age and sex for selected indicators (e.g. reporting on TB case notifications). Depending on the nature and approach of the project, grantees may be able to collect even more gender statistics wherever feasible.

Gender-and age-disaggregated data collection of each project will always also have been informed by a gender-based analysis which each TB REACH applicant is required to realize before submission of the application. The analysis helps identify if there is a gender-differentiated impact on the TB burden in the applicant’s evaluation area and/or country, and if respective data is available in gender- and age-disaggregated form.

Prior to implementation of project interventions, each TB REACH grantee then collects baseline data prior to implementation of project interventions, disaggregated by sex and age. Gender-and age-sensitive process indicators are also established where projects target specific groups of women (or men). These process indicators are not only disaggregated by sex and age but also provide a reference to compare to currently existing equality standards in the evaluation area of respective TB REACH projects.

TB REACH grantees are encouraged to practice data collection methods in such way that it facilitates participation of both women and men. Efforts should always be made to collect information from both women and men in a culturally appropriate manner. Data collectors of TB REACH funded projects are encouraged to partake in gender-sensitive trainings (i.e. the UN Women “I know gender course”).

TB REACH grantees are required to quarterly report ongoing results, wherever possible, in an age- and sex-disaggregated manner. Gender-sensitive reporting, however, does not only include data regarding TB case notifications or on each grantee’s process indicators, but also addresses gender (effects) in regards to successes or limits in regards to TB control in the project’s evaluation area and target population(s).

1.1.2 Gender assessment in the application process

TB REACH requires all its applicants to conduct a gender equality analysis (see Annex A). Its purpose is to reveal the gaps, challenges and opportunities pertaining to gender equality related issues as they are relevant to be addressed in each TB REACH proposal. As main component of the gender-based analysis, each applicant is required to identify gender-specific characteristics that influence TB health services and the TB burden in the proposed evaluation area, target population, interventions, targets and data collection. The gender-based analysis helps each applicant to obtain a clear idea about the impact (and scope) the proposed project interventions will have on women, men and/or children. This understanding is further critical to identify and adjust activities such that they have potential to optimally and address and tackle gender issues for improved access, availability, affordability and acceptability and thus ultimately quality of TB health services. The gender-based analysis is, moreover, important to identify if there is a gender-differentiated impact on the TB burden in the project's evaluation area and/or country, and if respective data is available in gender-disaggregated form. Besides the guidance provided to applicants on conducting a gender-based analysis, the TB REACH Secretariat will also make available a checklist for mainstreaming gender into each proposal (Annex B). The checklist will help applicants ensure that all key components for mainstreaming gender into their project will have been duly considered at the time of submission. Once filled out and submitted together with the proposal, it also provides a means for the TB REACH Secretariat to assess if and how gender has been mainstreamed into a proposal.

In addition, applicants are provided with a checklist for mainstreaming gender into their proposals. Each applicant is required to submit this checklist together with the final proposal and supporting documents.

Finally, the gender-based analysis conducted for all TB REACH applications also helps to eventually inform the Gender Equality Action Plan (GAP) (Annex C) once an application gets approved for TB REACH funding. Each grantee is required to filter out all gender elements from the project documentation and planning documents. The Plan ensures that TB REACH grantees have a rigorous follow up mechanism in place so as to ensure that all gender equality aspects are duly considered and documented throughout a project's implementation cycle.

The gender-based analysis forms part of your application to TB REACH and will be reviewed and assessed during the selection process by the TB REACH Secretariat, M&E and financial reviewers and the Proposal Review Committee.

1.1.3 Gender disaggregated targets in the Performance Management Framework

The significantly increased gender-sensitive approach in TB REACH's second five-year funding cycle is built into the Performance Management Framework (PMF), which was jointly agreed between the TB REACH initiative and Global Affairs Canada (which can be consulted in the Annex section B of TB REACH's Project Implementation Plan. Specific targets include, for example for intermediate outcome 1100 that out of the targeted 20% increased case notifications (from baseline), 40% of these notifications will be for females. With further regards to immediate outcome 1110 a target has been set that out of 100,000 people reached with new product innovations, 40% of these are projected to be females. More generally, women's TB-relevant needs and their opportunity to benefit from TB REACH supported innovations for improved TB health service delivery is systematically built into all expected outcomes and outputs.

1.1.4 Provision of reference material

TB REACH is making available reference material to support its applicants during the proposal development stage as well as during project implementation as TB REACH grantees. The support material specifically developed by the TB REACH Secretariat includes an information note to teach applicants about the purpose and elements to conduct a gender-based analysis. In addition, the application support material made available for applicants will include a concept note on gender. This document will guide applicants in obtaining a sound understanding on what TB REACH considers as innovative gender-sensitive proposals. The document will further include a list of selected examples on the variety of types of innovative gender-sensitive approaches for improved TB health service delivery, intended purposes, potential types of project partners as well as example questions proposed projects may address. A list of publications on TB and gender will additionally be included in the application material. The recently published TB/HIV Gender Assessment tool of Stop TB can use to strengthen gender-sensitive interventions.

All applicants will be strongly encouraged to participate in the online UN course “[I know gender](#)”. Throughout the application process, applicants can contact the gender equality focal point at the TB REACH Secretariat for further guidance, and TB REACH’s gender quality focal point will ensure that applicants optimally mainstream gender into their proposals. The TB REACH Secretariat will also seek guidance from the UNOPS gender team, whenever needed.

Once projects are approved, TB REACH grantees can further benefit from advice and information that can be made available by the Community, Rights and Gender unit at Stop TB Partnership.

1.1.5 Appointment of a gender equality focal point

TB REACH has appointed a gender equality focal point to ensure that gender sensitive approaches are incorporated into all aspects of its programmatic and project design, planning, implementation and monitoring of the TB REACH initiative and TB REACH funded projects. The approach is informed by the principles and guidelines as set out in the GAC Policy on Gender Equality.

The gender equality focal point will be responsible for ensuring that:

- gender sensitivity is fully reflected throughout all grant management processes and implementation of TB REACH funded projects
- applicants conduct a gender-based analysis for their proposal and before submission
- grantees establish a gender equality action plan before implementation of their TB REACH interventions, and thereafter follow the plan during their project life-cycle
 - data on progress and results based reporting fully reflect the gender equality dimensions of the TB REACH initiative
 - results of TB REACH gender-focused interventions are widely disseminated and technically and strategically supported for scale-up upon impact
 - on an ongoing basis, the broad application of gender-sensitive approaches within TB

REACH's full range of operations

- baseline data collection is carried out on a gender disaggregated basis
- ongoing results related data collection and data analysis of projects are carried out on a gender disaggregated basis
- gender equality dimensions of the TB REACH initiative and TB REACH funded projects and related activities and results are properly and fully reflected in regular project reporting.

More specific responsibilities include:

- develop and provide information and guidance materials to expose all applicants, grantees and partners of TB REACH to the importance and relevance of gender sensitive approaches in TB health service delivery
- ensure capacity building opportunities for TB REACH beneficiaries include gender-sensitive components
- ensure special consideration of gender elements is paid through fully participatory processes involving male and female stakeholders for project development as well as part of the PRC and PSG composition.
- ensure all results statements for the TB REACH initiative and projects are gender sensitive.