

GENDER-SENSITIVE ALGORITHM

of motivational counseling of persons with regard to tuberculosis

for health professionals providing primary, secondary,
tertiary highly specialized care

Health service recipients may face individual, societal, and systemic barriers on the way from illness to recovery from tuberculosis and even after the recovery. Each of them, or a combination of them, can be an obstacle for:

- 1) recognition of the presence of symptoms of tuberculosis and the need to seek medical attention;
- 2) contacting a health care institution to diagnose the disease and undergo a complete examination sequence, obtain a medical opinion;
- 3) beginning of TB treatment;
- 4) continuation and completion of TB treatment;
- 5) re-socialization and social re-integration after recovery.

Healthcare professionals who provide care at the level of primary, secondary, secondary specialized, tertiary highly specialized medical care can facilitate the effective passing of diagnosis and treatment stages of people with tuberculosis through motivational counseling.

Motivational counseling is a planned and conscious way of communication between a healthcare professional and a health service recipient, which reduces resistance and encourages the health service recipient to change their behavior regarding the stages of diagnosis and treatment of tuberculosis.

Motivational counseling principles:

- Unconditional acceptance of the health service recipient and their current attitudes / beliefs
- Establishing feedback with the health service recipient, which will help mutual understanding
- Assistance in the analysis of alternative solutions without moralizing and imposing one's own positions
- Encouraging the health service recipient to think and reflect
- Respect for the health service recipient's right to choose

Counseling Stages

Stage	Goal of the stage	Task	Necessary skills	Desired result
1. Initial	emotional, psychological support of the health service recipient	<ul style="list-style-type: none"> - create a trusting, partnership atmosphere of communication; - emphasize the importance of this meeting, thank for the visit as was agreed; - focus on the health service recipient; - explain the possibility of maintaining confidentiality; - be interested in life events. 	Listening skills ¹ , self-reveal, non-discrimination, verbal skills ² , gender competency ³	Health service recipient is open for interaction

¹ *passive listening, positive encouragement, repetition, paraphrasing, clarification, reflection of feelings, summarizing*

² *invite, greet, offer to sit comfortably, put aside all papers, telephones and other things, make sure that communication is not interrupted by accidental interventions, provide a comfortable space for communication (warm, airy, cozy, quiet)*

³ *ability to notice situations of gender inequality; to avoid and resist sexist, discriminatory actions and influences; not to create situations of gender inequality themselves*

Stage	Goal of the stage	Task	Necessary skills	Desired result
2. Crisis	helping the health service recipient to overcome stress / critical situation, acute experience	<ul style="list-style-type: none"> - determine at what stage of behavior change⁴ the health service recipient is (precontemplation, contemplation, preparation, action, support); - describe the psychological state of the health service recipient (refusal to communicate due to depression or apathy, aggression, dissatisfaction with life, self-stigmatization, etc.); - identify the problem of the health service recipient (including violation of rights or discrimination) in specific terms; - provide further counseling taking into account the stage of the process of behavior change; - refer the health service recipient to the specialist (if necessary) 	<p>Listening, research⁵, action skills. Emotional support, gender competence, non-discrimination. Understanding nonverbal messages.</p> <p>Appropriate referral. Available lists and contact details of specialists of services, institutions that will provide assistance in a critical situation (psychologist, crisis center, medical staff)</p>	A specific problem of the health service recipient has been identified, which has been solved or effective referral has been carried out

⁴ *Stages of behavior change: 1. **Stage of precontemplation:** a person does not recognize the problem with their behavior and, therefore, does not want to change it in the near future. They are “closed”, unmotivated, and usually avoids information, discussion, or thoughts about purposeful health behaviors. At this stage, people do not usually visit medical facilities, unless they are forced to do so (for example, by law enforcement bodies or relatives). The following statements are typical for this stage: “I have no problems”, “Why change something?” 2. **Stage of contemplation:** a person realizes that a problem exists, and seriously considers changes in their behavior, but does not yet seek to make any changes or take the necessary action. A person may be stuck for a long time at this stage because they know about the benefits of behavior change, but lack the motivation or self-efficacy to make those changes. The following statements are typical for this stage: “I want to change my behavior, but I’m not ready to do it.” 3. **Stage of determination:** the stage combines the intention to change behavior with the first steps towards this goal (person adheres to a new type of behavior for no more than 1 month). Attempts to change behavior are usually sporadic and inconsistent, and therefore do not proceed to the stage of action. For example, a person may say, “I’m taking medication, but sometimes I miss some medications when I’m nauseous.” 4. **Stage of action:** a person takes actions to change their behavior, experience and their environment to overcome behavioral risks. At this stage, there are obvious changes that require a lot of time and energy to achieve a certain goal, such as the systematic use of medication. The person has already managed to change their behavior at this stage, and adhere to the new type of behavior for at least 6 months. The following statements are typical for this stage: “I make a lot of effort to change” and “Many can only talk about change, but I really change.” 5. **Stage of support:** the person, as a rule, supports advantages of the reached changes in the behavior and tries to prevent relapse. This stage does not mean any action, but is a continuation of the previous one. Therefore, at this stage, participants have the highest level of self-efficacy. In the case of chronic behavioral problems, this stage can last from 6 months to an indefinite period of time after the first action aimed at changing behavior. The following statements are typical for this stage: “I may need some support to consolidate the changes already achieved.”*

⁵ *Interviews (open, closed, direct indirect questions), feedback, self-disclosure, interpretation, confrontation.*

Stage	Goal of the stage	Task	Necessary skills	Desired result
3. Information	Provide the necessary information about diseases and medical services related to the diagnosis and treatment of TB, using, in particular, digital platforms and apps ⁶ , and social and psychological support services, which will help in the future when considering the decision to change	<ul style="list-style-type: none"> - providing comprehensive professional information in accordance with the request (pay attention to dispelling myths, side effects of taking anti-TB drugs) - information should be communicated taking into account the perceptions and prejudices of the health service recipient, social, political, professional, religious affiliations; - justification of the provided information; - receiving feedback on the information received; - acceptance of the current beliefs of the health service recipient. 	<p>Research and action skills⁷</p> <p>Understanding nonverbal messages. Knowledge of the professional information, giving examples, demonstration of handouts and information materials</p>	The health service recipient received answers to questions, received information, handouts

⁶ An example is OneImpact mobile app.

⁷ Information, recommendations, directive, goal setting, paradoxical reaction, logical sequence, emphasis. Delivering key information in language and terms that are simple, clear, concise and understandable to the health service recipient, use the rule of three repetitions.

Stage	Goal of the stage	Task	Necessary skills	Desired result
4. Motivation	development of opportunities and capacity of the health service recipient to receive medical services and social and psychological support services, stimulation of positive changes of behavior, self-efficacy ⁸ , support of internal reserves of the health service recipient and encouragement	<ul style="list-style-type: none"> - creating a noticeable contradiction between the current behavior and the desired result, taking into account personal goals, values of the health service recipient; - analysis of possible decision-making options; - informing the health service recipient that they have to make final decision themselves⁹ - explanation of the health service recipient's responsibility for the result; - readiness to re-discuss the positive and negative sides of these solutions; - assistance in developing a plan of action with a focus on self-efficacy; - division of responsibilities¹⁰ 	Listening skills, research, action. Understanding nonverbal messages. Gender competence. Using decision-making tools ¹¹ .	Realistic awareness of problems, finding ways to change, health service recipient's decision-making. Development of a plan of further actions taking into account the life situation of the health service recipient, and subsequently – strict adherence to it.

⁸ a person's belief in the ability to independently manage their life and demonstrate successful behavior in a difficult situation

⁹ Personal choice should be as informed and completely free (from any forms of coercion: physical, psychological, social, etc.). Avoid moralizing, exaggeration, intimidation, gender stereotypes, sexist and discriminatory actions and influences.

¹⁰ division of responsibilities

¹¹ "Descartes Coordinates" Methodology <https://nlp.trenings.ru/blog/13-kak-prinimat-resheniya-dekartovyi-koordinaty>

Stage	Goal of the stage	Task	Necessary skills	Desired result
5. Problem-oriented	restoration of rights, development of opportunities and potential of the health service recipient to receive medical and support services, improvement of problem solving skills of the health service recipient, stimulation of self-efficacy	<ul style="list-style-type: none"> - identification of health service recipient's problems (including gender-sensitive) in specific terms; - focus on the needs and vulnerable situation of the health service recipient; - informing about the list of services and contact details of specialists of relevant institutions; referral; - discussion, informing, encouraging the health service recipient; - analysis of possible solutions to the problem; - planning the gradual achievement of goals with a focus on self-efficacy, division of responsibilities, 	Listening skills, research, action. Understanding nonverbal messages. Gender competence. Possession of information on the list of services and contact details for their obtaining, examples, the ability to delegate.	The health service recipient has a plan and motivation for further action, effective referral (if necessary).
5.1 Gender-sensitive	identifying and overcoming gender-sensitive barriers (legal, physical, economic, informational, socio-cultural) ¹²	<ul style="list-style-type: none"> - explanation of the health service recipient's responsibility for the result; - readiness to re-discuss the pros and cons of these solutions. 		
6. Final	Emotional support of the health service recipient, consolidation of information, readiness of the health service recipient for changes	<ul style="list-style-type: none"> - summarizing the results of counseling; - summary of the decision, - agreement on the next meeting and its importance 	Listening skills	Health service recipient is motivated for further cooperation

¹² E.g. women living in rural areas may encounter physical (lack of transport connection), economic (lack of funds to pay for travelling to a healthcare facility) barriers. In turn, LGBTQI (lesbian, gay, bisexual, transgender, queer- and intersexual people) may encounter sociocultural barriers (bias of health workers), and homeless men, in addition to economic barriers, face informational ones (lack of sufficient information and difficulty comprehending it). These examples are not exhaustive.

Contents of Motivational Counseling of Persons about Tuberculosis at the Stages “Progress from Cough to Recovery”

A stage «From cough to recovery»	Tasks of the motivational counseling on the respective stage
<p>Determine the symptoms of the disease and the need to seek medical help</p>	<ul style="list-style-type: none"> - create a trusting, partnership mood of communication; - identify the psychological characteristics that determine to which extent the health service recipient perceives their health, the presence of health problems and social barriers, willingness to seek medical and other assistance and provide further counseling, taking into account the behavior change process stage; - conduct a screening on whether the health service recipient has symptoms of tuberculosis; - provide comprehensive professional information on the symptoms of the disease, stages and duration of diagnosis, access to the program of state financial guarantees of medical care, list and schedule of work of the HCF, available digital platforms and apps; - identify the needs and barriers to the examination in the HCF (including gender-sensitive); - create a noticeable contradiction between the current behavior and the desired result of the diagnostics in the HCF; - identify the range of support, help to overcome barriers, discuss possible decision-making options with a focus on the consequences of delaying medical treatment; - assist in the development of further action plan to apply to the HCF for an examination with a focus on self-efficacy; - summarize the adopted version of the decision.

A stage «From cough to recovery»	Tasks of the motivational counseling on the respective stage
Apply to a health care facility to diagnose the disease and undergo a complete examination sequence, obtain a medical opinion¹³	<ul style="list-style-type: none"> - create a trusting, partnership mood of communication; - identify the psychological features that determine the extent of readiness of the health service recipient to apply to the HCF for diagnosis of the disease, and provide further counseling, taking into account the behavior change process stages; - provide comprehensive professional information on the stages and duration of the examination, description of diagnostic procedures, access to the program of state financial guarantees of medical care, the list and schedule of work of the HCF, inform about available social services and relevant digital platforms and apps; - identify the needs and barriers to the examination in the HCF (including gender-sensitive); - create a noticeable contradiction between the current behavior and the desired result of the diagnostics in the HCF; - identify the range of support, help to overcome barriers, discuss possible decision-making options with an emphasis on the consequences of delaying medical treatment, provide specialized referral; - assist in the development of further action plan for the examination in the HCF with a focus on self-efficacy; - summarize the adopted version of the decision.

¹³ You should inform the person about their diagnosis at once to give them an opportunity to deal with the stress, and ask whether they need help informing relatives about the diagnosis, provide detailed information about the diagnosis, inform about the need to test close relatives and friends and consequences of delaying the treatment, and about the need to get tested for viral hepatitis. Also, propose counseling and testing for HIV.

A stage «From cough to recovery»	Tasks of the motivational counseling on the respective stage
Start the treatment	<ul style="list-style-type: none"> - create a trusting, partnership mood of communication; - identify the psychological features of the acceptance of diagnosis, the state of their health, understanding the disease and its consequences, the extent of readiness of the health service recipient to start TB treatment, and provide further counseling, taking into account the behavior change process stage; - provide comprehensive professional information on the etiology, pathogenesis, features of the disease, availability of services under the program of state financial guarantees of medical care, treatment options, methods and principles of treatment (medical, surgical, folk remedies, physical activity, diet), side effects of anti-tuberculosis drugs, means of infection control, availability of psycho-social support services, available relevant digital platforms and apps, opportunities for receiving support from health service recipient organizations and communities, employment organization; - identify needs and barriers to starting TB treatment (including gender-sensitive ones) and the need to arrange for treatment of co-morbidities, incl. addictions; - identify the range of support, help to overcome barriers, including reporting these challenges through digital platforms and apps discuss possible decision-making options with an emphasis on the consequences of delaying the start of treatment; - help to develop a plan of further action with an emphasis on a convenient option for the organization of treatment (inpatient, outpatient, VIDEO-DOT, with the involvement of family members, etc.)¹⁴ with a focus on self-efficacy; - summarize the adopted version of the decision.

¹⁴ TB Treatment Barriers in Ukraine. Ya.S. Terleeva, M.I. Goncharova, I.V. Kuzin, Yu.V. Sereda. Tuberculosis, Pulmonary Diseases, HIV, 2020 <http://tubvil.com.ua/article/view/210940>

A stage «From cough to recovery»	Tasks of the motivational counseling on the respective stage
<p>Continue and complete the treatment course</p>	<ul style="list-style-type: none"> - maintain a trusting, partnership mood of communication, appraise the health service recipient for going through a difficult stage of treatment; - identify the psychological features of acceptance of their health condition, understanding of the disease and its consequences, the extent of readiness of the health service recipient to undergo a full course of TB treatment, and provide further counseling, taking into account the behavior change process stage; - provide comprehensive professional information on the peculiarities of the disease, treatment options, methods and principles of treatment (medical, surgical, folk remedies, physical activity, diet), side effects of anti-TB drugs, treatment monitoring, means of infection control, availability of psychosocial support, available relevant digital platforms and apps, opportunities for receiving support from health service recipient organizations and communities, employment organization; - identify the needs and barriers to continuing TB treatment (including gender-sensitive, associated with the identified side effects of anti-TB drugs, emotional exhaustion from the duration of treatment); - identify the range of support, help overcome barriers, discuss possible decision-making options with a focus on continuing TB treatment; - assistance in developing a further action plan with an emphasis on a convenient option for the organization of treatment (inpatient, outpatient, VIDEO-DOT, with the involvement of family members, etc.) with a focus on self-efficacy; - wherever required, refer the health service recipient to social services on social integration and re-integration¹⁵ (when the health service recipient is ready for that, or at the last meeting upon completion of treatment); - summary of the adopted decision.

¹⁵ These include a set of measures to provide help aimed at gradual return of clients to normal autonomous life in the society considering their individual needs. Such activities are to be implemented by entities providing social services for social integration and re-integration (companies, institutions, organizations, facilities regardless of the form of ownership, and sole proprietors eligible to provide social services).

Mechanism of supporting persons with multiple gender discrimination

Integration of the concept of gender equality into the system of TB care ensures its social and gender sensitivity, consideration of the interests and needs of all citizens, especially those from vulnerable populations who feel insecure because of their age, gender, physical condition, ethnic background, sexual orientation, social status, etc.¹⁶:

- People living with HIV
- People with silicosis
- People with immunocompromising diseases
- Jail workers
- LGBT community
- Sex workers
- Miners
- Migrants, refugees, internally displaced people
- Arrested and convicted persons
- People who inject drugs
- People with alcohol dependence
- Smokers who smoke more than 40 cigarettes a day
- Ethnic minorities (Roma population)
- Homeless people
- People with mental disorders
- Low-income residents of urban and rural areas
- People with diabetes
- Children
- Elderly people (60+)
- People whose occupation involves contacts with TB health service recipients (employees of all kinds of social institutions that have frequent contacts with TB health service recipients and conduct respective tests and examinations)
- Health professionals (non-TB)
- Family members of TB health service recipients
- ATO veterans

¹⁶ Report of the project "Tools for assessment of communities, rights and gender aspects in TB context in Ukraine" (data as of October-December 2017) ICF "Alliance for Public Health", 2018.

The **Purpose** of the Algorithm is to identify and assess social, gender, age, ethnic, sexual and other barriers and bias concerning women, men, girls, boys, transgender people, and create equal terms and opportunities for women, men, girls, boys, transgender people in terms of receiving quality-assured TB care.

The **necessity of creation of a gender-sensitive Algorithm** was caused by differences among the needs of men, women, girls, boys from different categories of population due to their life circumstances, stereotypes about certain groups of men, women, girls, boys and transgender people leading to inequality in accessing health/social services.

The **Algorithm provides for services** that:

- target specific genders or groups (such as counseling pregnant women or LGBTQI or sex workers)
- target existing genders and consider gender specifics (convicted men, single mothers with many children, etc.)
- take into account social, gender, age, ethnic, sexual and other aspects
- meet the needs of individual groups of men and women, girls, boys, as well as transgender people
- take into account possible barriers to detect and treat TB, including the aspect of gender

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
The need to perform household care	Bringing of diagnostic and treatment services closer to the health service recipient’s place of residence. Social care services at home, organization of care for pets and household.	HCFs (at the place of service provision) NGOs involved in TB detection and treatment projects Department of Labor and Social Protection Patient organizations and communities Volunteers

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
The need to take care of household members	<p>Bringing of diagnostic and treatment services closer to the health service recipient's place of residence.</p> <p>Access to care and childcare services for children close to family.</p> <p>Assistance in placing children in preschool / school educational institutions.</p> <p>Social care services for household members at home</p>	<p>HCFs (at the place of service provision)</p> <p>NGOs involved in TB diagnosis and treatment projects</p> <p>Department of Labor and Social Protection</p> <p>Department of Education</p> <p>Service for Children's Affairs of the executive body of the oblast state administration / ATC</p> <p>Patient organizations and communities</p> <p>Volunteers</p>
Lack of documents proving citizenship	Obtaining documents confirming citizenship or other status	<p>Center for administrative services</p> <p>Office of the State Migration Service</p> <p>NGOs involved in TB detection and treatment projects</p> <p>Legal Aid Center</p> <p>Center for Homeless Citizens</p> <p>Patient organizations and communities</p>
No access to Internet-based services and mobile telephone connection	<p>Ensuring access to Internet by creating a wireless access point in the locality</p> <p>Paying for mobile telephone services</p>	<p>NGOs involved in implementation of TB case finding and treatment projects</p> <p>ATC Department for Construction and Infrastructure/ Utilities</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Lack of housing	<p>Granting temporary shelter</p> <p>State aid and social benefits.</p> <p>Referral for free legal aid;</p> <p>Choice of people-oriented form of treatment (inpatient, outpatient, resort).</p> <p>Registration and renewal of documents.</p> <p>Assistance in strengthening/restoring family and social ties</p>	<p>Department of Labor and Social Protection</p> <p>Homeless citizens registration center</p> <p>Social service center</p> <p>Children’s Service</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>Department of Housing and Communal Services and Emergencies of ATC</p> <p>District territorial subdivision of the Main Directorate of the National Police</p> <p>NGOs involved in the implementation of projects to protect the rights of health service recipients, work with the homeless people</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Lack of funds for the procurement of medicines and medical and diagnostic procedures	<p>Informing about the services of HCFs within the program of state financial guarantees of medical care.</p> <p>Provision of medicines in accordance with the needs of the health service recipient within the program of state financial guarantees of medical care;</p> <p>Referral to social support programs for low-income persons (NGOs, local programs) to pay for/purchase costly services and medicines.</p>	<p>HCF</p> <p>Oblast State Administration / ATC Health Department</p> <p>Department of Social Protection</p> <p>Territorial center of social services</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>NGOs involved in TB diagnosis and treatment projects</p> <p>Volunteers</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>
Lack of funds for travel to a HCF	<p>Reimbursement of travel expenses within the framework of social support programs for low-income people</p> <p>Providing targeted in-kind and financial assistance</p>	<p>Department of Social Protection</p> <p>Territorial center of social services</p> <p>NGOs involved in TB diagnosis and treatment projects</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Lack of proper nutrition	Provision of food kits within the programs/projects of social support for low-income people Providing targeted in-kind and financial assistance Ensuring proper nutrition in the HCF. Referral to locations where meals provision is organized. State aid and social benefits.	Department of Labor and Social Protection HCFs (at the place of services provision) NGOs involved in TB diagnosis and treatment projects Center for social services for families, children and youth / Center for social services NGOs involved in the implementation of social meals provision projects Center for social services Patient organizations and communities Relevant digital platforms and apps Volunteers Parishes, religious institutions
Lack of season clothes and footwear	Provision of seasonal clothing and footwear Providing targeted in-kind and financial assistance Referral to a clothes bank	Department of Labor and Social Protection NGOs involved in the implementation of projects to help the low-income people Department of social work Social service center Center for social services for families, children and youth / Center for social services Patient organizations and communities Relevant digital platforms and apps Parishes, religious institutions HCFs (at the place of services provision)

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Disruption of family ties	<p>Psychological assistance.</p> <p>Assistance in strengthening/restoring family and socially useful ties</p> <p>Approach of diagnostic and treatment services to the health service recipient's place of residence.</p>	<p>HCFs (at the place of services provision)</p> <p>Social service center</p> <p>NGOs involved in TB diagnosis and treatment projects</p> <p>Department of Labor and Social Protection</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>Parishes, religious institutions</p>
Social deprivation	<p>Access to reintegration and social adaptation programs</p> <p>Assistance in strengthening / restoring family and socially useful ties</p>	<p>Department of Labor and Social Protection</p> <p>Social service center</p> <p>NGOs involved in the implementation of social adaptation projects</p> <p>HCFs</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>Parishes, religious institutions</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Domestic violence	<p>Referrals for legal assistance;</p> <p>Informational and educational work on available medical, psychological and social services on combating violence in accordance with the request, handouts (information and educational materials).</p> <p>Providing targeted in-kind and financial assistance</p> <p>Referral for registration of state aid and social benefits.</p> <p>Provision of temporary shelter.</p> <p>Care and upbringing of children in conditions similar to family.</p> <p>Providing medical and psychological assistance.</p> <p>Assistance in strengthening / restoring family and socially useful ties</p>	<p>HCF (at the place of service provision)</p> <p>NGOs involved in anti-violence projects</p> <p>Patient organizations and communities</p> <p>Department of Labor and Social Protection</p> <p>Social service center</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>Department of Housing and Utility Services and Emergencies</p> <p>Children’s Service</p> <p>Mobile psychological care teams</p> <p>«Polina» service for combating domestic violence of the territorial subdivision of the Main Directorate of the National Police.</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
<p>Low mobility (pregnant women, people with functional disorders, non-standard body size, children, the elderly/senile persons)</p>	<p>Versatility of design of technical equipment of HCFs according to needs of the people experiencing difficulties with independent movement, receiving of services, information, orientation in space (functional beds, wheelchairs, ramps, the elevator, equipped wards, bathrooms).</p> <p>State aid and social benefits</p> <p>Audio comments, font and color of information materials.</p> <p>Provision of social transport and support.</p> <p>Consultations of profile specialists.</p> <p>Provision of means of transportation (wheelchair, crutches, etc.).</p> <p>Provision / referral to care and support services.</p>	<p>Social service center</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>Department of Labor and Social Protection</p> <p>HCF (at the place of provision of services)</p> <p>NGOs involved in TB detection and treatment projects</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>Volunteers</p>
<p>Language barriers</p>	<p>Involving interpreters, sign language interpretation</p>	<p>Volunteers</p> <p>Mediators</p> <p>NGOs involved in the implementation of projects working with national minorities, migrants</p> <p>Patient organizations and communities</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Drug/alcohol dependence	<p>Referral to programs according to the need:</p> <ul style="list-style-type: none"> - rehabilitation; - detoxification; - exchange/issuance of syringes; - rooms for safe use of drugs; - prevention of overdose (naloxone use programs); - opioid substitution therapy and other types of drug treatment; - HIV testing and counseling; - prevention and treatment of sexually transmitted diseases; - condom delivery programs for injecting drug users and their sexual partners; <p>Address information, training and communication for injecting drug users and their sexual partners;</p> <p>Prevention, vaccination, diagnosis and treatment of viral hepatitis;</p> <p>Involvement in self-help groups;</p>	<p>HCF (primary medical care, secondary specialized, tertiary highly specialized medical care, drug dispensaries, OST offices)</p> <p>Self-help groups</p> <p>NGOs involved in the implementation of harm reduction and rehabilitation projects (for PWID, alcoholics)</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>
Lack of trust to the health staff of HCFs	<p>Provision of quality services in the HCFs in accordance with the program of state financial guarantees of medical care.</p> <p>Information and educational activities.</p> <p>People-oriented and gender-sensitive approach in HCFs.</p> <p>Availability of a choice of medical specialists to receive medical services.</p> <p>Improving the skills of medical staff.</p>	<p>HCFs (at the place of service)</p> <p>NGOs involved in TB detection and treatment projects</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Distrust of the health care system	Provision of quality services in the HCFs in accordance with the program of state financial guarantees of medical care. Information and educational activities. People-oriented and gender-sensitive approach in HCFs.	HCFs (at the place of service provision) NGOs involved in TB detection and treatment projects Patient organizations and communities Relevant digital platforms and apps Sector of organizational work of the village council, regional state administration Regional State Administration / ATC Health Department
Low awareness of medical, psychological, social services in the field of TB	Informational and educational work on available medical, psychological and social services in the field of TB in accordance with the request, handouts (information and educational materials)	HCFs (at the place of service provision) Sector of organizational work of the village council, regional state administration NGOs involved in TB detection and treatment projects Health service recipient organizations and communities Relevant digital platforms and apps
Low awareness of the disease (course, side effects of drugs, infection control, etc.)	Information and educational work on TB disease on request, handouts (informational and educational materials)	HCFs (at the place of service provision) Sector of organizational work of the village council, regional state administration NGOs involved in TB detection and treatment projects Relevant digital platforms and apps

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Unavailability of transportation	<p>Bringing diagnostic and treatment services closer to the health service recipient's place of residence.</p> <p>Organization of transportation of the health service recipient to HCFs</p>	<p>Village/city council</p> <p>HCFs (at the place of service provision)</p> <p>NGOs involved in TB detection and treatment projects</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>Volunteers</p>
Inappropriate service in HCFs	Provision of services in the HCF in accordance with customer service standards and gender needs (visiting rooms, ATMs, Internet access, games room, pharmacies, the ability to purchase hygiene products and food, etc.).	<p>HCFs (at the place of service provision)</p> <p>Village/city council</p> <p>Supervisory/Trustee Board of the HCF</p> <p>Relevant digital platforms and apps</p>
Improper sanitation conditions in HCFs	Equipping the HCFs with appropriate sanitary and hygienic conditions in accordance with gender needs (compliance with the requirements of infection control in the HCFs, equipping of bathrooms / toilets according to gender, providing round-the-clock access to hot and cold water supply, access to sanitary and hygienic services, etc.).	<p>HCFs (at the place of service provision)</p> <p>Village/city council</p> <p>Supervisory/Trustee Board of the HCF</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Confidentiality breach	<p>Referrals for legal assistance;</p> <p>Informing about the legal settlement of confidentiality violations.</p>	<p>HCFs (at the place of service provision)</p> <p>NGOs involved in the implementation of projects for the diagnosis and treatment of TB, protection of health service recipients' rights</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>Commissioner for Human Rights of the Verkhovna Rada of Ukraine</p> <p>District court</p> <p>Legal aid centers</p>
Problems with law	<p>Referral for free legal aid</p> <p>Confidentiality of services</p>	<p>NGOs involved in the implementation of projects for the diagnosis and treatment of TB, protection of health service recipients' rights</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p> <p>HCFs (at the place of service provision)</p> <p>Legal aid centers</p>
Religious / national affiliation	<p>Health service recipients' access to the services of relevant denominations and religious movements.</p> <p>Provision of medical services based on religion/nationality</p>	<p>HCFs (at the place of service provision)</p> <p>Parishes</p> <p>Religious institutions</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Risk to lose a job	<p>Informing about the legal regulation of employment / dismissal issues due to health / hospitalization.</p> <p>Referral for legal aid;</p> <p>Informing about ensuring confidentiality</p> <p>Assistance in employment, training / retraining in obtaining professions with the involvement of employment centers.</p>	<p>Department of Labor and Social Protection</p> <p>Employment Center</p> <p>Relevant digital platforms and apps HCFs (at the place of service provision)</p> <p>Department of labor and social and labor relations of the ATC Department for social policy</p> <p>NGOs involved in the implementation of projects for the diagnosis and treatment of TB, protection of health service recipients' rights</p> <p>Patient organizations and communities</p> <p>Legal aid centers</p>
Stigmatization/ self-stigmatization, discrimination	<p>Information campaign for health professionals, educators, community members, health service recipients on overcoming social stereotypes in the context of TB, including rights, responsibilities, criminal liability for discrimination.</p> <p>Informing about ensuring confidentiality.</p> <p>Assistance in strengthening/restoring family and socially useful ties</p> <p>Referral for legal aid</p>	<p>Commissioner for Human Rights of the Verkhovna Rada of Ukraine</p> <p>District court</p> <p>HCF (at the place of service provision)</p> <p>Center for social services for families, children and youth / Center for social services</p> <p>NGOs involved in the implementation of projects for the diagnosis and treatment of TB, protection of health service recipients' rights</p> <p>Patient organizations and communities</p> <p>Relevant digital platforms and apps</p>

List of gender barriers to TB detection and treatment	Recommended intervention	List of institutions for efficient intervention (including referral)
Comorbidities	Provision of social transportation and support. Consultations of profile specialists. State aid, social benefits. Registration of the status of the person with disability Provision of vehicles/mobility devices. Integration of services for diagnosis and treatment of comorbidities. Provision / referral to care and support services.	HCF (primary, secondary, secondary specialized, tertiary highly specialized medical care, rehabilitation centers) Department of labor and social protection NGOs involved in the implementation of projects to help health service recipients with the consequences of injuries and diseases Patient organizations and communities Relevant digital platforms and apps Volunteers

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