

# GUIDELINES

## on introduction of gender-sensitive approach in the local level TB response programs and activities

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# 1. General provisions

These Guidelines set out framework and practical guidance for organizing local TB programs and activities/actions to ensure gender sensitive and gender transformative approach to Tuberculosis (TB)

These Guidelines can be used by regional and local health managers, TB service managers and health care providers. They can also be used by other TB health care providers, and social workers of social services of the municipal and non-governmental sector, who provide services to patients with TB and representatives of key populations representatives of civil society organizations, and associations of communities and people affected by TB.

This document is developed in accordance with the tasks defined in the *State Strategy for the TB Care System Development*, approved by the Cabinet of Ministers of Ukraine on November 27, 2019 No. 1414-r, *the State Strategy on HIV/AIDS, tuberculosis and viral hepatitis till 2030*, approved by the Order of the Cabinet of Ministers of November 27, 2019 № 1415-r, and a plan of measures for their implementation. The organization of programs and measures to combat TB, which are referred to in these Guidelines, is carried out in accordance with the Law of Ukraine "On Combating Tuberculosis" and other applicable laws and regulations.

Regarding the provision of a gender-sensitive approach, these Guidelines are based on Art. 24 of the Constitution of Ukraine on observance of the principle of equal rights and opportunities, Laws of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men", "On Principles of Preventing and Combating Discrimination in Ukraine", State Social Program for Equal Rights and Opportunities for Women and Men 2021 and other regulations of the central executive authorities.

## 1.1. Key positions of the state policy on gender equality and human rights

A holistic view of gender equality in general and in the social sphere, in particular in the field of health care and TB control, is currently being developed in Ukraine. Accordingly, new principles of public policy are being introduced, which take into account the existing problems in the situation of women, men and/or groups of them, satisfaction of their interests, safeguarding rights and opportunities.

The current practice of planning and implementing programs in the field of health and social services takes into account the different impact of interventions on different groups of the population on various grounds, including gender, age, marital status, place of residence, disability, ethnic and social origin, citizenship, property status, language, etc. At the same time, the effect of such practices is not always clear, as the impact of socio-economic factors on the needs and situation of different groups of all genders, including women and men, is often not linked.

A gender-sensitive and gender-transformative approach assess how these factors impact genders differently to find optimal ways to overcome gender related barriers, taking the needs and interests of different genders into account groups. The effectiveness of public policy, programs and services in various areas of the social sphere, in particular, health care (including tuberculosis) depends on the fullest possible consideration of special and varied physical, social, economic and cultural characteristics and life experiences of different socio-demographic groups of all genders, including women, men, girls, boys, transgender and gender diverse individuals.

The introduction of a gender-sensitive and gender-transformative approach to programs and services begins with a change in the perception of gender equality as equal treatment of all citizens, regardless of social or other circumstances. At the same time, equality means ensuring equal access to state guarantees for all citizens regardless of gender, age, disability, place of residence, race, color, political, religious and other beliefs, ethnic and social origin, citizenship, marital and property status, language, belonging to limited mobility groups or other characteristics.

## **1.2. Regulatory acts and other documents defining the basics of the gender-sensitive approach which should be taken into account while planning regional/local programs and activities on TB response**

Fundamentals and principles of gender equality and the rule of human rights, gender-sensitive and gender-transformative approach are defined in these Guidelines in accordance with current legislation and regulations, as well as international agreements, directives of international organizations of which Ukraine is a member, reports and reports of international organizations, scientific institutions, public organizations, etc.

In particular, the following legislative and regulatory documents are the source of information on gender equality, human rights, gender-sensitive and gender-transformative approach:

- Constitution of Ukraine;
- Laws of Ukraine "On Ensuring Equal Rights and Opportunities for Women and Men", "On Principles of Preventing and Combating Discrimination in Ukraine";
- Decree of the President of Ukraine of September 30, 2019 No. 722/2019 "On the Sustainable Development Goals of Ukraine till 2030";
- State social program to ensure equal rights and opportunities for women and men till 2021, approved by the resolution of the Cabinet of Ministers of Ukraine dated 11.04.2018 No. 273;
- Order of the Cabinet of Ministers of Ukraine of September 16, 2020 No. 1128-r "On Approval of the Concept of Communication in the Field of Gender Equality";
- Resolution of the Cabinet of Ministers of Ukraine of November 28, 2018 No. 997 "Certain Issues of Gender and Legal Expert Assessment";
- Order of the Cabinet of Ministers of Ukraine of November 23, 2015 No. 1393-r "On Approval of the Action Plan for the Implementation of the National Human Rights Strategy till 2020";
- Order of the Ministry of Social Policy of Ukraine of February 7, 2020 No. 86 "On Approval of the Instruction on the Integration of Gender Approaches in the Development of Regulations";
- Order of the Ministry of Justice of Ukraine of November 27, 2018 No. 3719/5 "On Approval of the Guidelines for Gender and Legal Expert Assessment of Legislation and Draft Regulations, Invalidation of the Order of the Ministry of Justice of Ukraine of May 12, 2006 No. 42/5";
- Order of the Ministry of Finance of Ukraine dated January 2, 2019 № 1 "On approval of Guidelines for the implementation and application of a gender-oriented approach in the budget process".

International instruments and treaties defining Ukraine's obligations, other sources of information on gender equality and human rights, including:

- UN Sustainable Development Goals, in particular SDG 3 "Good Health and Well-Being", SDG 5 "Gender Equality" and SDG 10 "Reduced Inequalities";
- Beijing Platform for Action;
- Universal Declaration of Human Rights;
- European Convention on Human Rights;
- European Social Charter;
- National report "Sustainable Development Goals: Ukraine";
- Annual reports of the Commissioner of the Verkhovna Rada of Ukraine for Human Rights on the state of observance of human and civil rights and freedoms in Ukraine;
- World global assessments and indices, in particular the Global Gender Gap, which measures the state of gender equality in the country in areas such as education, health, politics and economics.

### 1.3. Key terms with regard to gender-sensitive approach in the TB response programs

In these Guidelines, the terms shall have the following meaning:

**gender** — roles, behaviors, activities and characteristics adopted in a certain society and considered appropriate for women/men;

**sex** — a set of features of biological and physiological characteristics of the person;

**gender approach** - a strategy that takes into account the interests and experiences of all genders, including women and men, as an integral part of planning, implementation, monitoring and evaluation of policies, programs, activities and services in the field of TB to achieve equal benefits for all genders, including women and men, including health as physical, mental and social well-being;

**gender-blind approach** — a policy of not taking into account differences in the position of different groups of all genders, including women and men, their status, needs, priorities. This approach assumes that public policy and regional/local programs affect all populations equally;

**gender-sensitive approach** — taking into account specific social, cultural, economic, political and other characteristics of living conditions and needs of all genders, including women and men;

**gender-transformative approach** — developing and implementation of public policy, programs, activities and services taking into account specific social, cultural, economic, political and other characteristics of living conditions and needs of all genders, including women and men;

**gender-sensitive strategic information** — quantitative and qualitative data disaggregated by gender, age, social status, risk factors, etc., which are used to make management decisions on the organization of programs and services to combat tuberculosis;

**practical gender needs in relation to health** — needs related to the conditions in which all genders, including women, men, girls, boys, transgender and gender diverse individuals, find themselves due to their gender roles established in society (in particular, the association with women of childcare responsibilities and other family members, housekeeping), as well as situations that arise in connection with inequality in living conditions, work, and affect their health (deterioration/disease, improvement/recovery or maintenance of well-being);

**gender analysis of TB programs** — study of differences between all genders, including women, men, girls, boys, transgender and gender diverse individuals, in conditions, needs, levels of participation, access to medical and social services in connection with TB, due to established gender roles in society, patterns of behavior, activities, characteristics of men/women;

**gender audit of TB services** — a tool that identifies infrastructural, informational and communication barriers that limit access of all genders, including women, men, girls, boys, transgender and gender diverse individuals, to care and support services throughout the patient's "Cough to Recovery" pathway and lead to deterioration of health, and interfere with the treatment regimen;

**gender impact assessment** — the process of determining the direct or indirect impact (positive, negative or neutral), short- and long-term effects of a regional/local program on health, in particular tuberculosis, and the social status of different groups of all genders, including women, men, girls, boys, transgender and gender diverse individuals, which enables to eliminate disparities and gender inequality in a timely manner;

**key and vulnerable populations** — people who have the highest risk of developing tuberculosis and getting into difficult life circumstances due to adverse external and/or internal factors. Difficult life circumstances are defined in the Law of Ukraine "On Social Services". Criteria for assigning a certain category of persons to the group of increased risk of tuberculosis were approved by the Order of the Ministry of Health of Ukraine dated May 15, 2014 No. 327, registered with the Ministry of Justice of Ukraine on June 2, 2014 No. 576/25353.

## 2. Introduction of gender-sensitive approach in the regional and local TB response programs

General mechanisms for implementing a gender approach in regional and local TB control programs:

1. Gender-sensitive strategic information;
2. Gender analysis of programs and gender-sensitive management decisions on the organization of services based on strategic information;
3. Gender audit of medical and social services;
4. Gender-sensitive approach in program budgeting.

### 2.1. Gender-sensitive strategic information in the TB response sphere

Gender-sensitive strategic information is a cross-cutting link between all sections of TB statistics, monitoring and evaluation.

To form a data set of gender-sensitive strategic information, it is necessary to be guided by the goals and objectives of the state and regional/local anti-tuberculosis program.

Collection and analysis of disaggregated statistics should begin at the level of service providers (medical, social or other), followed by generalization at the level of the city, district, region.

The basis of gender-sensitive strategic information is formed by disaggregated data broken down by the following content:

- gender;
- age;
- place of residence;
- social, economic, cultural and/or difficult life circumstances, including poverty, homelessness, imprisonment, etc .;
- risk factors for TB (use of psychoactive substances, chronic conditions, including HIV);
- behavioral features (including non-adherence to the treatment regimen, self-stigmatization, failure to seek medical help, etc.)

#### **Sources of gender-sensitive strategic information:**

- statistics of accounting and reporting on tuberculosis;
- routine epidemiological data;
- program monitoring data;
- analytical reports on the results of population needs assessment in social services;
- research; e.g. Stop TB Partnership CRG Assessment
- OneImpact Community-led Monitoring data
- other sources.

Indicators of gender-sensitive information	Data disaggregation by gender and the following indicators	Recommendations on data use analysis
TB morbidity (active cases)	By age groups	A retrospective analysis of whether there are changes in the gender/age structure of tuberculosis cases. If yes, find out what caused such changes.  Pay attention to the proportion of elderly patients of retirement age, analyze with data on social structure
TB prevalence	By age groups  By place of residence (urban and rural population)	Combined analysis with data on the social structure of tuberculosis patients
TB prevalence by social structure:	By professions (medical workers, agricultural workers, etc.)	Combined analysis with data on gender and age groups
	By economic factors (unemployed, job-less, students, retired by age and disability)	Pay attention to the economic vulnerability of certain groups of patients, whether there is a connection with adherence to treatment regimens (rate of discontinued treatment)
	By difficult life circumstances (persons without permanent place of residence, persons released from prisons, etc.)	Analyze the availability of social and supportive services for these groups of patients  Pay attention to whether difficult life circumstances affect adherence to treatment regimens (rate of discontinued treatment)
TB prevalence by risk factors:	Alcohol consumption  Drug use  TB/AIDS comorbidity  Primary disability	Find out whether behavioral characteristics related to the use of psychoactive substances affect the initiation and adherence to the treatment regimen
TB treatment results	Discontinued treatment	Combined analysis with data on the social structure of tuberculosis patients

When interpreting disaggregated data, it is recommended to consult or conduct balanced expert interviews, to ensure equal participation of all genders, including women, men, girls, boys, transgender and gender diverse individuals, in order to prevent stereotypical judgments and erroneous conclusions in management decisions.

## 2.2. Gender analysis of regional TB programs

The practical implementation of a gender-sensitive and gender transformative approach, based on the different needs and situations in which women and men find themselves through their social roles, begins with a gender analysis. Gender-sensitive strategic information and disaggregated statistics are used for gender analysis.

The purpose of gender analysis of regional and/or local TB programs is to assess the impact and consequences for all genders, including women, men, girls, boys, transgender and gender diverse individuals, of both the program as a whole and specific measures for appropriate management decisions.

**Gender analysis tasks:**

- determine the actual situation of all gender, including women, men, girls, boys, transgender and gender diverse individuals, who have TB or belong to key populations, identify their health needs and other aspects of life that affect or may affect their TB treatment;
- identify the direct and/or indirect impact of the regional/local program on different gender, age, social groups of TB patients and key and vulnerable populations;
- provide proposals for management decisions to ensure a gender-sensitive and gender-transformative approach.

The results of gender analysis are used to further determine the optimal model of TB medical and social services organization.

**Criteria of the optimal TB response services organization model:**

- the needs and interests of different target groups of all gender, including women and men, suffering from tuberculosis or belonging to key populations are taken into account as much as possible;
- improvement of the initial situation of the most vulnerable groups of all genders, including women/men is envisaged;
- synergy with other regional/local programs in the field of health and/or social policy is provided.

**2.3. Algorithm of gender analysis of regional local TB program with an example**

Stage of analysis	Stage content	Example
1. Work with gender-sensitive strategic information	<p>Collection of disaggregated TB statistics that reflect the breakdown by gender, age, social, cultural and economic status, and risk factors</p> <p>Finding differences between different groups of women, men, girls, boys, transgender and gender diverse individuals, including taking into account different age, social, cultural, economic and other factors</p> <p>Formulation of hypotheses based on the results of processing disaggregated strategic information.</p>	<p><i>The prevalence of tuberculosis is higher among men aged 35-54 than among women in this age group (with the ratio of 70% to 30%, respectively). Also among men, the level of discontinued treatment is higher (80% and 20%, respectively) and mortality from tuberculosis.</i></p> <p><i>Among men with tuberculosis, a significant number of those released from prisons do not have a permanent place of residence or source of income. Taken together, these factors constitute multiple gender inequalities in the group of men with TB, which affects the overall epidemic situation in the region/city.</i></p>



Stage of analysis	Stage content	Example
2. Overview of the existing practices of TB services provision	<p>Assessment of the existing infrastructure of service provision in terms of gender sensitivity (based on the results of gender audit of service providers)</p> <p>Comparison of the results of the evaluation of the service delivery infrastructure with the hypotheses of stage 1.</p>	<p><i>The implementation of a gender-neutral TB program, which does not take into account the multiple problems of patients, has led to the following consequences: a high level of discontinuation of tuberculosis treatment among male patients, and a high TB mortality rate. The service delivery model was the same for men and women. The level of provision of social services to male patients with tuberculosis is low.</i></p> <p><i>The service delivery infrastructure in the region/city as a whole is rather gender neutral. There are also some services that can be described as gender-sensitive.</i></p>
3. Developing alternatives to ensure gender-sensitive approach	<p>Developing a set of alternatives in accordance with the results of stage 2.</p> <p>Evaluation of each alternative in terms of its impact on:</p> <ul style="list-style-type: none"> <li>- the situation of individual gender target groups, which were identified in stage 1</li> <li>- TB epidemic situation in the region/city</li> </ul> <p>Determining the social and economic costs and benefits of each alternative (based on gender budgeting)</p> <p>Providing suggestions for management decisions</p>	<p><b>Alternative 1.</b> <i>Let the status quo continue. Impact - The epidemic situation remains unchanged or aggravates in the medium term due to tuberculosis infection of contact persons. Short-term budget savings due to the lack of expenditures on social support programs for a certain group of male TB patients.</i></p> <p><b>Alternative 2.</b> <i>Introduce a flexible model for the provision of combined services for men with TB that addresses multiple aspects of gender inequality. The costs of implementing such a program are increasing, but due to the gradual improvement of the epidemic situation, such costs will be reduced.</i></p> <p><b>Management decision proposals:</b> <i>Plan a gender-sensitive local TB program that takes into account special approaches for this group of TB patients.</i></p>
4. Implementation of management decisions	<p>Formal management decision based on the results of gender analysis</p> <p>Take steps to reform the TB service infrastructure to ensure a gender-sensitive approach</p> <p>Monitoring compliance with the gender-sensitive approach and the results of its implementation</p>	<p><i>Development of indicators for monitoring and evaluation of proposed services.</i></p> <p><i>Inclusion in the regional/local anti-tuberculosis program of measures to organize services for the target group of men with TB and multiple social problems.</i></p> <p><i>Capacity building of local health care providers for a gender-sensitive approach</i></p> <p><i>Development of indicators for monitoring and evaluation of offered services.</i></p>

## 2.4. Gender audit of the services

Gender audit of TB services is a modern means of improving processes and providing services to promote gender equality policy. Gender audit analyzes the extent to which the principles of gender equality are implemented in the planning, organization and delivery of services, how the gender component is integrated into strategic, policy documents, activity reports and the work of the organization/institution providing services in connection with tuberculosis.

Gender audit is conducted at the level of the organization/institution that provides services (medical, social and other) to patients with tuberculosis and/or representatives of key populations.

**Basics of TB services gender audit:**

- is a social assessment of the processes of organization and provision of services through the use of not quantitative but qualitative indicators;
- focuses primarily not on the control, but on the developmental component of gender audit;
- provides for the involvement of employees of the organization/institution in which the gender audit is conducted, in order to form an understanding and support the necessary changes;
- the procedure of conducting a gender audit should be accompanied by informational and educational activities among the staff of the organization/institution providing services;
- should include not only document analysis, but also surveys, interviews and observations;
- uses gender-sensitive tools and methods in forming groups, conducting and discussing results;
- based on the results, shared with all staff and provides for management decisions to improve the process of providing gender-sensitive services in the field of tuberculosis.

**Gender audit formats:**

1. External - performed by external independent experts involved at the request of the organization/institution;
2. Internal - conducted internally, by employees of the organization/institution;
3. Combined - conducted by a joint team of independent experts and employees of the organization/institution.

**The subject of gender audit:**

- Services — processes, procedures and practices of providing services to specific recipients - patients with TB, representatives of key populations;
- Management — processes, procedures and practices of managing the activities of the organization/institution and its staff.

The gender audit process includes the following stages: preparatory, basic and implementation of recommendations.

At the **preparatory** stage, the management of the organization/institution providing services in the TB response area decides on the gender audit, its format (external, internal or combined), and level (full or partial, ie for individual processes/services, components of management). Depending on the chosen format and level, the management forms a working group in compliance with the above principles.

The **principal** stage of the gender audit includes the following forms of work:

1. Study and analysis of documentation — internal policies, procedures, descriptions of service and/or management processes, reports, etc. When conducting a gender audit of services, it is also necessary to analyze the documentation and confirm the availability of feedback from service recipients (client cards, individual plans, complaints, appreciations, etc.).
2. Observations and surveys — are conducted regularly to study the practice of adherence to gender-sensitive principles in the provision of services and/or management.
3. Survey — has two interrelated tasks: to obtain quantitative information on the situation with compliance with gender-sensitive principles in the provision of services and/or management, as well as to motivate the staff of the organization to understand the issues and prepare for change. The survey is conducted among the staff of the organization/institution and clients.

4. Focus groups — are held to obtain mainly qualitative information on the state of affairs on the implementation of gender equality, evaluation of the management of the organization and/or service providers.
5. Working meetings of the gender audit team to discuss the process, the data obtained, the formation of conclusions.

The final stage of the gender audit involves the formation of recommendations with regard to changes to ensure a gender-sensitive approach to the activities of the organization on providing TB services, and the adoption of appropriate management decisions.

### **2.5. Gender-sensitive approach in the budgeting of regional/local TB response programs**

Ensuring a gender-sensitive approach to the budgeting of regional/local TB programs is to conduct a gender analysis of budget programs and make management decisions to ensure gender equality in budgeting.

Gender budget analysis is part of the overall gender analysis of regional/local TB programs.

For gender analysis of the budget, gender-sensitive strategic data are used, which are analyzed together in the financial data, in particular: the amount of budget funding for various activities, types of services.

#### **Questions for the gender analysis of the budget:**

- What are the overall costs of budget-funded specific TB services and/or measures?
- What is the unit cost of specific services and/or activities (cost per capita)?
- Is the available budget sufficient to implement the program, taking into account the number of people in the target group?
- Is the available budget sufficient to provide services and activities that meet the different needs of women and men? If necessary, are funds provided for specific services to groups of all genders, women or men, in response to their specific needs?
- What was the dynamics of budget expenditures for this program over the last year, was there an increase or decrease?
- Are the funds provided in the budget fully used for the implementation of the program?

Based on the results of the conducted gender analysis (general and budget), it is recommended to reorganize and redistribute budget items.

## **3. Intersectoral cooperation to ensure gender-sensitive approach**

In order to introduce a gender-sensitive approach in regional/local TB programs, it is necessary to ensure the participation of representatives of civil society organizations and people with TB with a gender-balanced representation, where possible

It is recommended that cross-sectoral working groups be set up to provide advisory support to the collection and study of gender-sensitive strategic information, gender analysis and gender-sensitive management decisions on TB control. And in order to further implement a gender-sensitive approach: the fact that the needs/barriers to accessing services of certain groups of the population often go beyond not only the field of tuberculosis, but also the healthcare in general, requires the creation of an effective mechanism for referral and cooperation at the level of specialists from different fields.