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# WOMEN'S EMPOWERMENT THROUGH TB PROGRAMMING:

LESSONS FROM  
TB REACH WAVE 7 PROJECTS

COMPENDIUM OF ACTIVITIES AND INDICATORS  
FOR WOMEN'S EMPOWERMENT  
IN TB PROGRAMMING



Stop TB Partnership

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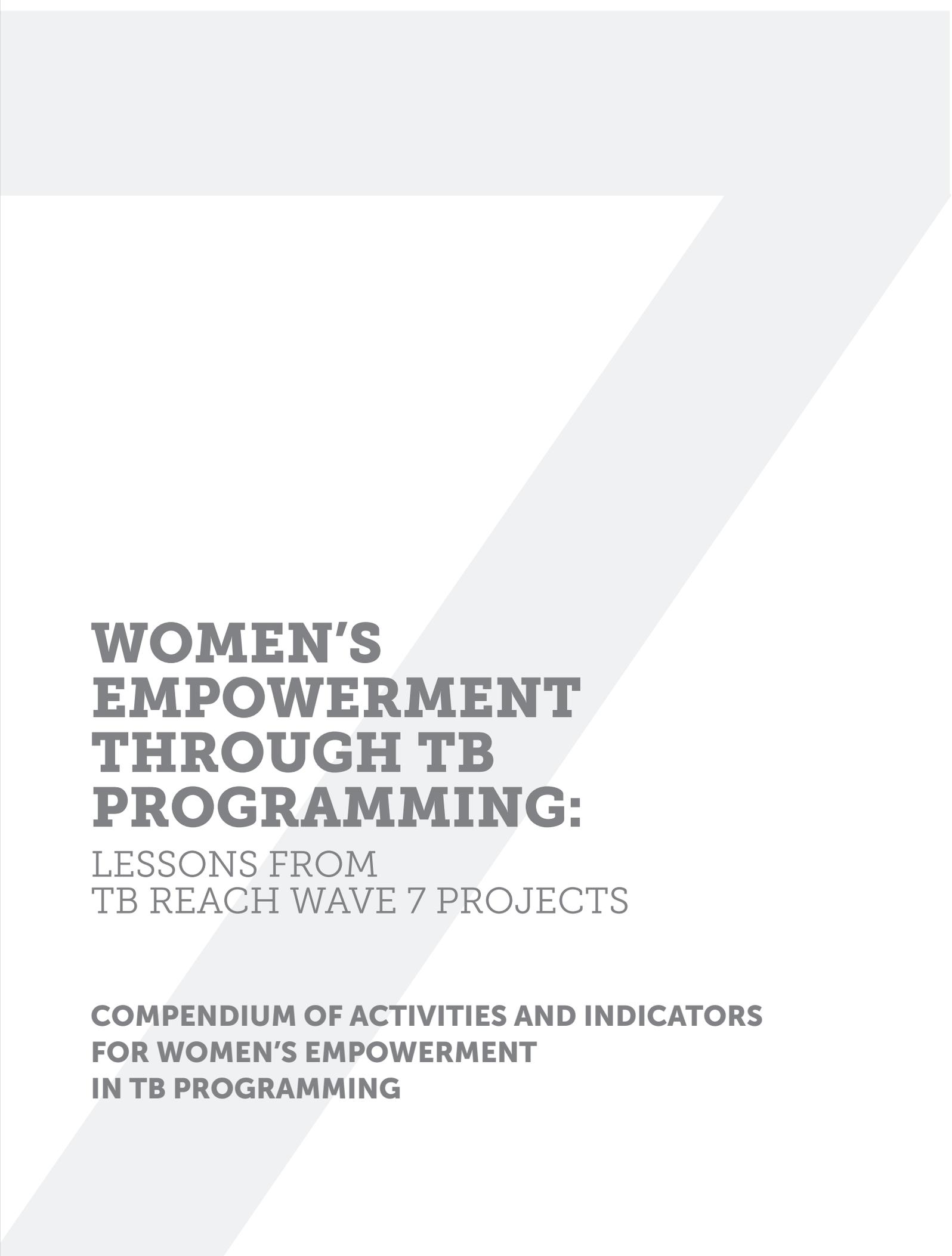
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# Document series

This document is part of the series,  
**Women's Empowerment through TB  
Programming: Lessons from TB REACH  
Wave 7 Projects**

Collectively, this series sets out the  
experiences and lessons of the Wave 7  
TB REACH projects, supported by Global  
Affairs Canada.





# Acronyms and symbols

<b>CLM:</b>	community-led monitoring
<b>HCW:</b>	healthcare worker
<b>IEC:</b>	information, education, communication
<b>TB:</b>	tuberculosis
<b>#:</b>	number

## 1. Introduction

Gender inequality and discrimination against women, girls, and gender-diverse people is a global phenomenon that is harmful to health. All health responses should seek to minimize inequality and address harmful gender norms. Yet the response to tuberculosis (TB) frequently reinforces harmful gender norms or leaves them unchanged. This includes expectations of free or poorly remunerated labour from community healthcare workers, who tend to be women; exclusion of women from technical and leadership roles; lack of workplace protections for the largely female, lower-tier workforce; lack of provisions (such as toilets) in the workplace for women, lack of appropriate diagnostic processes and procedures for women; and pervasive stigmatization of gender diverse people in healthcare facilities, along with their exclusion in data collection and analysis.<sup>1</sup>

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<sup>1</sup> Gender and Tuberculosis Paper, Stop TB Partnership [http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH\\_Gender2021-web.pdf](http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH_Gender2021-web.pdf)

In recognition of the role that TB programming has to play in both supporting improved, inclusive service provision and changing the broader context of gender inequality, TB REACH Wave 7 funded projects (2019 – 2021), supported by Global Affairs Canada, were required to incorporate a women’s empowerment approach in their program interventions.<sup>2</sup> Although the

<sup>2</sup> <http://www.stoptb.org/global/awards/tbreach/wave7.asp#:~:text=In%20September%202019%2C%20Stop%20TB,finding%2C%20diagnostics%2C%20and%20care>

impact of gender on TB infection and disease is relatively well established,<sup>3</sup> approaches that actively support women’s empowerment through TB programming remain underdeveloped. In this context, TB REACH and the Wave 7 funded projects forged new ground in planning and measuring women’s empowerment in TB programming.

<sup>3</sup> [http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH\\_Gender2021-web.pdf](http://www.stoptb.org/assets/documents/global/awards/tbreach/TB-REACH_Gender2021-web.pdf)

## 2. Scope and purpose

This document provides a summary of approaches to women’s empowerment and gender equity in TB programming as developed by TB REACH and the Wave 7-funded projects.

This includes:

- An outline of the conceptual framework developed by TB REACH for planning and monitoring and evaluation
- A summary of the women’s empowerment activities and indicators implemented by the Wave 7 projects in line with the TB REACH women’s empowerment framework

This document is intended to serve as a resource and inspiration for others wanting to take a women’s empowerment approach to health programming, rather than a definitive document. It is a starting point for ideas, rather than an exhaustive or authoritative outline of possible approaches. Here TB is the example, but many of the interventions and approaches could be applied to other health provision areas. Women’s empowerment broadly refers to the empowerment of both women and girls, where approaches specifically target girls, this is explicitly mentioned.

### 3. Audience

The intended audience is any institution, organization or individual planning to implement and measure women's empowerment in TB programming.

#### **A note on COVID-19:**

The Wave 7 TB REACH projects were initiated in January 2020, just before the start of the COVID-19 pandemic. This halted some planned W7 activities such as work with cross-border migrants, or work in factories that were not operational for long periods.

However, for the most part grantees were able to continue most of their work, if delayed, with careful adaptations such as reducing meeting and training group sizes and shifting training to remote formats while ensuring digital access and literacy for the women included.

At the same time, COVID-19 required an expanded health force and, in many places, the women trained for Wave 7 implementation were able to take on additional TB work and/or apply their skills to supporting the COVID-19 response. Overall, this required flexibility in planned activities and assessment processes.

## 4. TB REACH Women's Empowerment Framework

TB REACH encourage the implementation and measurement of women's empowerment and gender equity in TB programming for five levels: data, programmatic/service delivery, organizational, societal, and individual. These are defined and outlined below.

### Data

**What:** The generation and use of data to contribute towards women's empowerment and/or improved gender equity in TB care provision processes.

**Why:** Generation of data about the gendered dynamics of access to TB care allows for evidence-based program design and adaptation. Analysis and use of sex-disaggregated data at all stages of the TB care cascade allows for continued monitoring and evaluation of program implementation and outcomes.

### Programmatic/service delivery

**What:** Efforts towards women's empowerment and/or gender equity in service delivery structures and processes.

**Why:** Women and girls still frequently face additional barriers to quality TB care that is available, accessible, and acceptable. Service delivery should be gender equitable through taking the needs of women and girls into account in the way that they are designed and implemented.

### Organizational

**What:** Efforts towards women's empowerment and/or gender equity within the implementing organization structure and functioning. This includes, for example, ensuring organization commitment to women's empowerment and efforts towards employment, leadership and pay equity.

**Why:** Women working in the TB sector have a right to equality in the workplace. Furthermore, sustainable change towards gender-based TB programming requires that the people planning and implementing programs regard gender equality and women's empowerment as a standard requirement.

## Societal

**What:** Efforts towards gender equity and/or empowerment of women in the broader community/society. This includes efforts to change perceptions of men and all people and institutions in power and leadership positions, as well as efforts to reduce stigma and undo harmful gender norms.

**Why:** Gender equitable communities are healthier communities. The TB response both provides an opportunity and has a responsibility to work towards a more gender equitable society.

## Individual

**What:** Efforts towards empowering individual women and girls for the improvement of their own lives.

**Why:** Life-long experiences of exclusion from opportunities and resources and barriers to decision-making and exercising agency mean that women and girls need support at an individual level to access resources and gain confidence, skills and capacities to realize their potential.

### A note on level distinctions:

These levels are for the purposes of planning and assessment and are not mutually exclusive. Interventions at one level will likely have an impact at other levels too. For example, training healthcare workers in gender sensitive care provision clearly falls under the program implementation/service delivery level, yet it is likely that HCW training and support will also lead to individual changes such as improved confidence and decision-making in the included women and girls, which falls under the individual level.



## 5. Summary of goals, activities, outcomes/impact and indicators of success

The following tables provide a summary of the overarching goals, activities and indicators implemented by the TB REACH Wave 7 projects, organized in terms of the Women's Empowerment Framework set out above.

Terms used in the table are described below:

- **Goals** outline overarching desired change areas that emerged across projects.
- **Activities** set out the actions taken. The list is not exhaustive, but rather a starting point which can be used to generate ideas and/or adapted to context.
- **Expected outcomes/impact** broadly outline possible changes because of the actions taken. Some of these are short-term, and some longer-term.
- **Indicators** are used to track the work being done and the effects of work implementation. The list included here is not exhaustive and includes indicators that measure different areas, including those that demonstrate that the work has been done (output or process indicators), the short-term effects of the work (outcome indicators), and the long-term effects of the work (impact indicators). Ideally all activities should have at least some impact indicators.

**TB REACH did not require grantees to distinguish between indicators measuring progress, outcomes and impact.** We therefore do not make this distinction in the framework below.

However, **we recommend that this distinction is made for future such work**, with support and training on assessing outcomes and impact. Tools provided by TB REACH to support the assessment of women's empowerment through the Wave 8 work were widely used by grantees. These are available in the appendix.

## Data

### GOAL: Gender-based programming is supported by sex disaggregated TB care cascade data collection, analysis and use

<b>Activity</b>	<b>Expected outcome/impact</b>	<b>Possible indicators</b>	<b>Comments/details</b>
Track sex disaggregated data trends in the TB care cascade	<ul style="list-style-type: none"> <li>Sex disaggregated data is a resource for gender-responsive program delivery</li> </ul>	<ul style="list-style-type: none"> <li>Sex disaggregated data collected</li> <li>Sex disaggregated data reports produced</li> </ul>	Differences in trends between men, women and gender-diverse people can point to specific care access barriers that need attending to.
Train staff on interpreting and responding to significant sex disaggregated data trends	<ul style="list-style-type: none"> <li>Staff understand the relevance of sex disaggregated data collection processes and can use data to improve gender-based programming</li> </ul>	<ul style="list-style-type: none"> <li># of trainings implemented</li> <li>Pre- and post-assessments demonstrate learning</li> <li># of staff able to interpret sex disaggregated data trends</li> <li>Programmatic changes implemented in response to data trends</li> </ul>	Training should ensure that staff know how to analyze gender data, are able to interpret when an observed trend merits a response, and are able to generate appropriate responses to notable data trends.
Disseminate reports on sex disaggregated data trends regularly	<ul style="list-style-type: none"> <li>Staff and stakeholders are knowledgeable about data trends and can contribute to appropriate responses</li> </ul>	<ul style="list-style-type: none"> <li># of reports produced</li> <li># of meetings or dissemination processes implemented</li> <li>qualitative reflections on impact of information sessions on data trends</li> </ul>	Dissemination of the reports will enable stakeholders to support broader buy-in, change and sustainability.
Adapt programming based on insights generated through sex disaggregated data collection, analysis and reporting	<ul style="list-style-type: none"> <li>Programming and service delivery becomes increasingly gender-responsive</li> </ul>	<ul style="list-style-type: none"> <li>Program adaptations recorded</li> <li>Decreases in numbers of people recorded as facing barriers to care</li> <li>Qualitative records of improved care access for groups that previously dropped out of the TB care cascade</li> </ul>	Ongoing program assessment and adaptation based on sex disaggregated data across the TB care cascade ensures continued, improved gender equity in TB programming.

## Data continued

### GOAL: Program design and implementation is informed by qualitative research on gender

Activity	Expected outcome/impact	Indicators	Comments/details
Conduct a gender analysis focused on barriers and facilitators to TB prevention, diagnosis, treatment, care and support	<ul style="list-style-type: none"> <li>Gender-related dynamics of TB risk and care are outlined and used to inform gender-based program design or implementation</li> </ul>	<ul style="list-style-type: none"> <li>Gender analysis report available</li> <li>Program design or adaptations respond to analysis report</li> </ul>	A gender analysis that explores barriers and facilitators to TB care should ideally be conducted during planning stages and inform program set up. However, if done later it can also be used to inform the TB cascade data trend analyses and to adapt the program where needed.
Employ qualitative research processes to examine unexplained data trends in TB care cascade data	<ul style="list-style-type: none"> <li>Information about TB care cascade data trends is available to inform improved gender-based care.</li> </ul>	<ul style="list-style-type: none"> <li>Research report available</li> <li>Program adaptations based on research findings documented</li> </ul>	Where unexplained trends emerge in the sex disaggregated data, qualitative data can be used to assess what is happening and how to improve program delivery.

## Programmatic/service delivery

### GOAL: TB services are gender-based

Activity	Expected outcome/impact	Indicators	Comments/details
Train HCWs on quality, gender-based TB care provision	<ul style="list-style-type: none"> <li>Improved gender and rights-based care provision for all people</li> <li>Greater inclusion of previously excluded populations (including children)</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li>Training implemented</li> <li>Pre-and post-assessments demonstrate learning</li> <li>Observations of gender-based care provision</li> <li>Reports of changes in HCW approach towards being gender-based (client and provider perspectives)</li> <li>Care cascade data indicates greater patient inclusion and better retention in care</li> </ul>	Gender-based care provision requires that healthcare workers understand the concept of gender. They should further understand how gender manifests in their own context; shapes TB vulnerability and care access; and how they can provide gender-based services.
Identify and train women healthcare providers who are not routinely providing TB services	<ul style="list-style-type: none"> <li>Female healthcare providers who were previously not educated or supported in providing TB care start incorporating it into their practice</li> <li>There is greater inclusion of women (and their families) previously missed by TB care</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li># of women healthcare workers engaged and trained</li> <li>Training implemented</li> <li># of women healthcare workers providing TB care services</li> <li># of people screened, diagnosed, and treated by engaged healthcare providers, disaggregated by gender</li> <li>Records of contact tracing</li> <li>Qualitative reports of impact of engagement and training on TB care availability, accessibility, acceptability and quality for women</li> </ul>	In contexts where women and girls routinely only access care from female healthcare providers it is essential that these providers are trained in TB diagnosis and care to ensure the inclusion of women and girls.
Staff are trained to recognise and respond to gender-based violence	<ul style="list-style-type: none"> <li>Women and girls experiencing gender-based violence are identified and supported.</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li>Training implemented</li> <li>Pre-and post-assessments demonstrate learning</li> <li>Women and girls experiencing gender-based violence are identified and linked to care and support</li> </ul>	TB counselling may provide a unique opportunity for supportive and private conversations between women and girls affected and healthcare providers. This moment can be used to respond to gender-based violence.

## Programmatic/service delivery continued

### GOAL: Women and girl community members engaged to support and strengthen the TB response

Activity	Expected outcome/impact	Indicators	Comments/details
Train women and girls in gender-based TB care provision	<ul style="list-style-type: none"> <li>Women and girls have the knowledge, confidence and skills to work in the TB response</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li>Training implemented</li> <li># of women or girls trained</li> <li># of women or girls providing TB care services</li> <li># of people screened, diagnosed and treated for TB</li> <li>Case studies demonstrating impact of training and inclusion of women and girls in TB care provision</li> </ul>	<p>The incorporation of trained women and girls in TB programming can extend and improve TB care, especially for vulnerable women, while also providing opportunities for the women and girls involved. Women and girls are further well placed to influence and educate their peers about both gender equity and TB.</p>
Engage, train and support "TB champions" (people affected by TB and allies of people affected by TB)	<ul style="list-style-type: none"> <li>People affected by TB supported to become actively engaged in the TB response</li> <li>The TB response is strengthened through the knowledge and skills of people affected by TB</li> </ul>	<ul style="list-style-type: none"> <li># of TB champions engaged</li> <li># of TB champions trained</li> <li># of TB champions engaged in TB advocacy efforts</li> <li>Qualitative descriptions of actions taken by TB advocates</li> <li>Case studies developed demonstrating impact of TB advocates' work</li> </ul>	<p>People affected by TB are often best positioned to be positive change agents as they can actively work against TB stigma and have experiential knowledge of TB, and TB care systems.</p>
Implement TB education at existing women's organizations (including women's groups; churches; savings and loans associations.)	<ul style="list-style-type: none"> <li>The pool of people educated about TB is increased; TB stigma is reduced</li> <li>Trained women provide TB mobilization, referrals and education to others</li> </ul>	<ul style="list-style-type: none"> <li># of trainings conducted</li> <li># of women or girls trained</li> <li># of groups engaged</li> <li>Knowledge gained during training sessions</li> <li>Records of skills implemented because of the training</li> </ul>	<p>Women and girls often have less access to TB education due to more limited access to media. Women's groups provide an ideal location for TB education and for generating support for those affected by TB.</p>

## Programmatic/service delivery continued

### GOAL: TB programming is extended to all women and girls

Activity	Expected outcome/impact	Indicators	Comments/details
Conduct TB awareness, screening and diagnosis in homes or in areas where women and girls congregate	<ul style="list-style-type: none"> <li>• TB service delivery reaches a greater number of women and girls, including those who face additional barriers to care access</li> </ul>	<ul style="list-style-type: none"> <li>• # of people screened, diagnosed and linked to care</li> <li>• # of homes/other locations accessed</li> <li>• Increased proportion of women and girls in the TB care cascade</li> </ul>	In contexts where women are largely working in the home, or have limited freedom of movement, community and home-based TB screening or diagnostic procedures can access women who would otherwise be missed. Places where women congregate can include women's groups; churches; savings and loans associations; etc.
Conduct TB awareness, screening and diagnosis in female dominated work environments	<ul style="list-style-type: none"> <li>• TB service delivery reaches a greater number of women, including women who face additional barriers to care access</li> </ul>	<ul style="list-style-type: none"> <li>• # of people screened, diagnosed and linked to care</li> <li>• # of workplace locations accessed</li> <li>• Increased proportion of women in the TB care cascade</li> </ul>	Workplace TB initiatives are most commonly associated with men, with less attention paid to locations, such as garment factories, where women work in crowded conditions and are also at higher risk of TB infection and disease. Working women also continue to have higher care responsibilities at home, making accessing care outside of work even more difficult.
Integrate TB screening and diagnosis into maternal health programs	<ul style="list-style-type: none"> <li>• Pregnant women with TB are diagnosed and supported through treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Maternal health programs routinely include TB screening and diagnosis</li> <li>• # of women screened</li> <li>• # of women diagnosed</li> <li>• # of women linked to TB treatment</li> </ul>	Pregnant women are particularly difficult to diagnose and are often missed.
Develop gender-responsive IEC and awareness tools (pamphlets, posters, radio broadcasts, animated films or podcasts).	<ul style="list-style-type: none"> <li>• Harmful gender norms are challenged by new IEC materials developed</li> </ul>	<ul style="list-style-type: none"> <li>• Gender-responsive IEC material designs</li> <li>• # of IEC materials produced</li> <li>• # of materials disseminated</li> <li>• Impact of IEC materials on knowledge, attitudes and practices</li> </ul>	IEC materials often reproduce harmful gender norms. For example, men are presented as affected by TB, and women and girls are presented as care-givers suggesting that men's care and treatment needs are a priority, and imposing expectations of free, volunteer labour from women and girls. Shifting these representations is key to changing public perceptions of gender and TB.

## Programmatic/service delivery continued

### GOAL: Awareness and education processes are gender-based

Activity	Expected outcome/impact	Indicators	Comments/details
Create gender-responsive TB themed arts (songs, performances, posters, etc.) with community members	<ul style="list-style-type: none"> <li>• TB messaging provided in fun and engaging ways</li> <li>• Advocacy messaging through power of arts facilitates public discussion on gender equity and TB</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation process developed</li> <li>• Workshops implemented</li> <li>• Workshop products created</li> <li>• Workshop products disseminated</li> <li>• Qualitative reports of lessons learned</li> <li>• Case studies of impact of training/dissemination processes</li> </ul>	<p>TB advocacy and gender sensitivity training can take many forms. Creative arts can be a powerful way of teaching about TB and gender equity and empowering women and girls to spread this teaching within their broader communities.</p>
Develop gender-responsive IEC and awareness tools (pamphlets, posters, radio broadcasts, animated films or podcasts).	<ul style="list-style-type: none"> <li>• Harmful gender norms challenged by new IEC materials developed</li> </ul>	<ul style="list-style-type: none"> <li>• Gender-responsive IEC material designs</li> <li>• # of IEC materials produced</li> <li>• # of materials disseminated</li> <li>• Impact of IEC materials on knowledge, attitudes and practices</li> </ul>	<p>IEC materials often reproduce harmful gender norms. For example, men are presented as affected by TB, and women and girls are presented as care-givers suggesting that men's care and treatment needs are a priority, and imposing expectations of free, volunteer labour from women and girls. Shifting these representations is key to changing public perceptions of gender and TB.</p>

## Organizational

### GOAL: Conditions are in place for an organizational shift towards gender equity

Activity	Expected outcome/impact	Indicators	Comments/details
Implement gender and women's empowerment training for all staff	<ul style="list-style-type: none"> <li>Staff members understand the need for gender equity and support women's empowerment processes</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li>Training implemented</li> <li>Pre-and post-assessments demonstrate learning</li> <li>Reports of changes to knowledge, attitudes and practices</li> </ul>	Training can generate the understanding that empowerment of women and girls is everybody's concern. Inclusion of men is essential so that they are enabled to become allies.

### GOAL: Organizational gender equity status is assessed and monitored

Activity	Expected outcome/impact	Indicators	Comments/details
Implement an organizational gender assessment	<ul style="list-style-type: none"> <li>The gender equity profile of the organization is set out – including instances of discrimination and organizational change requirements – allowing for change actions towards gender equity</li> </ul>	<ul style="list-style-type: none"> <li>Assessment conducted</li> <li>Report generated</li> <li>Change actions documented</li> </ul>	Gender equity at an organizational level is essential for the rights of women and gender minority staff members and underpins gender-responsive program delivery. An equity review should include areas such as pay, leadership, access to work, safety, and opportunities for advancement. An external partner is often best situated to undertake an assessment and make change suggestions.
Implement reporting and response systems for gender discrimination	<ul style="list-style-type: none"> <li>Gender discrimination is made visible</li> <li>Women facing gender-based risks are protected</li> <li>Women feel safer conducting their work and reporting discrimination</li> <li>Gender-based discrimination is viewed as unacceptable</li> </ul>	<ul style="list-style-type: none"> <li>Gender discrimination reporting and response systems are in place</li> <li>Systems are logging reports of discrimination</li> <li>Responses to reported discrimination recorded</li> <li>Qualitative reports of effects of reporting systems</li> <li>Qualitative reviews of perceptions of gender discrimination</li> </ul>	Systems where it is safe and easy to report instances of gender-based discrimination or violence are essential for creating a culture where discriminatory behavior is made visible and seen as unacceptable.
Set up gender commission	<ul style="list-style-type: none"> <li>Organizational standards are set</li> <li>Change is guided and assessed</li> <li>Accountability is ensured</li> </ul>	<ul style="list-style-type: none"> <li>Gender commission in place</li> <li>Gender commission mandate articulated</li> <li># of meetings held</li> <li>Actions taken in response to gender commission decisions</li> </ul>	Achieving gender equity is a process, not an event. A formal body within an organization that is mandated to oversee gender equity can guide and ensure genuine and lasting change.

## Organizational continued

### GOAL: Organizational structure and functioning is gender-responsive

Activity	Expected outcome/impact	Indicators	Comments/details
Develop or adapt a gender equity policy for the organization	<ul style="list-style-type: none"> <li>Gender equity standards, systems and accountability processes are in place</li> </ul>	<ul style="list-style-type: none"> <li>Equity policy developed or amended</li> </ul>	An equity policy may cover the following topics: parity of pay and leave; gender awareness; professional development plan for men and women; equal chances for personal development.
Set staff gender recruitment targets	<ul style="list-style-type: none"> <li>Women make up a substantive proportion of staff teams at all levels of employment</li> <li>Women are able to voice their needs and concerns</li> </ul>	<ul style="list-style-type: none"> <li>% of staff members who are women</li> <li>% increase in female staffing</li> </ul>	Recruitment and retention targets should aim for a minimum of 50% women. Women's voices have been shown to be excluded when the proportion of women is less than this.
Set gender leadership targets	<ul style="list-style-type: none"> <li>A substantive proportion of leadership roles held by women</li> <li>Women staff members see possibilities for advancement in the organization</li> <li>Women are better able to voice their concerns and needs within the organization</li> </ul>	<ul style="list-style-type: none"> <li>% of managerial and leadership roles held by women</li> <li>% of women who facilitate meetings</li> <li>Qualitative reports of changes in perceptions about women's leadership</li> <li>Anonymous surveys of staff on leadership</li> </ul>	Women are frequently excluded from holding leadership positions. Recruitment and retention targets should aim to increase the proportion of women in leadership positions to the extent needed for long-term equitable gender breakdowns in leadership staff.
Increase women's leadership and decision-making opportunities	<ul style="list-style-type: none"> <li>Women's concerns are increasingly recognized and responded to in the organization and in TB programming</li> <li>Perceptions of women's capacities are improved</li> </ul>	<ul style="list-style-type: none"> <li># of meetings or processes lead by women</li> <li># of women in leadership positions</li> <li># of women newly engaged in high-profile reporting or stakeholder meetings</li> <li>Qualitative reports of changes in women's decision-making powers</li> </ul>	Women are routinely excluded from leadership and decision-making in TB programming. Increased women's leadership and decision-making can improve attention to matters affecting women, and can change perceptions of women's capacities. Increased leadership opportunities can also change women's self-perceptions (see below).

## Societal

### GOAL: Empowerment of women and girls and gender equity are increasingly recognised and supported as societal ideals

Activity	Expected outcome/impact	Indicators	Comments/details
Train partners and stakeholders in gender and empowerment of women and girls	<ul style="list-style-type: none"> <li>Empowerment of women and girls becomes a collective effort</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed</li> <li>Training implemented</li> <li>Pre- and post-assessments demonstrate learning</li> <li>Reports of changes to knowledge, attitudes, and practices</li> <li>Records or reports of actions taken by stakeholders</li> </ul>	<p>Successfully shifting TB care approaches to being gender-based requires collaboration and broad-based support. Sustainable change relies on all parties understanding the value of a gender-based approach to TB. Including stakeholders in gender and TB training and sensitization efforts is key to creating allies.</p>
Include gender and empowerment of women and girls as an agenda item in stakeholder interactions	<ul style="list-style-type: none"> <li>Sustainability of approach empowering women and girls is supported through regular stakeholder discussions</li> </ul>	<ul style="list-style-type: none"> <li>Documented discussions about women's empowerment/gender-based care in stakeholder meetings</li> <li>Documented decisions related to empowerment of women and girls in meeting minutes</li> </ul>	<p>Stakeholders are more likely to stay engaged if discussions, planning and reporting overtly include gender. When gender is not explicitly kept in view it is often forgotten.</p>
Sensitize and educate men and community leaders about TB, gender and empowerment of women and girls	<ul style="list-style-type: none"> <li>Empowerment of women and girls supported by community leaders and male "champions"</li> </ul>	<ul style="list-style-type: none"> <li>Curriculum developed; training implemented</li> <li>Pre- and post-assessments demonstrate learning</li> <li>Reports of changes to knowledge, attitudes, and practices</li> </ul>	<p>Empowerment of women and girls requires the understanding and support of community leaders and men who are able to act as champions and advocates for change.</p>
Develop gender-responsive IEC and awareness tools (pamphlets, posters, radio broadcasts, animated films or podcasts).	<ul style="list-style-type: none"> <li>IEC materials provide gender-based information and counter-harmful gender-related narratives about TB</li> </ul>	<ul style="list-style-type: none"> <li>Gender-responsive IEC material designs</li> <li># of IEC materials produced</li> <li># of materials disseminated</li> <li>Impact of IEC materials on knowledge, attitudes, and practices</li> </ul>	<p>IEC materials often reproduce harmful gender norms. For example, men are presented as affected by TB, and women and girls as caregivers, suggesting that men's care and treatment needs are a priority, and imposing expectations of free, volunteer labour from women and girls. Shifting these representations is key to changing public perceptions of gender and TB.</p>

## Individual

### GOAL: Women are targeted for support and/or capacity building

Activity	Expected outcome/impact	Indicators	Comments/details
Implement skills development training in female staff and/or people affected by TB (e.g. financial literacy; digital literacy; legal literacy; or mobility (bicycle or motorbike riding) training)	<ul style="list-style-type: none"> <li>Women and girls gain skills, confidence, and capacities</li> <li>Perceptions of women's roles and capacities shift</li> </ul>	<ul style="list-style-type: none"> <li>Training plan or curriculum in place</li> <li>Training sessions conducted</li> <li># of people initiating and completing training</li> <li>Pre- and post-assessment results</li> <li>Reports of utilization of knowledge gained</li> <li>Reports of changed work or life conditions resulting from the training</li> </ul>	Women and girls are often denied opportunities for gaining life and work skills such as digital and financial literacy. Training in these areas can improve confidence and capacity at home, work, and in the community.
Identify women facing catastrophic costs and provide support	<ul style="list-style-type: none"> <li>Women who face catastrophic costs receive support and have better health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Screening in place to identify women in need of support</li> <li>Support systems set up</li> <li># of women screened</li> <li># of women referred</li> <li># of women accessing support</li> <li>Reports or case studies demonstrating impact of support access</li> <li>Cost-saving assessed in % of women covered by activities</li> </ul>	Women are more likely than men to either not have access to the finances required for TB care, or suffer catastrophic costs of TB care. Support can result in better health outcomes.
Link vulnerable women affected by TB to microfinance programs, income-generating skills development programs, or nutritional support programs.	<ul style="list-style-type: none"> <li>Women engaged have improved health outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Screening in place to identify women in need of support</li> <li>Linkage systems set up</li> <li># of women screened</li> <li># of women referred to programs or enrolled in programs</li> <li>Reports or case studies demonstrating improvements in life conditions</li> </ul>	Women often have less access to financial resources, or training that allows them to generate or access resources. Access to microfinance or income-generating skills development can be a key step towards generating life-conditions that reduce TB infection and disease.

## Individual continued

### Goal: Women in the TB response are supported in personal and career advancement

Activity	Expected outcome/impact	Indicators	Comments/details
Undertake women's leadership training in staff	<ul style="list-style-type: none"> <li>Women gain leadership confidence and capacity</li> <li>Men change their perceptions of women's abilities and roles</li> </ul>	<ul style="list-style-type: none"> <li># of women involved in training</li> <li># of trainings taken place</li> <li>Reports of impact of training on self-confidence and decision-making power</li> </ul>	Common exclusion of women from leadership roles often means that they do not have routine opportunities to develop leadership skills and confidence. Leadership training can help to overcome this barrier to taking on leadership roles.
Provide mental health counselling and support to women affected by TB	<ul style="list-style-type: none"> <li>Women affected by TB are knowledgeable about mental health and how to access support</li> </ul>	<ul style="list-style-type: none"> <li>Counselling processes set up</li> <li>Counselling about TB and mental health integrated into TB programming</li> <li>Referrals or linkage to mental healthcare support in place</li> <li>Qualitative reports of impact of counselling access</li> </ul>	Mental health lacks attention in TB programming and may be particularly important with women, as they often face greater stigma.
Undertake hemoglobin testing with women affected by TB and provide iron to anaemic women	<ul style="list-style-type: none"> <li>Anaemic women are identified and provided with iron supplements and have improved hemoglobin levels</li> </ul>	<ul style="list-style-type: none"> <li>Number of women undertaking hemoglobin testing</li> <li># of women anaemic</li> <li>Number of women receiving iron supplements</li> <li>Changes in hemoglobin levels of enrolled women</li> </ul>	Anaemia leads to worse TB outcomes. Women are more likely than men to be anaemic, with high levels measured in women with TB in countries such as India.

## All levels

### Goal: Women in the TB response are supported in personal and career advancement

Activity	Expected outcome/impact	Indicators	Comments/details
Partner with a gender equity organization	<ul style="list-style-type: none"> <li>Women's empowerment and gender equity processes are fast-tracked through the knowledge and expertise of the partner organization</li> </ul>	<ul style="list-style-type: none"> <li>Partnership agreement in place</li> <li>Events conducted with gender equity organization</li> </ul>	Women's organizations are often best placed to support women's empowerment work. Local gender organizations can fast-track moves towards gender equity by bringing their expertise. Certain processes, such as gender training, organizational assessments, and the development of gender equity policies are often best undertaken by partner organizations.

## 6. Key additional areas and resources for consideration

Grantees displayed exceptional innovation in developing their approach to women's empowerment. However, there were a few key areas that were not included, which would strengthen a gender-based, women's empowerment approach.

We highlight two areas below:

### **Community-led monitoring**

Community-led monitoring (CLM) can be done to understand challenges faced by different genders affected by TB, to inform evidence-based advocacy, to take programmatic action at facility level, and to inform TB program decision making.

Potential indicators for community-led monitoring include:

- # of actions taken at the individual, facility and program level in response to CLM data
- Sex disaggregated data on TB challenges across the cascade of care, e.g., % of people with TB, engaged in CLM who experience stigma in health facility X, % of people with TB, engaged in CLM who are denied treatment services in health facility Y.), disaggregated by gender
- % of CLM related barriers resolved
- % of CLM reports (information) used to inform advocacy
- % of CLM (information) reports used to inform programmatic decision

The OneImpact Digital platform provides tools to support community-led monitoring (<https://stoptbpartnershiponeimpact.org/>)

CLM is most likely to fit into the data level.

## **Stigma reduction**

Efforts towards gender-related stigma reduction can play a critical role in reducing barriers to care access and in improving the quality of care for men, women and gender diverse people.

The Stop TB Partnership stigma assessment tool can serve to provide a baseline for levels of stigma (<http://www.stoptb.org/assets/documents/communities/STP%20TB%20Stigma%20Assessment%20Implementation%20Handbook.pdf>)

Potential indicators to assess stigma, in line with Global Fund indicators, include:

- % of men/women/gender diverse people diagnosed with TB reporting that self-stigma inhibited them from seeking and accessing TB services
- % men/women/gender diverse people diagnosed with TB reporting that stigma in their community/neighbourhood inhibited them from seeking and accessing TB services
- % men/women/gender diverse people diagnosed with TB reporting that stigma in a health care setting inhibited them from seeking and accessing TB services

Stigma reduction is mostly likely to fit into the programmatic/ service delivery level, though it may also fit into the individual level.



# APPENDIX:

## Sample Assessment Tools from Wave 7 TB REACH

### Overview

Careful documentation of the women's empowerment activities, including what is done, how many times, who is reached, and how many people are reached, because this is needed so that the intervention can be well described as context for the results. **This is an essential aspect of your work and needs to happen throughout the implementation.**

In addition, projects are encouraged to collect a combination of quantitative and qualitative data in order to demonstrate impact. This package includes five tools that can be used by projects to assess impact.

These are:

- Tool 1:** Individual change questionnaire for women engaged by the project
- Tool 2:** Individual questionnaire for men in the community impacted by the project
- Tool 3:** Individual interview for healthcare workers engaged by or working in the project
- Tool 4:** Focus group discussion guide for community members and stakeholders
- Tool 5:** TB knowledge assessment for anyone who has undergone TB training

Not all tools, or all aspects of the tools included will be relevant to all projects. Projects need to select and adapt tools to suit their needs.

Note that all research processes must record the basic research information and undertake consent and acquire local ethical approval as needed. Where interviews are done, basic participant information is also essential.

The table below outlines the Tools, their objective, the target population and when they are designed to be used.

Assessment of progress towards women's empowerment tools description				
Tool #	Tool Type	Tagert Population	Purpose	Use/Comments
Tool 1	Individual change questionnaire: Interview schedule	Women engaged by the project	An assessment of the extent to which the project has led to changes in service access and quality and women's empowerment more broadly	These individual interview schedules can be used twice (before and after the intervention) and changes in individuals' answers can be assessed.
Tool 2	Individual change questionnaire: interview schedule	Men in the community engaged or impacted by the project	An assessment of the extent to which the project has led to changes in service access and quality and men's attitude to women	Where this is done, the grey-fill areas must be deleted.  Alternatively, it can be used once, after the intervention. When this is done, the grey fill areas must be included.
Tool 3	Individual and project change questionnaire: interview schedule	Healthcare workers (all genders) working in the project	An assessment of the extent to which the project has led to changes in TB healthcare worker knowledge and skills, the quality of services, and women's empowerment	<b>NB: TB REACH has particular interest in some areas and requests that these areas are included. These areas are marked with a: !</b>
Tool 4	Focus group discussion guide	Stakeholders and community members engaged by the project	An assessment of broader community attitudes to in women's empowerment and changes resulting from the project	This tool can be used early on, or at the end of the project. For use at the outset of the project, delete the questions in greyfill.
Tool 5	TB knowledge assessment	Any person who has undergone basic TB training	A basic TB knowledge test. This will need to be adapted to align with the TB education provided.	This is only applicable where an assessment of TB knowledge is appropriate. It is designed to be implemented before and after the training.

## **Tool 1: Individual change questionnaire for women engaged by the project**

### **1. Research details**

*To be filled in by the researcher*

1.1. Grantee organization: \_\_\_\_\_

1.2. Country: \_\_\_\_\_

1.3. Region/city: \_\_\_\_\_

1.4. Interviewer name/ID: \_\_\_\_\_

1.5. Date of interview: \_\_\_\_\_

1.6. Participant study ID #: \_\_\_\_\_

### **2. Informed consent**

*The interviewer should read the following information to the individual being interviewed:*

Thank you for agreeing to participate in this research project. We will be asking you some questions about: *[insert selected module content details in here]*.

There will be no benefit to you for participating, but it will help us to improve TB and other work in our community in the future.

The answers you provide won't be shared with anyone else.

If you don't understand something or want it to be better explained, please ask me. Also, if you are uncomfortable answering any of these questions you don't have to answer them. You won't be negatively affected by answering honestly or refusing to answer. You can stop at any time.

Before we begin, do you have any questions? If not, we can start the interview.

This interview will take about *[insert estimated total time of the included modules]*

### 3. Participant details

I am going to ask you some basic details about yourself

#### 3.1. How old are you?

- <25
- 25-30
- 31-40
- 41-50
- >51

#### 3.2. What is the highest educational level you have completed?

- No schooling
- Some primary school
- Primary school
- Secondary school
- Post-secondary certificate
- University level courses
- Other (please specify) \_\_\_\_\_

#### 3.3. How many people in the below age categories live (sleep) in the same house with you at the moment?

Elderly (65+): \_\_\_\_\_

Adults (18-64): \_\_\_\_\_

Children (6-17): \_\_\_\_\_

Children (under 6): \_\_\_\_\_

**3.4. Who is the head of your household?**

- I am
- My mother
- My sister
- My husband
- My father
- My brother
- Other, please clarify \_\_\_\_\_

**3.5. If you work outside the home, how would you describe your employment:**

- Part time employed by someone else
- Full time employed by someone else
- Self-employed/subsistence
- Volunteering

**3.6. What work do you do?**

- Farmer
- Factory worker
- I care for my family at home
- Healthcare work
- Projects to add occupations here that most align with their population of focus*
- Other, please clarify \_\_\_\_\_

## **4. Project engagement/participation**

Now I will ask you some questions about why you are here and what motivated you take part in the project activities.

### **4.1. What is your involvement with the TB REACH project?**

- I was recruited as a volunteer on the project
- I accessed health services provided by the project
- I accessed other project activities (trainings etc.)
- Other, please clarify \_\_\_\_\_

### **4.2. Describe your reasons for wanting to participate in the TB REACH project (more than one answer possible)**

- Concern about my own health
- Concern about the health of a family member
- Concern about the health of people in my community
- Interest in helping others/my community
- Interest in gaining new knowledge and/or skills
- I wanted to be able to earn my own money
- I was interested in leadership opportunities
- Wanted to participate in a project run by women
- Other, please clarify \_\_\_\_\_

#### **4.2.1. Please provide any additional comment on your motivation**

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**4.3. What, if any, challenges are you/have you experiencing/ed in your participation (mark all that apply)**

- My spouse/partner isn't/wasn't supportive
- My family (other than spouse) isn't/wasn't supportive
- The project isn't/wasn't set up to suit my needs
- There is a lot of TB stigma in the community
- My duties at home take/took up my time
- My employment takes/took up my time
- This isn't seen as respectable work for a woman
- The transport/travel is/was difficult
- Other, please clarify \_\_\_\_\_

**4.3.1. Please provide additional commentary on any challenges to participating in TB REACH activities:**

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**5. TB service access and quality**

Now I will ask you some questions about the quality of TB care you have received.

**5.1. What if any, TB services do/did you access through the project:**

- Education
- Screening
- Diagnosis
- Laboratory services
- Treatment
- Psychosocial (nutrition, counselling, support groups etc.)
- Other, please clarify \_\_\_\_\_

*If no services were accessed skip to question 5.6*

**5.2. If you TB accessed services, how do you travel to them?**

- By foot
- By bicycle
- By motorcycle/taxi/boda boda
- By bus/matatu

**5.3. How long does it take you to get to the TB services?**

- Less than 30 minutes
- 30 minutes to 1 hour
- Over 1 hour, less than 2 hours
- Over 2 hours

**5.4. How often do you need to access TB services at the moment**

- Daily
- Weekly
- Monthly
- Every couple of months
- Other, please clarify \_\_\_\_\_

**5.5. How much do you generally pay for transport to get to the TB services?**

- Nothing
- [*Insert local currencies and amounts that may be appropriate*]

Now I'm going to ask you to rate a set of statements for how much you agree with them, and to say whether you think your opinion of the statement has changed because of the TB REACH project

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

	<b>=</b>	
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**5.6. – 5.13. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is truer, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
5.6. It is easy to get a TB diagnosis								
5.7. The healthcare providers are respectful and supportive								
5.8. The services provided are satisfactory								
5.9. When I have questions they are answered								
5.10. The clinic schedule suits me								
5.11. The clinic hours suit me								
5.12. TB stigma in my community is a big problem								
5.13. I have received enough TB education to understand what it means to have TB								

## 6. Perception, efficacy and decision-making

I am going to ask you some questions about yourself. There are no right or wrong answers. I am going to ask you to rate a set of statements for how much you agree with them, and to say whether you think your opinion of the statement has changed because of the TB REACH project

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

	<b>=</b>	
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**6.1 – 6.14. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
6.1. I am as worthy as anyone else								
6.2. I have a positive attitude about myself								
6.3. I usually feel confident about decisions I make								
6.4. I usually achieve what I set out to do								
6.5. I often feel alone								
6.6. I feel powerless at times								
6.7. I do not have much to be proud of								
6.8. I am as capable as a man to contribute to household income								
6.9. I am as capable as a man of making important household decisions								
6.10. I am as capable as a man to be a leader								
6.11. I can participate in groups and activities or meetings in the community								
6.12. I can obtain health services if I decide to								
6.13. I know enough about TB to be able to make good health decisions								
6.14. I have some level of financial independence								

## 7. Community safety and gender-based violence

I'm going to ask you about how safe you feel at home or in your community. Please feel free to skip a question if you are feeling uncomfortable.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**7.1 – 7.6 Please go through the statements below and I.) Indicate the extent you agree or disagree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
7.1. I feel safe walking alone in my community								
7.2. I know many women who have been slapped or hit by their husband or another male family member in the last 6 months								
7.3. Sometimes my husband/partner/male family member insults me								
7.4. Sometimes my husband/partner/male family member pushes, slaps or punches me								
7.5. If/When a male family member insults or hits me I feel I could leave my home and go somewhere else								
7.6. There is enough support in the community, if I feel unsafe in my home								

## 8. TB REACH project impact

I'm going to ask you some questions about the TB REACH project. Just to remind you, there won't be negative consequences for answering honestly.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

**8.1 – 8.10 Please go through the statements below and indicate the extent you agree or disagree (1-5):**

The TB REACH project has improved:	1	2	3	4	5
8.1. My health					
8.2. My access to healthcare					
8.3. My knowledge about TB					
8.4. My ability to influence my family's finances					
8.5. My ability to determine my own health choices					
8.6. My family's trust in my knowledge and/or abilities					
8.7. My self-confidence					
8.8. The way my community perceives me					
8.9. My relationships at home					
8.10 How I feel about myself					

**8.10. If you feel differently about yourself, please describe how:**

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## 9. COVID-19 Impacts

I'm going to ask you some questions about the effects of COVID-19 on your life.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

**9.1 – 9.12. Please go through the statements below and indicate the extent you agree or disagree (1-5):**

<b>Please go through the statements below. Each is relevant to the time during the COVID-19 epidemic</b>	1	2	3	4	5
9.1. My workload at home increased					
9.2. The men in my household have shared more household duties with me					
9.3. My income was lost or greatly reduced					
9.4. I was able to access my chronic medication					
9.5. I had to put myself at risk of COVID-19 infection because of my work and/or care duties					
9.6. I had access to the birth control and sexual health that I needed					
9.7. There was not always enough food in my house					
9.8. I have experienced family/gender-based violence					
9.9. I was still able to do things I enjoy					
9.10. I was able to test for COVID-19 when I needed it					
9.11. I had access to sufficient personal protective equipment if I needed it					
9.12. My ability to influence decisions within the household has been reduced					

**9.13 Is there any other way COVID-19 has really impacted on your life?**

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## **Tool 2: Individual questionnaire for men in the community impacted by the project**

### **1. Research details**

*To be filled in by the researcher*

1.1. Grantee organization: \_\_\_\_\_

1.2. Country: \_\_\_\_\_

1.3. Region/city: \_\_\_\_\_

1.4. Interviewer name/ID: \_\_\_\_\_

1.5. Date of interview: \_\_\_\_\_

1.6. Participant study ID #: \_\_\_\_\_

### **2. Informed consent**

*The interviewer should read the following information to the individual being interviewed:*

Thank you for agreeing to participate in this research project. We will be asking you some questions about: *[insert selected module content details in here]*.

There will be no benefit to you for participating, but it will help us to improve TB and other work in our community in the future.

The answers you provide won't be shared with anyone else.

If you don't understand something or want it to be better explained, please ask me. Also, if you are uncomfortable answering any of these questions you don't have to answer them. You won't be negatively affected by answering honestly or refusing to answer. You can stop at any time.

Before we begin, do you have any questions? If not, we can start the interview.

This interview will take about *[insert estimated total time of the included modules]*

### 3. Participant details

I am going to ask you some basic details about yourself

#### 3.1. How old are you?

- <25
- 25-30
- 31-40
- 41-50
- >51

#### 3.2. What is the highest educational level you have completed?

- No schooling
- Some primary school
- Primary school
- Secondary school
- Post-secondary certificate
- University level courses
- Other (please specify) \_\_\_\_\_

#### 3.3. How many people in the below age categories live (sleep) in the same house with you at the moment?

Elderly (65+): \_\_\_\_\_

Adults (18-64): \_\_\_\_\_

Children (6-17): \_\_\_\_\_

Children (under 6): \_\_\_\_\_

**3.4. Who is the head of your household?**

- I am
- My mother
- My sister
- My husband
- My father
- My brother
- Other, please clarify \_\_\_\_\_

**3.5. If you work outside the home, how would you describe your employment:**

- Part time employed by someone else
- Full time employed by someone else
- Self-employed/subsistence
- Volunteering

**3.6. What work do you do?**

- Farmer
- Factory worker
- I care for my family at home
- Healthcare work
- Projects to add occupations here that most align with their population of focus*
- Other, please clarify \_\_\_\_\_

## **4. Project engagement/participation**

Now I will ask you some questions about why you are here and what motivated you take part in the project activities.

### **4.1. What is your involvement with the TB REACH project?**

- I was recruited as a volunteer on the project
- I accessed health services provided by the project
- I accessed other project activities (trainings etc.)
- A female family member was engaged by the project
- I heard about the project and was interested in participating
- I live in the community where the project operated
- Other, please clarify \_\_\_\_\_

### **4.2. Describe your reasons for wanting to participate in the TB REACH project (more than one answer possible)**

- Concern about my own health
- Concern about the health of a family member
- Concern about the health of people in my community
- Interest in helping others/my community
- Interest in gaining new knowledge and/or skills
- I wanted to be able to earn my own money
- Interested in becoming a leader
- Wanted to participate in a project run by women
- Other, please clarify \_\_\_\_\_

#### **4.2.1. Please provide any additional comment on your motivation**

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**4.3. What, if any, challenges are you/have you experiencing/ed in your participation (mark all that apply)**

- My spouse/partner isn't/wasn't supportive
- My family (other than spouse) isn't/wasn't supportive
- The project isn't/wasn't set up to suit my needs
- There is a lot of TB stigma in the community
- My duties at home take/took up my time
- My employment takes/took up my time
- The transport/travel is/was difficult
- It's not common for men to do this kind of health work
- Other, please clarify \_\_\_\_\_

**4.3.1. Please provide additional commentary on any challenges to participating in TB REACH activities:**

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**5. TB service access and quality**

Now I will ask you some questions about the quality of TB care you have received.

**5.1. What if any, TB services do/did you access through the project:**

- TB education
- TB screening
- TB diagnosis
- TB treatment
- TB support groups
- Other, psychosocial (nutrition, counselling, support groups etc.)please clarify \_\_\_\_\_

*If no services were accessed skip to question 5.6*

**5.2. If you TB accessed services, how do you travel to them?**

- By foot
- By bicycle
- By motorcycle/taxi/boda boda
- By bus/matatu

**5.3. How long does it take you to get to the TB services?**

- Less than 30 minutes
- 30 minutes to 1 hour
- Over 1 hour, less than 2 hours
- Over 2 hours

**5.4. How often do you need to access TB services at the moment**

- Daily
- Weekly
- Monthly
- Every couple of months
- Other, please clarify \_\_\_\_\_

**5.5. How much do you generally pay for transport to get to the TB services?**

- Nothing
- [*Insert local currencies and amounts that may be appropriate*]

Now I'm going to ask you to rate a set of statements on how much you agree with them, and to say whether your opinion of these statements has changed because of the TB REACH project.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**5.6. – 5.14. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
5.6. It is easy to get a TB diagnosis								
5.7. The healthcare providers are respectful and supportive								
5.8. The services provided are satisfactory								
5.9. When I have questions they are answered								
5.10. The clinic schedule suits me								
5.11. The clinic hours suit me								
5.12. TB stigma in my community is a big problem								
5.13. I have received enough TB education to understand what it means to have TB								
5.14. It's embarrassing to receive any sort of health services because they are run by women								

## 6. Attitudes towards women

I'm going to ask you a bit about what you feel about women's place and role in society.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**6.1 – 6.14. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C).**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
6.1. Women are as capable as a man to contribute to household income								
6.2. Women are as capable as a man of making important household decisions								
6.3. Women are as capable as a man to be a leader								
6.4. Women can move in groups and activities or meetings in the community								
6.5. Women can obtain health services if they decide to								
6.6. Women are responsible for taking care of the children in the house								
6.7. Women should take care of the men in the house								
6.8. Women who do not obey their male family members must face the consequences								
6.9. Men in our community need to change their attitudes towards women								
6.10. I know what to do if I see or hear about men being violent to women								
6.11. I feel comfortable telling other men to be more respectful to women's role in our society								
6.12. I am happy to work alongside women								

6.13. I don't/wouldn't mind having a female boss in my job					
6.14. My female relatives should be able to get an education if they want one					


## 7. COVID-19 Impacts

I'm going to ask you about the effects of COVID-19 on your life.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

**7.1 – 7.10 Please go through the statements below and indicate the extent you agree or disagree (1-5):**

<b>Please go through the statements below. Each is relevant to the time during the COVID-19 epidemic</b>	1	2	3	4	5
7.1. My workload at home increased					
7.2. My income was lost or greatly reduced					
7.3. I was able to access my chronic medication					
7.4. I had to put myself at risk of COVID-19 infection because of my work and/or care duties					
7.5. I had access to the sexual and reproductive/ mental health care I needed					
7.6. There was not always enough food in my house					
7.7. I have experienced violence in the home					
7.8. I was still able to do things I enjoy					
7.9. I was able to test for COVID-19 if I needed it					
7.10. I have struggled to support my family					

**7.11 Is there any other way COVID-19 has really impacted on your life?**

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## **Tool 3: Individual interview for healthcare workers engaged by or working in the project**

### **1. Research details**

*To be filled in by the researcher*

1.1. Grantee organization: \_\_\_\_\_

1.2. Country: \_\_\_\_\_

1.3. Region/city: \_\_\_\_\_

1.4. Interviewer name/ID: \_\_\_\_\_

1.5. Date of interview: \_\_\_\_\_

1.6. Participant study ID #: \_\_\_\_\_

### **2. Informed consent**

*The interviewer should read the following information to the individual being interviewed:*

Thank you for agreeing to participate in this research project. We will be asking you some questions about: *[insert selected module content details in here]*.

There will be no benefit to you for participating, but it will help us to improve TB and other work in our community in the future.

The answers you provide won't be shared with anyone else.

If you don't understand something or want it to be better explained, please ask me. Also, if you are uncomfortable answering any of these questions you don't have to answer them. You won't be negatively affected by answering honestly or refusing to answer. You can stop at any time.

Before we begin, do you have any questions? If not, we can start the interview.

This interview will take about *[insert estimated total time of the included modules]*

### 3. Participant details

I am going to ask you some basic details about yourself

#### 3.1. How are you involved in this project:

- Community care worker
- Nurse
- Paramedic
- Doctor
- Other, please clarify \_\_\_\_\_

#### 3.2. How old are you?

- <25
- 25-30
- 31-40
- 41-50
- >51

#### 3.3. What is your sex:

- Male
- Female
- Other, please clarify \_\_\_\_\_

#### 3.4. What is the highest educational level you have completed?

- No schooling
- Some primary school
- Primary school
- Secondary school
- Post-secondary certificate
- University level courses
- Other (please specify) \_\_\_\_\_

## **4. Project engagement/participation**

Now I will ask you some questions about your involvement with the project

### **4.1. What if any, TB services do/did you provide through the work you do with the project? (more than one answer possible)**

- Education
- Screening
- Diagnosis
- Laboratory services
- Treatment
- Psychosocial (nutrition, counselling, support groups etc.)
- Other, please clarify \_\_\_\_\_

### **4.2. To what extent did you provide TB services before the project**

- None at all
- Some
- It was already a core part of my work

### **4.3 Describe your reasons for taking this role in the TB REACH project (more than one answer possible)**

- It was required for my work
- I was concerned about the health of people in my community
- I could help others/my community
- I could gain new knowledge and/or skills
- There were financial benefits
- There were leadership opportunities
- There were women leaders in the project
- Other, please clarify \_\_\_\_\_

#### **4.3.1. Please provide any additional comment on your motivation**

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**4.4 What, if any, challenges are you/have you experiencing/ed in your project participation (mark all that apply)**

- My spouse/partner isn't/wasn't supportive
- My family (other than spouse) isn't/wasn't supportive
- The project isn't/wasn't set up to suit my needs
- There is a lot of TB stigma in the community
- It clashed with my home duties
- It clashed with my other work duties
- It wasn't seen as respectable work
- The transport/travel is/was difficult
- Other, please clarify \_\_\_\_\_

**4.4.1. Please provide additional commentary on challenges to participating in TB REACH activities:**

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## 5. TB service provision

I'm going to ask you to rate a set of statements on how much you agree with them, and to say whether you think your opinion of the statements has changed because of the TB REACH project.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

	<b>=</b>	
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**5.1 – 5.10. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
5.1. I am confident in my TB knowledge								
5.2. I am confident that I know enough about infection control								
5.3. I have/had enough access to PPE for the work I was doing								
5.4. I think that men and women have different TB diagnosis and treatment needs								
5.5. I am confident providing TB services								
5.6. I adapt my approach when providing TB services to men, women, or other genders								
5.7. The services I provided were well set up for the people using them								
5.8. Women are able to access the TB services they need								
5.9. Men are able to access the TB services they need								
5.10. I feel like I would provide better services with additional training								

**6. Perception, efficacy and decision-making at home and work: women and gender minorities**

Questions 6 and 7 are for women and gender minority HCWs, only. For men, please skip to question 8.

I am going to ask you some questions about yourself. There are no right or wrong answers.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**6.1 – 6.13. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
6.1. I am as worthy as anyone else								
6.2. I have a positive attitude about myself								
6.3. I usually feel confident about decisions I make								
6.4. I usually achieve what I set out to do								
6.5. I often feel alone								
6.6. I feel powerless at times								
6.7. I do not have much to be proud of								
6.8. I am as capable as a man would be at my job								
6.9. I am as capable as a man of making important work decisions								
6.10. I am as capable as a man to be a leader								
6.11. My colleagues take my opinions seriously								
6.12. Being a woman makes it harder to do my job								
6.13. I have some level of financial independence								

## 7. Community safety and gender-based violence

I'm going to ask you about how safe you feel at home or in your community. Please feel free to skip a question if you feel uncomfortable answering them.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**7.1 – 7.6 Please go through the statements below and I.) Indicate the extent you agree or disagree (1-5); II.) Indicate if the statement is more true, the same, or less true because of the TB REACH project (A, B, or C)**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
7.1. I feel safe walking alone in my community								
7.2. I know many women who have been slapped or hit by their husband or another male family member in the last 6 months								
7.3. Sometimes my husband/partner/male family member insults me								
7.4. Sometimes my husband/partner/male family member pushes, slaps or punches me								
7.5. If/When a male family member insults or hits me I feel I could leave my home and go somewhere else								
7.6. There is enough support in the community, if I feel unsafe in my home								

*The section for women is complete, please skip to question 9.*

## 8. Attitudes towards women: Men

The next section is for male HCWs only.

I'm going to ask you a bit about what you feel about women's place and role in society

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

		
<b>A</b> More true	<b>B</b> The same	<b>C</b> Less true

**8.1. – 8.12. Please go through the statements below and I.) Indicate the extent you agree (1-5); II.) Indicate if the statement is truer, the same, or less true for because of the TB REACH project (A, B, or C).**

	I. Agreement					II. Changes		
	1	2	3	4	5	A	B	C
8.1 A woman is as capable as me in doing my job								
8.2 Women are as capable as men in making important work decisions								
8.3 Women as capable as men to be in leadership roles								
8.4 I am happy to work alongside women								
8.5 I don't/wouldn't mind having a female boss in my job								
8.6. Women are responsible for taking care of the children in the house								
8.7. Women should take care of the men in the house								
8.8. Women who do not obey their male family members must face the consequences								
8.9. Men in our community need to change their attitudes towards women								
8.10. I know what to do if I see or hear about men being violent to women								
8.11. I feel comfortable telling other men to be more respectful to women's role in our society								
8.12. My female relatives should be able to get an education if they want one								

## 9. TB REACH Project Impact

I'm going to ask you some questions about the TB REACH project. Just to remind you, there won't be any negative consequences for answering honestly.

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

**9.1 – 9.9 Please go through the statements below and indicate the extent you agree or disagree (1-5):**

The TB REACH project has improved:	1	2	3	4	5
9.1. My work possibilities					
9.2. My working environment					
9.3. My knowledge about TB					
9.4. My ability to influence decisions at work					
9.5. The quality of services I provide					
9.6. My self-confidence					
9.7. The way my community perceives me					
9.8. My relationships at home					
9.9 How I feel about myself and my job					

**9.9. If you feel differently about yourself and your job, please describe how:**

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## 10. COVID-19 Impacts

Now I would like to talk about how COVID-19 impacted you and your work

				
<b>1</b> Strongly Agree	<b>2</b> Agree	<b>3</b> Neutral	<b>4</b> Disagree	<b>5</b> Strongly Disagree

**10.1. – 10.11 Please go through the statements below and indicate the extent you agree or disagree (1-5):**

<b>Please go through the statements below. Each is relevant to the time during the COVID-19 epidemic</b>	1	2	3	4	5
10.1. My workload at home increased					
10.2. My workload at work increased					
10.3. My income was lost or greatly reduced					
10.4. I was able to access my chronic medication					
10.5. I had to put myself at risk of COVID-19 infection because of my work and/or care duties					
10.6. There was not always enough food in my house					
10.7. I have experienced violence in the home					
10.8. I was still able to do things I enjoy					
10.9. I was able to test for COVID-19 when I needed it					
10.10. I have struggled to support my family					
10.11 I had personal protective equipment to feel safe at work					

## **Tool 4: Focus group discussion guide for community members and stakeholders**

*This focus group discussion guide is for community members/stakeholders impacted by the TB REACH project. It can be used for men or women, but groups should not be mixed. The questions aim to assess community views and the change that the project might have inspired.*

### **1. Research details**

*This section should be filled in by the interviewer*

1. Grantee organization: \_\_\_\_\_
2. Country: \_\_\_\_\_
3. Name/ID of Interviewer: \_\_\_\_\_
4. Date of focus group: \_\_\_\_\_
5. Location of focus group: \_\_\_\_\_
6. Focus group study ID number: \_\_\_\_\_
7. Participant's gender: \_\_\_\_\_
8. Participant's ages: \_\_\_\_\_

### **2. Informed consent**

*The interviewer should start with providing the following information to the group participants:*

Hello my name is *[insert name]* and I am here with *[insert organization name]*. Thank you for agreeing to participate in this discussion. I will be asking you questions about your community, about you and about what your experience was like with the TB REACH project. This discussion will take about 45 - 90 minutes.

I will ask everyone to be respectful of each other and give everyone the opportunity to speak if they want to.

We will be recording the discussion as we go, and I will also be writing notes. This recording will be stored in a secure place where no one outside of the research team will be able to access it.

Some of the topics we will discuss may be upsetting or sensitive to some people. You don't have to participate and discuss if you don't want to and you are free to leave if you choose to.

I will also ask you to respect the privacy of all the people in this room and agree to not discuss any information you hear today with others. Do we agree?

Please let me know if you have any questions, otherwise we can start.

### **3. Questions**

1. Can you tell me about what is generally said about women's role in society and the home in your community?

*Probes: Which women are more or less respected? What is women's ability to be leaders and make decisions?*

2. What are some of the opportunities for boys to progress in life in your community, do these differ for girls?

*Probes: Work, education, relationships, marriage*

3. Can you tell me about how acceptable and safe it is in your community for women to move about in the community

*Probes: Walking around during the day/ in the evening; travel outside of the community; ride bicycles/drive; work;*

4. Can you tell me about how acceptable and safe it is in your community for women to make decisions over their own lives?

*Probes: Getting an education (school and beyond); making decisions about family finances; choosing not get married or have children*

5. What do people say about men hitting women family members/ shouting and hitting women at work/in public areas?

*Probes: Is it seen as a man's right? What about if a woman resists?*

6. What jobs are seen as appropriate for women to do?

*Probes: Type of work, travel to work, times of work*

7. How respected are women in your community if they are nurses/community health workers?

8. Can you tell me about anything you think has changed for yourself or women or girls in general because of the TB REACH project?

*Probes: Perceptions about women's capability; community violence; domestic violence; decision-making in households; access to health services; women's participation; visibility of women as leaders; financial independence*

9. What was the most significant change in the way you think or your life because of the TB REACH project?

- a. Why was this significant?

## **Tool 5: TB knowledge assessment for anyone who has undergone TB training**

*This test is to be filled out by the person who is undergoing or has undergone TB training.*

### **1. Personal details**

1.1. Name: \_\_\_\_\_

1.2. Date: \_\_\_\_\_

1.3. Location: \_\_\_\_\_

1.4. Grantee organization: \_\_\_\_\_

### **2. TB knowledge questions**

*Please fill in your answers below by putting a cross in the appropriate boxes:*

#### **1. Do you feel confident that you know what TB is?**

Yes

No

Not sure

Can you describe TB in your own words? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **2. What causes TB (mark all that are correct)**

Don't know

Smoking or drinking too much

Infection/bacteria

Punishment

Frivolous/inappropriate lifestyle/sins etc.

Working in unhealthy conditions

Something that can't be avoided

Other, please clarify \_\_\_\_\_

#### **3. What part of the body does TB affect?**

Lungs

It can affect any organ

Not sure

**4. What are some of the common symptoms of TB? (mark all that correct)**

- Persistent cough
- Fever
- Night sweats
- Weight loss
- Loss of hearing
- Other, please clarify \_\_\_\_\_

**5. Do you remain infectious until you complete your medication?**

- Yes
- No
- Mostly, but not always
- Don't know

**6. Do you know how TB is diagnosed? (mark all that correct)**

- A doctor examines you
- You have to spit/give sputum to be tested
- You have to get an X-ray
- Don't know
- Other, please clarify \_\_\_\_\_

**7. Is TB curable?**

- Yes
- No
- Mostly, but not always
- Don't know

**8. Who do you think is more likely to get TB, men or women?**

- Men
- Women

**9. Will TB affect your biological ability to have children?**

- Yes
- No
- It depends on what kind of TB you have
- It depends on whether you are a man or a woman

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