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RESEARCH COMMUNICATION

A checklist for assessing gender responsiveness in TB control program in the community

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ABSTRACT

Unrecognized gender issues in TB prevention and management in the community and the resulting lack of mechanisms to address these poses as barrier in the success of TB control. Results from two projects on gender responsiveness in TB prevention and management in the community conducted in 2020-2023 contributed to the development of a checklist that can be used as guide to make TB control measures gender-responsive. The checklist used the basic elements of a public health program as framework. This was enhanced by measures to address gender issues which surfaced from KAP community surveys on TB and Gender, in-depth interviews of TB program implementers, and FGDs with women and men who had lived with TB, including their families.

Introduction

The main purpose of this Brief Research Communication is to share a checklist on gender responsiveness in TB prevention and management with program implementers and policymakers in the Philippines. Checklists are organized tools used to ensure adherence to certain tasks and standards or to evaluate the level of compliance with specific requirements, as in the accreditation of service facilities, or to determine whether the implementation of programs is according to specified milestones, or even, to simply check whether certain requirements have been complied with. Checklists are used both in initial evaluation and in monitoring.

A recent Google search generated a few international gender-related tools, including a checklist. One is a WHO Gender Responsive Assessment Scale (2010) [1]: criteria for assessing programs and policies into different levels starting from Level 1, Gender-unequal; Level 2, Gender-blind; Level 3, Gender-sensitive; Level 4, Gender-specific; and Level 5, Gender-transformative. It includes strategies to foster progressive changes in power relationships between women and men. Another was from the UN Inter-agency Network on Women and Gender Equality (IANWGE) [2] that was released in April 2020 as "UN framework for the immediate socio-economic response to COVID-19". The third is on the use of Communities, Rights, and Gender (CRG) tools in a Situational Analysis of Tuberculosis Elimination Program in Greater Manila [3]. None of these tools were simple and practical to use in the context of a community TB program.

Gender Responsiveness refers to the characteristics of policies, plans and programs that reflect the actions to be taken or have been done to demonstrate the commitment to go beyond gender sensitivity and mere acknowledgment of gender gaps. Gender responsiveness involves implementing measures to address the discrepancies in opportunities between men and women. (Gender and Environment.org 2015/08 Stop-Being-so-Sensitive-the-shift-from-gender-sensitive-to-gender-responsive-action/: Accessed 2019 November 25) [4].

In the report, "Fade-Away Effect: Findings from a Gender Assessment of Health Policies and Programs in the Philippines", (Washington, DC: Futures Group, Health Policy Project, 2014) [5], the authors stated that:

- "As the country's (i.e., Philippines',authors' parenthetical note) GAD policies move from development to implementation, and from the national level to LGUs, their commitments weaken.
- Most national health policies integrate gender concerns, but the degree to which they do so is inconsistent across health areas.
- Moreover, these health policies, such as the Gender and Development (GAD) policies, become less gender-responsive when translated to operational plans.
- Finally, LGUs have trouble translating national GAD policies into local policies and programs, because of capacity gaps in human and financial resources, the absence of monitoring and accountability mechanisms, and a weak conceptual understanding of gender. Therefore, local health policies exhibit varying degrees of gender- responsiveness."

The above observations motivated the Women's Health Care Foundation (WHCF), Inc. to do the 2020 Exploratory study on "Gender Responsiveness of TB Prevention and Management in a High TB-burden Urban Area in the Philippines: An Exploratory Study," supported by the Department of Health (DOH) AHEAD program through the Philippine Council for Health Research and Development (PCHRD). This was followed by a second project, "Modelling a Gender Responsive TB Control Program: Validation of Gender Responsiveness Standards in TB Prevention and Management", which received funding support from the PCHRD in 2022-2023. It was in the latter project that the Checklist was validated and finalized.

Process

Observations from two (2) projects mentioned above that were implemented by the Women's Health Care Foundation (WHCF) Inc. in 2020-2023 were the major inputs in the initial version of the Checklist.

The development of the checklist was a 3-step process that included (1) Setting the framework; (2) Setting standards in implementation and assigning weights to the different standards; and (3) Pilot Testing and Validation.

In Step 1, the basic framework was intuitively based on the usual components of a public health program, viz,

1. A supportive policy (legal framework), that defines the foundational principles by which the implementation and the monitoring and evaluation systems shall be based. Here, the social values deemed relevant to the health program that, in this case, the right to health, equitable access to health care services, and women's rights and non-discriminatory practices are emphasized.
2. Program implementation that includes a TB prevention program (e.g. public Information, active case finding programs services), the set of TB clinic services, practices, and facilities.
3. Monitoring and Evaluation: an iterative system that ensures that the program objectives are achieved by identifying challenges and difficulties and how these are addressed.

In Step 2, the standards for program implementation were identified based on the goals of gender-responsiveness and the desired outcomes of the TB control program. The main reference used in the definition of gender

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responsiveness was the article, "Stop Being so Sensitive the shift from gender sensitive to gender responsive action"[4]: and PhilSTEP1: 2020–2023: Screening, Testing/Diagnostics, Treatment and Prevention [6].

Findings in the Knowledge, Attitude and Practices (KAP) survey, Focus Group Discussions (FGDs), and In-Depth Interviews (IDIs) among community constituents, former TB patients, their families and program implementers showed that barriers to TB prevention and management have gender components. At the individual level, women are at a disadvantage when they lack information to recognize TB as a disease with its corresponding symptoms. They will not recognize the infection when it happens–stifling their ability to ably respond to it. Women feel the burden at the family level, because society dictates that they are responsible for keeping order in the home and caring for the family. Women experienced stigmatization at home and outside the home. These make the struggle against the disease heavier. Women's access to TB treatment takes longer than men because of fear of discovery and the anticipated and actual stigma from others. Further, the difficulty of managing the budget for basic family needs and the busyness with duties at home and at work lead to a more delayed access to services.

For men, their ambivalence in decision-making on health, how to manage finances, and their reliance on parents to decide for them, lead to possible delays in seeking treatment especially when parents are also unaware about the disease. The socially-imposed norm of being the breadwinner puts an onus on them such that they sometimes resort to hiding their sickness from others just to be able to continue working and earn. Inappropriate lifestyles that include smoking and excessive intake of alcoholic drinks and non-adherence to treatment because of the length of required treatment, bode ill against early recovery. Their perceived lowering of stature among friends and the community lays a heavy burden as they strive to recover from the disease.

Both men and women are put at a disadvantage when inappropriate counsel from clinic staff is given. They either miss doing the right things or end up doing things that do not help, like abstaining from sexual activity with their partners. When information about TB is deficient or faulty, they will believe in non-medically prescribed treatment, fail to act on symptoms they experience, and delay their access to treatment. When TB service provision fails to be gender-responsive and disregards distinct gender differences and needs, TB control is hampered, and response may be inappropriate. When policies neglect to make TB programs to be gender-responsive, this, too, hinders the success of the program.

The challenge, therefore, is the consideration of gender differences in the design and implementation of TB programs.

The project team strived to distribute points equally among the different components and made final adjustments so that TB services and the Monitoring and Evaluation system were assigned a few more points to emphasize their importance .

In Step 3 – the earlier versions of the checklist were submitted to two gender experts for evaluation and approval of the proposed indicators for gender responsiveness. The checklist was then pilot-tested in Barangays Manggahan and Santolan in collaboration with the Pasig City NTP team for validation.

Output

The Final Version of the Checklist on Gender Responsiveness of a TB Program in the Community is in Table 1. It consists of four major components, each with suggested scores for a total of 100, as follows:

A. Existing local ordinances/issuances on protection of rights and prevention of stigmatization (14 points).
B. TB Prevention Program including active case finding that address gender differences (15 points).
C. TB Care Services.
C1. Availability of Services (22 points).
C2. Practices that lead to unequal access to services (-10 to 0).
C3. Adherence to gender-responsive policies and gender sensitive practice in the clinic (18 points).
C4. Existence of gender-sensitive amenities in the clinic (8 points).
D. Gender and rights-focused Monitoring and Evaluation system (23 points).

Limitations

1. Validation of the checklist was done by only 2 gender experts and the NTP Pasig Team.

The gender experts reviewed the indicators for gender sensitivity and responsiveness while the NTP Pasig Team commented on the applicability of the use of the checklist.

2. The checklist was used in the pilot establishment of gender-responsiveness in only 2 barangays in Pasig City.

Insights from the application of the GR checklist (version 4)

- The Checklist's total score of 100 is aspirational. A cut-off score was deemed not necessary as the checklist is used to identify areas for improvement towards gender responsiveness. In other words, it is a developmental tool.
- Involvement of the same implementers in both baseline and endline scoring facilitated the tracking of changes and acceptability of the Checklist. Working together with program implementers requires openness and a non-judgmental attitude such that the Checklist will be taken as a means to improve the program.
- Cooperation between the Project Team and stakeholders (city and barangay officials, the city health office, NTP program implementers) played a critical role in planning gender responsive programs in the community. The Checklist can also be used as a planning tool.
- Advocating for gender responsiveness in a TB program is a strategic starting point in addressing SDG 5 on Gender Equality as the evident gender differences in lived experiences with TB converts theories to reality.

Summary

A gender-responsiveness checklist was developed based on the accepted requirements of a public health program that were enhanced by the standards for such.

These standards were derived from the results of studies that generated the gender issues embedded in the implementation of TB prevention and management in the community.

References

1. World Health Organization (WHO). (2010) WHO Gender Responsive Assessment Scale: Criteria for Assessing Programmes and Policies, World Health Organization, 116.
2. United Nations Inter-agency Network on Women and Gender Equality. (2020) Minimum Requirements checklist for integrating gender equality in the UN Framework for the socio-economic response to COVID-19 UN framework for the immediate socio-economic response to COVID-19, April.
3. Action for Health Initiatives (ACHIEVE), Inc. (2019) "Situational Analysis of Tuberculosis Elimination Program in Greater Manila Using Communities, Rights and Gender (CRG) Tools".
4. Lorena Aguilar, contributor. (2017) Stop Being so Sensitive: the shift from gender sensitive to gender responsive action. https://www.huffpost.com/entry/stop-being-so-sensitive-t_b_7966886
5. Futures Group, Health Policy Project. (2014) Fade-Away Effect: Findings from a Gender Assessment of Health Policies and Programs in the Philippines.
6. Updated DOH Philippine Strategic TB Elimination Plan Phase 2020-2023 (PhilSTEP1: 2020–2023): Screening, Testing/Diagnostics, Treatment and Prevention. https://healthylungs.ph/images/resources/iec/Updated%20PhilSTEP1%20-%202020-2023.

Table 1. Proposed Gender Responsiveness Checklist that includes the Elements and Scoring System ("Modelling a Gender Responsive TB Control Program: Validation of Gender Responsiveness Standards in TB Prevention and Management", funded by PCHRD in 2022-2023)

CHECKLIST ELEMENTS	SCORING SYSTEM
A. Legal/Policy Framework: Are there existing local ordinances/issuances that specifically mention the following?	**Points if answer is affirmative.**
1.1. Protection of the rights of –	
1.1.1. people living with TB,	2
1.1.2. women and girls and other sexual Identities, e.g. LGBT	2
1.1.3. other vulnerable and marginalized groups In the community, e.g., drug users, HIV positive individuals, PWDs.	2
1.2. If yes, what rights are protected?	
1.2.1. Expression of Gender identity and orientation	2
1.2.2. Access to medicines for TB treatment	2
1.2.3. Access to gender sensitive and gender responsive care programs and services.	2
1.3. Prevention of Stigmatization of people who are former and current patients with TB.	2
Subtotal	**14**
B. TB Prevention: Does the TB prevention program include the following?	
2.1. Measures to address -	
2.1.1. Gender differences in TB Knowledge, Beliefs, Attitudes and Behaviors	3
2.1.2. Gender issues in TB prevention and active case finding, transmission	3
2.2. TB Active Case Finding mechanisms that -	
2.2.1. are household/family focused.	3
2.2.2. respect privacy and protect confidentiality.	3
2.2.2. address PHA (Pasig Health Aides) needs as women and men	3
Subtotal	**15**
C. TB Care Services: Does TB Care include the following?	
C1 Availability of Services	
3.1. TB diagnosis	6
3.2. TB treatment	6
3.3. Management of TB drug adverse reactions	5
3.4. Psychosocial support for people living with TB	5
Subtotal	**22**
C2. Are there practices that lead to unequal access to the above services for the following?	
4.1. Male/female patients 4.2. LGBTQs and SOGIES 4.3. The elderly and other vulnerable age groups 4.4. pregnant and lactating women 4.5. Presence of other medical conditions	(for any existing discriminatory practice: Subtract 2 pts (-2) from total
C3. Gender sensitive/responsive measures/activities implemented in the clinic?	
5.1. Clinic staff have undergone gender sensitivity training	6
5.2. Clinic has a gender sensitive counselling module for patients and the family	6
5.3. Clinic staff give instructions in a clear, accurate, adequate, comprehensible and respectful manner	4
5.4. Clinic staff have IDs that are visible for access and accountability.	2
Subtotal	**18**
C4. Do Gender amenities exist in the clinic?	
6.1. Physical arrangement in the clinic ensures privacy during interview and specimen collection.	4
6.2. Men and women have clean comfort rooms	4
Subtotal	**8**
D. Monitoring and Evaluation: Is the M&E system Gender and Rights-based?	
7.1. The M&E system is generally acknowledged and reports discussed regularly.	5
7.2. M&E reports are available and shared,	4
7.3. The M&E report includes sex disaggregated data.	5
7.4. The M&E report includes data on involvement of people who were formerly TB patients in community activities.	4
7.5. The M&E report includes measures taken to prevent stigmatization of current TB patients.	5
Subtotal	**23**
TOTAL SCORE	**100**