Report

TB-REP 2.0 Workshop on "Practical steps in conducting country assessment of community, rights, gender and stigma dimensions of TB care"

Date: 6-8 Aug, 2019

Location: Tbilisi, Georgia

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Abbreviations

CCM	Country Coordinating Mechanism
CO	Charitable organization
CSO	Civil Society Organization
CRG	Communities, Rights and Gender
DR-TB	Drug-resistant TB
EECA	Eastern Europe Central Asia
HIV/AIDS	Human immunodeficiency virus / Acute Immunodeficiency Syndrome
FG	Focus Group
GF	Global Fund to Fight AIDS, Tuberculosis and Malaria
IDI	In-depth Interviews
IDP	Internally Displaced Persons
KII	Key Informant Interviews
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
MoH	Ministry of Health
MoU	Memorandum of Understanding
MSM	Men who have sex with men
NGO	Non-governmental organization
NTP	National TB Program
NSP	National Strategic Plan
PHC	Primary Health Care
PLHIV	People Living with HIV
PWTB	People with TB
SW	Sex workers
TG	Transgender
TB	Tuberculosis
TB-REP	TB Regional EECA Project
WHO	World Health Organisation

Summary of the workshop

TB Regional EECA Project "Advancing people-centered quality TB care - From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes" (**TB-REP 2.0**), supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria held a workshop on" Practical steps in conducting country assessment of community, rights, gender and stigma dimensions of TB care". The workshop took place in Tbilisi, Georgia on 06-08 August and was attended by participants from Georgia, Kazakhstan, Uzbekistan and Tajikistan representing civil society organizations (CSOs) selected to conduct community, rights, and gender (CRG) assessments in the respective countries and a number of representatives from the following organizations: Center for Health Policies and Studies (PAS Center), TB People, TB Europe Coalition, Stop TB Partnership, and Alliance for Public Health. The workshop aimed to familiarize country teams with the CRG assessment approach and practical tools that will be used for identification of the key structural barriers leading to people with TB who are missed and delayed care. The workshop was facilitated by TBC Consult and the Canadian HIV/AIDS Legal Network. The workshop scope and purpose and the detailed agenda are presented in Annex 1.

Context and background

The Global Plan to End TB, 2016-2020[1] identifies eight fundamental areas for change that are guided by human rights principles: a change in mindset; a human-rights and gender-based approach to TB; changed and more inclusive leadership; community- and patient-driven approach; innovative TB programmes equipped to end TB; integrated health systems fit for purpose; new, innovative and optimized approach to funding TB care; and investment in socioeconomic actions. The plan recommends that countries shift from fragmentation and isolation of TB programmes across health systems to an integrated approach within the context of universal healthcare, thus laying ground for deepening the engagement of civil societies driven interventions in TB responses.

Following the inception of the Global Plan which provides the strategic directions to ending TB, remarkable milestones have been achieved in responding to the need of utilizing community, and human rights and gender based approaches to the response. In September 2018, there was **high level commitment by the Heads of State under the United Nations**[2] by committing to 48 key areas for TB response. Of these, include key commitments to community, rights and gender based approaches. In addition to this progress, in Barcelona the civil societies developed the **Declaration of the Rights of People Affected by Tuberculosis**[3] which articulates different issues that are required to be part and parcel of the international standards for TB care promoting and protecting the human rights of people affected with TB. This declaration was launched in May 2019 and supports the Patients Charter for Tuberculosis care which emphasizes the rights to care, information, dignity, choice,

[1] http://www.stoptb.org/assets/documents/global/plan/GlobalPlanToEndTB_TheParadigmShift_2016-2020_StopTBPartnership.pdf
[2] https://www.who.int/tb/unhlmonTBDeclaration.pdf
[3] http://www.stoptb.org/assets/documents/communities/FINAL%20Declaration%20on%20the%20Right%20of%20People%20Affected%20by%20TB%2013.05.2019.pdf

justice, organization, and security. The developments of this demonstrate a step forward in promoting that TB response is community and patient centered post global strategies.

TB-REP 2.0, the TB Regional EECA[4] project funded by the Global Fund (GF) and implemented by Centre for Health Policies and Studies (PAS Center) as Principal Recipient jointly with the project partners, is focusing on strengthening people-centered approaches in TB care through sustainable transformation of the health systems and meaningful involvement of communities and civil society.

The challenge to find people with TB who are missed by the national programs remains important for the project countries. Although TB case detection rate is overall high in the region, there are significant variations and data gaps by gender, age and key affected populations, as well as gaps in documented evidence in which of the key groups disproportionately large numbers of cases are missing. With few exceptions (Ukraine and Kyrgyzstan) CRG assessments with respect to TB care were not undertaken in the region to generate an understanding of the key issues affecting care seeking behaviour of people. This in turn does not allow to design and implement tailored active case-finding activities for ensuring better access of the most vulnerable to TB care services.

In this regard, TB-REP 2.0 is providing support to countries for collecting evidence on barriers through rollout of gender assessments, legal environment assessments, data for key populations, stigma assessment tools. Three TB-REP countries have been identified for conducting this activity: Georgia, Kazakhstan and Uzbekistan. An additional TB-REP country, Tajikistan, will hold such assessments with the support from the GF CRG Strategic Initiative.

Objectives of the workshop

The objectives of the workshop were for the implementation teams from the four project countries to:

- Build a shared understanding of the key issues and latest developments in relation to human rights, gender and key, vulnerable and underserved populations within responses to TB.
- Learn the integrated approach and multi-stakeholder process of the Communities, Rights and Gender (CRG) assessments that galvanise civil society and governments to address gender, human rights, key populations and stigma barriers.
- Improve their knowledge of the TB/HIV Gender Assessment Tool, Legal Environment Assessment Tool and Data for Action Framework on Key, Vulnerable and Underserved Populations.
- Start the prioritization of key, vulnerable and underserved populations.
- Refresh their knowledge of action research methods, quality assurance and project management.
- Develop an action plan for adapting and implementing the tools within their country.

[4] The project is covering eleven countries with high incidence of TB in EECA region, namely Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan, Turkmenistan, Ukraine, Uzbekistan

Workshop participants

The 10 workshop participants from implementation teams represented four TB-REP 2.0 project countries, 2 were male and 8 females. The list of participants can be found in Annex 2.

The civil society organisations represented per country were:

Georgia - New Vector
Kazakhstan - Kazakh union of people living with HIV
Tajikistan - Gender & Development
Uzbekistan - Ishonch va Hayot

Methodology

In advance of the workshop, the participants were invited to acquaint themselves with the available CRG assessment tools and the integrated protocol. The workshop's activities were a mix of presentations on the integrated tool, assessment process and methods, highlighted the relevant instruments and some interactive sessions, practical exercises, followed by plenary discussions. In the working sessions, implementation teams also had the opportunity to adjust their country project plans and budgets for better alignment with the overall TB-REP 2.0 work plan for the respective project activity.

The TB-REP 2.0 workshop was live streamed via Zoom for colleagues to participate remotely. PowerPoint presentations and other reference materials used during the workshop were distributed on USB at the end of workshop.

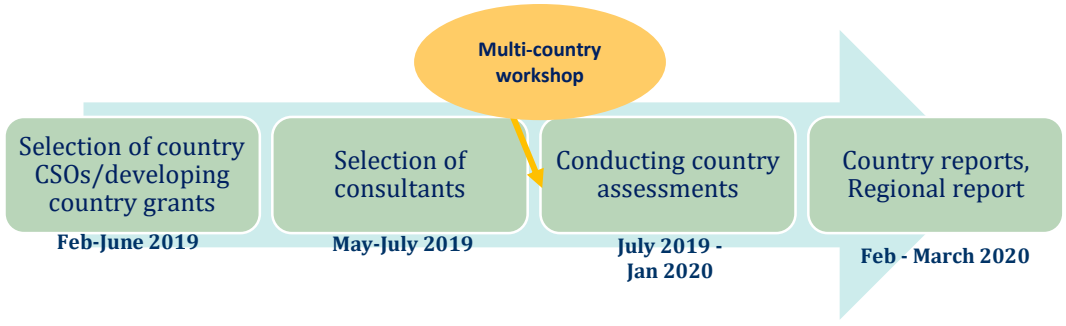
Highlights from the interactive sessions:

Sessions 1-2: Introduction of facilitators and participants

During first two sessions, participants and facilitators made short introduction of their background and which country they represent. The 3-day workshop agenda was introduced to the participants (see Annex 1).

TB-REP 2.0 project background was presented: objectives, key areas, partnerships, expected results, as well as project's components related to assessment of community, rights, gender and stigma dimensions of TB care. The general work plan in figure 1 reflects on the overall CRG assessments process and highlights the position of the multi-country workshop.

Figure 1. Conducting CRG assessment – general work plan:

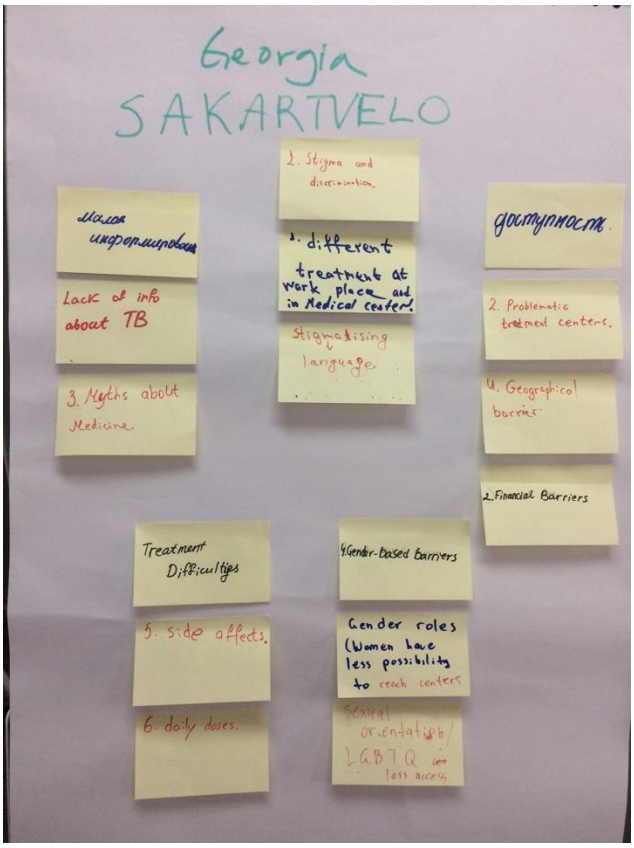


Session 3: Overview of human rights, gender, key populations and stigma per country

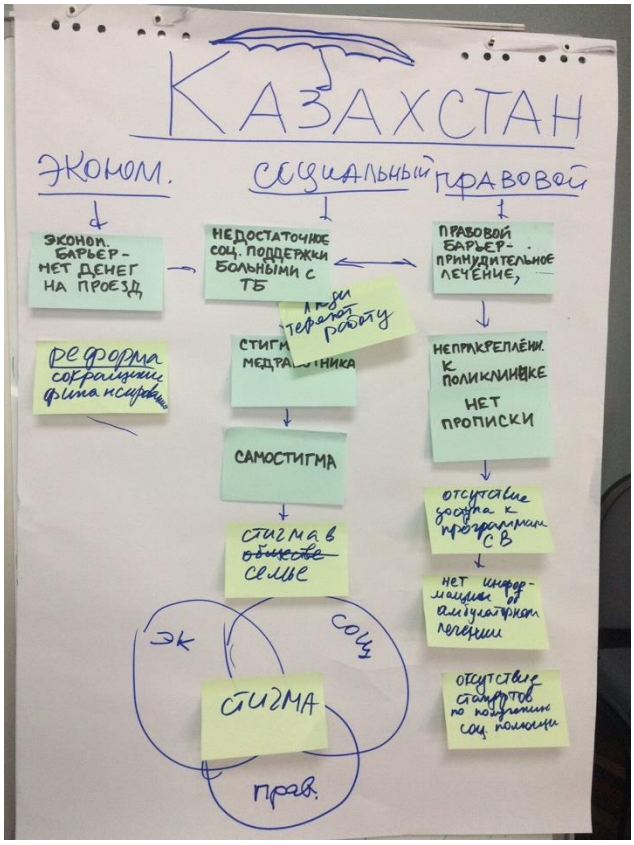
This session aimed to share the information about human rights, gender, key populations and stigma/discrimination barriers to TB prevention, diagnosis and treatment in the participants' countries.
Participants had a group task to list all barriers connected with the TB diagnosis and treatment in their country, write each barrier on a separate post-it note and then cluster the barriers on the flipcharts. Subsequently each group presented the barriers they identified. After the presentation of the barriers, participants discussed similarities and differences between the countries. Below are the results on each country.

Georgia:

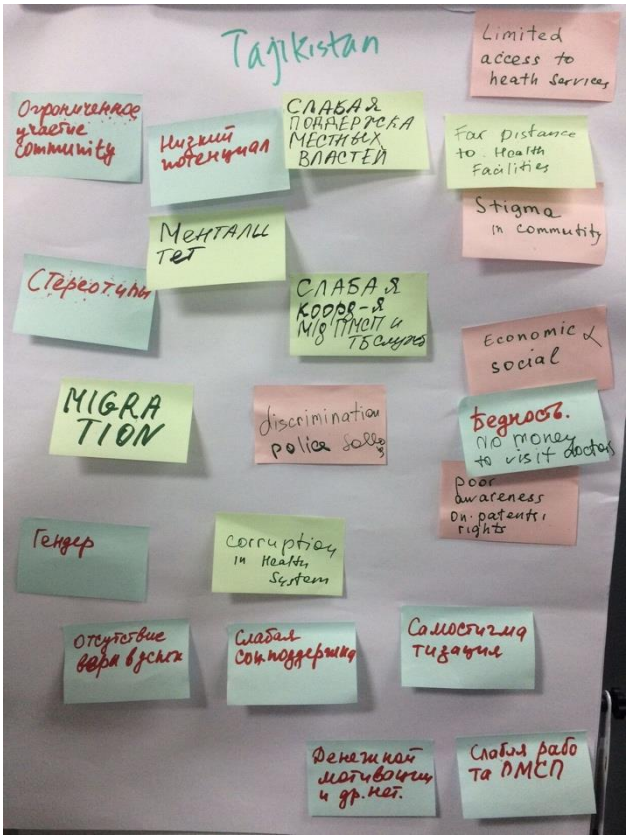
- Stigma and discrimination by service providers;
- Lack of correct information: on TB treatment, myths, related to TB;
- Accessibility: geographical barriers, access to the medical centers; financial barriers.
- TB treatment difficulties: side effects and daily doses;
- Gender based barriers: women have more challenges reaching TB centers; LGBTQ prefer not to go to TB centers due to stigma.



Kazakhstan:



- Stigma is a core barrier, which unites economic, social and legal barriers;
- Economic barriers: fear to lose job and not be able to support PWTB families, transportation costs to get to the clinic;
- Legal barriers: the mechanism of interaction between HIV/AIDS program, the NTP and the Primary Health Care (PHCs) is not perfect, epidemiological data are not reliable; absence of standards for social support, absence of knowledge on human rights; attachment to PHCs, PHCs being fined for late diagnoses and thus are not willing to register TB patients; criminalization of TB;
- Social barriers: gender issues (economic dependency of women, mentality), stigma from medical workers, self-stigma, stigma in the families and in the community

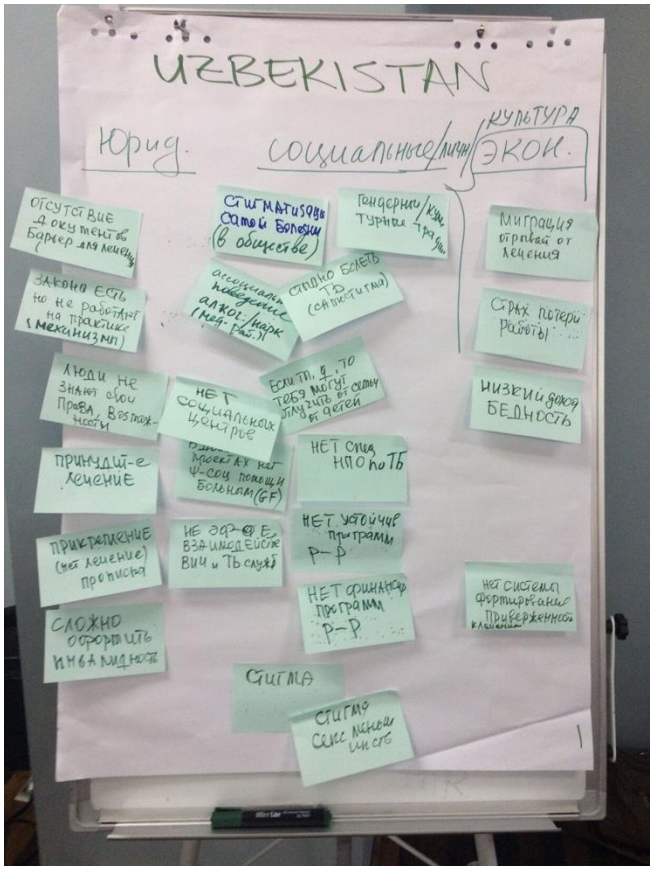


Tajikistan:

- Poor economic status of people;
- Lack of hospitals in the mountains regions;
- Stigma in the society, self-stigma;
- Weak interaction between TB service and PHCs, late diagnoses;
- Gender barriers, women are not aware of their human right to health, discriminated by husband and relatives;
- Legal aspects, criminalization of TB.

Uzbekistan:

- Legal aspects: lack of documents; no mechanisms of laws enforcement, people are not aware of their rights and entitlements;
- Attachment to PHCs only near by the place of residence v e.g. next to place of work;
- Stigma from the medial workers;
- No psycho-social support in any current projects in the country;
- Self-stigma and gender aspects, traditions;
- Economic: migration, difficulties to get free medical care in the country of work, poverty.



Summary of questions, comments and clarifications:

- Many barriers are overlapping among the countries.
- In conducting assessment implementation teams should pay attention to the root-causes of the barriers identified and focus on the barriers that they can effectively address.
- It is important to ask a gender questions/investigate gender dimension to all barriers.

Two of the individual CRG tools were briefly presented and discussed: the legal environment assessment and the gender assessment. The key elements of the legal environment assessment: looking at alignment of domestic legislation to the countries' international obligations, analysis of consistency between domestic legal acts of different levels, and assessment of how legal norms are implemented in practice. Human rights component is very important in the context of a legal environment assessment. In addition to international treaties, participants are recommended to use the Declaration of the Rights of People Affected by TB, which contains a list of fundamental human rights that all people affected by TB are entitled to under the international human rights law.

Historically there has been a lack of focus on gender in national responses to TB even though there are different risks for men, women and transgender people whereas the current Global Plan to End TB has a gender-based approach. The *Gender Assessment Tool for National HIV and TB Responses: Towards gender transformative HIV and TB responses,* developed by the Stop TB Partnership and UNAIDS, has a gender transformative approach in addressing issues underpinning gender inequality and poor health outcomes including social, legal, cultural and biological factors.

Session 4: Overview of in-country assessment process

This session presented the assessment process, divided by months and steps, which CSO needs to take:

- Month 1: Putting together the team;
- Month 2: Desk review on legal, human rights, gender and KPs;
- Month 3: Multi-stakeholder orientation and key population prioritization meetings;
- Months 4-5: Data Collection, instruments adaptation, protocol approval by ethics committee, KII, IDI, FGDs roll-out;
- Month 6: Analysis of data, identification of the barriers to service access and provisions along the TB journey;
- Month 7: Multi-stakeholder validation meeting, presentation of the draft of assessment results and recommendations;
- Months 8-9: Assessment report and action plan finalization and dissemination.

The summary of the discussion, following the session on in-country assessment process, is as follows: The CRG assessment is driven by civil society and community, but owned by the country. It is important to ensure country ownership of the assessment results and engage key national stakeholders from all relevant sectors early in the process. Countries were encouraged to consider signing a formal Memorandum of Understanding (MoU) between the CSO and the NTP underlining the importance of the assessment and how it will be utilized by the national program. The MoU should also recognize the importance of the qualitative study results to highlight the barriers. The MoH support, e.g. in a form of a prikaz, or support from the Parliament (via TB Caucus), if such can be obtained, will be very helpful also for subsequently translating the recommendations into an action plan.

The NTP involvement and participation is critical at all stages of the assessment. The PAS Center will facilitate interaction between the CSO and the NTPs, however the CSOs have to remain pro-active. Coordination with the ethics committee early on is important, even if the ethical approval may not be lengthy. To summarize, the agreement of all three: MoH, NTP and the ethics committee is important.

Session 6: Core Group and multi-stakeholder meetings

This session presented introductory information on the core group and multi-stakeholder meetings, including:

- The number of participants and meetings needed;
- Orientation & Key Populations Prioritization Meeting' agenda and expected outcomes;
- Multi-stakeholder Validation Meeting' agenda and expected outcomes.

Sessions 7-10: Key Populations prioritization process and the TB Journey

This session presented overview of KP prioritization tool and process:

- Prioritizing is important in order to accelerate effort towards End TB goal by improving finding missing people with TB;

- The effective ways to prioritize are through a multi-stakeholder approach and by involving the key population;
- Possible key population (33 categories were presented);
- Prioritization steps include preparation by the core groups, prioritization Meeting with the Multi-Stakeholder Working Group;
- Prioritization tool itself was presented and discussed.

Session 8 presented the importance of the desk review and its activities to understand the country context, public health priorities, health care trends and gaps. Desk review activities include:

- Scanning the literature;
- Analyzing secondary data;
- Creating a reference list.

Session 9 presented the data collection instruments for the integrated protocol:

- Key Populations Prioritization tools
- In-depth interviews: illness and Treatment Narrative Interview Guide
- Focus Group Discussion Guide: treatment Access Mapping Guide; life Journey Mapping Guide; TB Risk and Service Access Assessment Guide
- Key Informant interviews.

Session 10 presented the overview of analytical approach TB Journey. This analysis supports generating recommendations that address most urgent and critical barriers along the TB Journey, from the perspectives of both service providers and PWTB.

The summary of the discussion, following the session on key populations prioritization, is as follows: Prioritization of key populations should be a decision of the national multi-stakeholder group. During desk review, the implementation teams need to collect information, including the relevant TB statistics, that will help prioritize key populations together with the Core Group and the multi-stakeholders during the first multi-stakeholder meeting. It is possible to review all suggested key populations or a sub-set that is most relevant to each country. Than according to the scores, the top key populations, usually 2-3 that are not currently on the radar of the NTP need to be selected and endorsed by the multi-stakeholder meeting.

It is possible to merge some of the key populations, that are recommended in the "Data for Action" tool, into groups, however the risk is to lose information on some of them (for instance the granularity of the different barriers faced men who have sex with men (MSM), sex workers (SW) and transgender (TG) people may be lost as a result of merging). The prioritization tool is designed to help countries go through the prioritization process systematically. While the countries can and should adjust columns or names of key population as needs, they should be aware not to lose any of the key populations as a result. For the Eastern Europe & Central Asia (EECA) countries it may be relevant to introduce a dimension/column for drug-resistant TB (DR-TB).

The list of possible 33 key populations is based on table 3.1 of the Global Plan to End TB, The Paradigm Shift 2016-2020, by STOP TB Partnership (see participants' folder). The prioritized key populations will inform and direct what stages of TB Journey to focus on during the subsequent

phases of the assessment. It is possible to adapt the stages of TB Journey to each country setting, but it is recommended to keep not more than seven. The assessment report template clarifies how to use TB Journey in reporting the assessment results.

Session 11: Overview of Data Collection Plan

The summary of the discussion, following the session on data collection planning, is as follows: There is no prescribed minimum number of key populations or a minimum number of people to be interviewed, etc. The goal is to pick out the prioritized key populations that are not yet reflected in the National Strategic Plan (NSP) and / or poorly covered by services. Having a separate focus group for each of the prioritized key populations is the rule of thumb. For some key populations which are not open to participate in focus groups (e.g. MSM) conducting separate interviews should be considered. In recruiting interviewees try to reduce the bias by e.g. not just recruiting from own network but using a snow-ball method. Snow-ball sampling: starting can from the network (someone the interviewer knows) and then ensuring the next person is referred by the first interviewee but is no longer someone the interviewer knows personally, etc. Recruitment of community/neighbors interviews need to be informed by the desk review (e.g. identifying neighborhoods with many missed people with TB) and strictly respect and safeguard the privacy of people with TB (PWTB). Small tokens or motivation packages that the countries can give to PWTB interviewees are determined by the CSO based on the country's level of income, legal aspects and budget availability.

Sessions 12-13: In-depth and key informant interviews and focus groups

Learning objectives of these sessions were to understand and be able to adapt best practices in planning, managing and summarizing results for key informant interview, in-depth interview results and focus-groups. Specific focus was made on differences between in-depth interviews (IDI) and key informant interviews (KII).

A practical group exercise was conducted on identifying of the target group for IDI and KII: participants prepared list of candidates for interviews, afterwards each country presented their lists with justification of the chosen candidates, countries were learning from each other and added to their lists information, which was missing.

Examples of candidates for IDI and KII.
KII:

- NTP head
- Global Fund project implementation unit manager
- WHO and other UN agencies
- Country Coordinating Mechanisms (CCM)
- International organizations that implement TB grants and other international stakeholders
- Decentralized level of TB services
- Human rights activists
- Jail, prison and police services

- TB community and activists, people with experience of TB
- Parliament representatives
- Committee on Women's Affairs
- Ministry of Health and Ministry of Justice
- Primary Health Care staff
- AIDS center and drug addiction center
- Migration services
- CSOs that work with key populations
- Researchers e.g. gender experts

IDI

- Key population representatives (selection needs to be age and gender-balanced)
- Families of people with TB / contacts of people with TB
- Migrants
- People living with HIV (PLHIV)
- Women with TB and mothers of children with TB
- Chairpersons of women's organizations
- Local authorities
- Formal and informal leaders at the village level
- Religious leaders
- PWTB and former patients
- Medical staff
- Community volunteers

The summary of the discussion, following the sessions on interviewing and on focus groups, is as follows: There should be no information recorded that have any identifiers of the interviewees, the researchers are also under full confidentiality and must not discuss any details of the individual interviewees, except for patterns, among each other. There are interview summary forms in the integrated tool package, a form should be filled in for each KII or IDI. Implementation teams can potentially use some coding for internal tracking purposes, like a number, that is recorded on the summary template. All these documents are destroyed after the assessment's end. Creating the safe space and getting the focus group participants to speak may be difficult and is the first important step. Transcribing the recordings is not a requirement.

Session 14: Assessment implementation example of Ukraine

In November – December 2017, ICF "Alliance for Public Health" in collaboration with STOP TB partnership implemented the project "Tools for Evaluation of Communities, Rights and Gender Aspects in the TB Context in Ukraine". The project included a study based on the CRG tools (Gender Assessment tool for national HIV and TB responses (Stop TB Partnership; UNAIDS) and Data for Action Framework on Key, Vulnerable and Underserved Populations (by STOP TB Partnership). It was the first CRG assessment on theses aspects launched in the EECA region.

Application of the tool showed, that for many groups vulnerability was not possible to prove statistically, as the data were not desegregated, however, the qualitative component of the study demonstrated the high level of access and stigma barriers, which links to the definition of vulnerability in absence of statistical evidence. A specific feature of the study was involvement of a broad range of stakeholders in desktop review and public consultations. Key populations for which data was largely missing, received attention and currently surveys, funded by the country Global Fund grant, are conducted in order to collect data for two such groups: Roma and IDPs.

The summary of the discussion, following the session on Ukraine experience, is as follows: prisoners were not interviewed, rather persons with the history of imprisonment. The four assessment locations (regions) in Ukraine were selected based on TB burden. Actions, based on the assessment recommendations were partly funded by the country Global Fund grant. It is recommended to advocate for implementation of the recommendations, for instance in collaboration with other in-country (TB, TB/HIV) advocacy groups, with the CCM and with the assistance of WHO. The qualitative component of the research allowed doing interviews and focus group discussion for decision-makers, TB stakeholders, People affected by TB and their families, Civil society and community organizations.

The recommendations of the assessments need to be practical, targeted to decision-makers, actionable and linked to the root-causes of the barriers/problems. Recommendations have to outline future steps, for example if there is no psycho-social package for TB patients, it should be possible to provide evidence of the necessity of this support and to formulate the assessment recommendations regarding what kind of social support TB patients need, etc. This sound evidence will also be valuable to guide the writing of the grant proposals for the next GF funding cycle.

More detailed information about the assessment implementation in Ukraine is in Annex 3.

Session 15: Integrating all 4 CRG areas into TB Journey analysis

The objective of this session to have implementation teams practice how to fill in barriers in TB Journey template. Following the Ukrainian case, the workshop participants were invited to fill in seven stages of the TB Journey with barriers faced in Ukraine and:

- Identify key human rights, gender, key populations and stigma barriers that disrupt TB services provision by government and private providers along the TB Journey
- Identify key human rights, gender, key populations and stigma barriers that inhibit PWTB's access to TB services along the TB Journey

Each implementation team filled in the template with the barriers below:
Barriers in diagnostics:

- Women experience shame and discomfort through sputum collection;
- Women prefer to go diagnostics procedures (X-ray, sputum collection) separately from men;
- Transgender people need a network of "friendly" doctors.

Barriers in decision-making:

- For men TB treatment puts a dilemma: either go through treatment or lose earnings to provide for their families;
- For women – issue of separation with children;
- For transgender – competing health priorities (hormone treatment).

Session 16: Developing recommendations based on TB Journey analysis

During this session focused on the following information:

- How to report FG/IDI Results with transparency;
- How to organize recommendations along the 7 stages of TB: per key population (e.g. data gaps, service delivery); per level of implementation (national, regional, district, facility); difference between short-term – long-term recommendations;
- Practical exercise on how to formulate actionable recommendations. Examples of recommendations were presented, and participants were analysing what is missing and what could be improved in the recommendations.

Session 17: Introduction of the Assessment Report Template

The reporting template is available in English and Russian. In-country or regionally there are no specific dissemination activities foreseen; at the same time, the results will be used by and will inform further project activities implemented by TB-REP partners, such as TB Europe Coalition, WHO Europe. TB-REP 2.0 is a three-year project and the action plans will be followed up, in the future they can include advocacy activities as part of the project interventions focused on updated of the national case-finding strategies applying gender-sensitive and rights-based approaches (included in the Y2 and Y3 of TB-REP 2.0 implementation work plan).

Communities, Rights and Gender (CRG) Stop TB Partnership

This session introduced the WHO End TB Strategy and discussed the Global Fund 2020-2022 funding cycle. As part of the desk review, it is recommended to find out if countries signed "Ending TB by 2030 strategy", and if not one of the recommendations could be to introduce it to NTP and if it is signed to monitor its implementation.

The following points should be addressed in the country response under the funding request to the Global Fund for allocation period 2020-2022:

- The epidemiological context and other relevant disease-specific information;
- Information on disease-specific and the overall health systems, along with the linkages between them;
- Relevant key and/or vulnerable populations;
- Human rights, gender and age-related barriers and inequities in access to services;
- Socio-economic, geographic, and other barriers and inequities in access to health services;
- Community responses and engagement;
- The role of the private sector.

Discussion of group work by countries

On the last day of the workshop, the participants, grouped by countries, were asked to adjust their project plans and budgets based on the insights received during the workshop. The summary of the discussion is as follows:

- all country teams have made changes in the work plans and the respective changes in the budgets;
- most countries still need to decide on the numbers of FGs and IDIs and locations where they will be administered;
- depending on the country the ethics committee approval may take from two weeks to two months;
- desk work and other activities that do not rely on primary data collection have to be started quickly and since they do not need to wait for any ethical approval;
- if there are more than one ethics committees, it is important to inquire which one is most relevant and apply for a permission there;
- review of epidemiological information for key populations need to be ready before the first multi-stakeholder meeting (TB statistics for each potential key populations and total number of people in each key population if available);
- review of available epidemiological information per key population is usually done before presenting information to the Core Group;
- in order to avoid any potential controversy, at the Multi-Stakeholder meeting the CSO need to underline that the key population prioritization is for the purposes of the assessment and to increase finding people with TB.

Conclusions and next steps

Key messages and concluding remarks

- TB-REP 2.0 Project is supporting four project countries – Georgia, Kazakhstan, Tajikistan (jointly with the GF CRG SI), and Uzbekistan in conducting CRG assessments as part of small grants implemented by country CBOs;
- Identification of CRG-related barriers and the determinants of social exclusion of people with TB are essential to ensure that TB services are reaching population groups at higher risk and to end TB epidemic;
- The Stop TB Partnership are in full support of initiatives up-taking the tools to assess equity gaps and address gender- and human rights-related barriers to TB services;
- Results to be generated by country CRG assessment are of particular importance to inform country grant proposals to the GF for allocation period 2020-2022, which are required to address the needs of key and vulnerable populations and advance human rights and gender equality;
- CRG assessment will be led by selected CBO in each participating country with the additional technical support and guidance to be provided by the team of external consultants (TBC Consult for Georgia, Kazakhstan and Uzbekistan; Canadian HIV/AIDS Legal Network for Tajikistan);

- Implementing teams were introduced to the individual CRG tools as well as the integrated protocol, with the emphasis on multi-stakeholder processes and on engaging the TB key populations throughout the different assessment stages;
- In-country implementation groups will hold the ownership of the assessment process and assessment results;
- Engagement early in the process of the national stakeholders from a range of sectors which deal with and are accountable for the issues under the assessment is essential;
- All participating countries will strive to apply the same methodology to conduct CRG assessment and use standardized tools for CRG assessment as per integrated protocol developed by the STP;
- Implementing organizations from all participating countries will align their projects with the overall TB-REP 2.0 project work plan;
- Each country implementation team was introduced to international consultant assigned to support their respective country and established working relationship with them.

Follow up points for PAS Center

- To continue to support countries on implementing CRG assessment and ensure necessary assistance for country grant implementation under the TB-REP 2.0 project;
- Inform relevant stakeholders at the country level (TB-REP National Focal Point, NTP, WHO CO, Principal Recipient for GF country grant) on the initiation of the CRG assessment in their respective countries and encourage and highlight the importance of their active involvement at different stages of the process;
- Explore the opportunities, jointly with the STP and GF, to ensure approval of the CRG assessment in countries by the MoH;
- Facilitate effective communication and cooperation between country implementing teams and technical consultants (TBC Consult).

The immediate next steps are for the CSOs to:

- Update their project plans and budgets (for submission to the PAS Center), based on the insights of the workshop;
- Decide the composition of the Core Group and contact the potential members;
- Make an outline for the desk review which has to contain right/legal, gender, stigma and key populations elements and possibly seek feedback of the international consultants assigned to them;
- Draft desk reviews to be shared with the international consultants for input and
- Subsequently the first in-country visit by the international consultant will be to assist the CSOs to conduct the first multi-stakeholder meeting to prioritize/endorse the key populations and the data collection protocol and tools.

Annex 1 Scope and purpose CRG assessments multi-country workshop

Background

The multi-country workshop is part of TB in Eastern Europe and Central Asia (EECA) Project on Advancing People-Centered Quality TB Care – From the New Model of Care Towards Improving DR-TB Early Detection and Treatment Outcomes (TB-REP 2.0 Project), funded by the Global Fund (GF) and implemented by Centre for Health Policies and Studies (PAS Center) as Principal Recipient jointly with the project partners. TB-REP 2.0 Project supports EECA countries in tackling high burden of TB and multi-drug resistant (MDR) TB and bringing TB care closer to patients. TB-REP 2.0 is focusing on strengthening people-centered approaches in TB care through sustainable transformation of the health systems and meaningful involvement of communities and civil society.

The multi-country workshop is the first step in supporting Georgia, Kazakhstan, Tajikistan and Uzbekistan implementation teams in conducting assessment of the community, rights, gender and stigma dimensions of TB care to strengthen strategies for both providing services and enhancing access to treatment and disease control. Country-specific assessments will be undertaken by the implementation teams of the civil society organisations (CSOs) selected through open selection process, in cooperation with the national TB programs and other key national stakeholders (bi-laterals, multi-laterals, communities and civil society, experts in gender, human rights and key populations) in each of the participating countries. The workshop is designed to train the country CSO implementation teams on the assessment principles and process. External consultants, who will co-facilitate the workshop, will also provide the overall guidance and ensure technical advice throughout the assessments. Concrete plans of how the assessments will be carried out in each participating country will be developed by the end of the workshop.

Objectives of the workshop

The objectives of the workshop are for the implementation teams to:

1. Build a shared understanding of the key issues and latest developments in relation to human rights, gender and key, vulnerable and underserved populations within responses to TB.
2. Learn the integrated approach and multi-stakeholder process of the Communities, Rights and Gender (CRG) assessments that galvanise civil society and governments to address gender, human rights, key populations and stigma barriers.
3. Improve their knowledge of the TB/HIV Gender Assessment Tool, Legal Environment Assessment Tool and Data for Action Framework on Key, Vulnerable and Underserved Populations.
4. Start the prioritisation of key, vulnerable and underserved populations.
5. Refresh their knowledge of action research methods, quality assurance and project management.
6. Develop an action plan for adapting and implementing the tools within their country.

Participants

The implementation teams to attend the regional workshop need to consist of at least two persons:

- A management-level CSO staff, such as a project manager, who, on a quarter-time to half-time basis, will manage and oversee the assessment(s), report to the assessment Core Group, support the Core Group to organise multi-stakeholder consultations and supervise another staff or local consultant;
- Another staff member or a local consultant who will be engaged full-time during the 6-month assessment implementation and carry out such tasks as desk review, data collection and analysis and support the project manager to organise the multi-stakeholder process.

Methods

Preparation by implementation teams

In order to fully maximize the learning during the workshop, each member of the implementation team is required to prepare in advance of the workshop. The time necessary for this preparation: finding and reading the below mentioned materials is 1-1,5 day. All participants need to acquaint themselves with the following:

1. Data for Action for Tuberculosis Key, Vulnerable and Underserved Populations http://www.stoptb.org/assets/documents/communities/Data%20for%20Action%20for%20Tuberculosis%20Key,%20Vulnerable%20and%20Underserved%20Populations%20Sept%202017.pdf
2. Legal Environment Assessments for Tuberculosis http://www.stoptb.org/assets/documents/communities/StopTB_TB%20LEA%20DRAFT_FINAL_Sept%2027.pdf
3. Gender Assessment Tool for National HIV and TB Responses http://stoptb.org/assets/documents/resources/publications/acsm/Gender_Assessment_Tool_TB_HIV_UNAIDS_FINAL_2016%20ENG.pdf
4. The Stop TB Partnership's integrated assessment framework and protocols (by email from PAS)
5. Current national TB Strategic Plan (NSP). If you do not have the current NSP, please reach out to the National TB Program (NTP) or the local WHO office to obtain a copy. Please bring an (electronic) copy to the workshop.

All implementation teams need to collect some preliminary information about TB key, vulnerable and underserved populations which are relevant in their country settings. The possible sources of information are:

- the NSP;
- the country Global Fund funding request:

Georgia: http://docs.theglobalfund.org/program-documents/GF_PD_001_512896b4-2173-4ae9-b7c3-dd8e14d18a5d.zip
Or the most recent version if available;
Kazakhstan: http://docs.theglobalfund.org/program-documents/GF_PD_001_6ce5a0a7-d5c5-4fc4-b44e-4ab781cfe44a.zip
Or the most recent version if available;

Tajikistan: http://docs.theglobalfund.org/program-documents/GF_PD_001_6d9df25a-7836-4174-aba4-7dbe638d08f0.zip
Uzbekistan: http://docs.theglobalfund.org/program-documents/GF_PD_001_c1041280-9e2f-4536-bb80-cbb8881844c0.zip

Methods to be used during the workshop

The workshop will rely on the participants having read all five tools. During the workshop the participants will be able to ask specific clarification questions about these tools (Q&A sessions and expert panel discussions), practice some of the methods (e.g. key population prioritization based on their country data) exercises. The rest of the workshop will rely on lecture presentations by facilitators, where applicable drawing on the experiences of the county that has previously implemented the assessment(s). Implementation teams will also have an opportunity to adjust their CSO project plans and budgets, and share their experiences in plenary discussions.

Workshop language and materials

The workshop will be conducted in English, with simultaneous translation into Russian. The materials will be provided in English. Action planning by country and other exercises in small groups organized by country can be either in English or in Russian.

Agenda

Date	**Activity**	**Facilitator**
5 August 2019	Participants arrival and check in at the hotel	Cristina Celan
16:00 – 17:00	Facilitators' meeting	TBC Consult
17:30 – 18:00	Facilitators meeting with organizers	PAS, TBC Consult
6 August 2019	**Day 1**	
08.30 – 09.00	Participants' registration	Cristina Celan
09.00 – 09.25	Session 1: Welcome speech Introduction of facilitators and participants Project background	PAS, Stop TB Partnership, GF Secretariat (subject to availability)
09.25 - 09.30	Session 2: Introduction to the 3-day workshop agenda	Samanta Sokolowski
09.30 – 10.15	Session 3: Overview of human rights, gender, KP and stigma: countries share their experiences. Exercise and moderated discussion	Nonna Turusbekova
10.15 – 11.00	Session 4: Overview of in-country assessment process	Peter Mok

11.00 – 11.30	**Break**	
11.30 – 12.00	Session 5: Q&A on the 4 tools. Moderated Discussion	Kristina Zhorayeva
12.00 – 12:30	Session 6: Core Group and multi-stakeholder meetings	Peter
12.30 – 13.00	Session 7: Overview of KP prioritization tool and process	Nonna
13.00 – 14.00	**Lunch**	
14.00 – 14.30	Session 7 (cont.): Overview of KP prioritization tool and process (continuation)	Nonna
14.30 – 15.00	Session 8: Overview of desk review	Nonna, Peter, Samanta, Kristina
15.00 – 15.30	Session 9: Q&A for data collection instruments (KII/IDI/FGD guides, law/policy environment matrix)	Kristina
15.30 – 16.00	**Break**	
16.00 – 17.00	Session 10: Overview of analytical approach – TB Journey	Peter
7 August 2019	**Day 2**	
09.00 – 10.00	Session 11: Overview of data collection plan	Peter
10.00 – 10.30	Session 12: Planning, managing and summarizing KII/IDI results	Kristina
10.30 – 11.00	Session 13: Planning, managing and summarizing FGD results	Samanta
11.00 – 11.30	**Break**	
11.30 – 12.30	Session 14: Assessment implementation example of Ukraine	Lilia Masiuk, Alliance for Public Health
12.30 – 13.00	Session 14 (cont.): Q&A on assessment implementation example of Ukraine	Lilia Masiuk, Alliance for Public Health
13.00 – 14.00	**Lunch**	
14.00 – 15.00	Session 15: Integrating all 4 CRG areas into TB Journey analysis	Peter
15.00 – 15.30	Session 16: Developing recommendations based on TB Journey analysis	Nonna
15.30 – 16.00	**Break**	
16.00 – 16.30	Session 17: Introduction of assessment report template	Samanta

16.30 – 17.00	Review of the day. Feedback. Planning for day 3	Nonna, Peter, Samanta, Kristina
8 August 2019	**Day 3**	
09.00 – 11.00	Session 18: Working Session: Country contexts. Group work for country implementation teams	PAS/TBC Consult/Canadian Legal Network (with Tajikistan) Country Implementation Teams
11:00 – 11:30	**Break**	
11.30 – 13.00	Session 18 (cont): Working Session: Country contexts. Group work for country implementation teams	PAS/TBC Consult Country Implementation Teams
13:00 – 14:00	**Lunch**	
14.00 – 15.30	Session 19: Report back and Q&A	PAS/TBC Consult Country Implementation Teams
15.30 – 16.00	**Break**	
16:00 – 17.00	Session 20: Feedback Workshop Closure	PAS/TBC Consult/Canadian Legal Network

Annex 2 List of participants

Nr.	Name, Surname	Position	Organisation
1.	Mariam JIBUTI	Research Assistant	CBO "New Vector", Georgia
2.	Lia BERITASHVILI	Legal Assistant	CBO "New Vector", Georgia
3.	Oxana IBRAGIMOVA	Executive Director	ALE «Kazakh union of people living with HIV», Kazakhstan
4.	Aigul KADYRBAYEVA	Programme manager	ALE «Kazakh union of people living with HIV», Kazakhstan
5.	Batyrbek ASSEMBEKOV	National Consultant	ALE «Kazakh union of people living with HIV», Kazakhstan
6.	Nargis SAIDOVA	Executive Director	Gender & Development NGO, Tajikistan
7.	Shahlo SHAKAROVA	Health Projects Coordinator	Gender & Development NGO, Tajikistan
8.	Saiyora ZIYOEVA	Consultant on Community TB/Grant management	Gender & Development NGO, Tajikistan
9.	Sergey UCHAEV	Director	NGO «Ishonch va Hayot», Uzbekistan
10.	Viktoriya ASHIROVA	Project coordinator	NGO «Ishonch va Hayot», Uzbekistan
11.	Thandi KATLHOLO	Programme Officer, STP Strategic initiative Coordinator, Country and Community Support for Impact	Stop TB Partnership
12.	Yuliya CHORNA	Executive Director	TBEC
13.	Liliia MASIUK	Consultant	Alliance for Public Health
14.	Nikoloz MIRZASHVILI	Director	TB People
15.	Mari CHOKHELI	Harm Reduction Program Coordinator	TB People / Open Society Georgia Foundation
16.	Gvantsa KVINIKADZE	Project Assistant	TB People
17.	Shona SCHONNING	Consultant	Canadian HIV/AIDS Legal Network
18.	Timur ABDULLAEV	Consultant	Canadian HIV/AIDS Legal Network

19.	Nonna TURUSBEKOVA	Consultant	TBC Consult
20.	Peter MOK	Consultant	TBC Consult
21.	Samanta SOKOLOWSKI	Consultant	TBC Consult
22.	Kristina ZHORAYEVA	Consultant	TBC Consult
23.	Svetlana NICOLAESCU	Programme Coordinator	PAS Center
24.	Cristina CELAN	Project Manager	PAS Center

Annex 3 Detailed Information about the assessment implementation in Ukraine

In November – December 2017, ICF "Alliance for Public Health" in collaboration with STOP TB partnership implemented the project "Tools for Evaluation of Communities, Rights and Gender Aspects in the TB Context in Ukraine". The project included a study based on the CRG tools (Gender Assessment tool for national HIV and TB responses (Stop TB Partnership; UNAIDS) and Data for Action Framework on Key, Vulnerable and Underserved Populations (by STOP TB Partnership). It was the first CRG assessment on theses aspects launched in the EECA region.

The Core Group first met with the problem of prioritization and found out that the key populations that were already identified by MoH were rather limited and there were categories, such as migrants that also included internally displaced persons (IDP) lumped into one. Therefore the way out for Ukraine was to consider all 33 potential key populates, per "Data for Action" tool. Definitions of key populations were detailed e.g. "prisoners and detainees" were narrowed down to persons with history of detention in the past two years; smokers at risk of TB were defined as those who consume more than two packs of cigarettes per day (based on the literature review as for the association between smoking and TB);urban poor and rural poor (based on poverty level estimation); only PLHIV were included in the immune-compromised key population which was recommended to distinguish for PLWH and diabetes, etc. For the purposes of the assessment some key populations definitions followed the definitions already used in Ukraine and some were used as recommended in the "Data for Action" tool.

The way of capturing the contribution of the key populations to the country's TB burden was modified by adding an intensive indicator. The assessment of prioritization of key and vulnerable groups was carried out according to the criteria of the estimated impact of TB incidence on the country's burden in the area of TB (extensively), environmental risks, biological, behavioral risks, legal and economic barriers to access the services, and the barriers to access the services in the area of human rights and gender according to the Tool. As the extensive indicator shows only the specific weight of these groups in relation to the overall morbidity, the expert group recommended the introduction of the intensive TB incidence rate, which shows the incidence of TB in a particular risk group on the assessment scale.

The intensive indicator was calculated as follows: if incidence in a key population was more than 100 per 100,000 it was assigned 3 points, incidence of medium rate (exceeding the average, but below 100 cases per 100 000 for it was assigned 2 points, incidence of equal to/not exceeding the average incidence in total population it was assigned 1 point. Both the intensive indicator and the indicator recommended in the "Data for Action" (estimated contribution to the country's TB burden) were used. Application of the tool showed, that for many groups vulnerability was not possible to prove statistically, as the data are not desegregated, however, the qualitative component of the study demonstrated the high level of access and stigma barriers, which links to the definition of vulnerability in the situation of the absence of statistical evidence.

A specific feature of the study was involvement of a broad range of stakeholders in desktop review and public consultations, and a qualitative component that included focus groups and in-depth interviews (including the involvement of NTP program representatives and CO “Ukrainian Institute on Public Health Policy”).

Key populations for which data was largely missing, received attention and currently surveys, funded by the country Global Fund grant, are conducted in order to collect data for two such groups: Roma and IDPs.