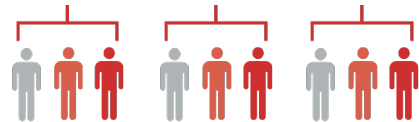


# Integrating Gender equality in national and regional GF CSS interventions

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# Content

- Lessons from national and regional CSS interventions
- Engaging women (in our diversity) in CSS discussions and implementation
- Take away messages

# TB Epidemic in Women

- Sub Saharan Africa (Southern Africa) has some of the highest rates of TB incidence in the world, with nine countries recording more than 300 cases per 100,000 and TB/HIV co-infection rates exceeding 70 percent in countries such as Swaziland, Lesotho, and South Africa
- In 2018, an estimated 3.2 million women fell ill with TB globally.
- TB is among the top six killer diseases of adult women aged 15–49 years. Close to half a million women died from TB in 2018, including some 95,000 deaths among women with HIV.
- Of the 219,000 HIV-related TB deaths among adults (age  $\geq 15$ ) globally in 2018, 43% were among women. About 90% of these HIV-associated TB deaths among women were in Africa.

# Why women in TB response?(1)

**Strong cultural norms** influence legal approaches to gender issues resulting in **discrimination** against women.

- Legal and cultural discrimination, domestic and childcare responsibilities, lack of education have relegated women to **passive participation**, making it difficult for women to openly air their concerns and ideas.
- Lower status means women have **limited power/influence to participate in decision-making processes**. women's views, needs, ideas and potential to contribute to solutions are overlooked.
- **Women's groups struggle** due to lack of organizational structure and institutional capacity etc

## Why women in TB response? (2)

Men face the highest risk of contracting TB than women, women face the **greatest challenges to accessing TB treatment and prevention** services.

- Women are obligated to **take care of men** when they are sick with TB at home yet when they are themselves infected with TB they **delay accessing services**.
- With existing gender economic disparities **women's take longer before they are supported to go for screening and treatment**.
- Women are generally discouraged from seeking care due to **stigma and the lack of privacy in health care settings**.

# Women Empowerment in the TB responses in the mining sector in Southern Africa

# Women in the mining and TB response

- Role of women in mining is significant - make up around 30 percent of the total workforce.
- Women involved in crashing, sluicing, washing, panning, sieving, sorting, mercury-gold amalgamation, amalgam decomposition and, in rare occasions, actual mining.
- Women active in the provision of goods (e.g., food and drink vending, sales of artisanal equipment such as sieves, and credit for mobile phones) and services (e.g., transporting dirt, ores, ore particles and water; cleaning; laundry; sex; nightclub entertainment; and trading).

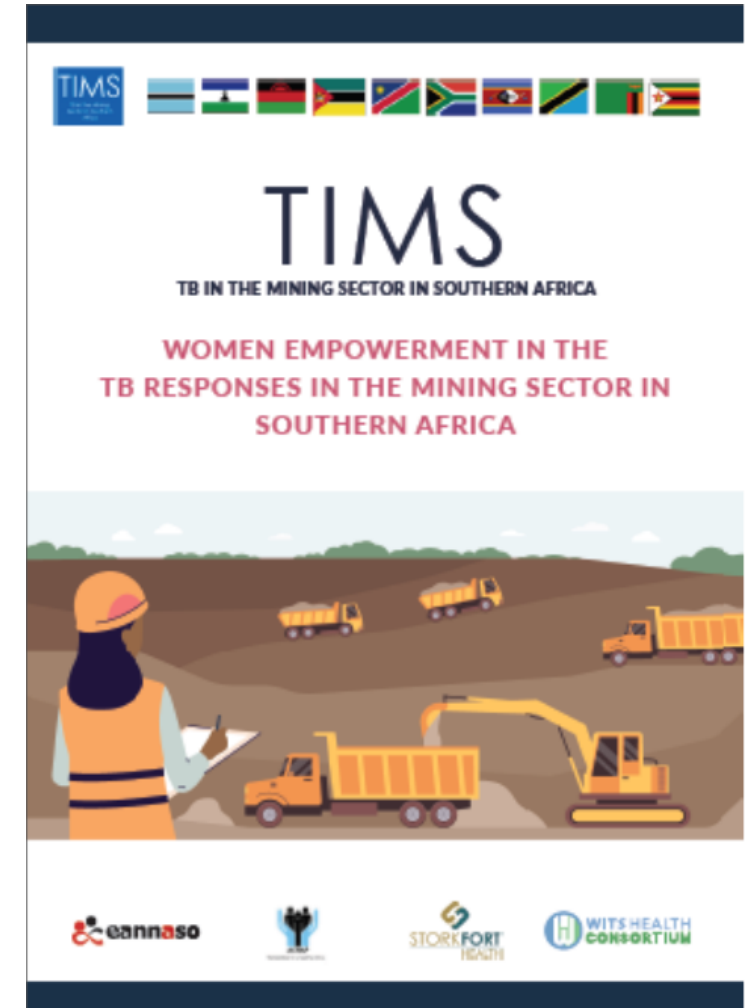
# Women in the mining and TB response -2

- The **health services or benefits** provided to mineworkers by mining companies on the other hand may not be extended to their spouses and/or family.
- **Spouse of migrant mine workers separated for long periods** increases vulnerability to TB and HIV infection.
- Women increasingly hired in the mining sector. Thus mining company policies need to **integrate gender transformative programs** (Gender equity, gender norms change and gender specific health intervention) to ensure that the needs of women are met.
- Most of the miner's and ex-mineworkers' **associations are male dominated and have weak technical capacity in addressing gender issues**, if any, and limited linkages to civil society organizations that predominantly promote women rights.



# TIMS women specific Interventions

- Women in mining platforms have been formed in 5 countries Tanzania, Zambia, Malawi, Botswana and Zimbabwe;
- Developed and disseminated key messages on TB, women and mining
- Women in mining advocacy plan
- Dialogue platforms with decision makers, mine owners, women platforms in each of the 5 countries
- Integration of Gender equality in the CSS toolkit



- **Module 5: families and spouses/policies and perspectives** build capacity on the HIV and TB risks that partners and children of mine workers face and how this is exacerbated by gender inequality and gendered barriers to access.
- **Module 6: gender and gender equality** has a strong focus on available technical assistance for these groups, and how they can access this kind of support. The emphasis is to leverage additional capacity building and to promote greater sustainability of the program through diversified support.

TIMS project provides a platform to engage and empower women through a community-oriented model that can both help prevent the spread of TB and support early diagnosis and treatment.

# Women engagement in TIMS project

## Regional Dialogue engagement

- CRG TA deployed – FR dev phase, grant making phase
- Dev of priority list included women issues and recommendations
- TA provider with regional experience and knowledge on human rights and gender equality
- KP community including women (30-40%)

## Implementation engagement

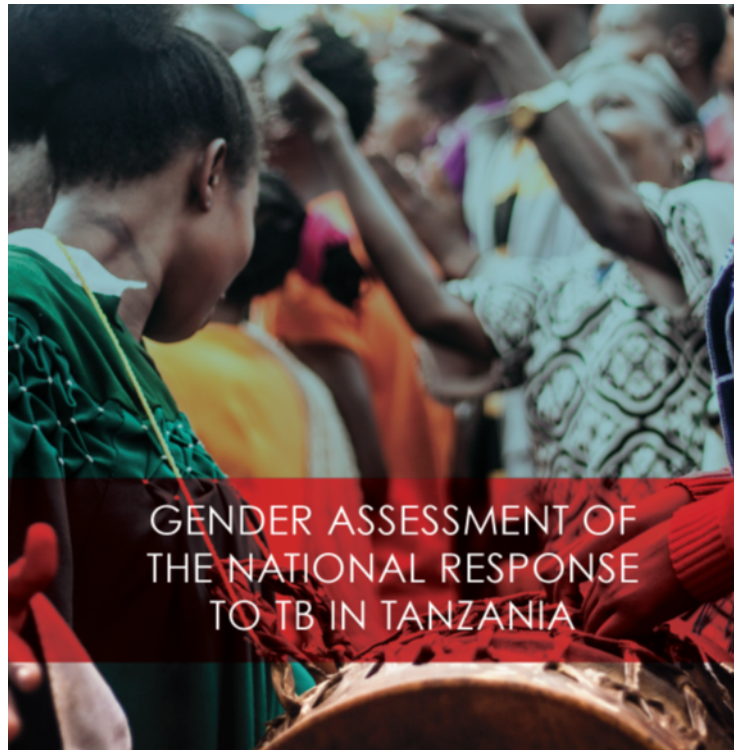
- Implementations of the CSS component are CS/KP that are specialised in human rights and gender equality
- Majority (about 60%) of the Community healthcare workers are women

## Gap/area to strengthen

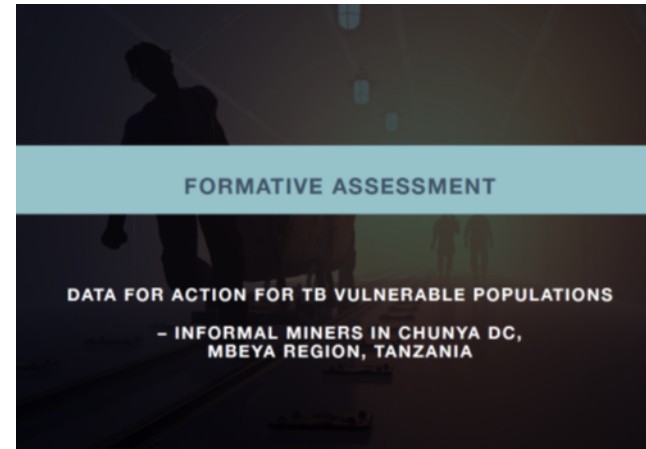
- The need for continuous monitoring the gender equality and women empowerment interventions through a CLM process
- Allocated funds for women empowerment was later allocated other priority areas – Need for continuous advocacy
- Specific TB gender transformative training toolkit (being developed by TB women)

# Strengthening gender in the TB response of Tanzania

# Assessment of the National Response to TB in Tanzania



UNAIDS/STOP TB Gender Assessment Tool for  
HIV and TB responses

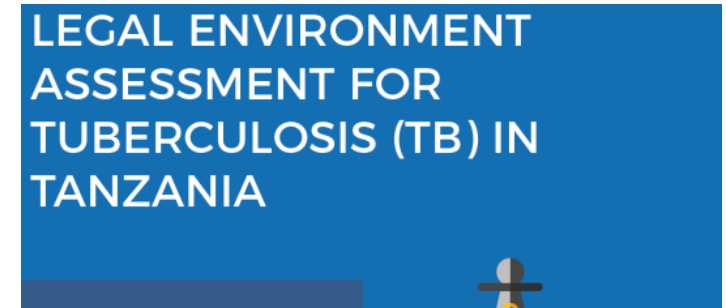


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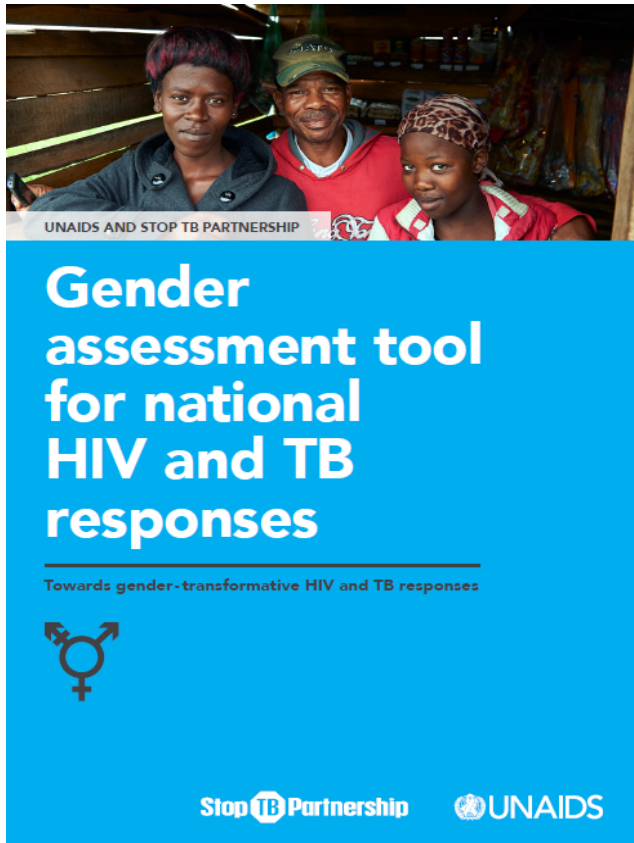
Stop TB Partnership

led by  
UNOPS



END  
TB





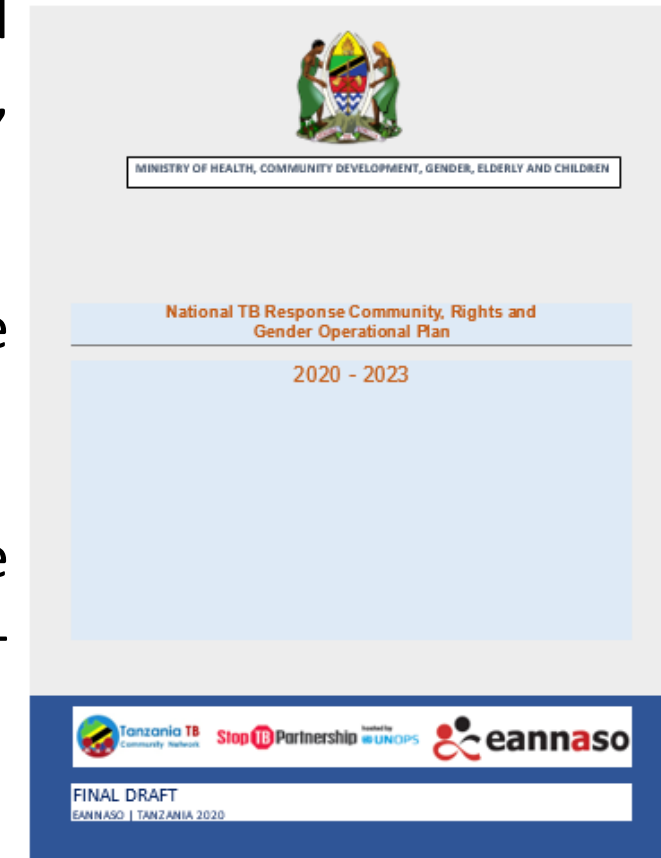
Gender Assessment tool for TB/HIV was developed by Stop TB Partnership together with UNAIDS.

- Facilitates comprehensive, structured, systematic and standardized gender analysis and planning of the HIV and TB response
- Allows for involvement and buy-in of national Key Stakeholders including TB affected communities and civil society, at both policy and programming levels
- Focuses on gender dimensions that a given society considers appropriate for women and men, trans\* people, including members of Key Populations

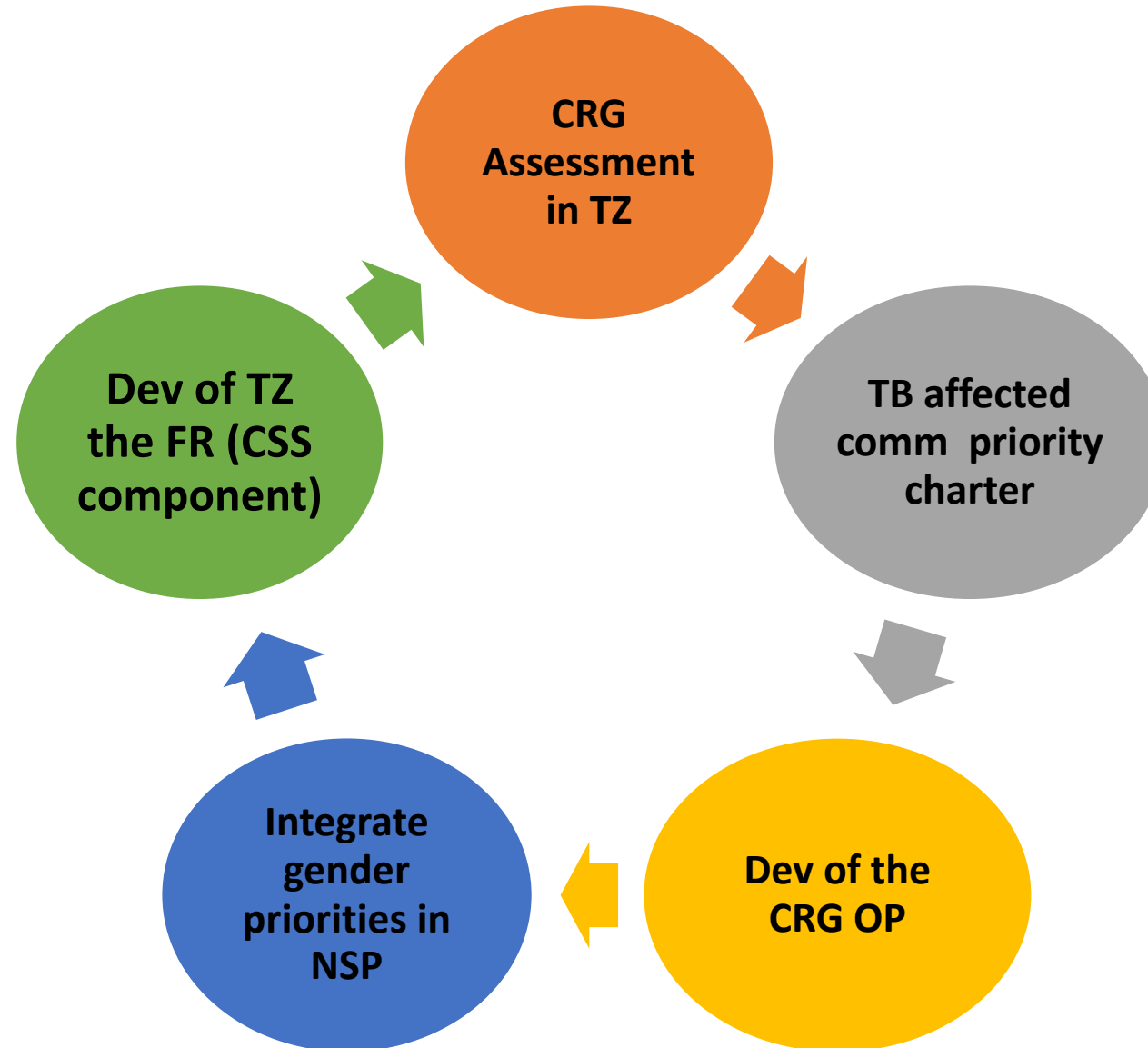


# National TB Response CRG Operational Plan

- The objective of the costed operational plan is to define and cost priority interventions for implementing a TB Community, Rights, and Gender Operational Plan in Tanzania.
- The CRG operational plan has been used to inform the National Operational Strategy (NOS)
- In implementing the CRG OP, Tanzania is committing to ensure that country responses and programs on TB are community-focused, human rights-based, and gender transformative.



# TB Gender Equality Integration in GF processes





# Take away message

- Provision of TA to women by women, evidence on gender equality from women, increasing opportunities for women engagement, have a positive impact on GF grants leading to achievement of the GF strategy;

**Maximize Impact Against HIV,  
TB,  
and Malaria**

**Build Resilient  
& Sustainable  
Systems for Health**

**Promote & Protect  
Human Rights and  
Gender Equality**

**Mobilize  
Increased  
Resources**

# Thank You

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