



NEGLECTED TROPICAL DISEASE
NGO NETWORK

A global forum for nongovernmental organizations
working together on NTDs

Welcome to the NNN Conference 2020

Accelerating to 2030:
Building Resilient NTD
Programmes in a
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Virtual Event

8th – 10th September 2020

Billy Weeks (2016, Chikwawa, Malawi)



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Introducing the NNN beginner's guide to field communications

**Collecting stories about
neglected tropical diseases**
A beginner's guide to field communications


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Photo: Maha Adams/The Carter Center

What makes a story successful?

NTD stories should help the reader understand what people affected by NTDs experience. All stories should consider:

Vulnerability and challenges:

Poverty, discrimination, a lack of education, stigma, social exclusion and difficulty in accessing health services can make people feel vulnerable. Can you show the impact NTDs have on people's lives?

Anxiety: Poor access to health services can cause anxiety about NTD programs and interventions. This can include fear of taking medicines or undergoing surgery. Can you show the perspective of affected people?

Hope: Access to NTD services can alleviate pain, disability and associated stigma, giving people the hope that they will be able to be active and productive members of their family and community. Can you show how people feel?

Dignity: People affected by NTDs deserve respect. NTDs are diseases of poverty and marginalisation and NTD stories should be careful not to damage the dignity of the persons affected. Be sure to treat all people with understanding and tell stories in an authentic way.

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What's in an NTD story?

NTD stories should authentically capture the impact of NTDs on people and communities. All stories should consider:

- Challenges
- Vulnerability
- Anxiety
- Dignity
- Hope



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Photo: Bahadır Celiktemur

Preparing for the story

- Always ask for permission before conducting an interview or taking photos/video
- Ensure people know that access to interventions is not dependent on them agreeing to an interview
- Explain the purpose of interviews, photographs and video (for example: to develop materials for community awareness and fundraising purposes, so that more people can receive NTD interventions)
- Obtain consent for all people you interview in line with your organisation's consent policy (this is usually done with a consent form). Consent can be withdrawn by individuals even after materials have been collected
- Prepare a checklist that includes when and where an event occurred happened and who was involved
- Remember "who, what, where, when and how" are the critical questions to answer in any story. Think about your audience!

See Annex 1 for a checklist to help with your communications preparations.

Preparing for a story

Annex 1: Field communications checklist

- ☐ Talk to communications staff at your organisation about your work
- ☐ Plan who you want to interview and photograph
- ☐ Ensure you have equipment to take photos and record interviews
- ☐ Prepare a checklist with interview questions and other desired content
- ☐ Ask your organisation for consent forms
- ☐ Ensure people are comfortable being interviewed and photographed
- ☐ Provide consent forms to all people interviewed or photographed
- ☐ Ensure quotes gathered include the question asked
- ☐ Ensure photos are tight, light and bright!

Let's talk!

Capturing voices from the field

Quotes are an important part of communicating our work. Quotes bring stories to life by directly connecting the audience to key personalities. Quotes can be used for all sorts of communications outputs so it's important we get good quotes and lots of them!

Photo: Marcus Perkins/GSK



Quotes

Do: Ask questions that encourage descriptive answers

Don't: ask questions that require "yes" or "no" answers

Question: When did you start to lose your sight?

Answer: "Last week."



Question: When did you start to lose your sight and what changes did you notice?

Answer: "I started to lose my sight last week. At first, my eyes were sore and then things became blurred."





Photo: Malaria Consortium

Getting good photos

Strong images show NTD work and inspire people to take action. As the saying goes: "a picture tells a thousand words". Photographs work by:

- Creating an emotional response
- Providing context to the story
- Helping people connect with patients they will never meet
- Bringing a story to life!

What photos are we looking for?

We are looking for strong images that show our work and inspire people to take action. Photos should:

- Be simple and well balanced
- Make sense to people who weren't there
- Convey a story, emotion or message
- Convey the scene/subject

Make photos tight, bright & light!

- **TIGHT:** Tightly crop your photo on the main subject, with minimum background distraction
- **BRIGHT:** Make your photo bright and colourful. If necessary, increase the exposure
- **LIGHT:** Photos should have a positive tone. Try to capture uplifting photos rather than sad or artistic photos

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Photos

Remember these three words:

Bright: Make your photo bright and colourful. If necessary, increase the exposure

Tight: Tightly crop your photo on the main subject, with minimum background distraction

Light: Photos should have a positive tone. Try to capture uplifting photos rather than sad or artistic photos

Simple photos and stories



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Toolkit acknowledgements

Sincere thanks goes to all NNN members who contributed to this toolkit. In particular, the NNN thanks the International Coalition for Trachoma Control, ILEP, Sightsavers and The Fred Hollows Foundation for their contribution to this toolkit. A special thanks goes to Rosa Argent, Alison Hill, Tim Jesudason and Rebecca Mintrim.

Presentation acknowledgements

Special thanks also goes to Tim Jesudason, Aparna Barua Adams, Kelly Bridges, Sumon Ray and Alison Hill who supported the development of this presentation.





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Supporting Girls and Building Resilient Communities for NTD elimination



The burden of NTDs is higher in women and girls

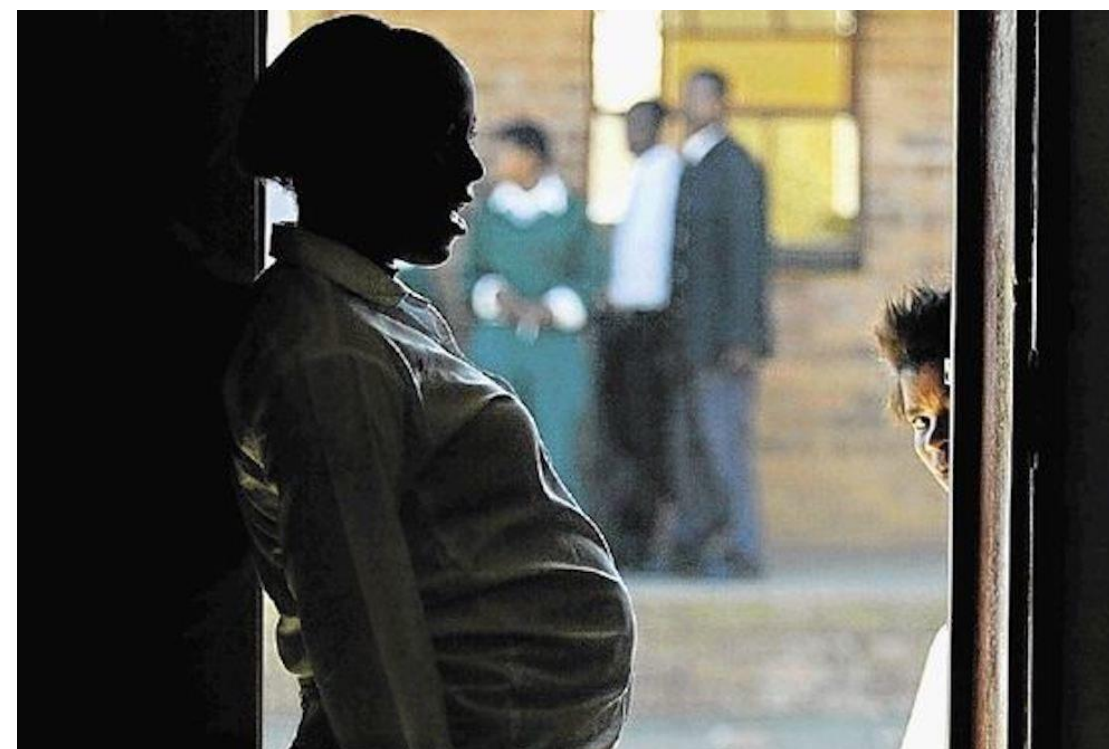
Girls are held back due to:

- Care duties
- House duties, e.g. water collection
- Farm work



This leads to:

- Higher exposure to NTDs
- Missed school days
- Early marriage and pregnancy



*“Everyone wins when children — and especially girls — have access to education. An educated girl is likely **to increase her personal earning potential and prepare herself for a productive and fulfilling life, as well as reduce poverty in the whole community.**”*

- Angelique Kidjo



**Girls are the key:
we must empower girls to break the poverty cycle!**



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Building resilient communities through NTD programmes

❖ Layered interventions

- Education, WASH, SRH, Nutrition, Climate & Environment
- **Geshiyaro**: gender-segregated school latrines for MHM
- Potential to layer agriculture, environment with WASH & NTDs

❖ Integrated efforts

- Combined, concerted messages and interventions are more effective
- **Geshiyaro**: water infrastructure to reduce water collection time
- **National Deworming Ethiopia**: handwashing and face-washing

❖ Local ownership

- Locally designed solutions to locally identified problems
- **Geshiyaro**: soap production in WASH business centres
- **Geshiyaro**: supporting microfinancing for small WASH projects



Building resilient communities through NTD programmes

❖ Tailored interventions

- Increasing programme reach and equity
- **AcceleraTE**: female surgeons to increase TT surgery outreach
- **DIF**: sub-national microplanning

❖ Sustainable solutions

- Building capacity for a long-term strategy
- **GW Eradication**: local programme capacity key during covid-19
- **Geshiyaro**: community-led maintenance of water infrastructure

❖ Problem-solving

- Tackling the root causes and amping up the ambition
- **GW Eradication**: tethering dogs and tracking baboons
- **Geshiyaro**: breaking transmission of STH & SCH
- **AcceleraTE**: innovative strategies to speed up progress



With thanks to our partners...

- *Federal Ministry of Health – Ethiopia*
- *Sightsavers*
- *The Carter Center*
- *The END Fund*
- *World Vision Ethiopia*



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MINISTRY OF HEALTH-ETHIOPIA



Sightsavers



THE
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Cross-Country Approaches for Service Delivery Integration with Education and Health for Sustainable NTD Programming

Arielle Dolegui

*Technical Advisor, Health – World Vision
USAID's Act to End NTDs | West Program*

Stephen Omunyidde

*Technical Director – World Vision
USAID's Act to End NTDs | West Program*



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NTD Sustainability Approaches: Service Delivery Integration with Education and Health

An Approach to Sustainable NTD Control and Elimination

- Overlapping target population increases access to schoolchildren
- Available infrastructure can reach children beyond MDA
 - Platforms for health education
 - Linkages to health services
- Teachers are interdisciplinary
- Schools align with decentralized health system for local-level implementation



Ghana: Education Bridges WASH and NTDs

WASH in Schools



- GHS: policy guidance, training, and technical assistance
- GES/SHEP: hygiene promotion in curricula, school health clubs, monitoring, and advocacy
- Integrating NTDs into WASH activities and messaging
- High School Health screening supported by the Family Health Division

School-based Deworming (MDA)



- Teachers administer drugs
- Teachers & District Medical Officers sensitize community and parents
- GHS monitors deworming
- Joint review for quality improvement post-event

Coordination



- Jointly hold annual teacher training
- Updated National School Deworming Manual for Teachers
- SHEP participates in NTDP annual work planning and review meetings



Senegal: NTDs Integrated in School Curricula



Health Education

- PAQUET-EF requires curricula to include NTDs and prevention
- DCMS strategic partner for integration of NTD messages into BCC



School-based Deworming (MDA)

- Deworming and Vitamin A Supplementation every 6 months
- Teacher mobilization
- Press releases for awareness-raising



Coordination

- DCMS attends DLM coordination meetings
- DCMS and MEN on Health Project National Steering Committee, co-chaired by MSAS and Ministry of Water and Sanitation



Sierra Leone: NTDP Engages School Feeding Program

School-based Deworming (MDA)



- SCH/STH control programs began as school-based deworming programs; MOU with MBSSE to extend coverage



- School Feeding Program (MBSSE) prepares a meal for children before treatment
- Teachers trained on NTD messages

Coordination



- Stakeholders planning meeting - District Directors of Education and Community Teacher Associations participate in district and local planning
- School Health Program is under Directorate of Primary Health Care in MOHS



Strengthening NTD & Education Collaboration

Sustainable control and elimination of NTDs requires going beyond MDA



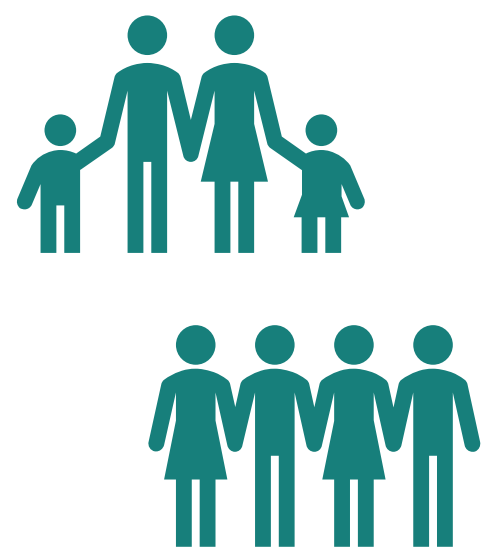
Formalize the collaboration – Develop a joint and targeted action plan for cross-sector collaboration



Integrate both NTD & Education priorities into sector policies and strategies



Leverage existing health and WASH education materials and BCC to integrate NTD messages



Through the Education sector, NTDs reach children; through children, their parents; through their parents, the community





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THE **TASK**
FORCE
FOR
GLOBAL HEALTH

Partnership for Treating and Preventing Intestinal Worms
Children Without Worms

Kenya NTD Partner Mapping: Harmonizing program interventions & impact measurement at the county-level in Kenya

Girija Sankar
Associate Director, Partnerships &
Communications,
Children Without Worms



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Presentation outline

- Context
- Challenge
- Partnership mapping
- Online community
- Next steps



Photo Credit: Sanjaya Dhakal for CWW

Context

- > 25 M affected by at least one NTD in Kenya
- Diseases include trachoma, Soil Transmitted Helminth Infections (STH), & Schistosomiasis (SCH)
- Multiple domestic and global partners working on NTD elimination
- National-level technical advisory groups



Photo Credit: Cara Tupps for CWW

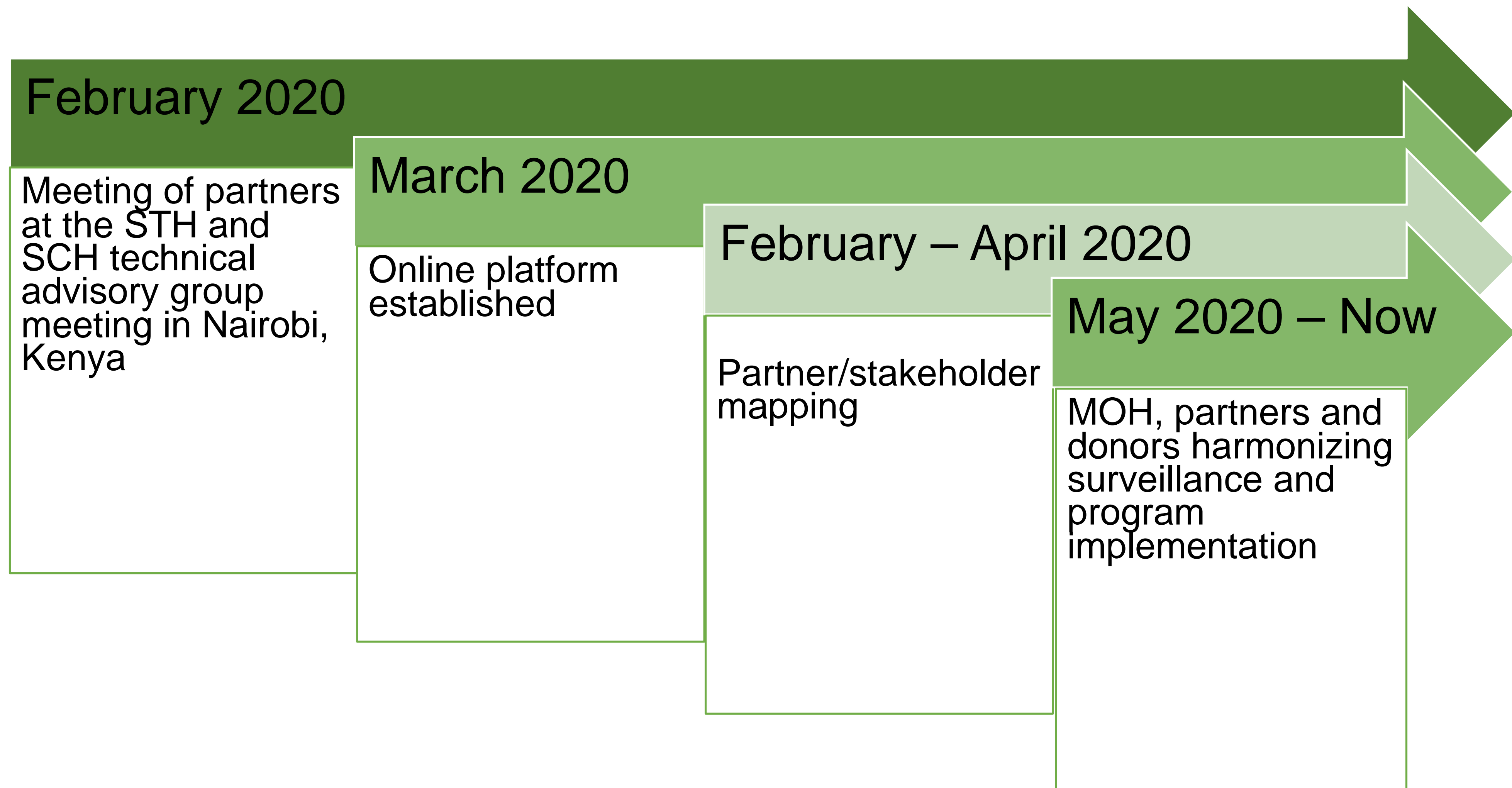
Challenge

- Challenges in program implementation timelines
- Differing disease surveillance methodologies
- Coordination at the national level not reflected at the county level

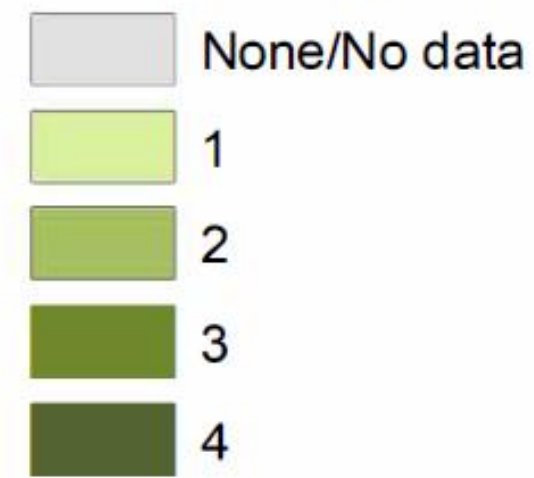


Photo Credit: CWW

Partner Mapping



Number of Kenya NTD Partners by County



Partner Activity

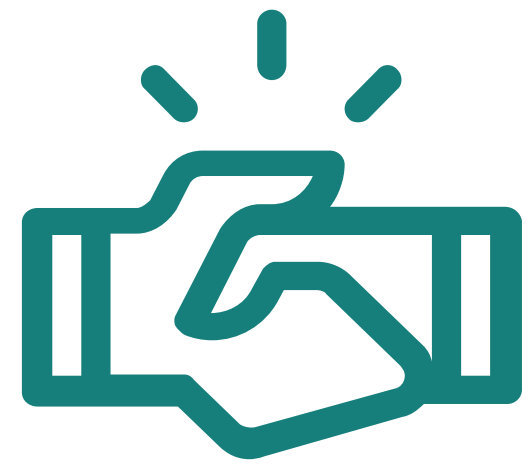
Next steps

- Actively tracking COVID contingency preparedness at the county level
- Harmonizing disease surveillance methods
- Sharing disease prevalence and program implementation data under the leadership of the Kenya NTD Program, Ministry of Health

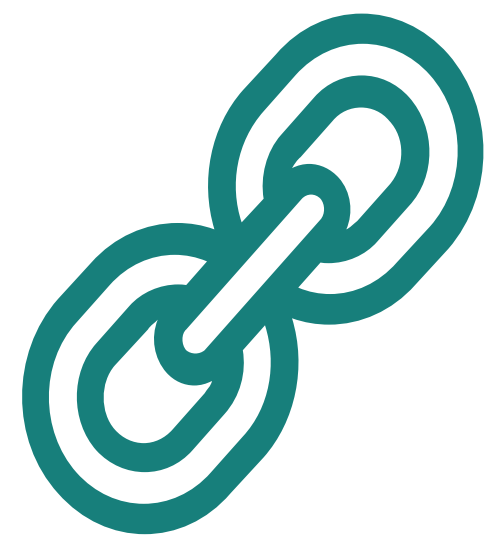


Photo Credit: Sanjaya Dhakal for CWW

To join this community....



Kenya_NTDpartners@googlegroups.com



Resource available at
<https://childrenwithoutworms.org/resources/>

Acknowledging our many partners



Johnson & Johnson



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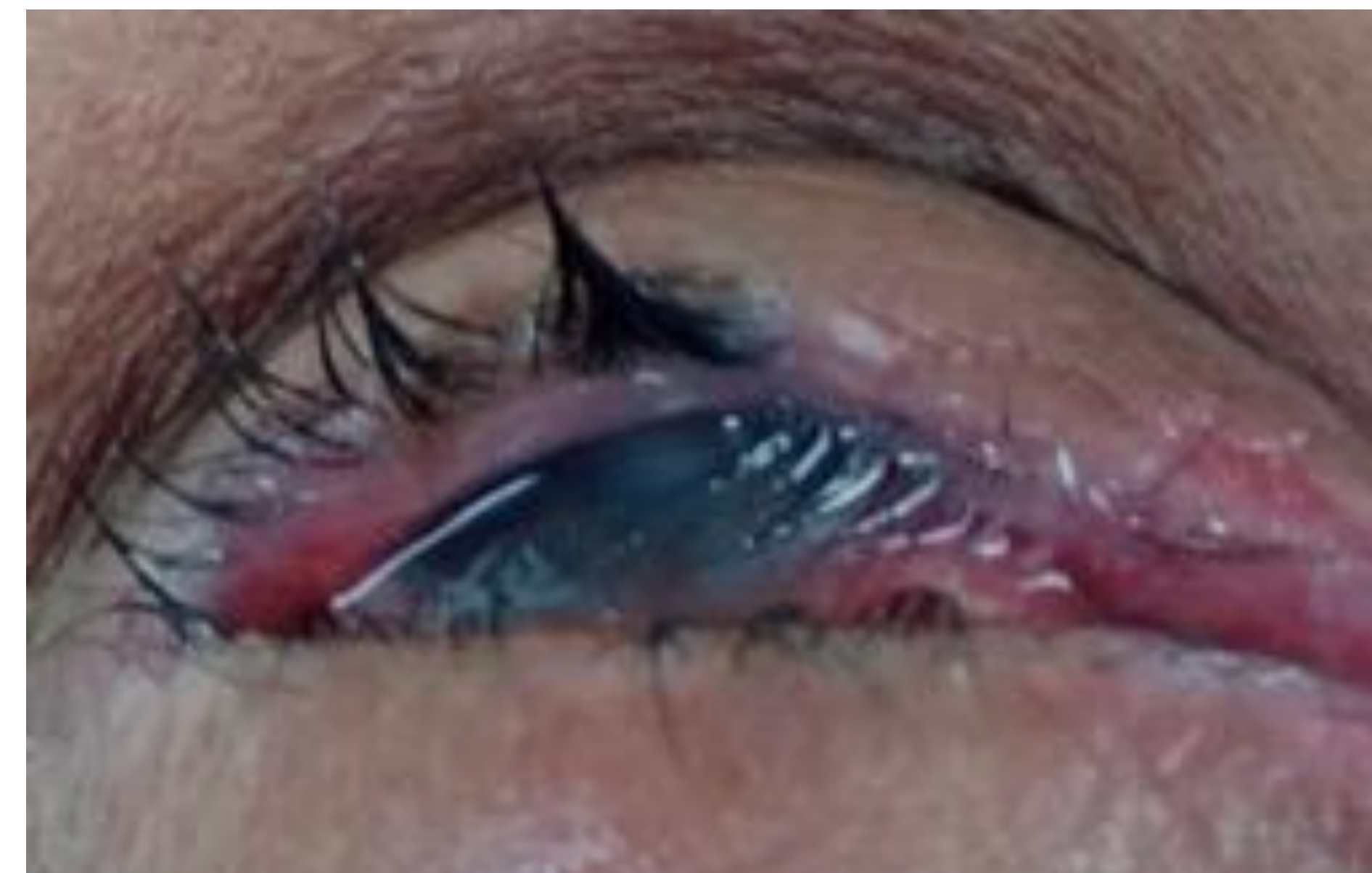




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Guidelines for the Management of Post-operative Trachomatous Trichiasis (PTT)



Fikreab Kebede, MD, MPH

Senior Technical Advisor, MOH-Ethiopia

On behalf of the **National PTT Expert Group**

Virtual Event

9th September 2020



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PTT: Definition and Magnitude

- Definition: Presence of ≥ 1 eyelashes touching the eyeball or evidence of recent epilation of in-turned eyelashes from the upper eyelid that has had trichiasis correction surgery in the past.
- Magnitude:
 - Overall: PTT risk at one-year: 20% - 40% (7.4% at 1 year to 62% at 3 years) [*Multiple studies in Africa*]
 - Global: TT cases from surveys 10% - 75% [*WHO 2nd Global Scientific Meeting on Trachoma*]
 - Ethiopia: 15% of the TT cases from Trachoma Impact Surveys conducted in 134 Enumeration Units [*MOH-Ethiopia*]
 - Amhara region: 24.7% at 2 years after surgery [*Saul N. Rajak et al, 2013*]



Challenges in PTT management

- Gap in standard protocols for management of PTT
- Diverse PTT clinical presentations and unanswered questions:
 - What type of management is most appropriate for the different clinical presentations/PTT Grades?
 - Who should deliver the service?
 - What type of trainings are required for ophthalmic practitioners to manage PTT?



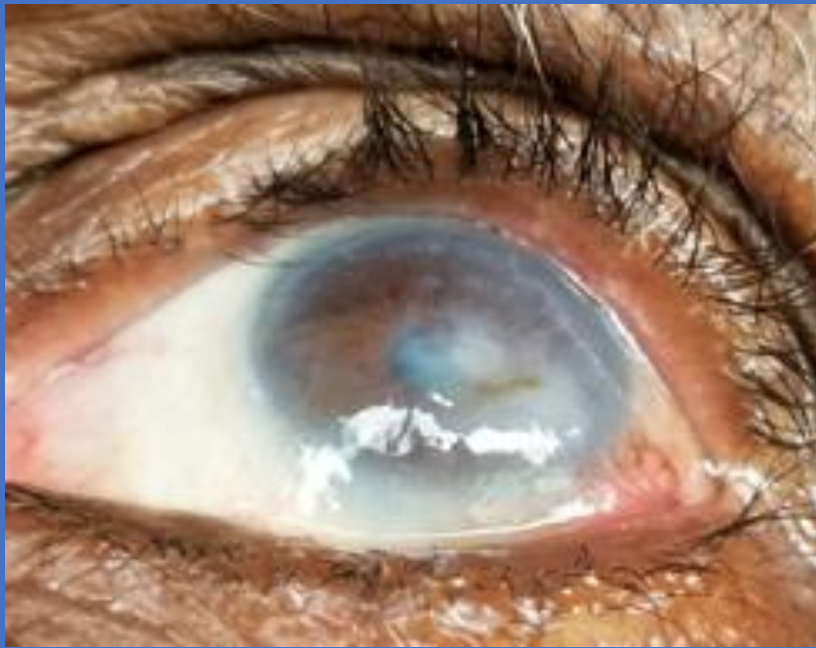


Aim of this presentation



- Present Ethiopia's PTT management guideline for cross-learning and improvement.



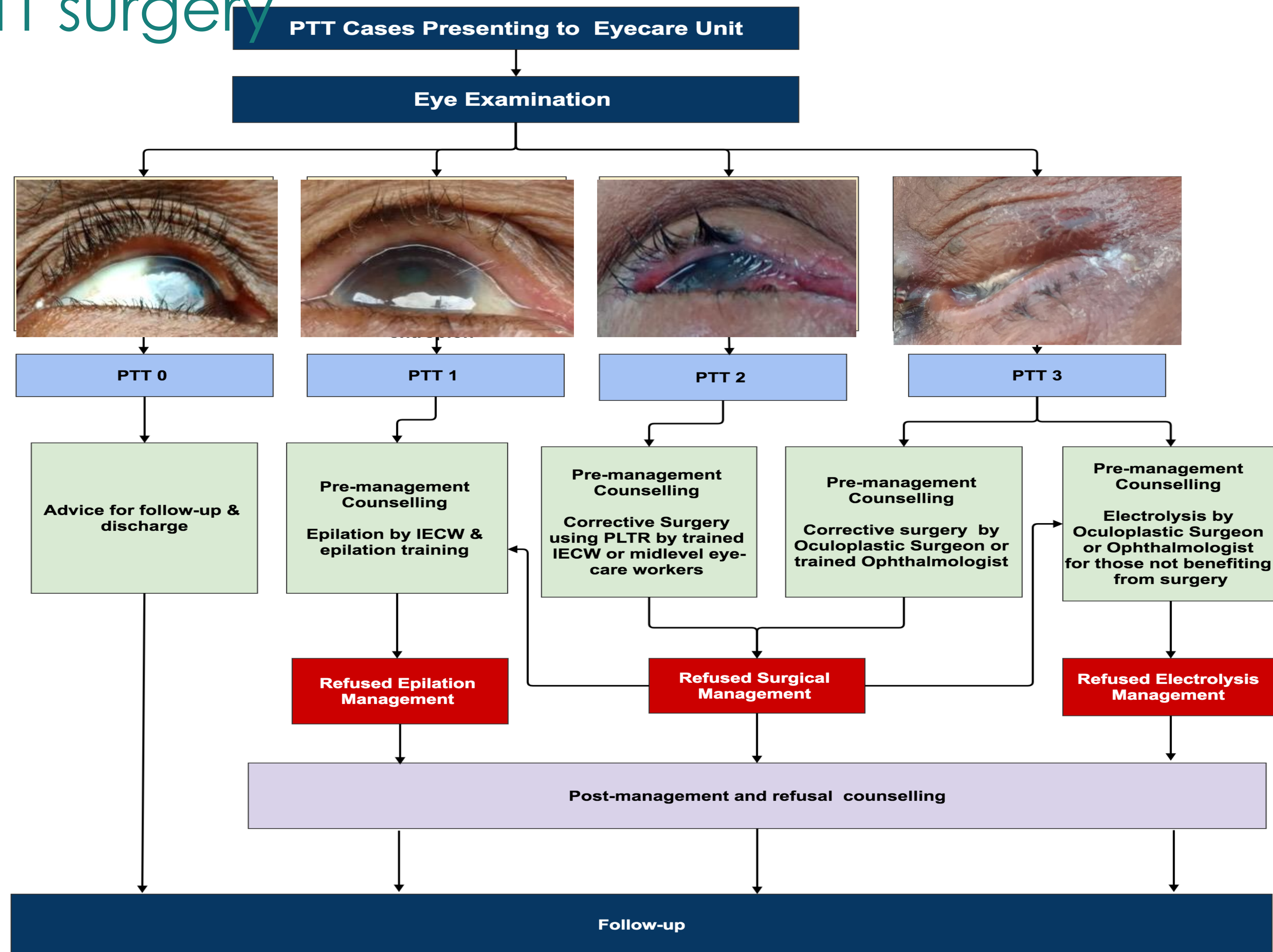
PTT Grading

Grading	Grading Description
PTT0 (None) 	<ul style="list-style-type: none"> ○ No eyelashes touching the eyeball and no evidence of epilation.
PTT1 (Minor PTT)  	<ul style="list-style-type: none"> ○ Any number of misdirected/metaplastic eyelashes touching the eyeball AND no entropion. <p>OR</p> <ul style="list-style-type: none"> ○ Evidence of epilation in $<1/3^{\text{rd}}$ of the horizontal eyelid length AND no entropion. <p>OR</p> <ul style="list-style-type: none"> ○ ≤ 5 eyelashes touching the eyeball PLUS mild entropion. ○ Mild/minor entropion: eyelid margin is visible between eyelash bases and eyeball for at least $2/3^{\text{rd}}$ of the horizontal eyelid length.

PTT grading ...

Grading	Grading Description
PTT2 (Major PTT) 	<ul style="list-style-type: none"> ○ >5 eyelashes touching the eyeball, OR epilation of >1/3rd of the eyelid, PLUS mild entropion. <p>OR</p> <ul style="list-style-type: none"> ○ ≥1 eyelash touching the eyeball with moderate or major entropion. ○ Moderate entropion: eyelid margin between the eyelash bases and eye not visible in 1/3rd to 2/3rd of the eyelid but without eyelid shortening or thickening. ○ Major/total entropion: Eyelid margin between the eyelash bases and eyeball not visible in >2/3rd of the eyelid but without eyelid shortening or thickening.
PTT3 (Complicated PTT) 	<ul style="list-style-type: none"> ○ ≥1 eyelash touching the eye AND with moderate , OR major entropion with shortening, OR thickening of the eyelid. <p>AND/OR</p> <ul style="list-style-type: none"> ○ Any level of entropion with eyelid closure defect. <p>AND/OR</p> <ul style="list-style-type: none"> ○ PTT eyes with a history of ≥2 surgeries on the same upper eyelid.

Post-operative trichiasis management algorithm for eyes with PTT ≥ 2 weeks after initial TT surgery



PTT management training

- Patient's and care takers training on how to epilate - instruction and demonstration
- Ophthalmic cadres training
 - Epilation techniques for PTT management
 - Surgical techniques for PTT management
 - Counselling
 - Live practice on counselling, epilation, surgery



With thanks to our generous sponsors and contributors

- Ministry of Health - Ethiopia
- National Trachoma Task Force - Ethiopia
- Ethiopia PTT Expert Technical Group [Dr Wondu Alemayehu (Lead), Dr Menbere Alemu, Dr Esmael Habtamu, Dr Emily Gower, Dr Meseret Ejegu, Dr Fentahun Tadesse, Dr Alemayehu Sissay, Dr Fikreab Kebede]
- Our reviewers and contributors [Dr Anthony Solomon, Dr Amir Bedri Kello, Dr Paul Courtright, Prof Caleb Mpyet, Prof John H Kempen]



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