Welcome to the NNN Conference 2020

Accelerating to 2030: Building Resilient NTD Programmes in a Changing World

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Virtual Event

8th – 10th September 2020

ntd-ngonetwork.org
1.2 Mainstreaming GESI into Health System Strengthening for NTDs: Case Studies in Nepal, Tanzania and Uganda

The objectives of today’s panel session are for you to:

- Share lessons learned from three countries on gender equity and social inclusion (GESI) dynamics and how they affect NTD programs across the globe
- Realize how gender equity and social inclusion can strengthen NTD programming in order to reach the last mile
- Explore challenges and opportunities in Uganda, Tanzania and Nepal to mainstream and integrate gender equity and social inclusion
1.2 Mainstreaming GESI into Health System Strengthening for NTDs: Case Studies in Nepal, Tanzania, and Uganda

Presenters:
- Dr. Taroub Harb Faramand, Founder and President of WI-HER, Partner on USAID’s Act to End NTDs | East program, Global
- Mr. Dharmpal Prasad Raman, Chief of Party, Act | East, Nepal;
- Dr. Wemaeli Anderson Mweteni, Health Systems Strengthening Advisor, Act | East, Tanzania;
- Mr. Mike B. Mukirane, Health Systems Strengthening Advisor, Act | East, Uganda

Moderator:
- Mr. Teshale Yadeta, Health Systems Strengthening Advisor, Act | East, Ethiopia
Dr. Taroub Faramand, Founder and President, WI-HER, Partner on Act | East
Overview of Gender Equity and Social Inclusion (GESI) in NTD Programs

• GESI is about all—women, girls, men, boys, hard to reach populations, ethnic and religious minorities, other gender identities, persons with disabilities and more

• Looks at differentiated exposure and risk of diseases, access to and uptake of prevention and treatment, social norms, roles/responsibilities, behavior and power dynamics

• As NTD programs get closer to achieving elimination and control goals, efforts will shift to the hard to reach populations

• GESI is an integral component of sustainability plans
Why is gender and social inclusion important in reaching the last mile?

- **Service Delivery**: Access to and utilization of care among all people who we serve
- **Human Resources**: Women’s participation in drug distribution and leadership opportunities
- **Availability of Data**: Disaggregation of data by age and sex
- **Essential Medicines**: Safety of preventive chemotherapy for pregnant and breastfeeding women
- **Financing**: Gender responsive budgeting
- **Governance**: Women’s participation in leadership and policy making
Applying the science of improvement to institutionalize and sustain GESI in NTD programming

- **Identify** gender and social inclusion gaps and barriers through rapid, yet careful desk review, analysis, information interviews (KIIIs) and focus group discussions (FGDs)

- **Design** locally contextualized programmatic interventions and activities to effectively address identified gaps and barriers

- **Apply** solutions and **Assess** for lessons learned and identified overtime through monitoring and evaluation, the collection and assessment of sex-disaggregated data, and periodic assessments

- **Record** knowledge, qualitative and quantitative data, best practices, lessons learned in line with effective and transparent knowledge management and monitoring and evaluation methodologies

- **Expand** and scale-up project initiatives, if proven successful; if proven ineffective, identify and design other changes to reach project objectives and goals
Trachoma
- Child-care and caregiving increase women’s risk.
- Zithromax safe for pregnant women, but often not offered.
- Correlated with poverty and location—poor hygiene and lack of access to good water.
- Women are four times as likely to need eye surgery.
- Women account for 86% of global trichiasis cases.
- Blindness affects marriageability, ability to work, and vulnerability to abuse.
- Stigmatization depends on extent of prevalence.

Onchocerciasis
- 2/3 of water-based domestic activities are completed by females, increasing risk.
- Ivermectin is not safe for pregnant women and first week of breastfeeding, so they are ineligible for PC.
- Disfigurement and disability can impact employability and marriageability of both men and women in different ways.

Lymphatic Filariasis
- Men may have increased contact with mosquitoes.
- Women more likely to use protective measures to avoid mosquito contact, especially during pregnancy.
- Ivermectin is not safe for pregnant women and first week of breastfeeding, so they are ineligible for PC.
- Disfigurement and disability can impact employability and marriageability of men and women differently.
- Hydrocele in males; men may not seek treatment due to perceptions of masculinity, lack of knowledge, and fear.
Soil-transmitted Helminthiasis

- Men or women working in agriculture.
- Girls more likely to be absent from school and miss STH treatment.
- Lack of WASH at schools puts children at risk.
- Severe hookworm-related anemia in pregnant women.
- Low birth weight babies and/or premature birth
- Infertility (caused by hookworm) for women.

Schistosomiasis

- 2/3 water-based domestic activities completed by females.
- Exacerbates disease during pregnancy.
- Girls more likely to be absent from school and miss SCH treatment.
- Urogenital schistosomiasis (UGS) knowledge is low among healthcare workers and prevention, detection, and management are unavailable.
- UGS causes reproductive organ damage, infertility, and increased risk of HIV.
- UGS infection can cause high-risk pregnancy.
- UGS increases women’s risk for anemia.
## Identified Vulnerable Groups by Country

<table>
<thead>
<tr>
<th>Nepal</th>
<th>Tanzania</th>
<th>Uganda</th>
<th>Ethiopia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious Communities</td>
<td>Out-of-school children</td>
<td>Pregnant women</td>
<td>Migrant and mobile populations</td>
</tr>
<tr>
<td>Urban populations</td>
<td>Male refusal due to fear of sterility or alcohol-drug interaction</td>
<td>Migrant and mobile populations</td>
<td>(pastoralist communities)</td>
</tr>
<tr>
<td>Castes</td>
<td>Male workers (outside of working hours)</td>
<td>People with disabilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>People who abuse alcohol</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Nepal and Ethiopia GESI analysis to be conducted in FY21. Tanzania and Uganda vulnerable groups identified through GESI analysis in FY20.*
What else do we need to know?

1) Gender, social, and cultural norms heavily influence health access, but there is a dearth of qualitative and quantitative data describing NTD exposure, susceptibility, and barriers to treatment.

2) Country-level information around some of the social circumstances that further expose people who we service to certain NTDs

3) Knowledge and research into NTD drugs that are safe for pregnant and lactating women

4) How can we improve coverage among men
Institutionalizing GESI into NTD programming

GESI strategy include:
- Develop capacity in GESI (for program staff, governments, and partners)
- Integrate GESI across all three results
- Document and share learning across program supported countries and with the global NTD community
- Scale, institutionalize, and sustain
NEPAL

Mr. Dharmpal Prasad Raman, Chief of Party, Act | East, Nepal

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• Nepal has made great strides with the elimination of leprosy, visceral leishmaniasis, and trachoma.
  – According to the WHO Director General eliminating trachoma is a “remarkable achievement [that] demonstrates what political commitment and sustained partner support can do. It is a big step towards health for everyone and comes at a time when Nepal accelerates its fight against other neglected tropical diseases.”

• In 2012, no districts collected sex-disaggregated data, and by 2016, 100 percent of districts were doing so.

• The Nepal MOH health management information system is beginning to capture data disaggregated by gender, caste, and ethnicity on the incidence and treatment of various diseases.
Women in Nepal have limited household decision-making power, especially regarding health care.

In the 2016 DHS, more than 40 percent of women were not allowed to make decisions regarding their own health care.

Gender-, caste-, and ethnicity-based social exclusion.
GESI Desk Review Findings (continued)

• More than 8 in 10 women (83%) have problems accessing health care for themselves for reasons beyond limited decision making:
  • 68 percent do not want to go to the health facility alone
  • 55 percent are worried about treatment costs
  • 53 percent are worried about the distance they must travel to the health facility
  • 25 percent of women are concerned about getting permission from their partner or family to go for treatment.
Planned next steps

• Act | East will conduct a GESI Analysis in Province 5 in the districts of Dang, Banke and Kapilbatsu
• Sites were strategically selected due to their struggle with MDA coverage and failure in pre-TAS surveys
Dr. Wemaeli Anderson Mweteni, Health Systems Strengthening Advisor, Act | East, Tanzania
Tanzania GESI Analysis Sites and Participants

**Focus groups:**
1. All male
2. All female
3. Mixed male and female
4. People with NTDs
5. CDDs/Teachers

**Key informant interviews:**
1. DMO
2. NTD Coordinator (regional and district)
3. CDD Supervisor/Front Line Health Worker
4. Teacher
## Sample findings: Community MDA barriers - Trachoma and LF

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>Children w/disabilities</th>
<th>Community wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Work (and leisure activities outside the home)</td>
<td>• None found to be unique to women only.</td>
<td>• May be unable to reach central distribution points but can be reached at home.</td>
<td>• Family members absent during distribution.</td>
</tr>
<tr>
<td>• Migration</td>
<td></td>
<td></td>
<td>• Pastoralists and mobile communities.</td>
</tr>
<tr>
<td>• Low desire to interact with healthcare system</td>
<td></td>
<td></td>
<td>• Homes too far for CDD to reach on foot.</td>
</tr>
</tbody>
</table>
The NTD Workforce, MDA Implementation challenges and GESI

Community members
• CDDs may not always provide the NTD education to support uptake
• CDDs leave PC at home not always taken by family members
• Some community members not aware on how CDDs are selected

CDDs
• Lack of transportation to reach remote areas
• Insufficient incentives
• Would like more than one day of training
Process to mainstream and institutionalize GESI in national activities

National level

- Integration of GESI into National NTD Sustainability Plan draft (ongoing), guiding national NTD HSS activities for the next five years

Existing GESI supportive structures

- National Health Policy 2017
- Establishment of different Gender desks in different levels in the public systems by the government.
- The Ministry of Health, Community Development, Gender, Elderly and Children has specific department hosting Gender
Next Steps

• Training of trainers for Tanzania Ministry of Health – to design and integrate GESI intervention packages in MDA activities
• Support Tanzania MOHCDGEC in testing GESI intervention packages in pilot district (Pangani district)
• Scaling up and mainstreaming GESI in MDA activities
• Document lessons learned throughout pilot and scale up
UGANDA

Mr. Mike B. Mukirane, Health Systems Strengthening Advisor, Act | East, Uganda
GESI analysis in Uganda

Focus groups:
1. All male (2)
2. All female (2)
3. Mixed male and female
4. People with NTDs
5. CMDs

Key informant interviews:
1. NTDCP Coord. & PMs
2. DHO, DHE & NTD FPs
3. MDA Supervisors
4. Health Providers
5. Teachers

Total # of participants = 312
### Sample findings: Sex and Gender-related Barriers to MDA Access and Uptake

<table>
<thead>
<tr>
<th></th>
<th>Barriers to Access</th>
<th>Barriers to Uptake</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Males</strong></td>
<td>• Work outside the home&lt;br&gt;• Evening leisure activities&lt;br&gt;• Migratory work</td>
<td>• Alcohol&lt;br&gt;• Perception that services are just for women and children&lt;br&gt;• Lack of understanding PC&lt;br&gt;• Long waits for drugs and community distribution points&lt;br&gt;• Perceived impact on libido</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td>• Pregnancy&lt;br&gt;• Breastfeeding - Many CMDs do not distribute any PC to breastfeeding women.</td>
<td>• Hunger - Refusing due to hunger (not eating beforehand) to prevent side effects.</td>
</tr>
<tr>
<td><strong>Both</strong></td>
<td>• Urban/educated population – harder for CMDs to access and convince</td>
<td>• Previous experience of severe side effects</td>
</tr>
</tbody>
</table>
Process to mainstream and institutionalize GESI in national activities

• GoU has put in place policies and strategies that support GESI initiatives
  – Vision 2040
  – Equal Opportunities Commission Act (2007)
  – The Public Finance Management Act

• The National NTD Master Plan 2017–2022 - the right to health, with due attention to gender and equity issues
  – Mainstreaming gender in NTD plans and activities
  – Disaggregating data by age and sex
  – Targeting the marginalized such as people with disabilities
Process to mainstream and institutionalize GESI in national activities

• The Uganda NTD Sustainability Plan 2020 – 2025
  – Access to NTD medicines by rural and hard-to-reach communities
  – Considering GESI factors when selecting trainers and trainees
  – Inclusion and tracking of gender sensitive indicators
  – Prioritization of resources to identify and address GESI issues
Milestones to date: National level

• Training of National ToTs to cascade GESI training to the districts and sub counties
• Integration of GESI into the Uganda NTD Sustainability Plan 2020 – 2025
• Integrating GESI into the MDA activities through training of central supervisors
• Including GESI activities into the NTDCP FY21 work plan
Milestones to date: Sub-national level

- Conducted DSA in districts with GESI integrated throughout process
- Held District preparatory meetings for rolling out MDA, which included GESI as key component

Resulting in Ugandan national and district level ownership of GESI in NTD programming
Planned next steps

• Ensuring the work to date is sustainable
• Integration of GESI into all MDA training manuals
• Cascading GESI training to sub district level
• Sensitization of health service providers on GESI integration
• Inclusion of GESI sensitive indicators into HMIS and DHIS2
• Including GESI into the advocacy strategy and initiatives
• Providing ongoing technical assistance for integrating and mainstreaming GESI in NTDCP interventions based on their work plans
• Popularizing the existing GESI related policies and strategies at sub national level
Panel discussion

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Question and Answers

• Time for your questions for our panelists!
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