



NEGLECTED TROPICAL DISEASE  
NGO NETWORK

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working together on NTDs

# Welcome to the NNN Conference 2020

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

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Virtual Event

8<sup>th</sup> – 10<sup>th</sup> September 2020

Billy Weeks (2016, Chikwawa, Malawi)



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## 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



# Act to End NTDs | East Overview



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**Dr. Taroub Faramand, Founder and President,  
WI-HER, Partner on Act | East**



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# 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

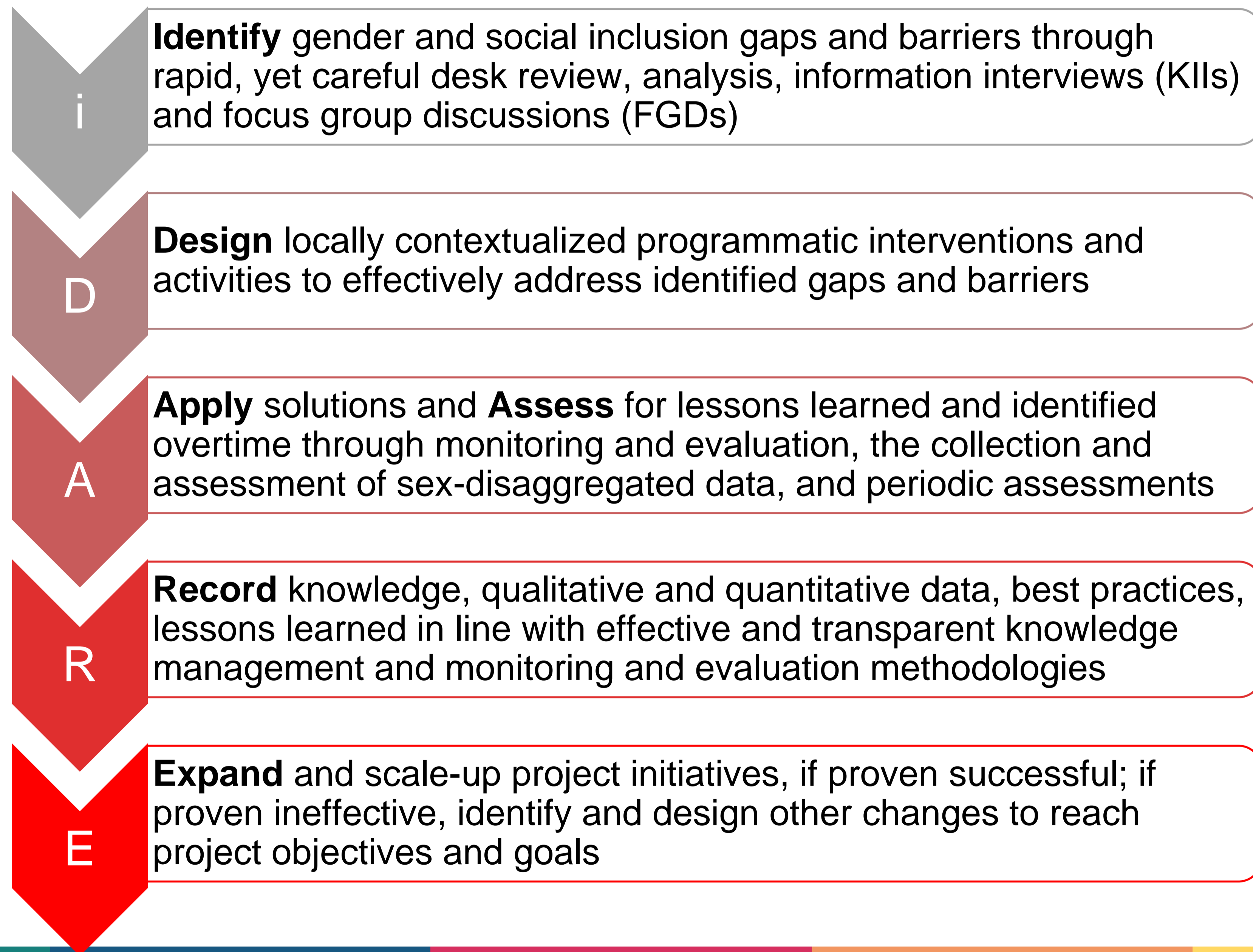


# Why is gender and social inclusion important in reaching the last mile?

- **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



## 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 trachiasis 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 mosquitos
- 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

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

**\*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

## GESI Mainstreaming Process





# NEPAL

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



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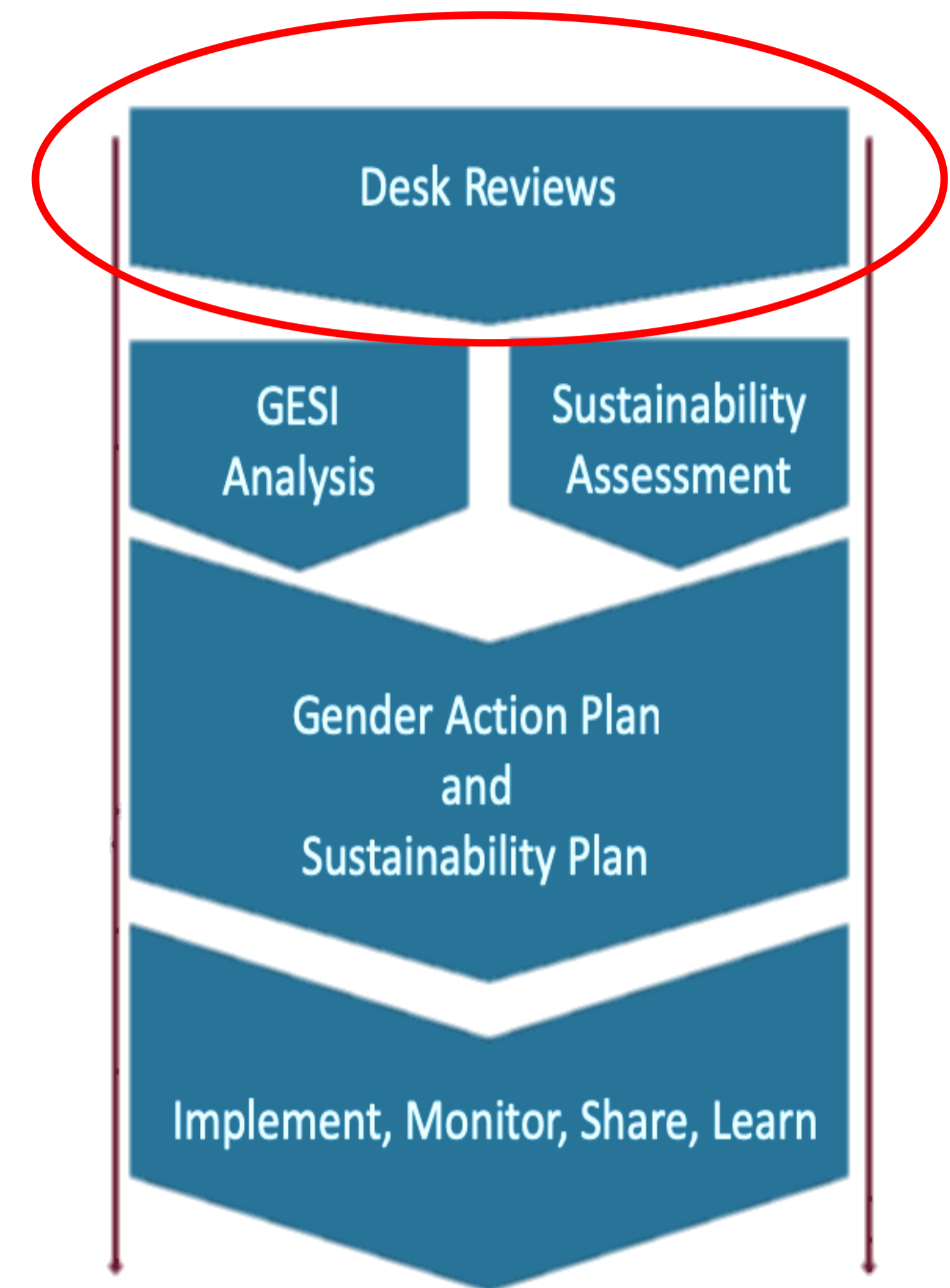
# Political will in institutionalizing GESI in NTD programming

- 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.



# GESI Desk Review Findings

- 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





## TANZANIA

**Dr. Wemaeli Anderson Mweteni, Health Systems  
Strengthening Advisor, Act | East, Tanzania**



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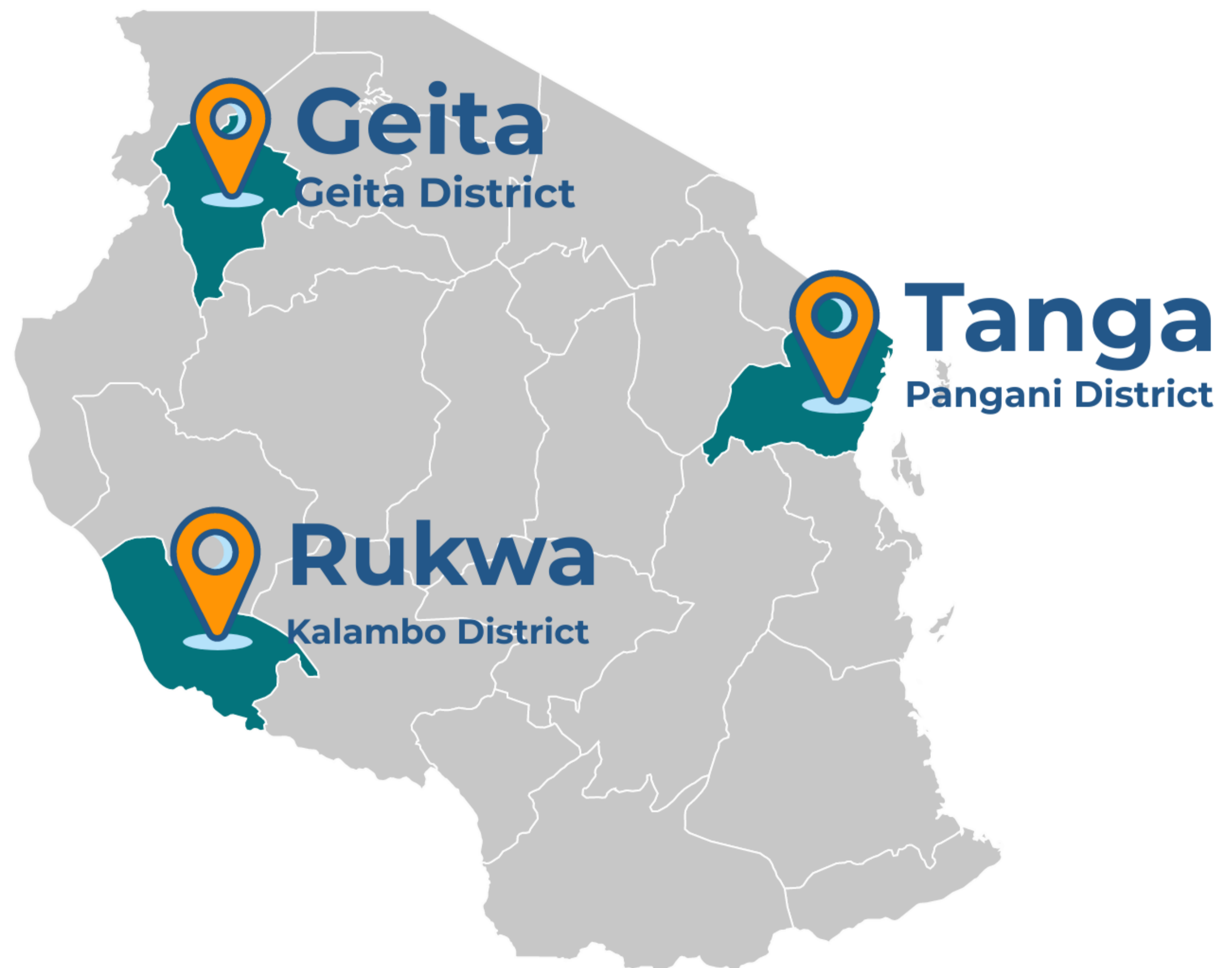
# Tanzania GESI Analysis Sites and Participants

## 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

Boys	<ul style="list-style-type: none"> <li>• Work (and leisure activities outside the home)</li> <li>• Migration</li> <li>• Low desire to interact with healthcare system</li> </ul>
Girls	<ul style="list-style-type: none"> <li>• None found to be unique to women only.</li> </ul>
Children w/disabilities	<ul style="list-style-type: none"> <li>• May be unable to reach central distribution points but can be reached at home.</li> </ul>
Community wide	<ul style="list-style-type: none"> <li>• Family members absent during distribution.</li> <li>• Pastoralists and mobile communities.</li> <li>• Homes too far for CDD to reach on foot.</li> </ul>



# 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



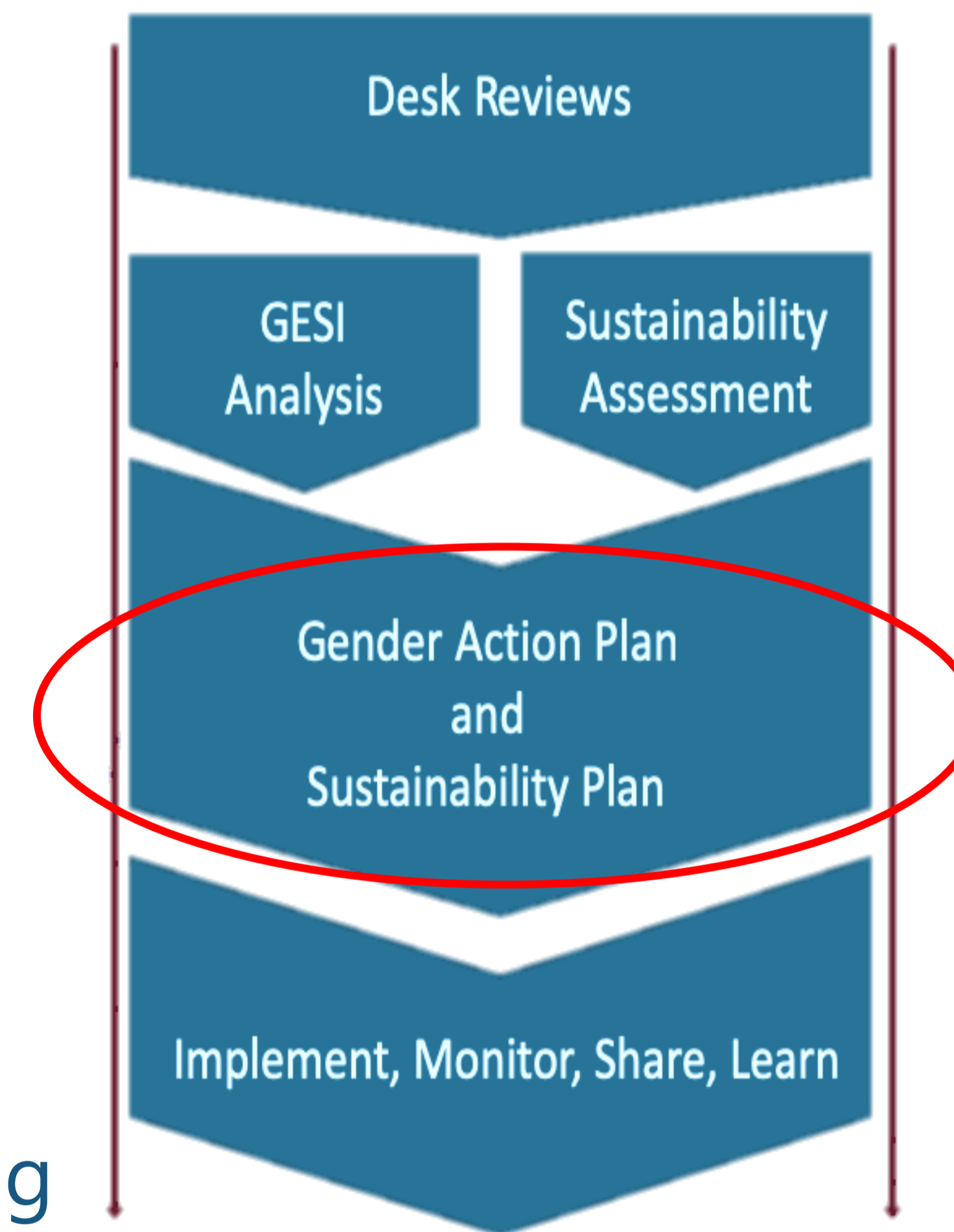
# Process to mainstream and institutionalize GESI in national activities

## National level

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

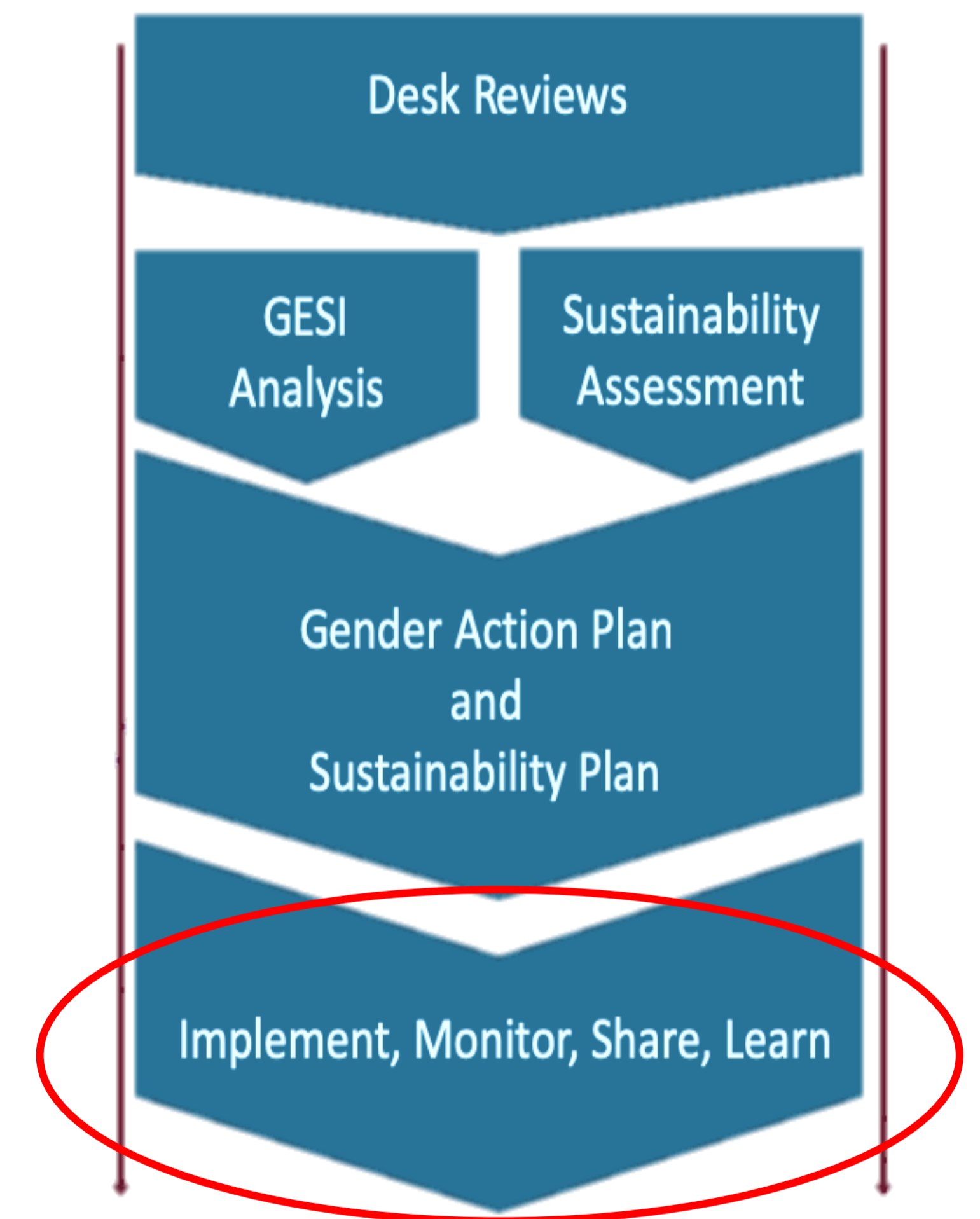
## Existing GESI supportive structures

- 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
- Under SWAp, specific Technical Working group dealing with Social and gender issues (Social Welfare, Social Protection, Community Development and Nutrition)



# 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**



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# 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:

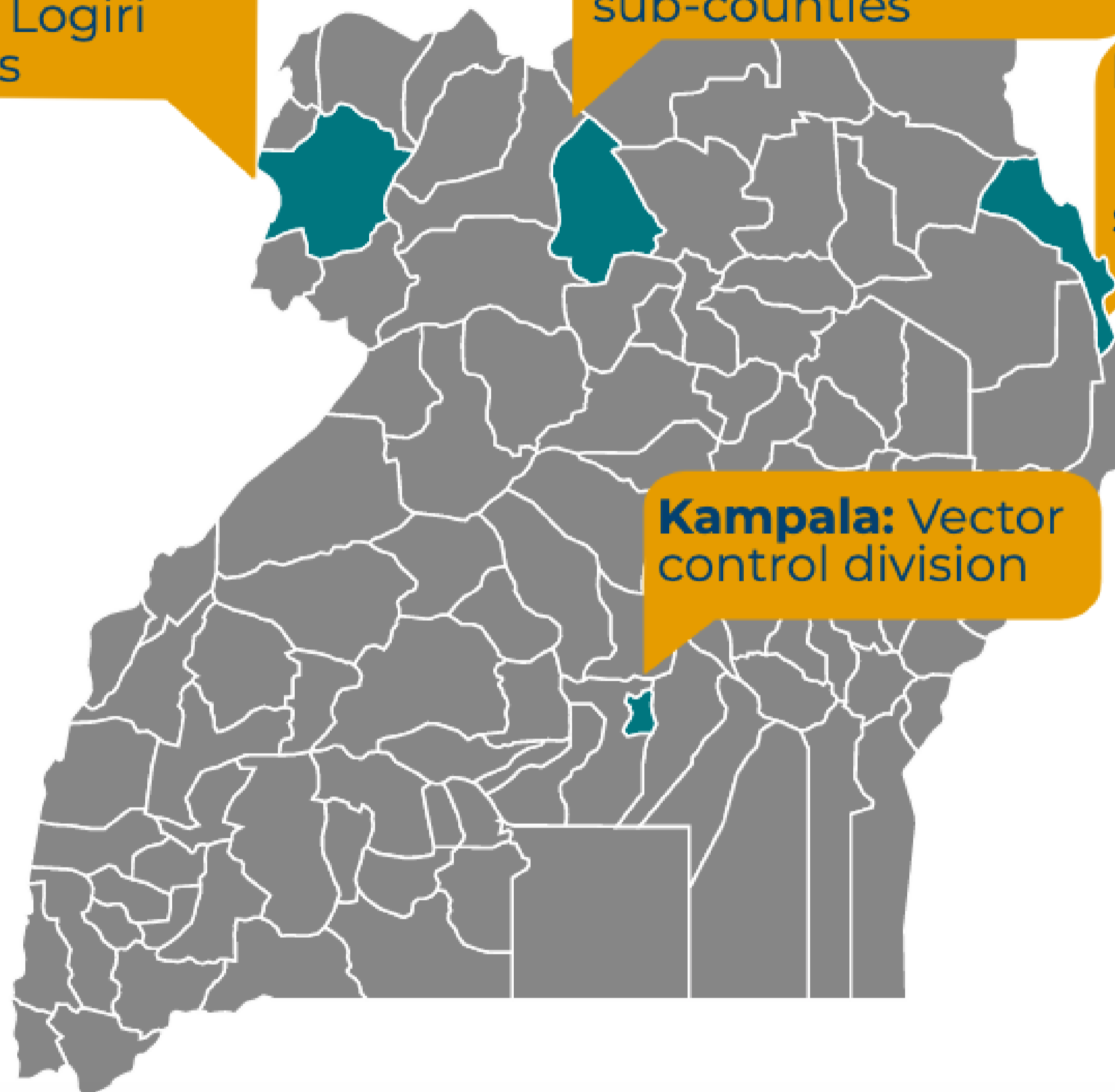
1. NTDCP Coord. & PMs
2. DHO, DHE & NTD FPs
3. MDA Supervisors
4. Health Providers
5. Teachers

**Arua District:**  
Arua Hill, Dadamu, Katrina, and Logiri sub-counties

**Gulu District:**  
Owalu, Paicho, Patiko, and Unyama sub-counties

**Moroto District:**  
Nadunget, Katikekile, Nadunget, and Tapak sub-counties

**Kampala:** Vector control division



**Total # of participants = 312**



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# Sample findings: Sex and Gender-related Barriers to MDA Access and Uptake

	Barriers to Access	Barriers to Uptake
Males	<ul style="list-style-type: none"> <li>• Work outside the home</li> <li>• Evening leisure activities</li> <li>• Migratory work</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol</li> <li>• Perception that services are just for women and children</li> <li>• Lack of understanding PC</li> <li>• Long waits for drugs and community distribution points</li> <li>• Perceived impact on libido</li> </ul>
Females	<ul style="list-style-type: none"> <li>• Pregnancy</li> <li>• Breastfeeding - Many CMDs do not distribute any PC to breastfeeding women.</li> </ul>	<ul style="list-style-type: none"> <li>• Hunger - Refusing due to hunger (not eating beforehand) to prevent side effects.</li> </ul>
Both	<ul style="list-style-type: none"> <li>• Urban/educated population – harder for CMDs to access and convince</li> </ul>	<ul style="list-style-type: none"> <li>• Previous experience of severe side effects</li> </ul>



# Process to mainstream and institutionalize GESI in national activities

- GoU has put in place policies and strategies that support GESI initiatives
  - Vision 2040
  - National Equal Opportunities Policy (2006)
  - 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

## Moderator:

- **Mr. Teshale Yadeta**, Health Systems Strengthening Advisor, Act | East, Ethiopia

## Panelists:

- **Dr. Taroub Harb Faramand**, Founder and President of WI-HER, Partner on Act | East, 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



# Question and Answers

- Time for your questions for our panelists!



# Special Thanks to:



THE REPUBLIC OF UGANDA  
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Ministry of Health, Community Development,  
Gender, Elderly and Children (Tanzania)



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