

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
Changing World

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#### Workshop 1.4

#### 8 September 2020

# Applying gender equality and inclusion in NTD interventions to achieve equitable health services

**Examples from the Every Child Thrives project** 







#GenderEquality

#HealthForAll

#ÉgalitéGenre #SantéPourTous







#### Welcome

#### Workshop objectives

- Understand key gender equality and inclusion concepts and how to apply a gender lens to NTD interventions
- Learn about integrating gender equality into NTD interventions through an example of a deworming intervention for preschool age children
  - Every Child Thrives project and gender equality integration in Côte d'Ivoire and in Kenya
- Discuss the application of gender equality integration and mainstreaming to NTD programmes
  - -Open forum: Q&A session
  - -Breakout discussions







#### Introductions

#### Workshop Leads:

Sara Marshall, effect:hope and Dr. Julien Ake, Coptiment

#### Speakers:

- Karen Craggs-Milne, CEO of Conscious Equality Inc.
- Dr. Oka Kouamé, Director of National Nutrition Programme, Ministry of Health and Public Hygiene, Côte d'Ivoire
- Joseph Anyango, Every Child Thrives Project Coordinator, Kenya







#### What is your familiarity with gender and inclusion? Vote here

Join at sido.com #50755







### Gender Equality and Inclusion Concepts

#### PRESENTED BY

# KAREN CRAGGS-MILNE CONSCIOUS EQUALITY INCOPORATED WWW.KARENCRAGGS.COM

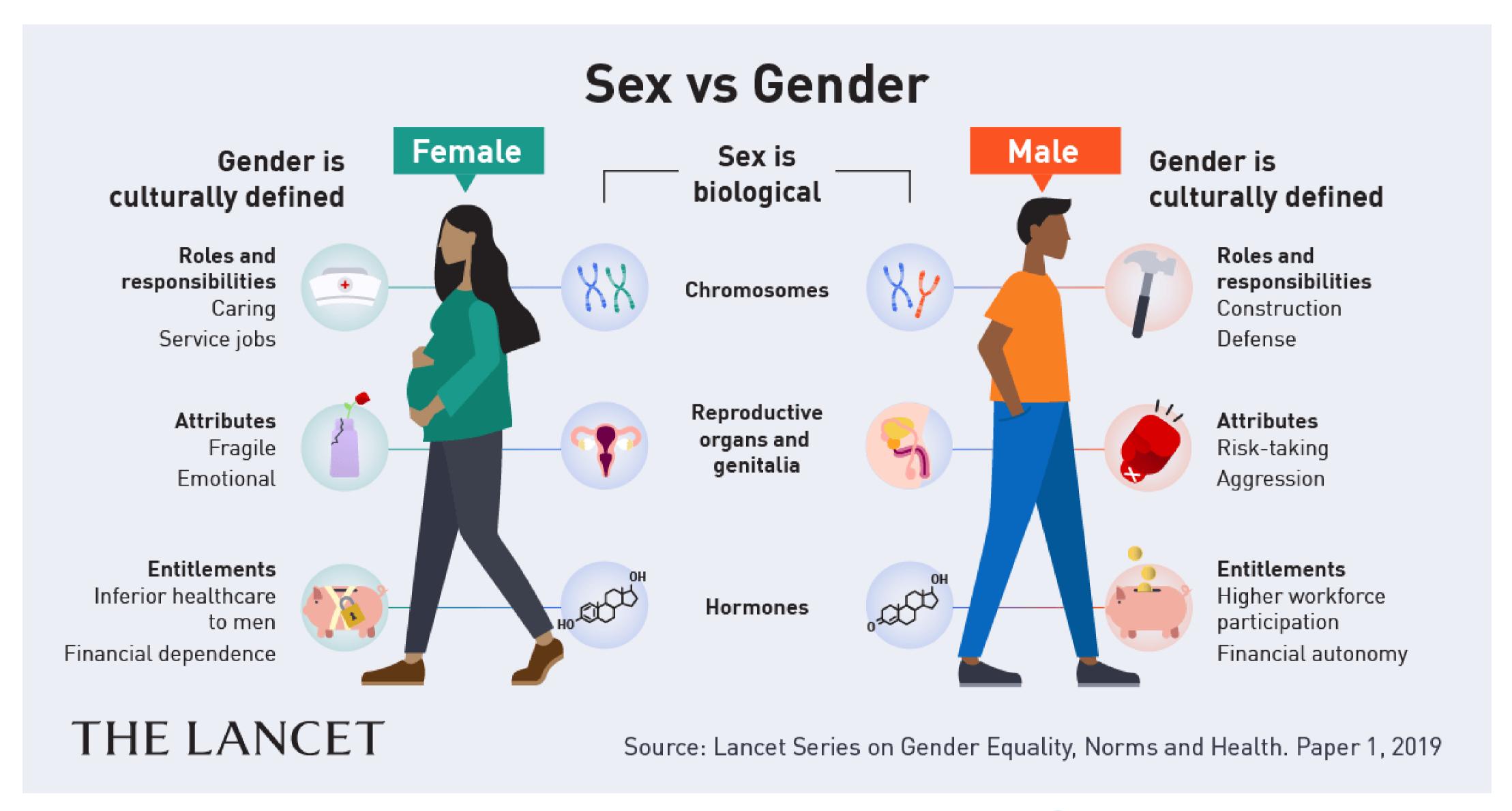
- Sex vs. gender
- Equality vs. equity
- Discrimination
- Gender integration, mainstreaming and transformation
- Gender based analysis







#### SEX VS GENDER



SEX = BIOLOGY

GENDER = ROLES & EXPECTATIONS

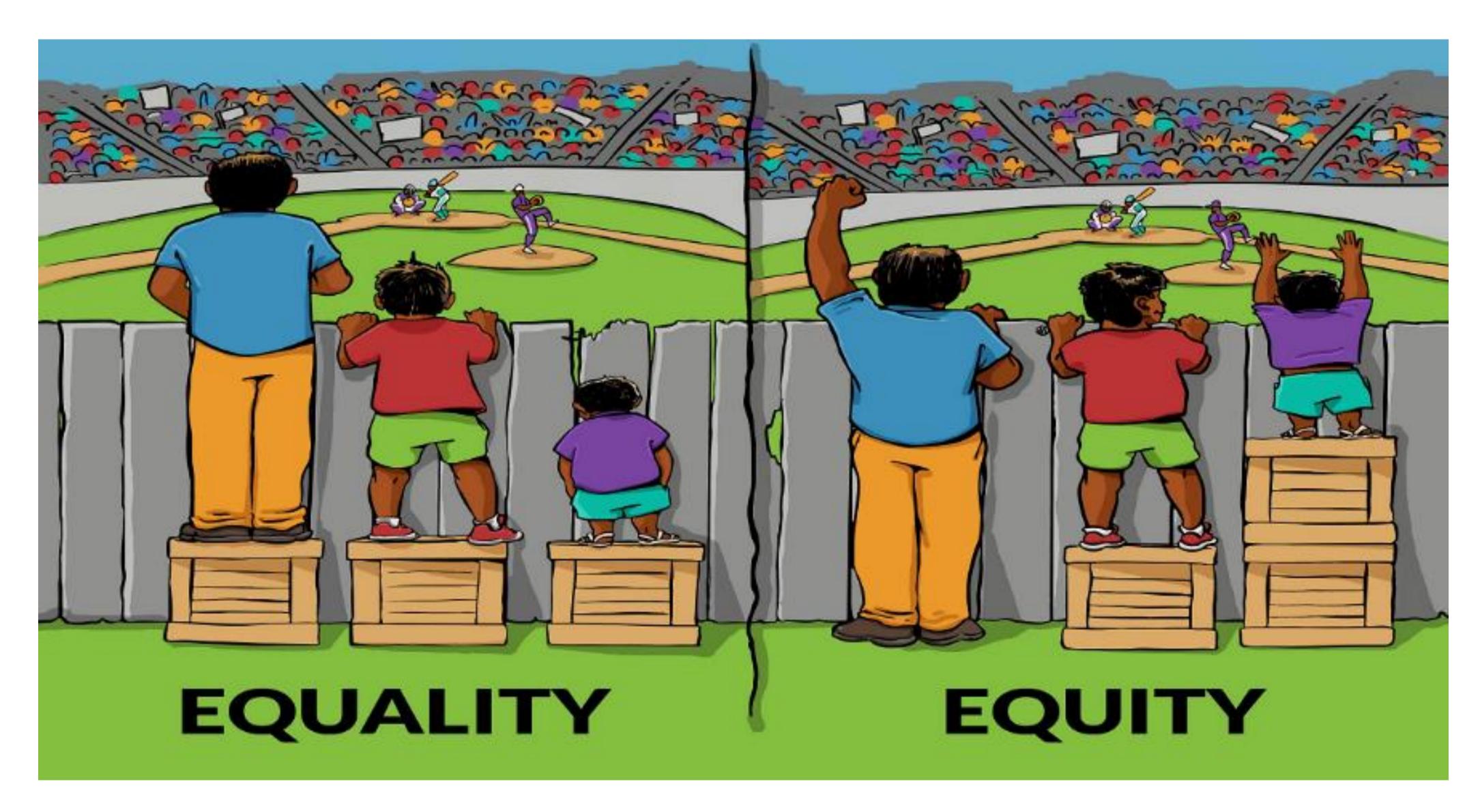
Source: https://beyondwordsstudio.com/wp-content/uploads/2019/07/Lancet-social-media-asset-sex-vs-gender.png







#### EQUALITY VS EQUITY



TREATING EVERYONE THE SAME ADDRESSING DIFFERENCES







#### TACKLING DISCRIMINATION ON 2 LEVELS

<u>ISSUES</u> <u>LEVELS</u>

ACCESS INDIVIDUAL

CONTROL & DECISION- HOUSEHOLD& COMMUNITY

RIGHTS INSTITUTIONAL

GENDER BASED SYSTEMS

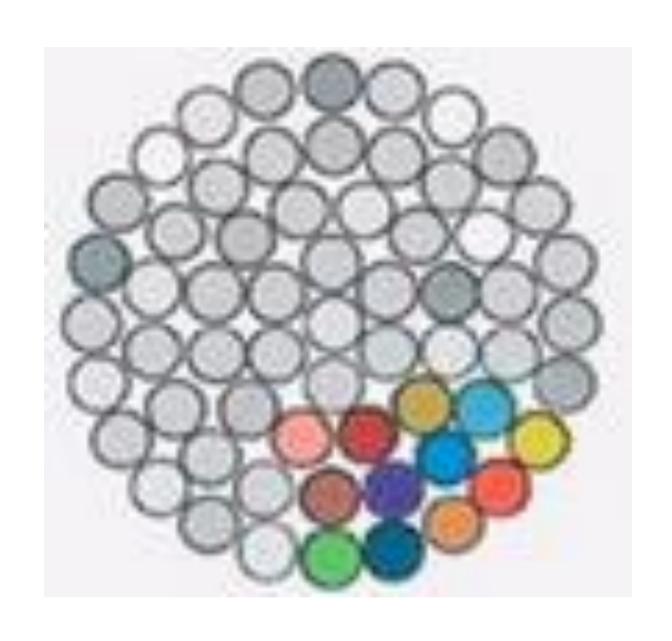
VIOLENCE

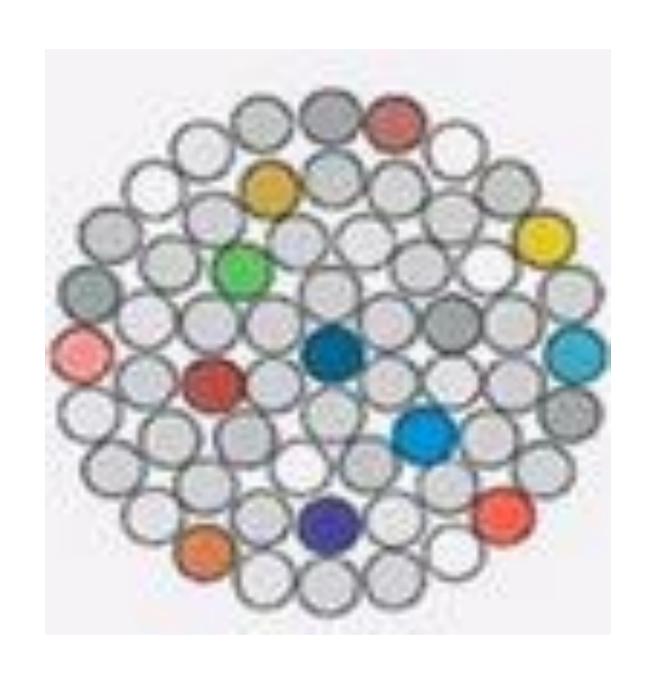


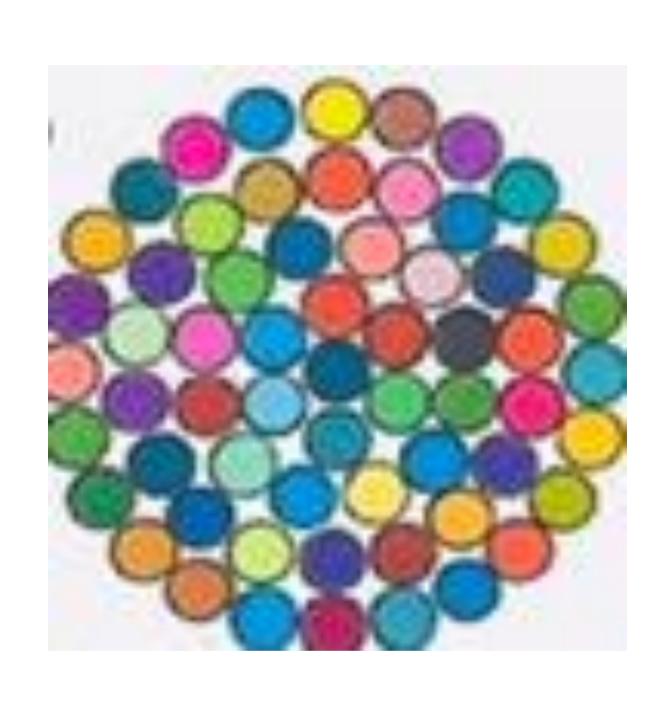




# GENDER INTEGRATION, MAINSTREAMING & TRANSFORMATION







GENDER INTEGRATION GENDER MAINSTREAMING

TRANSFORMATION

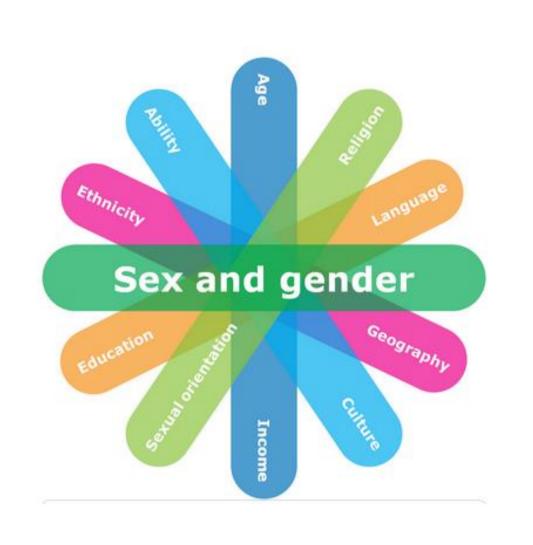
Source: https://twitter.com/AbilityRev/status/1087545255782744064/photo/1. Graphic cred: Erik W. Carter, Vanderbilt University



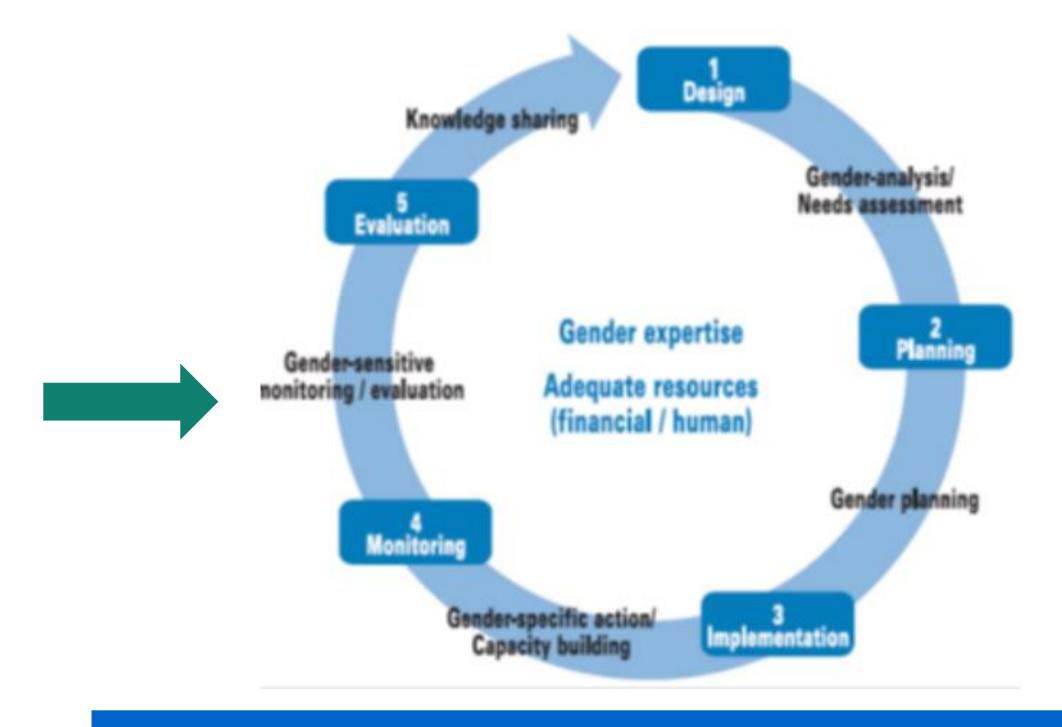




#### GENDER BASED ANALYSIS PLUS







ROLES
NEEDS
BARRIERS
OPPORTUNITIES
RISKS

GENDER EQUALITY
RESULTS
PLANNED ACTIVITIES
ALLOCATED
RESOURCES

Gender analysis/stakeholder analysis
Gender needs assessment
Gender planning
Gender-specific action
Capacity building on gender equality
Gender sensitive monitoring & evaluation
Relevant gender expertise
Adequate resources
Knowledge sharing on gender mainstreaming

Source: GBA - https://www.justice.gc.ca/eng/abt-apd/pgbap-pacsp.html https://slideplayer.com/slide/3315659/







# Overview of Every Child Thrives project

Speaker: Sara Marshall

Combined Deworming and Vitamin A Supplementation for children under five

- Outcomes and approach of the project
- Gender analysis and strategy for project implementation







# Every Child Thrives (ECT) project

Contributed to the reduction of child mortality by providing essential combined deworming and vitamin A supplementation to boys and girls under 5 years (6 to 59 months of age)

ECT integrated deworming with nutrition and immunisation services for preschool children in Kenya and Côte d'Ivoire

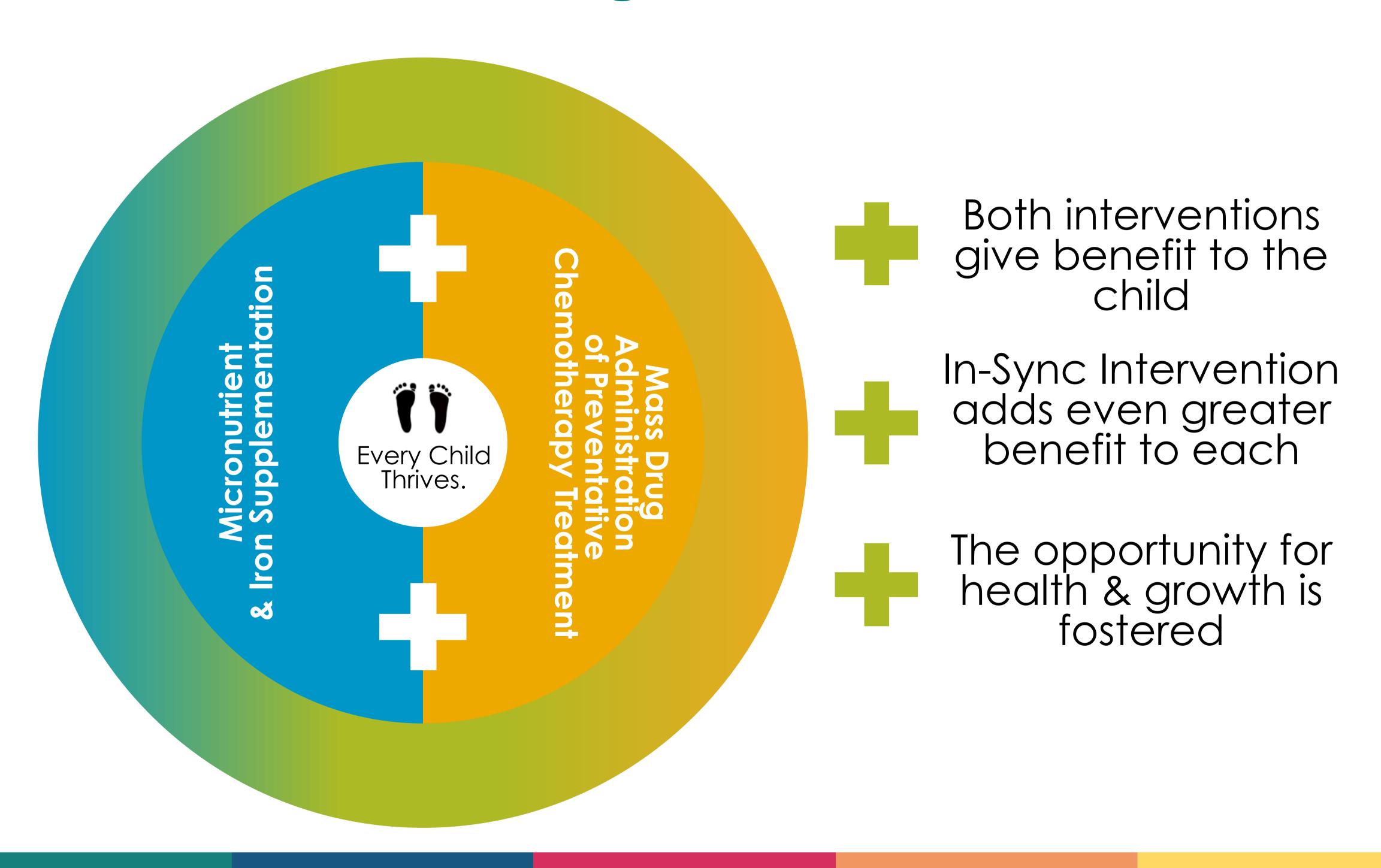
- Strategies for distribution to reach all children included health facilities, early childhood development centres, community outreach
- Addressed gender equality barriers to reach all girls and boys, including children with disabilities







# Combined Deworming & Vitamin A Intervention









# Every Child Thrives (ECT) project

Project duration: March 2016 to March 2020 (4 years)

#### Côte d'Ivoire

8 Regions: Agnéby-Tiassa, Mé, Bélier, Bounkani, Gontougo, Gbeke, Gôh, Indénie-Djuablin

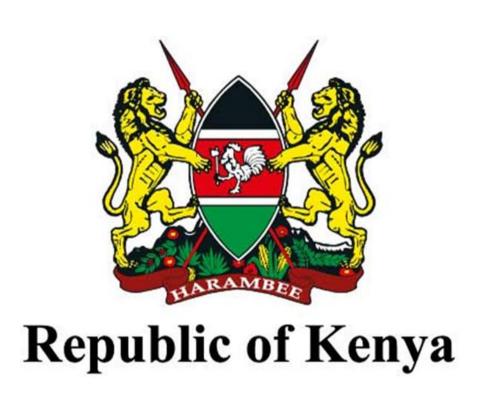
# Kenya

3 Counties: Kilifi, Kwale, Siaya

















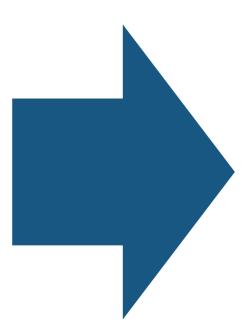




# ECT Gender Equality Strategy

# Community gender-based analysis findings

- 1. Need to promote a gender sensitive community environment
- 2. Need to improve decision-making capacity of women
- 3. Need to promote partnerships between women and men to promote healthy relationships
- 4. Need to increase involvement of men in MNCH
- 5. Need to develop greater gender awareness towards (within) health programmes and facilities
- 6. Need to support people with disabilities
- 7. Need to improve and collect disaggregated data
- 8. Need to develop program capacity to deliver gender and inclusive NTD programming



#### **Gender equality strategy framework**

- 1. Gender inequality, lower status of women and lack of decision-making by women
- 2. Intra-household inequality with differential health impacts on girls and boys
- 3. Lack of male involvement in maternal and child health
- 4. Gendered dimensions of NTD programmes

5. Insufficient data collection

Additional







# **ECT Gender Equality Strategy**

- ECT Gender equality strategy was adapted to each country and implementation plans were developed to integrate gender activities into the deworming and VAS programming.
- ECT contributed to application of gender lens in MOH programme delivery, data collection, policies and plans, and community engagement to improve equity in relation to gender and disability.
- Examples of ECT gender-related activities and achievements in each country will be shared, to demonstrate how gender equality and inclusion can be integrated or mainstreamed into NTD programmes.







# Gender equality integration into a health programme from Ministry of Health perspective in Côte d'Ivoire

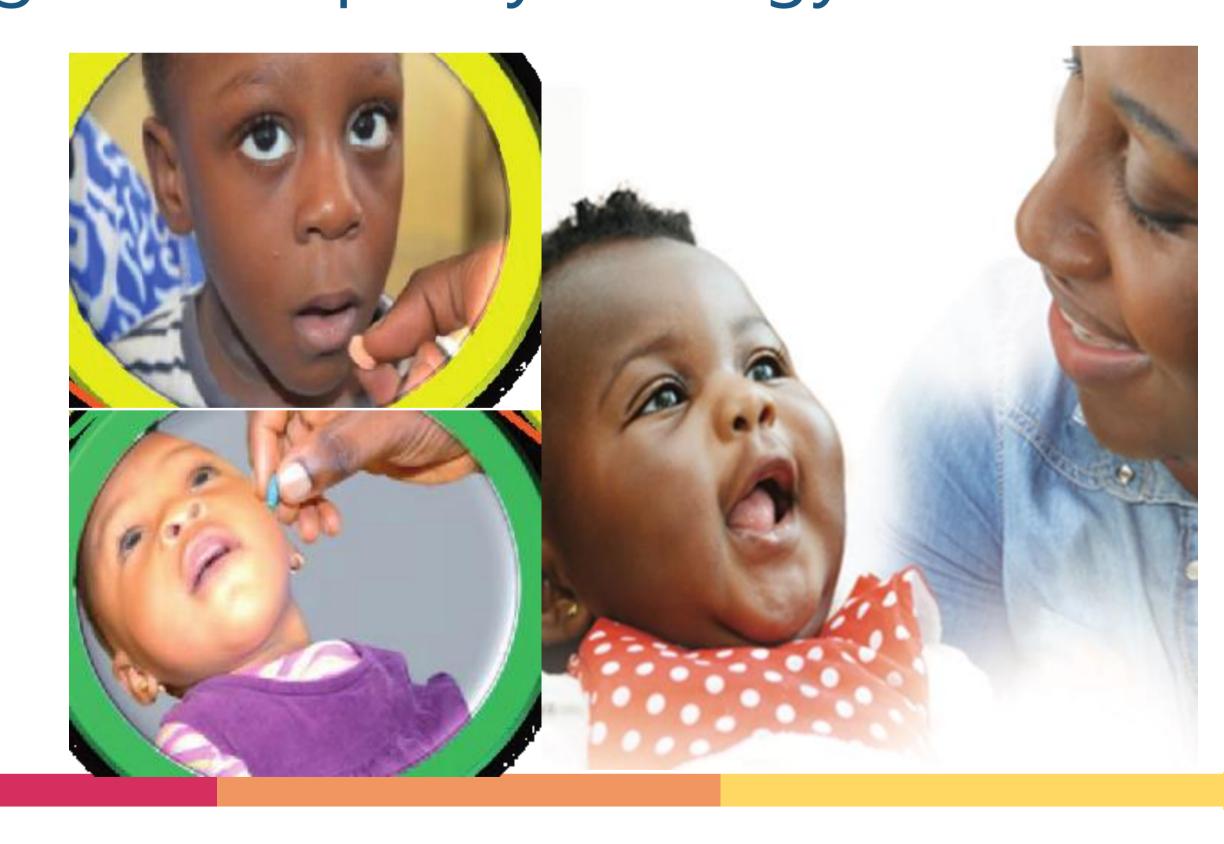
Speaker: Dr. René Oka Kouamé MD, MPH, Director of National Nutrition Programme, Côte d'Ivoire

Approaches for integration of gender equality strategy and

activities into interventions

Performance of project

- Lessons learnt
- Way forward











Guinée

△ 8 Health Regions

△ 32 Health districts

△ Total Population 2019

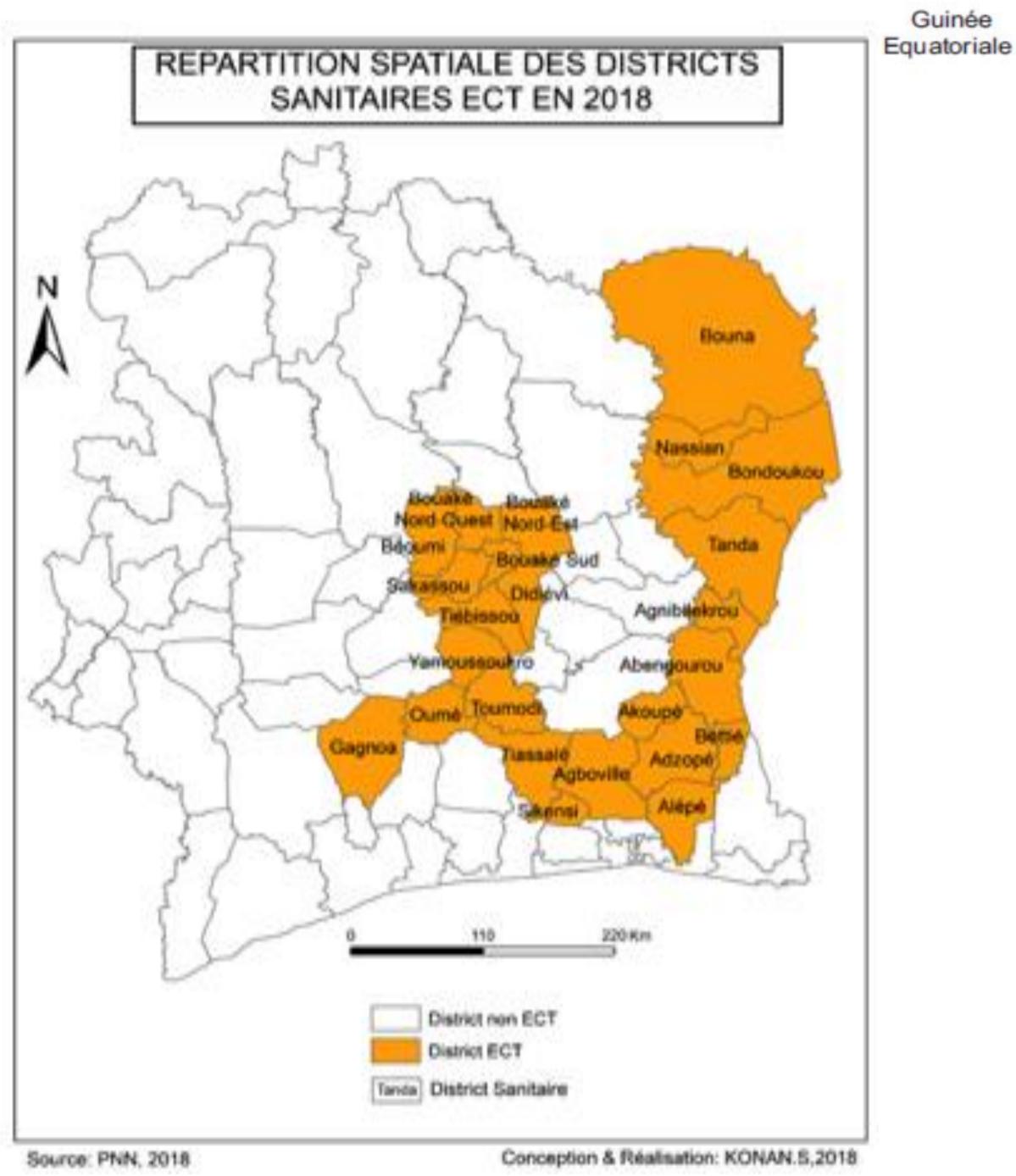
Female: 2,664,231 (52%)

Male: 2,459,290 (48%)

△ Population of children 6 to 59 months:

Girls: 693,245 (52%)

Boys: 639,919 (48%)









# Approaches for integration of gender equality strategy and activities into interventions







# Situation Analysis

#### Status of STH infection and vitamin A deficiency

- Vitamin A deficiency: 30%. Children 6 to 59 months are at risk
- 113/113 (100%) health districts are endemic for STH
- The combination of STH infection and lack of vitamin A = public health problem
  - Eye conditions and blindness;
  - Malnutrition;
  - •Anaemia: 74.8% of children under 5 are suffering anaemia;
  - Decline in school performance (Absenteeism)







# Situation Analysis

#### Community Gender Equality, Equity and Inclusion Analysis

#### Inequalities:

- -Predominantly masculine decision-making power
- -Non-involvement/low engagement of men in maternal and child health given gender prejudices and stereotypes
- Discriminatory practices in sharing of meals and proteins, at the expense of women and girls



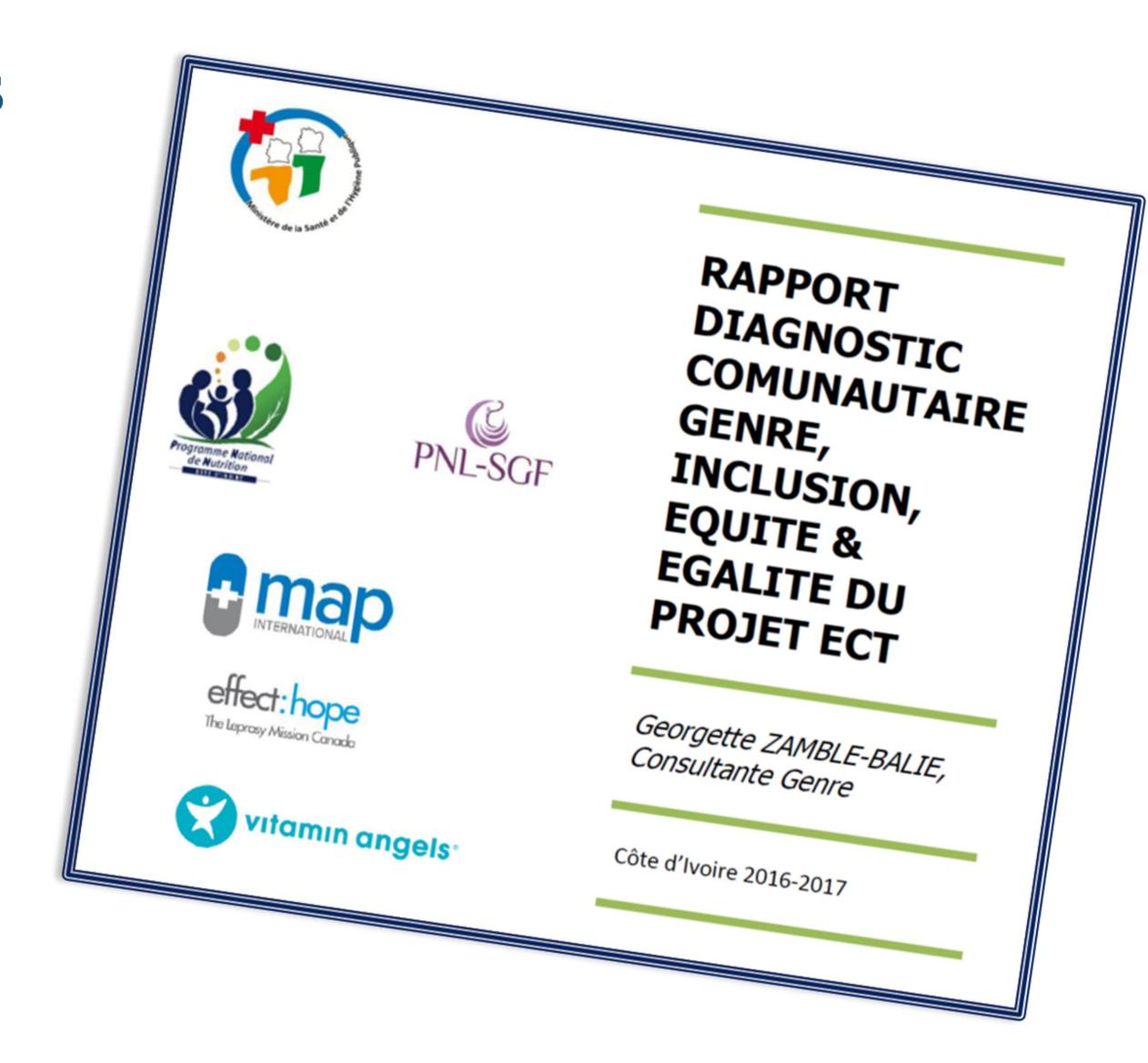




# Situation Analysis

# Community Gender Equality, Equity and Inclusion Analysis Assets:

- Lack of particular beliefs attached to vitamin A and deworming and a favourable reception of communities toward these
- Deworming and vitamin A are given to all children without distinction of sex









# Planning and Implementation







### Leadership and Governance

- Revision of national guidelines on vitamin A and deworming to include the concepts of gender and disability
- Development of gender strategy document for ECT project
- Establishment of two technical working groups; one for nutrition and another for vitamin A and deworming
- Establishment of multisectoral coordination with interior, education and social affairs ministries (for families, women, people with disability)















# Health Personnel and Community Volunteers

Actors	Number	Capacity Building Theme
Ministry of Health Central Level	48	<ul><li>Training of Trainers</li><li>Supervision</li><li>Awareness, advocacy</li></ul>
Ministry of Health Regional and District Levels	2,741	<ul><li>Training</li><li>Supervision</li><li>Awareness</li><li>Distribution in health centres</li></ul>
Ministry of Health communications focal points	32	<ul><li>Awareness</li><li>Relations with local radio stations</li></ul>
Local Radio Agents	32	• Mass media awareness
<b>Community Health Workers</b>	17,294	<ul><li>Community distribution</li><li>Awareness</li></ul>







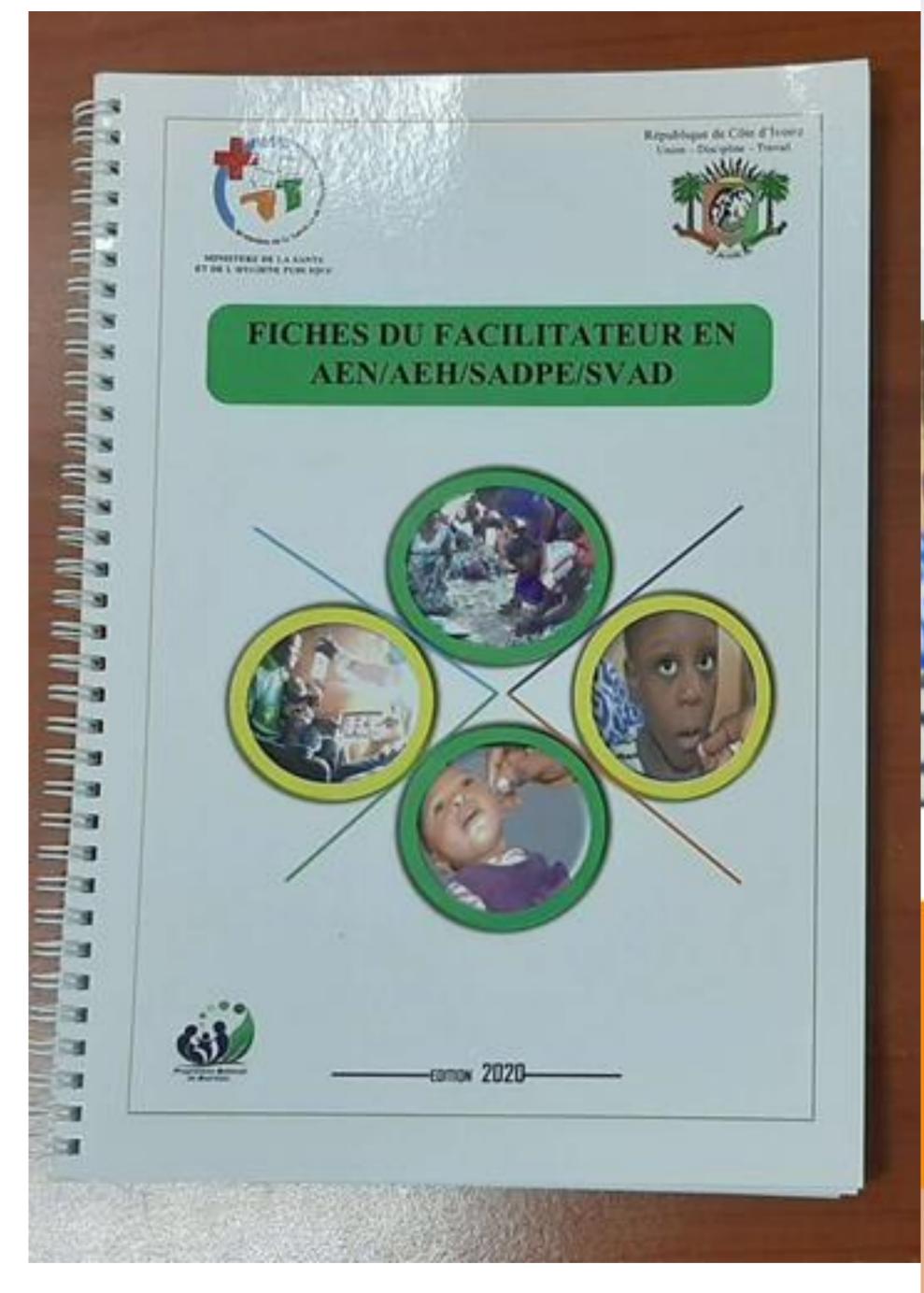
### Service Delivery

- Development and use of gender-sensitive health training and promotion tools (training manuals, directives, guides, public announcements, posters, flyers, community radio broadcasts)
- Combined deworming and vitamin A administered to girls and boys twice a year in mass campaigns and routine services
- Official campaign launches by highest authorities of Ministry of Health with gender-sensitive messaging



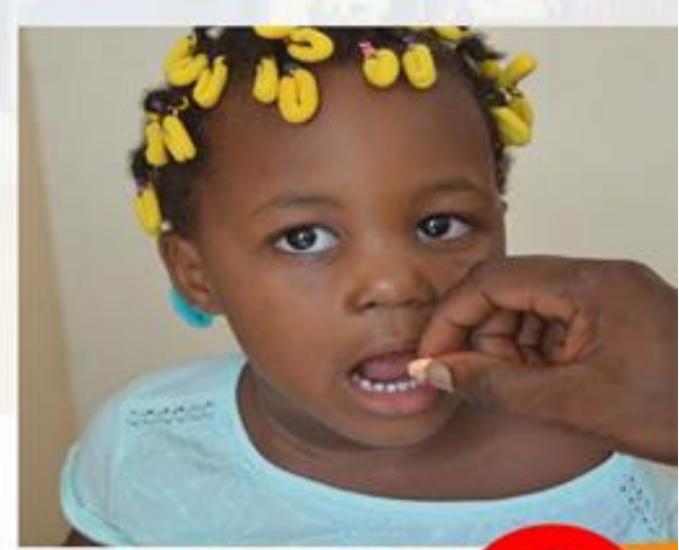






#### CAMPAGNE DE SUPPLEMÉNTATION EN VITAMINE A ET DE DÉPARASITAGE

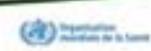




# DÉPARASITONS NOS ENFANTS, FILLES ET GARCONS DE 12 A 59 MOIS

Le déparasitant élimine les vers et permet de lutter contre l'anémie

12 au 15 Avril 2019









Canada











#### **Health Information**

- Development of data collection tools that systematically take gender and disability variables into account in data collection
- Conducted post-coverage surveys to assess and improve future mass distribution activities and deworming and vitamin A coverage
- Ongoing progress toward integrating the disaggregation of data by sex and age in DHIS2





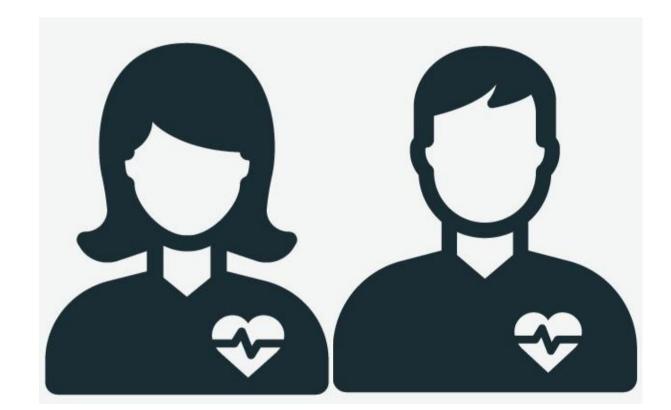


### Project Performance

% of health districts covered by the project: 100% (32/32)

Number of Community Health Volunteers trained:

- ➤ Women 5,818 (34%)
- Men 11,476 (66%)





Use of new data collection tools in in 100% of districts

Graphics source: https://www.vecteezy.com/free-vector/coronavirus; https://www.vecteezy.com/free-vector/surveys

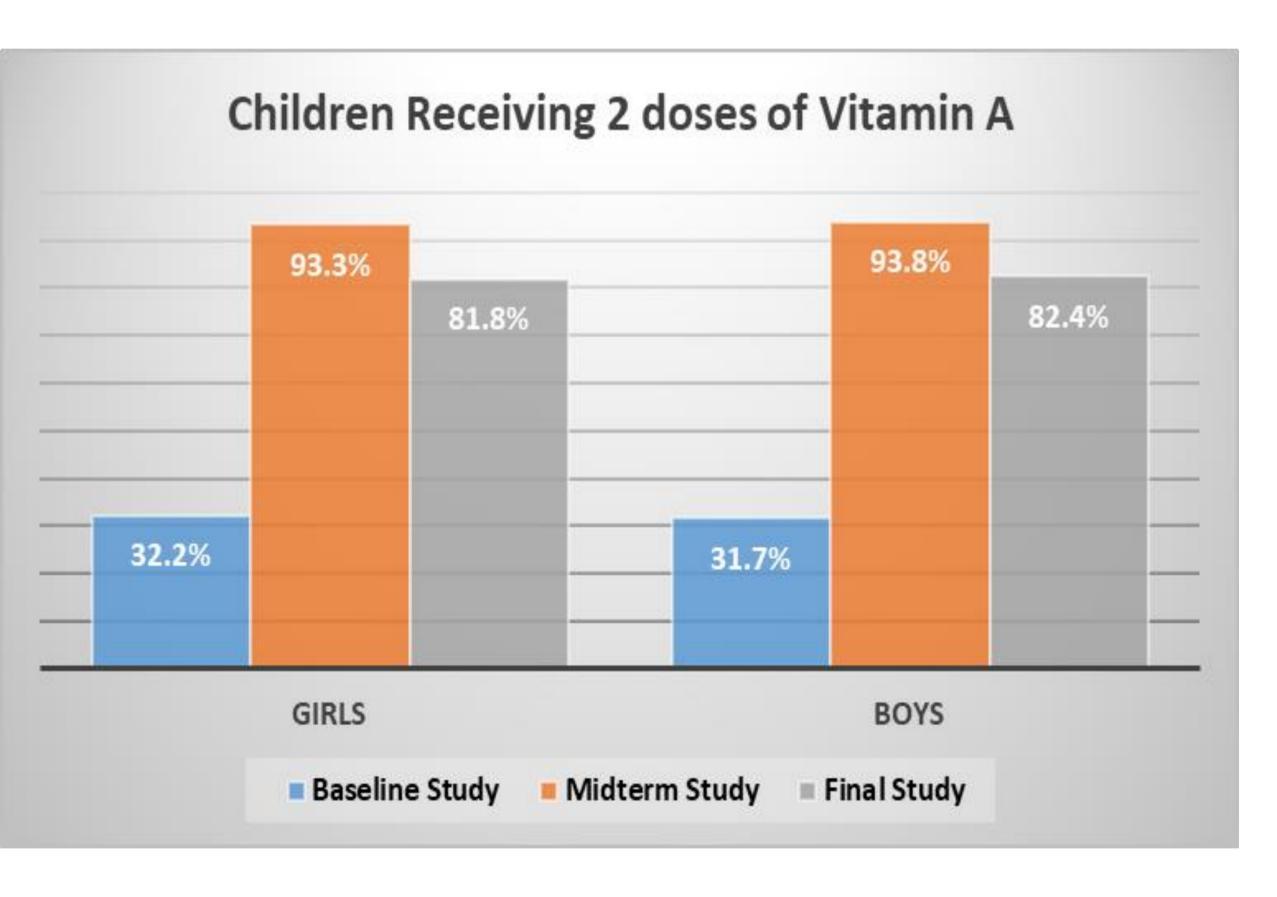


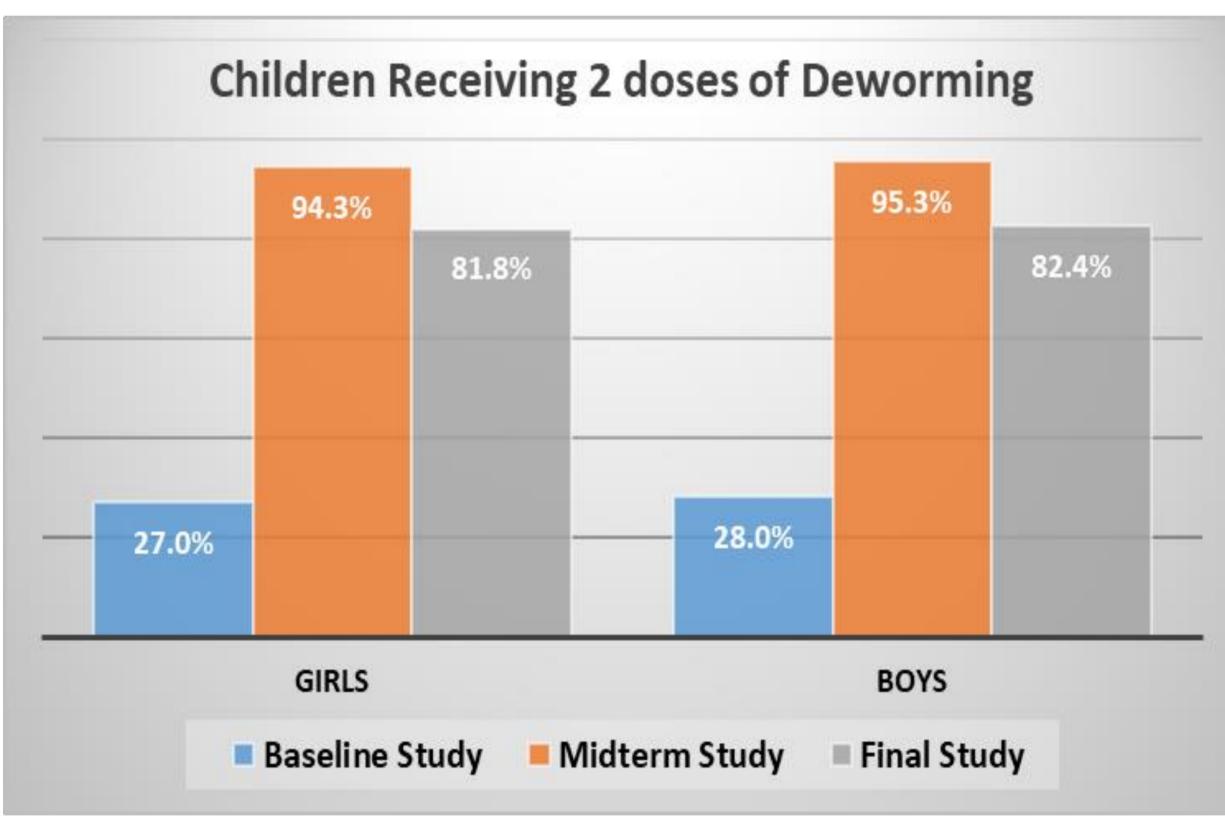




### Project Performance

Vitamin A and Deworming coverage rates for girls and boys under 5 years who received 2 doses in the previous 12 month period





Results from ECT Baseline, Midterm Review and Endline Evaluation Studies







#### Lessons Learnt

#### Successes

- Nutrition Programme partnership with other sectors (education, social affairs, women and family) and Immunization Programme, NTD Programme
- Support at the highest level of Ministry of Health in the promotion of gender equality
- Growing involvement of fathers in their children's health and care







#### Lessons Learnt

#### Challenges

- Inclusion of sex-disaggregated data in DHIS2
- Women's involvement in community mobilisation: the selection of women for distribution of deworming and vitamin A
- Sustainability of achievements (competence in the promotion of gender)







# Way Forward

- Continue raising awareness for more involvement of men in children's health
- Continue raising awareness for more participation of women in social mobilisation
- Ensure the ongoing training of actors in gender equality







# Gender equality integration into a health programme from NGO partner perspective in Kenya

Speaker: Joseph Anyango, ECT Project Coordinator, Kenya

Approaches for integration of gender equality strategy and

activities into interventions

- Outcomes
- Lessons learnt
- Way forward









# Situation Analysis

- Deworming and vitamin A supplementation are delivered in separate vertical health programmes that are often school based and preschoolers (aged 12 - 36 months) are missed from these programmes
- Community Based Gender Analysis (CBGA):
  - -No gender equality protocols had been developed for any health services
  - -Women are involved in seeking services, whereas men facilitate their travel and take care of other children
  - -Societal norms and attitudes are a big deterrent to male involvement in MNCH services

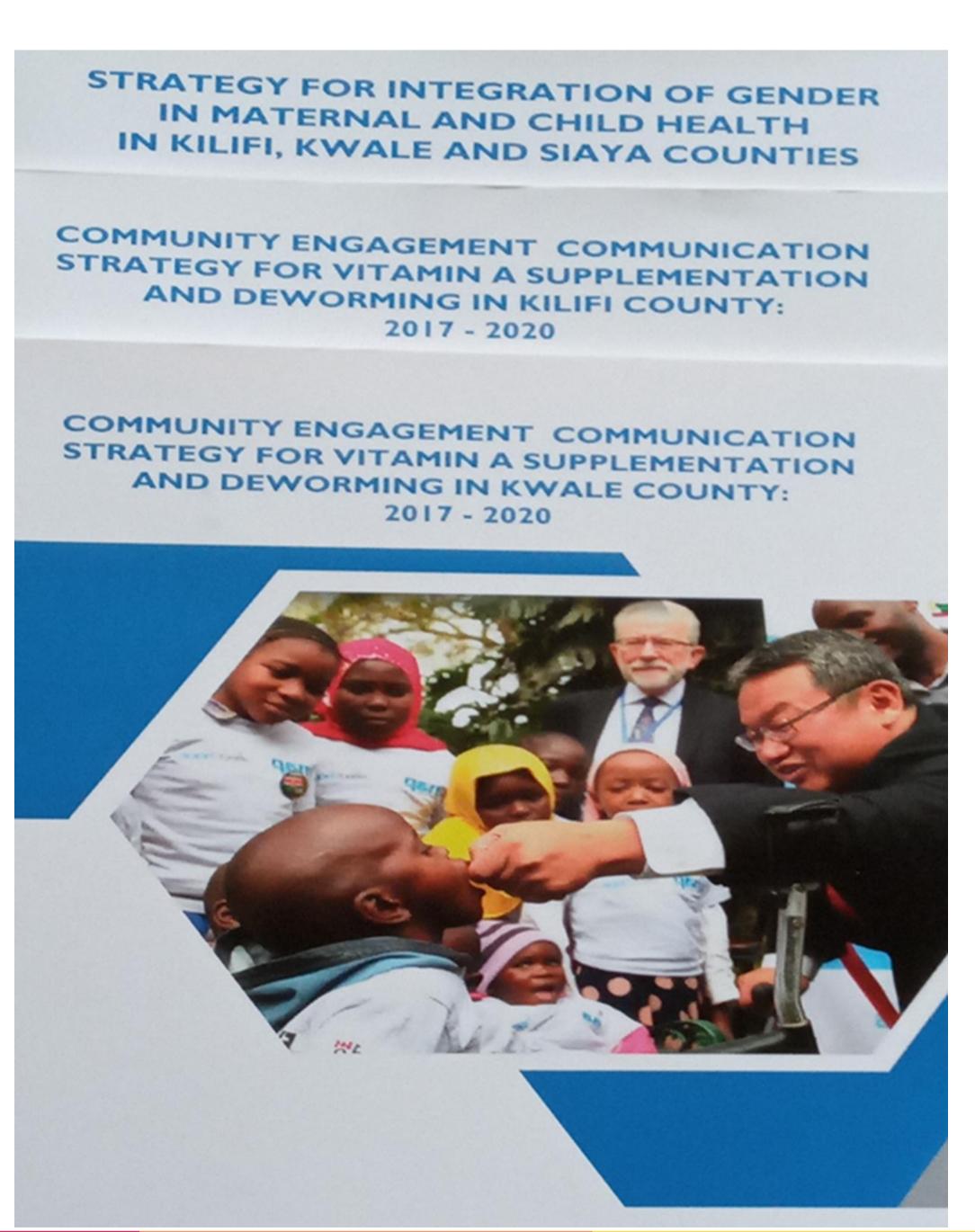






# Development of Strategies and Guides

1. Gender Equality and **Inclusion Strategy** prioritized information that enhances uptake of deworming and vitamin A through gender sensitive and participatory community health communication methodologies.









# Development of Strategies and Guides

- 2. Community Communication Engagement Strategy to increase deworming and vitamin A uptake through initiatives that overcome gender-related barriers to equitable access to and utilisation of services by women, men and boys and girls. This strategy was culturally responsive for the target sites.
- 3. Training and Reporting Tools: Capacity of project staff and health personnel was developed to understand integration of gender equality and inclusion in all stages of programming.







#### Planning, Implementation, Monitoring & Evaluation

- ECT Project planning implementation and monitoring was done through the various technical working groups, coordination, and management meetings, and training activities both at County and National levels where achievements and best practices were shared and bottlenecks addressed.
- County teams ensured that the **contextually specific insights** gained from the CGBA process and project reports were **actively infused and integrated** into programmatic activities to shape how the activities are undertaken and thus ensure effective outcomes for the program.
- As a result, plans, service delivery and post-event monitoring and reporting mainstreamed gender equality and inclusion.







# Supportive Supervision

effect:hope, HKI and County Health Leadership conducting supervision visit at Rabai Health Centre, Kilifi

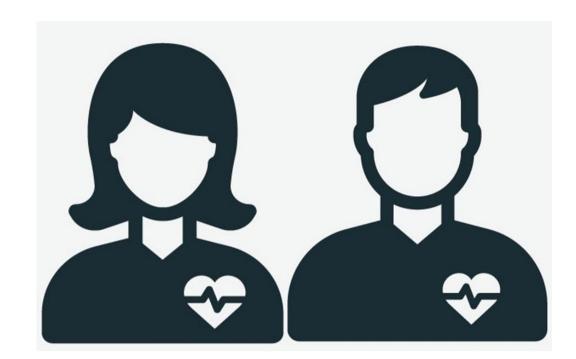






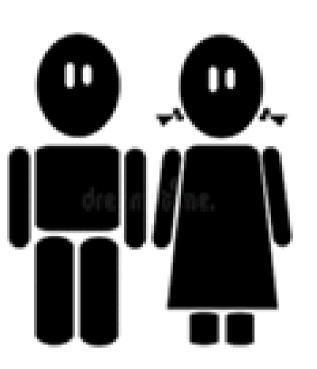


# Project Results



#### Number of health personnel trained:

- Momen 8,308 (66%)
- Men 4,253 (34%)



#### Combined deworming & vitamin A coverage:

- **78.6%** of girls
- **79.8%** of boys



Use of new data collection tools in all 3 counties

Graphics source: https://www.vecteezy.com/free-vector/coronavirus; https://www.vecteezy.com/free-vector/surveys







#### Outcomes

- 1. The vitamin A and deworming **reporting tools** were engendered to capture the gender aspects in the responsive combined deworming and vitamin A programmes for girls and boys under 5.
- 2. Community Gender Dialogue leaders continue to promote men's participation and women's decision-making for positive child health outcomes.
- **3. Focus Group Discussions** at community and county levels were used to monitor the gender integration and progression during evaluations.







#### Lessons Learnt

#### Successes

- 1. Data collection and reporting tools currently in use are disaggregated in age, sex and ability in the 3 counties.
- 2. Vitamin A and deworming training materials and job aids integrating gender have been developed for Community Health Volunteers and Health Workers and are in use to improve gender programming.
- 3. Gender Equality Strategy and Community Communication and Engagement Strategy are in use by the county health teams and volunteers to mainstream gender in programming.







#### Lessons Learnt

#### Challenges

- 1. Even though the data is disaggregated by sex in the counties, it has not been captured in the Kenya Health and Information Systems national platform.
- 2. High turnover of health staff and community health volunteers has affected the smooth cascade of gender activities to the frontline health workers.







# Way Forward

- For sustainability, sharing the ECT gender integrated vitamin A and deworming toolkit with other counties for training health workers and community volunteers in conducting the gender-responsive combined intervention.
- There is need to advocate for the county health teams to allocate resources to train and roll out gender programming in health for improved wellbeing.







# Summary of key lessons learned from Every Child Thrives project

Speaker: Sara Marshall

Common lessons and considerations for future

- Need to understand the context of health interventions and the gender-related attitudes and barriers existing outside of the NTD programme (E.g. in Nutrition, Education, community health system, governance structures, society)
- We observed different trends in the proportion of men and women health personnel and distributors, which can have implications for service delivery
- Specific investment and budgets are required for gender equality and inclusion activities in order to address systemic barriers







#### Summary of key lessons learned from Every Child Thrives project

#### Common lessons and considerations for future

- Collecting data on disability was challenging, requiring a better understanding of disability by the community distributors and addressing negative attitudes about disability
- Need for 'whole-of-society' approach and intersectoral partnership with Ministries for Women/Gender Equality and Disability/Social Welfare, people from government, organisations, community groups.







# Open Forum





Type your questions in the Chat box on the Workshop page in the NNN virtual platform

Graphics source: https://www.vecteezy.com/free-vector/answer







#### **Breakout Session**



Discussion in Breakout Rooms (15 minutes)

**Q1** - What are the key points you have taken from the workshop on integrating gender equality and inclusion into NTD interventions?

**Q2** - How can gender equality and inclusion be integrated into the NTD interventions you work with? And what actions can you take in the coming months to improve the interventions?

Graphics source: https://www.vecteezy.com/free-vector/organization







#### **Breakout Session**



Summary of feedback from Breakout Rooms

• Share 2 to 3 points from each group

Graphics source: https://www.vecteezy.com/free-vector/organization







#### Conclusion

- Summary of Remarks
- Importance of gender equality and inclusion for resilient NTD programmes and reaching all people affected by NTDs
  - -NTDs can impact men and women in different ways
  - -people of different genders can experience NTDs differently
  - Ministries of Health and NGOs need to
     consider gender differences in their responses to NTDs and
     make interventions more equitable by looking at health services
     through a gender lens
  - –MDA programs have the potential to reach marginalized groups and address gender (and other) inequalities







# THANK YOU FOR PARTICIPATING!









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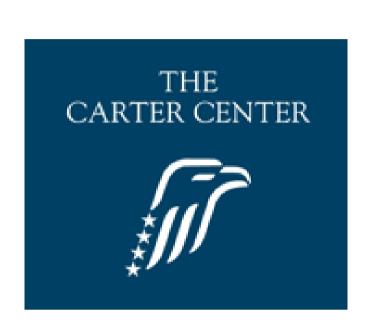


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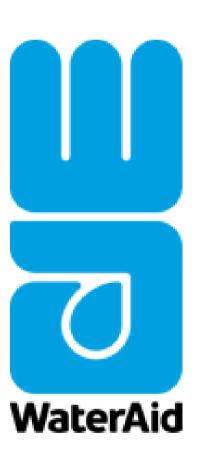






















International Foundation for Dermatology





