



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
Changing World

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Virtual Event

8th – 10th September 2020

Billy Weeks (2016, Chikwawa, Malawi)



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**PEOPLE ARE NEGLECTED,
NOT DISEASES**

NNN Conference

Virtual Session

9 September 2020



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Aim and outcomes

- **Aim:**

This session will examine the operational and contextual challenges in leaving no-one behind (LONB) in NTD programmes, sharing examples from the three-year FCDO-funded Ascend West and Central Africa programme.

- **Outcomes for attendees:**

1. Awareness raised on the importance of embedding LNOB approach in NTD programming to achieve elimination goals and contribute to SDGs;
2. Improved knowledge of the successes and challenges in operationalising a LNOB approach in integrated NTD programming
3. Identification of potential solutions to advance LNOB approach (eg development of guidelines/tools), being aware of budgetary constraints.



Session Outline



Conceptualising - Leave No one Behind

Tracy Vaughan Gough

Sr. Global Technical Lead Social Inclusion, Sightsavers



Ascend and Leave No one Behind: An Introduction

Dr Carlos A Torres Vitolas

Social Scientist, SCI Foundation, UK



Nigeria

Anita Gwom,

Programme Manager, Sightsavers, Nigeria



Democratic Republic of the Congo

Dr Peter Mpoma Mikobi

Programme Coordinator, Liverpool School of Tropical Medicine, DRC



Ghana

David Agyemang

Programme Manager, Sightsavers, Ghana



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Conceptualising Leave No One Behind

Tracy Vaughan Gough

Sr. Global Technical Lead Social Inclusion, Sightsavers



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Leave no one behind

- A concept - intrinsic to the SDGs
- means ending extreme poverty in all its forms and **reducing inequalities among both individuals ... and groups...**.
- . Key ... is the **prioritisation and fast-tracking of actions for the poorest and most marginalised people** ... If instead, policy is implemented among better-off groups first and worst-off groups later, **the existing gap between them is likely to increase.**
- goes... beyond ... an anti-discrimination agenda; ... a recognition that expectations of trickle-down progress are naïve, and that **explicit and proactive attempts are needed to ensure populations at risk of being left behind are included from the start.**

. Source: ODI



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The Fundamentals of LNOB: who / why / what? (participatory assessments, inclusive approaches, time)

WHO

Understanding WHO is left behind (context-specific)

- children, youth, people with disabilities, PLHA, older persons, prisoners, indigenous, refugees, IDPs migrants, women, income poor etc

WHY

Understanding the socio-economic, environmental barriers

- travel, stigma, pregnancy, isolation

WHAT / HOW

Identify targeted interventions to tackle barriers

Budgeting and Monitoring



Ascend – West and Central Africa Leave no One Behind: An Introduction

Carlos Torres Vitolas, PhD

Social Scientist, SCI Foundation

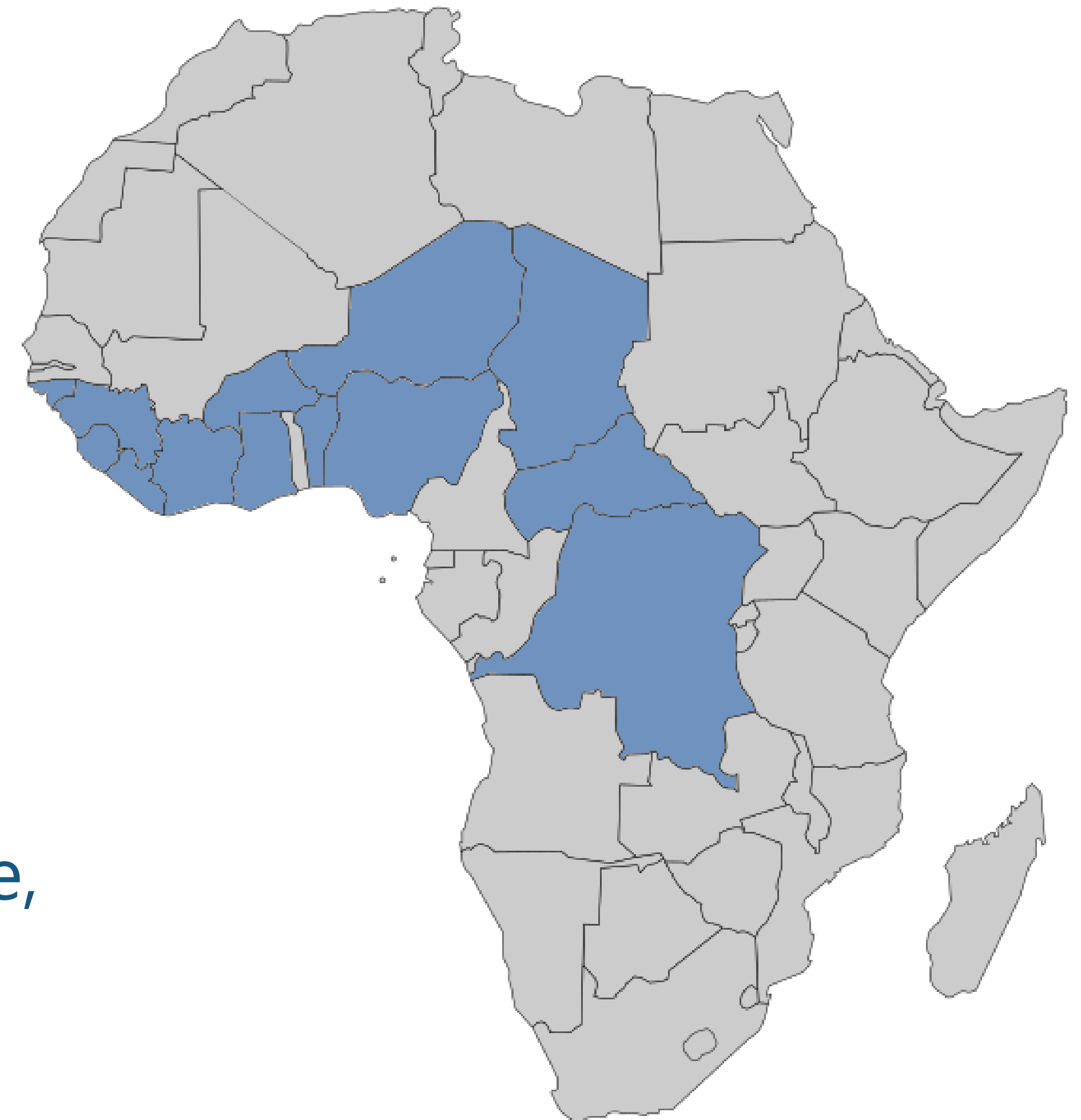


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ASCEND – West and Central Africa: An introduction

- **A**ccelerating the **S**ustainable **C**ontrol and **E**limination of **N**eglected **T**ropical **D**iseases (ASCEND), is the UK'S Foreign, Commonwealth and Development Office largest integrated NTD programme.
- It supports accelerated progress towards global targets for the control and elimination of NTDs.
- The main beneficiaries of ASCEND are Governments of the focus countries and the populations at risk of infection.
- Current geographical reach: Benin, Chad, Ghana, Guinea, G. Bissau, Nigeria, Sierra Leone, Cote d'Ivoire, Niger, Liberia, DRC, CAR, and Burkina Faso.



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ASCEND – Leave no One Behind

- Those who are most vulnerable and disadvantaged, the poorest and those most excluded, including disabled people, will be prioritized, ensuring they benefit from prevention, diagnosis and treatment activities for NTDs.
- Inclusion lens:
 - Discrimination is often implicit rather than planned, either because it has been overlooked or it is embedded in existing socio-cultural structures.
 - Centralised / vertical development approaches are likely to make assumptions about or ignore the circumstances affecting marginalised or vulnerable groups.
 - Efforts across three general dimensions:
 - a) Access to services.
 - b) Stigma and discrimination (health systems and wider society).
 - c) Adoption and implementation of suitable policies.
- Step-wise process:



Overarching themes

Physical accessibility

Mainstreaming gender

Reaching out to marginalised groups

Combating stigma and discrimination

Comprehensive MEL data

Policy-making for UHC

HEALTH
SYSTEMS
STRENGTHENING



MASS
DRUG
ADMINISTRATION



MORBIDITY
MANAGEMENT
AND DISABILITY
PREVENTION



WASH
&
BCC



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NIGERIA

Anita Gwom
Sightsavers, Programme
Manager - Nigeria



Zamare , Kebbi State



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Ideas for implementing LNOB

- NTD Plans
- Who and which groups are likely to be left behind/how do we target these
- Stakeholders involvement in Programme planning meeting (DPOs, PWDs, women groups, vulnerable groups, Wash sector, insecurity)
- Advocacy /community sensitization to target groups
- Capacity building
- Template for documenting LNOB activities
- Include as part of monitoring
- Beneficiary feedback
- Data disaggregation by sex, disability
- Risk assessment and mitigating measures
 - Covid 19 implications





Example of LNOB: MDA in IDPs camp

- Ongoing insecurity led to IDP camps
- Involved in NTD planning meetings
- Identify key influencers in the camp
- Community mobilization and sensitization
- Training of selected drug distributors
- NTD MIS forms
- Monitoring
- No issue of coverage/ denominator (All LGAs are endemic of Onchocerciasis)



Examples of LNOB cont'd

Reaching fulani tribes /migrant community in northern Nigeria ...

Aminu Dikko a community volunteer from a Rugga (Fulani migrant) settlement in Lokobi community Wamakko LGA.

He was selected by his fulani settlement community and ensures his community members are treated during MDA

His community ideally would not allow members of the other tribe to distribute medicines in their community

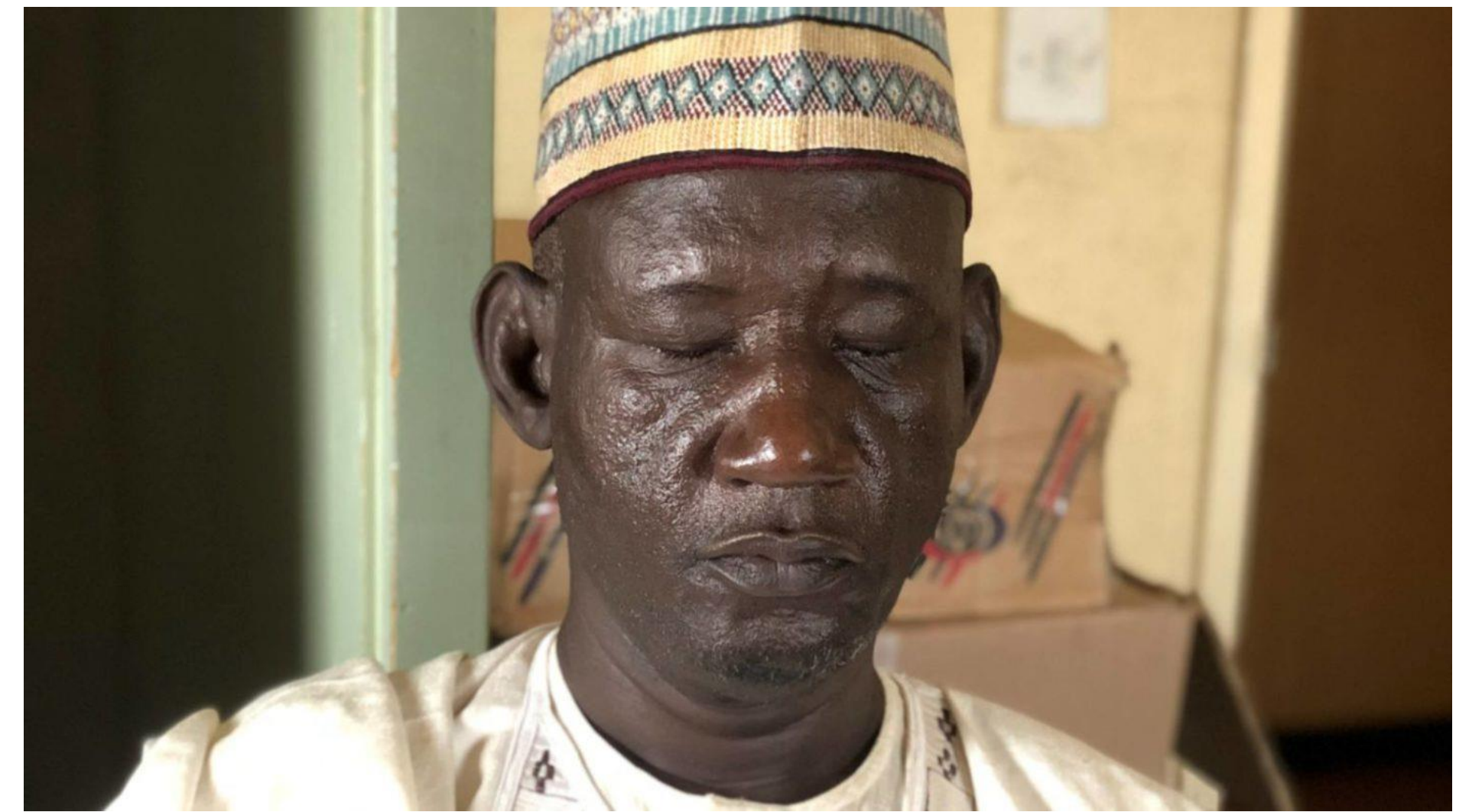
The programme had to target them to identify volunteers to be trained so they could be treated.

This has to be sustained



Participation of DPOs and people with disabilities

- **Case study:**
Our programme is working with various groups and
Individuals:
 - PWDs, DPOs are involving in programme Planning and implementation.
- **Sani** is the chairman of DPOs PWDs in a state in Northern Nigeria, Ensure participation of DPOs/PWDs are involved in programme activities.
- Advocates for MDA, MMDP.
- Trained as volunteers to distribute medicines.
- Enthusiastic to be part of MDA.
- **Collins** below is a CDD, he also engages in community sensitization.



Challenges/lessons learnt

- Insecurity
- Current trend of Covid 19 risks.
- Lack of **disability data** for comparison
- The **provision of a template** to track implementation of LNOB has helped to embed in programme plans



Thank you for your attention !



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Democratic Republic of Congo (DRC)

Dr Peter Mpoma Mikobi

Liverpool School of Tropical Medicine, DRC

DRC Country Representation



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GHANA LNOB TOOLS



Implementation Stage	LNOB Tool	LNOB Objectives
Planning	Financial request template	To prompt partners to include LNOB in the planned activity
	LNOB implementation checklist	Operationalises LNOB strategy Remind project implementers about LNOB approaches which should be included in the Planned activity
Training	LNOB information sheet	Ensure availability of LNOB minimum information for reference or training at lower levels
Implementation/ Monitoring	Supervisory checklist	Real time confirmation that LNOB is included the implementation of project activities
Feedback	End of activity narrative report	To receive feedback on the implementation of LNOB

EXAMPLE OF SUCCESS

Background

- Ado Nkwanta is in Akwapim North District of Ghana
- Akwapim North district was previously considered non-endemic for Oncho.
- The 2017 impact assessment, however, showed that it was positive
- The GOEC recommended twice treatment to accelerate interruption of transmission
- Treatment started in 2018

The Problem

- Several people developed adverse events in the district after the first round in June 2018
- One woman died a day after treatment and her death was mistakenly attributed to the treatment
- The community became angry with the CDDs and health workers
- The assembled men of the area told the community to reject ivermectin
- The CDDs and the health workers were insulted and stigmatized.
- The CDDs decided to stop distributing the drugs



LNOB APPROACH

Response

- Context analysis during MDA planning to identify the key challenges
- Individuals who could influence change were identified
- The stakeholders were invited to a brainstorming and training session
- Each stakeholder was supported to identify how they could help the MDA process in their communities.
- Participants included, pastors, various categories of community leaders, political leaders, health committee members etc
- We also assured the participants of adherence of all staff to our strong safeguarding policies

The Results

- Some of the family members of the deceased stopped the insults and agreed to participate in the MDA
- Many of the community leaders are now advocates for the MDA
- Many people who refused treatment in the 1st round accepted it during the 2nd round (coverage increased from 86% to 89%)
- One of the two CDDs agreed to do the distribution
- The train stakeholders are working with the health workers to improve participation of the community members in other health activities.



LNOB APPROACH

Challenges

- Sub-optimal commitment and ownership by Ghana Health Service staff at various levels
- Change of mindset and lack of interest
- Difficulty in monitoring and supervising implementation
- Poor Feedback

Lessons Learnt

- Having the right tools is key to systematize LNOB in projects
- We can increase MDA acceptance and coverage if we allow community leaders to lead in the community mobilisation.



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BREAKOUT SESSION



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Instructions

- **Group brainstorming:**

Examine the opportunities for meaningful participation of key stakeholders, such as disabled people's organisations (DPOs), which is essential in designing and delivering inclusive NTD programmes.

- The online mapping tool **FunRetro** will be used to map out and explore the operational and contextual challenges in embedding a LNOB approach into NTD programmes

- **Funretro Questions:**

1. *What are the major challenges people face in embedding a LNOB approach?*
2. *What approaches have you tried?*
3. *Examples of success – what is working well?*
4. *What strategies would you adopt going forward?*

