2.4. Empowering National Programmes and Last Mile Communities: Gender Equity and Social Inclusion (GESI) Integration Approaches and Tools

14 September 2022

Agenda

Section	Presenter
Opening Remarks	Dr. Martha Saboyá, PAHO
Part 1: Rapid Fire Country & Program Presentations	Genet Kassaye, Ethiopia Dr. Charles Wamboga, Uganda Joseph Oye, Chad
Q&A Part 1	Moderators
Part 2: Rapid Fire Country & Program Presentations	Wilson Idy Sa, Guinea Bissau Kabia Unidiatu, Sierra Leone Amanda Bradica, ICTI
Q&A Part 2	Moderators
Breakout Groups and Discussion	Moderators and Presenters
Reflection and Wrap Up	Emmanuel Ssegawa

Housekeeping

- We encourage you to use the chat function during the session. Moderators will monitor the chat to support responding to comments/questions.
- Some presentations will be pre-recordings; speakers will be available online for Q&A.
- Break-out groups will be set up in-person and virtually. Instructions will be provided by the facilitators of the sessions.

Opening Remarks

Martha Saboyá
Advisor on Neglected Infectious Diseases Epidemiology
Pan American Health Organization, WHO Regional Office for the Americas

Building principles of equity, inclusion, and non-discrimination into NTDs elimination programs

- Programs target those who need them the most
- Marginalized populations: benefit them and involve them in the decision-making processes

Adapted from Rijk S de, et al. Protecting the neglected from disease: the role of gender, health equity and human rights in the fight against neglected tropical diseases. SocArXiv Paper. 2021

Hard to reach?

- Geography barriers (distance, terrain)
- Transient of nomadic movement
- NTDs services: availability, supplies, readiness, discrimination,
- War or conflict
- Legal restrictions

Factors affecting the delivery of health services

AND?

OR?

Hard to treat?

- Distrust
- Religious beliefs
- Lack of awareness
- Poverty or low socioeconomic status
- Lack of time
- Gender-based discrimination

Factors affecting demand for health services

Statistically invisible communities - NTDs-affected communities experience a healthcare system that is inequitable

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Adapted from: Ozawa S et al. Vaccine 37 (2019) 5525–5534

Approaches and tools needed to empower national programs and last-mile communities for NTDs elimination

- **Understand the context:** specific and contextual gender, social, and cultural dynamics and barriers
- **Data-driven programs** - collection, analysis, and use of disaggregated data by age, sex, place of residence, and ethnicity
- **Intercultural dialogues**, creating spaces for communities including women to partake in the transformation of local health systems
- **Tailor actions** to the gender, cultural, and ethnic-specific contexts to improve the delivery of and demand for integrated interventions

Applying Gender Equity and Social Inclusion (GESI)

Tools and Analysis to Improve Mass Drug Administration and Trachoma Elimination in Ethiopia

Genet Kassaye

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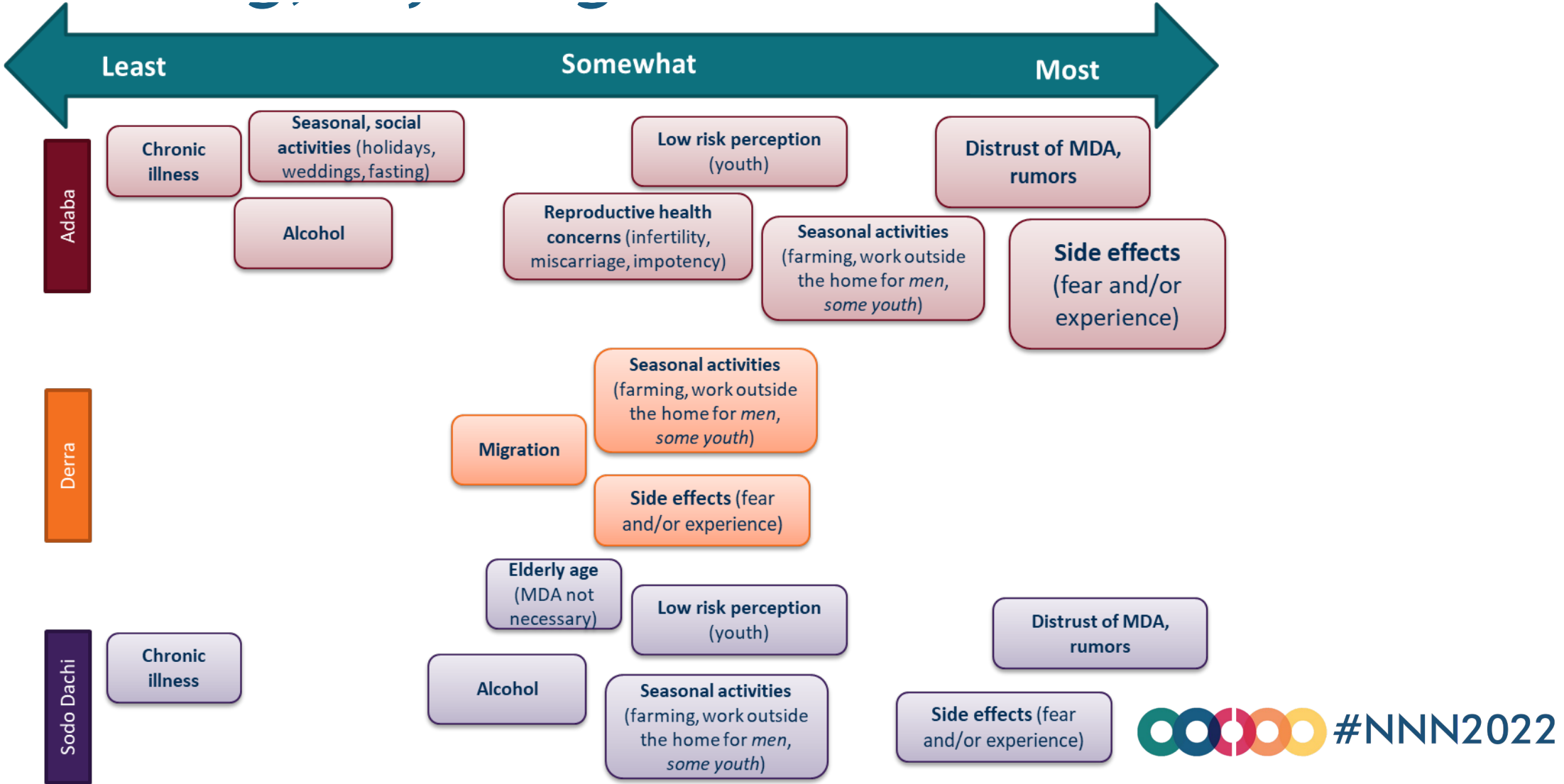
Process: *GESI assessment to behavior change learning*

GESI assessment snapshot: *reasons for missing, refusing in Oromia*



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GESI behavior change activity snapshot: *process and root cause analysis*

Behavior Change Approach Overview

1. Create District GESI Team action plan to guide set-up
2. Review registers with team to identify cohorts
3. Create two cohorts, 30 individuals each, made up of those that missed previous MDA
4. **Conduct root cause analysis, identify influencers with cohorts**
5. Recruit influencers to form behavior change teams (1 per cohort)
6. Support behavior change teams to create plan, solutions to change intention and behavior of cohort

- Furuna and Ejerssa kebeles; initial set-up in April 2022

***Root Cause Analysis**, Some Solutions*

- High numbers of missing MDA (**Furuna:** 1345; **Ejerssa:** 2027)
- Discrepancies in projected vs. registered population – *skews MDA coverage rates*—improved verification measures needed
- Lack of awareness about MDA, fear of side effects, missed MDA/not, around previously (farming activities), misinformation (chips in the drugs) main reasons among cohorts
- Strong preference for female distributors among cohorts
- Inadequate community mobilization—improved tailored messaging needed; utilize sources frequented by youth (i.e., social media)
  - **BCTs to implement tailored approaches to awareness raising, messaging, based on identified barriers**
  - **Updates to pre-MDA messaging and sources (i.e., town criers, school mini medias, other)**
  - **Use HIV 'Community Conversation' model**
- Coverage over quality; focused on high coverage goals, rather than improving MDA acceptance
- More clarity on supervision measures, use of data needed (I.e., SCT)

GESI behavior change activity snapshot

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Next steps

- Ongoing sharing of GESI assessment and root cause analysis learning, internally and externally, to inform recommendations for MDA improvements and strengthening
- Coaching and support to behavior change teams, through support to the woreda-level GESI team, to continue ahead of the next planned MDA
- Expansion of GESI behavior change activity to additional kebeles and woredas in the coming months

With thanks to our contributors…

The content presented during this workshop session is part of USAID's Act to End NTDs | East Program led by RTI International, with support from consortium partner, WI-HER, LLC

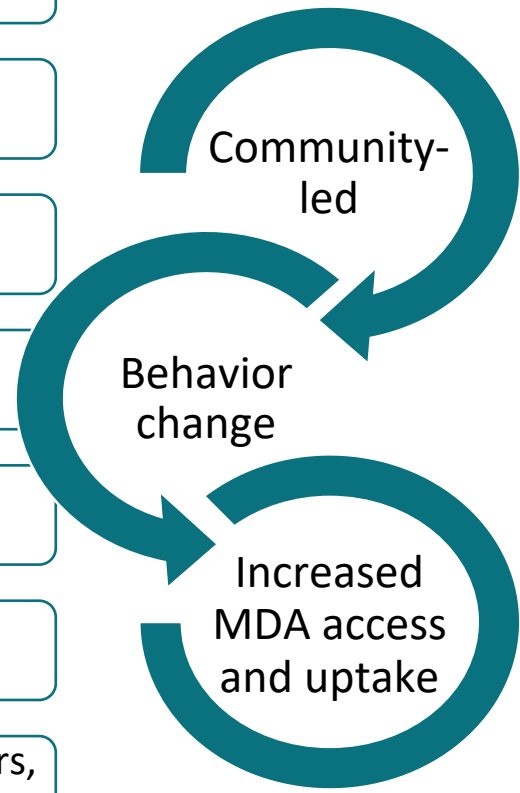
Gender, Equity, and Social Inclusion (GESI) to Reach the Last Mile in Trachoma Elimination

Learning and Results from a Community-Driven GESI Approach in Northeastern Uganda – **Dr. Charles Wamboga, Uganda Ministry of Health**

GESI Behavior Change Activity:

Process Based on WI-HER's iDARE methodology

IDENTIFY	Step 1	Support national trainers to conduct sensitization on GESI and NTDs with key stakeholders
	Step 2	Establish cohorts
	Step 3	District level teams to identify root causes, influencers, and take first measure of intention
	Step 4	Analyze root causes, recruit community influencers to behavior change teams
DESIGN	Step 5	Establish behavior change team (BCT)
APPLY/ ASSESS & RECORD	Step 6	Behavior change teams to design solutions to test, to address GESI barriers
	Step 7	Behavior change teams to test solutions, continuously measure intention, identify new barriers, and new solutions to test
EXPAND	Step 8	Scale up beyond cohort



Barriers to achieving high MDA coverage

Access

- Not informed of MDA and its dates
- Work-related movements (e.g., charcoal burning, firewood collection)
- Migration for pasture during dry season
- Cross-border movements
- Insecurity leading people to move to other communities
- Inaccessibility of some communities to NTD services
- Data inaccuracy by VHTs leads to lack of information, and responses to better reach, missing groups or individuals

Acceptance

- Lack of information about trachoma among community members
- Fear of mixing local herbs with MDA
- Fear of side effects and taking MDA on an empty stomach
- Cultural beliefs and stigma
- Myths and misconceptions about MDA and modern drugs

Locally Devised and Implemented Solutions using Community Influencers

To Improve MDA Access and Acceptance

- Conduct household sensitization on trachoma and MDA
- Communicate MDA dates to the cohort members / community especially kraal leaders and VHTs
- Support MDA team to confirm that everyone gets medication

To Reduce Trachoma Risk

- Male BCT members to participate in HH hygiene and sanitation activities as role models to other men in the cohort and wider communities
- Engage men to take part in cleaning their children's eyes to reduce the risk of trachoma
- Engage cohort members on sanitation and hygiene

Results

Behavior Change Team, Kapeta Village, Amudat District, Uganda
Photo Credit: Emmanuel Ssegawa

- 100% of the 60 cohort members participated in MDA and received medication
- Noticeable improvements in household hygiene

Key Learnings and Next Steps

- Reinforce findings through repeated applications of the Root Cause Analysis tool
- Strengthen capacity of community influencers through Behavior Change Teams
- Continue working with community stakeholders to accelerate progress toward NTD elimination
- Build on the success in Moroto, Amudat and Nabilatuk districts, by continuing to coach and mentor district teams and influencers
- Expand to other districts with persistent trachoma transmission

With thanks to our contributors…

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Piloting of a Leave No One Behind (LNOB) self-assessment tool in Chad

Joseph Oye, NNN 2022

What is LNOB?

- Leave No One Behind (LNOB) is a principle central to the UN 2030 Agenda for sustainable development and the sustainable development goals (SDGs).

- The WHO NTDs Road Map 2021-2030 that aims is to: "*ensure that NTDs provide equitable access to high quality health services, regardless of factors such as gender, age, disability and the location.”*

- LNOB means ensuring progress for all population groups.

LNOB and NTDs Interventions

- There is assumption that NTDs interventions are non discriminatory and equitable to all components of the population by virtue of the intervention modes -mostly community based and targeting the poor and marginalised.
- The youths, women, people with disabilities, nomads, refugees/IDPs, prison inmates count amongst marginalised groups which are usually left behind.
- The consequences of exclusion of some target populations are two-fold: (1) programme ineffectiveness and (2) discrimination and inequity.

LNOB Pilot in Chad- The Tool

- Sightsavers developed a LNOB risk assessment tool in collaboration with programme implementers and partners.
- The tool comprises of 3 main components: risk evaluation, risk mitigation and action plan.
- It was first implemented in Oct 2021 and action plan implementation reviewed in June 2022, in a participatory and inclusive manner, including marginalised groups and their stakeholders.

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LNOB Pilot in Chad – Risk mitigation and Action Plan

Risk mitigation:

- There were some disaggregation of data by age, gender and disabilities, but no gap analysis or action were taken based on these data.
- Some marginalised groups and their stakeholders were excluded or poorly covered/engaged – mainly the nomads and refugees/IDPs.

Some examples of actions:

- Mapping of all LNOB stakeholders and ensure their participation at all stages of the programme cycle.
- Recruit Nomad CDD to be supported by indigenous CDDs – Nomads to serve for sensitization and where possible treat and report; translate materials in Arabic if necessary
- Produce BCC materials and messages inclusive of LNOB groups relevant to the area.

LNOB Pilot in Chad – Take aways

Some process outcomes:

- Increased engagement and broadened base of marginalised groups and their stakeholders to MDA.

- In-depth understanding of the complexities around nomads/pastoralists ways of living and existing opportunities/avenues to reach them effectively and efficiently.

- Validation of combined mapping method using digitalization of sketch maps, GIS and human.

LNOB Pilot in Chad – Take aways

Learnings:

- Participatory process is very useful to be able to establish the full LNOB picture and find solutions based on existing functional models.

- There are existing capacities within the MOH and other stakeholders that can be built upon, e.g., digitalisation of maps, GIS practices.

- Stakeholders can use the LNOB risk assessment and planning tool on their own – including adapting it to a related process e.g., development of new national NTD Masterplan.

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LNOB Pilot in Chad – Next steps

- Embedment of the LNOB pilot actions and learnings in the 2022-2023 MDA campaign.

- Development of a LNOB implementation guide for roll out in countries for NTDs interventions.

Thanks for your kind attention!

Question & Answer

Piloting a gender equity module and gender equity data analysis in Guinea Bissau

Wilson I. Sa

14 September 2022

Background Gender Equity Module: Situational Analysis

- Gender equity analysis was conducted from Jan-Feb 2020.
- The objective was to better understanding of the selection process for CDDs and Teachers to participate in MDA campaigns
- Promote a gender analysis of the trainings.

Background Gender Equity Module: findings

- Most teachers are men (data collected during the interviews indicated that 82.1% of the teachers trained for MDA are men and 17.9% women).
- Most CDDs are men (data collected during the interviews indicated that 83.5% of CDDs trained for MDA are men and 16.5% women).
- Higher illiteracy levels among women was reported by some interviewees (and endorsed by the INE Census from 2009).
- Higher gender inequality at community level (in the “tabancas”).

Gender Equity Module: reasons for discrepancies*

- Women don’t want to be the protagonists in their communities. They would prefer to stay in the “backstage””.
- “Girls drop out of school earlier to get married”.
- Women state to be very busy and don’t have time to work as a CDD”.
- “The community is responsible to choose the CDDs and maybe they trust more men than women to do it”.

*(Y3 data based on the interviews conducted by Sightsavers)

Gender Equity to Achieve Gender Equality – CDDs, Teachers, Health Workers

- Promoted pause & reflect on how school inspectors, teachers, health workers, CDDs and social mobilizers could promote gender equity in their work.
- School inspectors and regional health workers can cascade this message to their communities, influencing the incorporation of more women teachers and CDDs in the next MDA.
- Continue collecting data disaggregated by sex – CDDs, teachers and health workers.
- Integrate Gender Equity Module in the trainings.

Guinea-Bissau Pilot

- Training module was piloted in Tombali and expanded to all the NTDs.
- Regional health directorates encouraged the communities to prioritise female during selection of CDDs, teachers and supervisors.
- Comparative analysis shows improvement in terms of gender participation
  - In 2018 : supervisors (101 male supervisors vs 15 female), CDD (849 male vs 31 female).
  - In 2022 supervisors (66 male vs 39 female), CDD (717 male to 120 female).

Looking forward

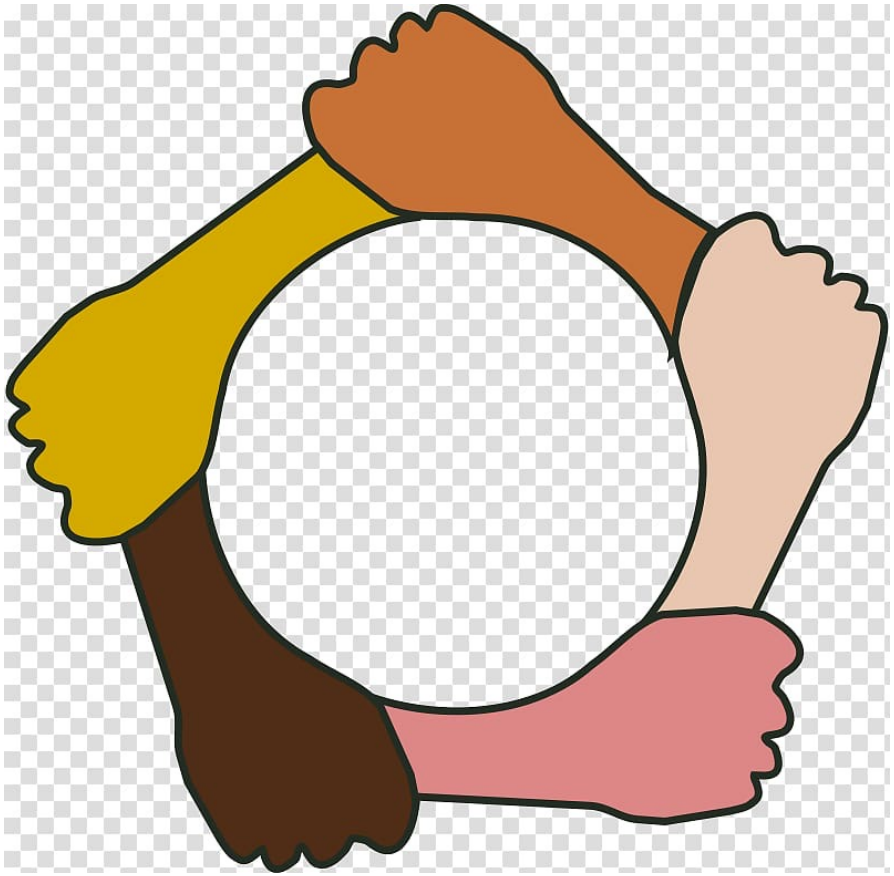
- Integration of the gender equity in the social mobilization materials
- Continue collecting gender and equity data to improve women participation.
- Involve regional women association in planning meetings.
- Include key gender messages in local languages and disseminate these before, during, and after MDA campaigns to ensure community awareness.


Thank You

Cascading GESI Training for MDA Campaigns in Sierra Leone

Unidiatu Kabia, Helen Keller International

Background



- In 2019, Act | West conducted a gender equity and social inclusion (GESI) assessment in Sierra Leone with the goal of assisting the NTDP to address the needs of men, women, children and the marginalized in relation to NTD services

- Recommendations from the assessment included:
  - Training on GESI
  - Advocacy for inclusion of more female representation
  - Better engagement in hard-to-reach communities, woman and people with disabilities
  - Sex-disaggregated data collection

GESI Training Modules

- GESI training modules developed by Helen Keller International and cascaded throughout MDA trainings

- Interactive training of health care workers, includes topics on equity during social mobilization/community engagement, inclusion during MDA, etc. This training is cascaded during all levels of MDA training:
  - TOT
  - PHU staff training
  - CDD/CHW/CHV training

Results of Training:

- Feedback from these trainings enable the program modify implementation of activities
- Encourages drug distributors to identify and not discriminate during MDAs

Advocacy

- Encouraging everyone; women, men and persons living with disability to participate during community meetings
- Engaging traditional leaders, religious leaders and men in the community on the significance of women partaking in decision making during community engagement and MDAs
- Encouraging women to becoming CDDs
- Advocating for women to assist male Focal person or becoming one at the district health management team: First female NTD focal person (Falaba) and 2 assistants (Bombali and Pujehun)
- Engagement with the Fullah tribal heads to assist the national NTD program during community engagements and mass campaigns

GESI During Social Mobilization Activities

- Translating NTD IEC materials into local dialect such as jingles and radio discussions in the local dialects
- Updating social mobilization tools, training manuals, pre- and post-test to include GESI
- Encouraging everyone especially women, persons living with disability, bike riders, youths, traditional healers to participate during community engagement meetings

Incorporating GESI in Data Collection

- NTD MDA/treatment disaggregated by sex at all stages of data collection:
  - Community level: CDD register and summary forms
  - PHU summary form
  - District summary form
  - National/NNTDP/ Partners level

- Tally sheets used in non-rural settings are disaggregated into sex and age group: Male and Female, 5-14years, 15years & above

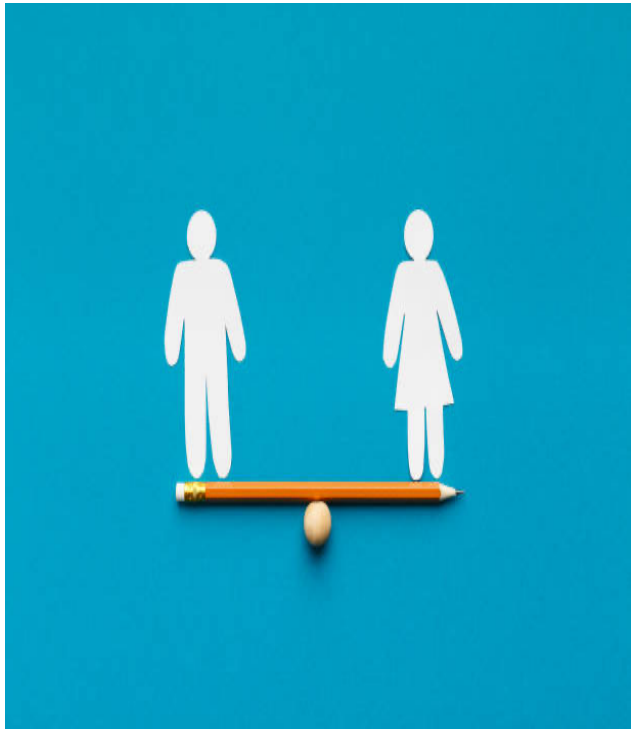
- Data on CDDs by sex: each community have at least 1 CDD and this data is collected via PHU summary forms

Impact of GESI on NTD Activities

- Decision-making; women, girls and persons living with disability becoming confident to speak on their expectation of the program's and how to approach them

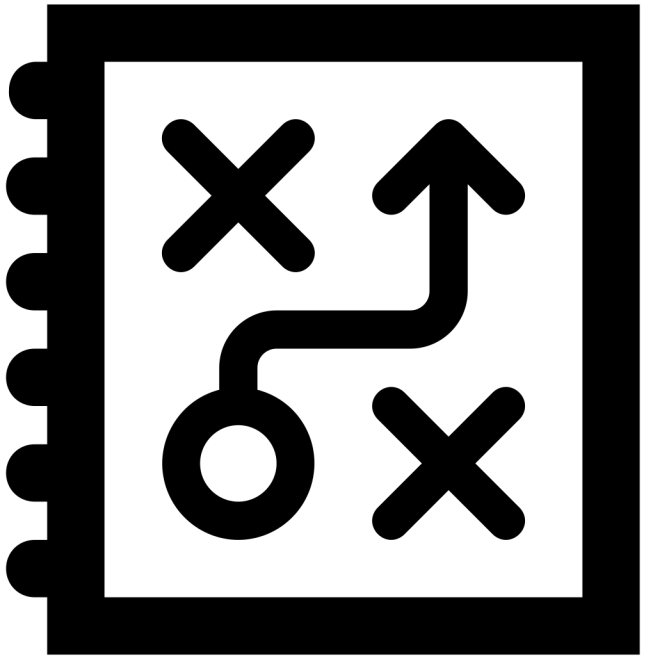
- Good MDA coverage will enable the program in achieving its goals; GESI initiatives have been included in the last few MDA campaigns which has helped in getting 3 of the four LF hotspot districts to pass the pre-TAS

- Social participation of girls, boys, men, women and persons living with disability feeling welcome and having meaningful relations



Ongoing Challenges

- Low literacy level among community women pose a problem in becoming CDDs/CHWs
- Low number of female focal persons or assistants
- Women are reluctant to volunteer as CDDs citing lack of payment
- The long distances CDDs walk in makeshift and Woreh communities is demotivating especially for women and the disable
- Inadequate treatment coverage among these groups;
  - Street children,
  - mobile population like timber loggers, miners, cattle herders
  - Prisoners



Recommendations

- Advocate for the appointment of more female FPs/assistants
- The national NTD program should continue to provide incentive for women to motivate them
- Provide raingears and boots for volunteers to distribute drugs in makeshift, Woreh, hard-to-reach and riverine communities with no CDD/CHW
- Improve the treatment coverage for these groups:
  - Street children by collaborating with other NGOs working with this group
  - Providing buffers drugs for mobile population like timber loggers, miners and cattle herders
  - Prisoners

With thanks to our contributors…

The content presented during this workshop session is part of USAID's Act to End NTDs | West Program led by FHI 360 and implemented by Helen Keller International in Sierra Leone

ICTC Special Populations Inventory Tool

Amanda Bradica, MPH
International Trachoma Initiative, Operations Specialist
ICTC Special Populations Task Team

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Overview

- ✓ Review “Special Populations” Definition
- ✓ Goals of completing the special populations inventory
- ✓ Briefing of the Inventory Data Collection Tool
- ✓ Implementation Plan

Special Populations Working Definition

All populations that require programs to be tailored to ensure the equitable delivery of access to trachoma interventions due to various factors.

This definition includes (but is not limited to)

- Refugees
- Internally Displaces Persons (IDPs)
- Indigenous and nomadic populations
- People living with disabilities
- People who experience homelessness

Inventory Goals

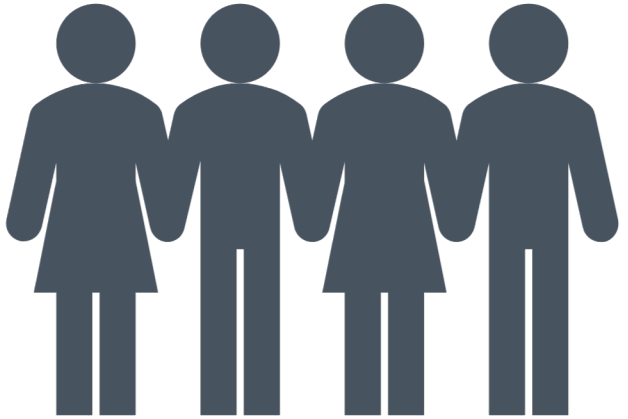
Guide	Provide guidance to ICTC member organizations and national counterparts on how to incorporate special populations into ongoing programs to eliminate trachoma as a public health problem
Support	Sustain the success of trachoma elimination and control programs
Advocate	Advocate countries, partners, and donors to look beyond the WHO criteria for trachoma elimination and ensure that the process is equitable throughout all endemic areas

Special Populations Inventory Tool

- Excel Workbook
  - Instructions & Definitions
  - Information Sharing Agreement
  - Survey
- Trachoma focused
- English, Spanish, French, Portuguese

Survey Data Collection Process

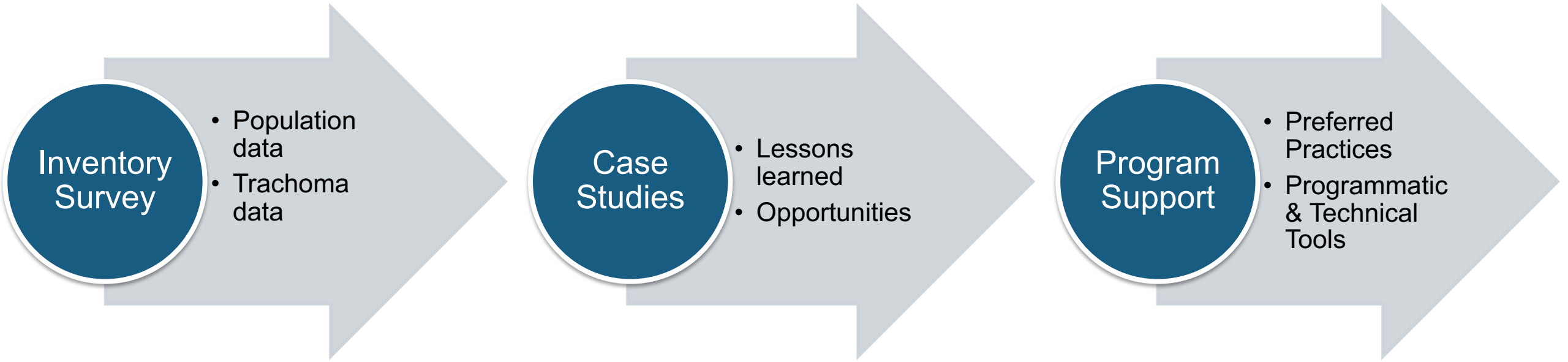
- Completed by the trachoma or NTD focal person, Ministry of Health
- Assisted by ICTC Special Populations Task Team member
- Recording IDPs, Indigenous, Migratory, Nomadic, and Refugees
- Focus on health equity, not just disease elimination



Survey Data Collected

Location	Size	Type	Trachoma Data	Other Health Data
State, Province, Region	District Population	Refugee, IDP, Indigenous, Nomadic, Migratory	District Endemic Status	WASH, Health Interventions
Health District	Special Population	Proper Name	MDAs, Surveys, Surgeries	Publications, Case Studies

Survey Data Collected



Implementation Plan

Countries

- Colombia
- Ethiopia
- Niger
- Nigeria
- Tanzania
- Sudan
- South Sudan
- Uganda

Figure 1. Map of trachomatous inflammation – follicular (TF) prevalence in target countries for the ICTC Special Populations Inventory Tool.

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Thank You!

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The Carter Center

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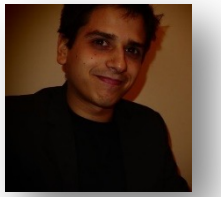

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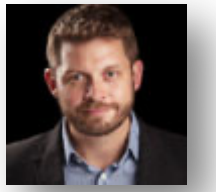

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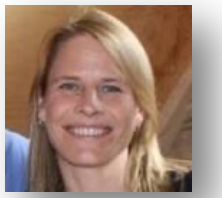

Michaela Kelly
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Elizabeth Sutherland
RTI

Molly Adams
RTI

Question & Answer

Breakout Groups

- You will each be assigned a breakout group, and will complete an activity together
- Once in your group, a facilitator will provide you activity directions
- After 20 minutes, we will come back together, and the facilitators will share about your group's work

Breakout Groups

Facilitator Read-outs

Reflections and Wrap Up

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THANK YOU

FOR JOINING US