



Case study: Piloting the WHO Gender, Equity and Human Rights (GER) Toolkit in Nigeria: The Kaduna Experience

WHO and partners are working toward strengthening in-country capacity to mainstream gender, equity and human rights perspectives into national preventative chemotherapy neglected tropical disease programmes. The purpose is to ensure ongoing monitoring and evaluation of preventative chemotherapy transmission and control interventions to show and respond to differences in access based on interacting axes of inequity such as age, gender and dis/ability.

This pilot study in Kaduna State, Nigeria, field tested the existing WHO GER toolkit to determine the usability and make recommendations for its modification prior to scale-up. The pilot study was completed in collaboration with the Federal Ministry of Health and Sightsavers. The methodological process stated in the current field guide was followed to assess the process for its feasibility and efficiency. The quantitative element of the tool was completed first and was predominantly desk-based. The quantitative component of the tool identified areas where the neglected tropical disease programme was currently experiencing challenges regarding equity of coverage. Quantitative analysis drew on secondary health systems and socio-demographic data sets. Once completed, the quantitative data analysis fed into a stakeholder meeting with State level neglected tropical disease implementers. A field diary was also used against the field guide to keep notes on the tools, noting the issues and how they translate into further questions that would drive the qualitative tools. Qualitative data collection was then completed in two areas within Kaduna state to explore ongoing programme implementation and to identify specific equity challenges.

Study Design and Findings

- Quantitative review of socio-demographic, health systems, and coverage data on all four-endemic preventative chemotherapy treatment neglected tropical diseases.
- Qualitative data collection including focus group discussions, key informant interviews and stakeholder meetings at all health system levels; federal, state, local government area, and community.
- Process evaluation of existing tools and their implementation to make recommendations for improvements and future implementation at scale.



Challenges in Implementation and Recommendations for Adaptation

Qualitative Data Review

This element of the tool was very time intensive, particularly in finding documents from which to collect indicators. One way to mitigate against this would be to alter the indicators searched for or to ensure all indicators are available from the fewest numbers of documents. The tool could be adapted in a streamlined way to take account for other health systems factors that influence equity at the intervention endpoint. Such indicators may include medicine losses and other coverage issues.

Qualitative Data Collection

It was not always clear who to speak to in relation to key informant interviews and focus group discussions. If a section on stakeholder mapping was added earlier within the tool, then this would allow for individuals implementing the toolkit to be guided through the process of identification of relevant individuals and would allow for maximum adaptability for context. Either/or options for the types of people to speak to would also be helpful as opposed to broad based guidelines on 'types of individuals'. Within the stakeholder mapping activity, a flow diagram that allows for adaptation of the tool based on nuance in health system structure or governance levels would also be helpful. Depending on programme implementation structures (particularly for schistosomiasis' interventions) more emphasis should be given to the inclusion of the education sector in the qualitative data collection aspect of the tool e.g. interviews with teachers, education secretaries/officers etc. Research tools could be streamlined to separate questions for the different levels of actors included in the qualitative data collection aspect of the tool. Thematic groupings of questions would also be helpful.



Stakeholder meeting

This meeting needed to take place for more than a day for better participation. Though the agenda was set in the field guide, certain revisions were needed such as interactions between the policy makers and implementers as evaluation/problem solving process. Understanding the neglected tropical disease structures in the state which could be quite variable depending on the dynamics of health in the state plays a critical role in stakeholder mapping. A close collaboration with the various programme staff especially at the state level ensures that all stakeholders are captured. It is important at the stakeholders meeting to allow for a general sharing of experiences as relating to neglected tropical disease implementation.

General Recommendations

The study team felt that implementation of the toolkit was very time intensive and relied on pre-existing knowledge of research methods. This led to a lot of discussion on what this would mean for a neglected tropical disease programme manager or Monitoring & Evaluation officer working within the neglected tropical disease programme. Federal Ministry of Health collaborators felt that the time demands that the tool takes would be unrealistic and could be adapted or modified to make better use of routine data.

There is a lack of focus on morbidity associated with neglected tropical disease, this could be brought out more strongly in both the quantitative and qualitative elements of the tool. Broader focus could be given to broader equity issues as well as maintaining the importance of gender (perhaps weighted for their relevance depending on context). Other issues of focus may include; race, ethnicity, geography, dis/ability (physical/mental). Some key terms in the document could be better defined, e.g. hard to reach (from who's perspective). A glossary of terms would overcome such barriers. More guidance and training for neglected tropical disease programme managers through existing networks on how to conduct gender and equity analysis would also benefit the implementation of this toolkit.

Impact



WORKING DRAFT FOR FURTHER PILOTING DURING 2018 - 2019

After piloting the GER tool, the COUNTDOWN research team wrote a [recommendations report](#) for the WHO outlining and describing in detail their research findings and suggested improvements. Based on the lessons learnt from this pilot study, and after refinement of the guidance document which accompanies the toolkit, WHO plan to pilot the revised GER instruments in additional countries where there is ongoing WHO and partner support, to national preventative chemotherapy and transmission control programme strengthening.

The findings from the pilot will inform the annual programme review process for neglected tropical diseases and to support the integration of gender, equity and human rights issues. The COUNTDOWN consortium will also pilot the modified version of this tool in a second state in Nigeria in partnership with Sightsavers and the Federal Ministry of Health.

Strategies are currently being developed with COUNTDOWN working in collaboration with the State neglected tropical disease team, which aim to address the bottlenecks which became apparent during the tool piloting, during the next round of mass administration of medicines in 2018. Specifically, at the request of the State neglected tropical disease team, these findings have been utilised to shape the next phase of the COUNTDOWN's consortium implementation research programme with a view to strengthen health system delivery and community engagement for the neglected tropical disease programme to enhance equity in access to mass administration of medicines in Kaduna State. It is anticipated that action in these areas will have positive ramifications for the neglected tropical disease programme across all levels. An additional impact of this study is that the monitoring and evaluation tools might be strengthened to better incorporate a focus on equity and gender.

Key Recommendations

- ✓ The implementation of the toolkit was very time intensive and relied on pre-existing knowledge of research methods - the toolkit should be streamlined to take account for other health systems factors that influence equity at the intervention endpoint such as medicine losses and other coverage issues. Research tools could be streamlined to separate questions for the different levels of actors included in the qualitative data collection aspect of the tool. Thematic groupings of questions would also be helpful.
- ✓ Key terms in the document could be better defined and a glossary of terms would overcome such barriers.
- ✓ Stakeholder meetings should be longer than a day for better participation and it is important to allow the sharing of experiences relating to neglected tropical disease implementation.
- ✓ Stakeholder mapping should be done early to allow the tool implementers to understand the process and would allow for maximum adaptability for context. A flow diagram that allows for the adaptation of stakeholder mapping based on differing health system structures or governance levels would also be helpful
- ✓ Close collaboration with the various programme staff especially at the state level ensures that all stakeholders are captured.
- ✓ More emphasis should be given to the inclusion of the education sector in the qualitative data collection aspect of the tool e.g. interviews with teachers, education secretaries/officers etc.
- ✓ There is a lack of focus on the morbidity associated with neglected tropical diseases and this could be brought out more strongly in both the quantitative and qualitative elements.

References and Further Reading



Towards universal coverage for preventative chemotherapy for Neglected Tropical Diseases: guidance for accessing “who is being left behind and why” (2018). [online] Available at: <http://apps.who.int/iris/bitstream/handle/10665/259487/WHO-FWC-17.3-eng.pdf;jsessionid=D6763E3A95B40B12AC5896C959217EEB?sequence=1> [Accessed 10 May 2018].

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