

Gender Analysis of National Trachoma Programs in Nauru and Solomon Islands

TERMS OF REFERENCE

May – June 2021

Introduction

The Fred Hollows Foundation (The Foundation) is a non-profit aid organization based in Australia and founded in 1992 by eye surgeon Fred Hollows. The Foundation focuses on treating and preventing blindness and other vision problems. It operates in 25 countries around the world, including across Australia, the Pacific, South and South East Asia, the Middle East and Africa.

Project Background

Trachoma, a neglected tropical disease, is the world's leading infectious cause of blindness and affects some of the world's most vulnerable populations. The disease is caused by infection with the bacterium *Chlamydia trachomatis* (Ct), which after repeated infections over many years, the eyelashes may be drawn in so that they rub with the surface of the eye. This painful process causes permanent damage to the cornea which leads to irreversible blindness¹. Efforts to eliminate trachoma as a blinding disease are based on the World Health Organisation (WHO)-developed strategy known as the acronym *SAFE*² which stands for:

S - surgery for trichiasis (in-turned eyelashes)

A – antibiotics (azithromycin & Tetracycline eye ointment) through mass drug administration (MDA)

F – Facial cleanliness

E – Environmental improvement

Population-based baseline surveys using methods recommended by WHO are used to understand prevalence levels of the disease before any *SAFE* interventions are undertaken and if these interventions are required, surveys using the same methodology are used to monitor progress of the interventions (particularly MDA) at specific intervals.

Since 2014, The Foundation has been supporting Ministries of Health and Medical Services and Ministries of Health (collectively referred to in this document as MoHMS) and other implementing partners in Fiji, Kiribati, Nauru, Papua New Guinea (PNG), Solomon Islands and Vanuatu to work towards the elimination of trachoma as a public health problem. In close collaboration with MoHMS, WHO, research partners and other local and global stakeholders, work to date has looked at clarifying the unusual pattern of trachoma in the region through evidence-based research to inform country-specific elimination programs in line with the WHO *SAFE* Strategy. This gender analysis will focus on the countries of Nauru and Solomon Islands, the newest and oldest partners in the program respectively.

¹ WHO, *Trachoma Fact Sheet*, 11 August 2020: <https://www.who.int/news-room/fact-sheets/detail/trachoma>

² WHO, *Trachoma Strategy*, adopted in 1996: <https://www.who.int/trachoma/strategy/en/>



Gender Analysis Rationale

Trachoma affects some of the most vulnerable people, especially women and children living in poverty. Global survey data suggests that trachoma-related blindness is up to four times higher in women, who are often more susceptible to trachoma infection due to their disproportionately high contact with children as compared to men in most settings³.

The goal of eliminating trachoma is founded on the notion of equality, with the intent to have complete coverage of a population. Many of the trachoma activities in Nauru and Solomon Islands related to identifying and referring trachomatous trichiasis (TT) cases, as well as the treatment of trachoma through MDAs are conducted house-to-house and based on population-base data. However, it cannot be assumed that this means that activities are equitable and reaching all populations, and misses crucial insight into the *F&E* elements of the full *SAFE* Strategy.

Further analysis is required to investigate if rates of trachoma in Nauru and Solomon Islands follow the above global trend; to investigate if the program activities have had equitable reach and therefore, addressed any key gender inequities identified and to test key assumptions that the program may have.

The findings and recommendations from this initial investigation will inform any further research required in both countries; identify any gaps in the programs that will inform targeted trachoma activities going forward in Nauru and Solomon Islands; and, guide gender analyses and activities in the broader regional program.

Purpose of the Gender Analysis

The purpose of the gender analysis is to:

- a. To provide a broad overview of the equity barriers for people to access eye health and/or health services more broadly in Nauru and Solomon Islands, specifically barriers for women, people living with disabilities and for rural and remote populations.
- b. To assess the gender balance within the human resourcing of the National Trachoma Programs and to provide a broad overview of barriers to participating in the program as an eye health or community worker.
- c. To identify if rates of trachomatous inflammation-follicular (TF/active trachoma); trachomatous trichiasis (TT/blinding trachoma) and *Ct* infections disproportionately affect people based on their gender, age or geographical location (urban/rural as defined by each country).
- d. To assess to what extent have the benefits of the trachoma program activities equitably reached target populations and to what extent evidence has been collected to demonstrate this.
- e. Based on the review findings, provide recommendations for tangible actions The Foundation can take to strengthen its approach to gender, equity and inclusion across its Pacific Trachoma Program, including any further research and resourcing required.

It will focus on the National Trachoma Programs in Nauru and Solomon Islands only as an initial analysis. Within this, it will focus on Nauru's national program due to its smaller size and only two provinces in Solomon Islands – Western and Choiseul Provinces.

A review of existing literature will be conducted first to form a broad overview of the equity barriers for people to access eye health and/or health services in both countries. Population-based data collected by countries as part of its surveys; MDAs, surgery and *F&E* activities will then be analysed to identify any trends in rates of trachoma infection and trichiasis and to assess to what extent the program activities have equitably reached populations. Interviews with the National Trachoma Coordinators and/or other key staff will also offer valuable qualitative insight.

The analysis will look at gender, including its intersectionality relating to age and/or geographical location, where data is available. To date, the standardized method of collecting data for surveys and MDA, as well broader output

³ WHO, *Trachoma Fact Sheet*, 11 August 2020: <https://www.who.int/news-room/fact-sheets/detail/trachoma>



data does not incorporate the collection of data on people living with disabilities, diverse genders and sexualities and/or other marginalized populations such as asylum seekers and refugees. Due to this, the majority of the analysis' scope has been limited to gender equity however, The Foundation would like the consultant to identify broader equity barriers where appropriate and through its recommendations outline how the program can strengthen its approach to equity overall.

Audience for Findings and Utilisation

- The Fred Hollows Foundation to inform its program design, activities, monitoring and evaluation of the Pacific Trachoma Program in the region within current and future programs and within our broader trachoma programs globally.
- The Nauru and Solomon Islands MoHMS as implementing partners to inform decision making on trachoma management strategies in its respective countries.
- Implementing partners, WHO and other local stakeholders across the Pacific Trachoma Program more broadly to share outcomes, key recommendations and lessons learnt that may influence other programs within the region.
- The Department of Foreign Affairs and Trade Australian NGO Program (ANCP) as the donor of the Pacific Trachoma Program.
- The Fred Hollows Foundation New Zealand who also work in eye health in the Pacific.

Data Collection Methodologies

Proposed methods of data collection include:

1. **Review of existing literature** – consolidation of existing information on equity barriers to accessing eye health and/or health services in both countries.
2. **Interview with the National Coordinator and/or other key staff (depending on availability)** – qualitative evidence to gain a better understanding of what the barriers are for equitable participation in the trachoma program as an eye health/community health worker and for populations accessing activities.
3. **Population data generated from the following trachoma activities-**
 - Health workforce training – gender breakdown of eye health/community workers who have received training and worked as part of the program.
 - Baseline prevalence survey – data from the mapping of baseline levels of trachoma (TF and TT) and water and sanitation variables from house-to-house surveys of randomly selected clusters and then households.
 - Research survey – data collected either alongside baseline surveys or pre- and post-MDAs, that indicate the biological signs of current and past *Chlamydia trachomatis* infection in children aged 1-9 years old.
 - MDA – reports detailing coverage rates in populations treated for trachoma with the antibiotic Zithromax®.
 - Impact survey – data from surveys carried out to monitor the levels of trachoma (TF and TT) post-SAFE interventions.
 - Ancillary surveys – data from surveys undertaken to determine levels of scarring in 10 – 14 years old in identified TF hotspots.
 - F&E activities (for Solomon Islands only) – review of F&E activities and target populations from school and community-based interventions and data collected on participant demographics.

Evaluation Scope and Proposed Questions

A. Barrier Analysis

1. What are the barriers for people to access eye health and/or health services more broadly in relation to gender, disability, age, geographical location and socio-economic status in Nauru and Solomon Islands?



- *For each country, conduct a desk-top review of existing literature and develop a Country Analysis that is no more than 5 pages long.*

B. Program Analysis

The analysis will cover available data captured from 2014 – 2021 for Western and Choiseul Province and from 2016 – 2021 for Nauru.

Workforce Data

2. Is the health workforce engaged for the trachoma program equitable by gender?
 - *In both countries, review the gender breakdown of key staff members from each of the following teams:*
 - *National Trachoma Coordinators and Assistants.*
 - *Survey, Mass Distribution of Antibiotic, Research and F&E Teams.*
 - *Surgeons who perform TT surgery.*
3. Are there barriers to equitable participation within the trachoma program as an eye health/health worker in relation to gender, disability and geographical location?
4. What are the barriers for equitable access to the trachoma program for populations that staff have observed while performing their role?
 - *Interview with National Trachoma Coordinators and/or key staff (depending on time/availability and in consultation with National Trachoma Coordinator) in Nauru and Solomon Islands to gather observations and perceptions.*

TT Surgery Data:

5. Do rates of TT follow the global trend which sees more women with TT than men?
 - *In Nauru, review the baseline survey data and TT case-finding data and compare against national census data.*
 - *In Solomon Islands, review the base-line and impact survey data and compare against the national census data.*
6. Do the annual TT surgeries performed reflect equal access by both men and women?
 - *In Solomon Islands, review completed annual provincial TT surgeries list by gender and assess if this reflects the estimated percentage of females and males needing surgery and review the baseline and impact survey data outlining who has been offered surgery or management in the past.*

Survey Data:

7. Are women/girls or men/boys more susceptible to active trachoma infections (TF)?
8. Are there any differences between urban and rural populations (consultant to define urban and rural in consultation with National Trachoma Coordinator and The Foundation)?
 - *Assess clinical and research data across baseline, impact and ancillary surveys by gender, age and location to determine any trends.*

MDA Data:

9. Was the program gender-equitable in its treatment of trachoma through its antibiotic distribution?
 - *Review the total population of the MDA areas and determine a percentage of annual treatment objectives by gender and age.*
 - *Review the MDA coverage reports and establish if annual treatment objectives were met.*



10. Are there noticeable differences in coverage rates by location in relation to urban and rural?

- *Review MDA coverage reports by location.*

F&E Data:

11. Are there any noticeable trends in access to WASH facilities, such as access by female-headed households or by urban/rural populations?

- *Review household WASH and sanitation data from baseline and impact surveys, and other programming data such as community profiling as available.*

12. Has sufficient data been collected for F&E activities to determine the equitable reach of activities in relation to gender, age and location?

- *Review available data collected by the program and identify any gaps*

13. With available data, assess the equitable reach of F&E activities in relation to gender, age and location.

- *Review available data, including types of activities conducted, targeted populations, participant demographics and location.*

Recommendations:

14. Based on the findings, provide recommendations for tangible actions The Foundation can take to strengthen its approach to gender, equity and inclusion across its Pacific Trachoma Program, including any further research and resourcing required.

Deliverables

The consultant will produce the following:

1. **Agreed approach:** The approach will elaborate on this ToR and will represent the agreement between the consultant and The Foundation.
2. **Presentation of initial findings and recommendations:** to be presented to the The Foundation project team for validation and discussion, prior to the final report submission.
3. **A written final report:** The production of this report will include facilitating and incorporating comments, and feedback from The Foundation and implementing partners.
4. **A PowerPoint summary report:** to support dissemination of findings to stakeholders.

Schedule (to be negotiated with the successful consultant/s)

Timeline	Activities	Deliverables	Person in charge
24 th – 30 th May 2021	The Foundation accepts Expression of Interest and selects consultants	Successful consultant notified.	The Foundation
31 st – 6 th May 2021	Approach agreed upon and contract established.	Research approach approved and contract executed.	The Foundation
5 workings days: Between 7 th – 11 th June 2021	Desktop review conducted on existing literature.	Barrier Analysis for both countries produced.	Consultant
7 working days: Between 14 th – 21 st June 2021	Data analysis and short interviews completed (based on availability of key staff)	Data findings collated for final report.	Consultant



1 working day: On 22 nd June 2021	Findings presented to The Foundation and its partners.	Presentation of findings and opportunity to address any information gaps.	Consultant
3 working days: By 25 th June 2021	Draft report submitted to The Foundation for review.	Draft final report which includes barrier and data analysis for both countries.	Consultant
3 working days: By 30 th June 2021	Feedback incorporated and final report and Powerpoint summary report submitted to The Foundation.	Final report and Powerpoint summary report.	Consultant

The analysis will be managed by The Foundation and the consultant will be responsible for coordinating any short interviews with staff.

Budget

Itemised budget to be provided by the consultant as part of the EOI. Available funding is approximately AUD \$20,000.

Reporting and Dissemination of Findings

The consultant will maintain regular contact with The Foundation via email as well as through fortnightly meetings to discuss progress of the project.

Final Report

The consultant will prepare and share a draft report of key findings and recommendations with The Foundation and the National Coordinators of the Trachoma Programs in Solomon Islands and Nauru.

After review, the consultant will incorporate the feedback and prepare a final report along with a Powerpoint summary report to be submitted to The Foundation.

Key Selection Criteria for Consultant/Team

- Evaluator ideally from or worked previously in the Pacific region.
- Experience in gender analyses.
- Experience with health systems in Solomon Islands and Nauru, or in another Pacific Island Country
- Availability to submit all deliverables by the 30th June 2021.

Application procedures

You may submit your EOI to:

Sara Webster

Program Officer Oceania

The Fred Hollows Foundation

swebster@hollows.org

Your EOI must include:

- Team members, including CV of each person and past relevant research project reports or publications
- Proposed approach
- Consultancy rates



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- Overall budget indication
- Proposed timeline of key activities

Deadline: 30th May 2021

Confidentiality

The consultant/s agree to not divulge confidential information to any person for any reason during or after completion of this contract with The Foundation. Upon completion or termination of this contract, the consultant/s undertake to return to The Foundation any materials, files or property in their possession that relate to the business affairs of The Foundation.

Intellectual Property

All intellectual property and/or copyright material produced by the consultant/s whilst under contract to The Foundation remain the property of The Foundation and will not be shared with third parties without the express permission of The Foundation. The consultant/s are required to surrender any copyright material created during the term of the contract to The Foundation upon completion or termination of the contract.

Insurance

Any consultants involved will be required to have in place insurance arrangements appropriate to provision of the requirements in this ToR including travel insurance.

Safeguarding People

The Fred Hollows Foundation is committed to ensuring that its activities are implemented in a safe and productive environment which prevents harm and avoids negative impacts on the health and safety of all people, particularly children, vulnerable people and disadvantaged groups. The Foundation has a zero-tolerance approach to sexual exploitation, abuse and harassment of any kind. All personnel including contractors/consultants are expected to uphold and promote high standards of professional conduct in line with The Foundation's Safeguarding People Policy including Code of Conduct. Contractors/consultants will be expected to sign and adhere to The Foundation's Safeguarding Code of Conduct, and provide any background checks as required.

