Strengthening gender-responsive data use in Kenya

Background

Malaria is a significant public health problem in Kenya, and people living in the western region of the country have the highest burden of infection.[1] To address this, the Field Epidemiology and Laboratory Training Program (FELTP)—with support from the U.S. President's Malaria Initiative—developed and implemented a training curriculum for frontline malaria program staff in the region in 2021. This training aimed to build staff capacity for malaria epidemiology principles and practices to ultimately strengthen the country's fight against this disease.

To further build out this capacity, USAID's Country Health Information Systems and Data Use (CHISU) program helped review and train a second cohort on the malaria-focused epidemiology curriculum in October 2023. Working closely with Dr. Maria Thuita, the epidemiology training coordinator, CHISU realized that the training curriculum did not have any content about the impact of gender or sociocultural factors on malaria transmission. After identifying this gap, we decided to use the FELTP training to raise awareness among malaria program staff about the way gender norms and dynamics contribute to malaria exposure, prevention, and treatment.

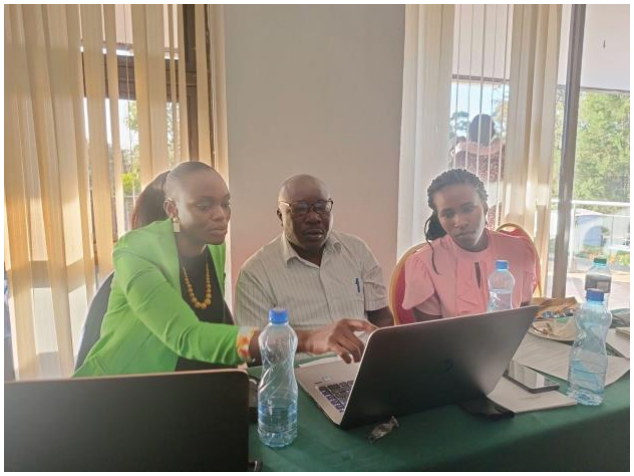
Eunice Okinyi, the subounty malaria control coordinator in Rachuonyo South Subcounty, discusses her data analysis plan with CHISU County Coordinator Dr. George Wadegu. Photo credit: CHISU

[1] "Kenya Malaria Indicator Survey 2015." Nairobi, Kenya and Rockville, MD, USA: National Malaria Control Programme, Kenya National Bureau of Statistics, and ICF International, 2016.

Country Health Information Systems and Data Use (CHISU) is USAID's flagship data and information system program to strengthen host country capacity and leadership to manage and use health information systems to improve evidence-based decision-making. www.chisuprogram.org

Steps Taken

As a first step, CHISU reviewed two documents: a discussion paper on malaria and gender by the United Nations Development Program (2015) and the CHISU gender plan (2020). From these documents, we gathered information on the sociocultural factors affecting malaria transmission as well as how sex-disaggregated data can reveal gender-related differences in accessing health services and disparities in health outcomes. We then incorporated the content into the FELTP training curriculum. Broadly, the revised curriculum included content on disparities in access to health information; socioeconomic factors that limit women's access to health services; and sociocultural norms (such as women needing permission from their spouses to seek treatment and sleeping arrangements affecting bednet use).



Training facilitators Dr. Grace Rabut and Dr. Tabitha Oketch assist Mr. George Awino, the malaria control coordinator for Ndhiwa Subcounty, with data analysis for his field project. Photo credit: CHISU

Thirty-nine participants enrolled in the updated FELTP training, and a third of those participants were women. The gender-related content inspired discussions around how traditional gender roles—such as fetching water and firewood or cooking outside at dawn and dusk—can increase exposure to mosquitoes for women and girls, and thus increase their risk of getting malaria. Among young men, activities such as herding and occupations such as driving motorcycle taxis (called *boda boda*) may be associated with a higher risk of malaria.

The training also gave participants the opportunity to analyze gender-related variables such as the age-sex distribution of malaria cases. Gender analyses of health data are not routinely conducted or used to inform decision making on public health issues like malaria in Kenya. This is because data is aggregated when it is reported in the District Health information Software 2 (DHIS2), which is Kenya's national health information system, even though sex-disaggregated data is initially collected at health service delivery points. During the training, seven FELTP trainees conducted assessments on the uptake of intermittent preventive therapy among pregnant women and one trainee studied the occurrence of malaria cases among pregnant women.

Results + Next Steps

Incorporating gender-related content into the FELTP curriculum ensures that this and future training cohorts are aware of the role of gender in malaria transmission. Building the capacity of a critical mass of health workers, including women involved in malaria programming at the subnational level, is a critical contribution of this updated curriculum. CHISU plans to continue integrating gender topics into training sessions and other areas of our work to promote gender-transformative health programs.

Jentrix Barasa (in yellow), the malaria control coordinator in Bungoma County, celebrates after emerging as one of the top performers in the training. Photo credit: CHISU

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