

Building Resilience for Mass Administration of Medicines through capacity strengthening of NTD implementers: Learning from COUNTDOWN's implementation research in Nigeria

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Introduction

This blog presents key reflections of implementing 'paradigm shift' training to encourage wider stakeholder contribution in the planning and implementation of Mass Administration of Medicines (MAM) in Nigeria. The training aimed to strengthen the facilitation and planning skills of NTD programme implementers to be more participatory and to use more interactive learning approaches that promote knowledge exchange and active peer learning. This approach aimed to address existing power hierarchies within the health system that can negatively impact on participatory planning for increased equity of MAM.

The NTD Control Program in Nigeria has been working in collaboration with several partners, civil society organizations, community stakeholders and researchers to improve prevention and reduce control of neglected tropical diseases (NTDs) in endemic areas. One of the ways to reduce transmission of NTDs is using preventative chemotherapy by Mass Administration of Medicines (MAM). MAM involves offering preventative treatment to eligible members of a community or a defined geographical area within an endemic region. Treating eligible people once in every treatment cycle (normally annual) ensures that those who are infected with NTDs such as Lymphatic filariasis or Onchocerciasis are treated, and that those who aren't are protected from future infection (www.sightsavers.org/protecting-sight/ntds/mass-drug-administration).

However, ensuring that medicines are available, accessible and acceptable by all eligible community members is challenging and can slow down the equitable achievement of elimination goals (Dean et al., 2019, Nji et al., 2021, Christine Masong et al., 2021, Ozano et al., 2020). Ensuring equity in take up of medicines requires a wider, more diverse engagement of communities and marginalised population groups in distribution campaigns. Therefore, COUNTDOWN Nigeria applied a [Participatory Action Research \(PAR\)](#) approach to improve equity of MAM and to inform Neglected Tropical Disease (NTD) policy through an enhanced [community engagement strategy](#).

A comprehensive [Participatory Guide for Planning Equitable Mass Administration of Medicine](#) (PGP) was developed to guide health system's stakeholders through a new bottom-up, participatory approach to planning, whilst drawing on evidence and experiences obtained through the PAR cycle from health workers and a diverse range of community members. This new approach was piloted and scaled up across two states, Ogun and Kaduna.

COUNTDOWN's paradigm shift training

NTD implementers at the State and LGA levels were trained on the approach through 'Paradigm shift training'. The focus of the paradigm shift training was to strengthen and build up capacity of implementers to develop soft skills that prompted inclusion, equitable participation and more interaction between trainers and NTD implementers. Part of the training content included how to use the planning resources, familiarity with participatory engagement



Fig 1: Co-facilitation model of training in Kaduna State.

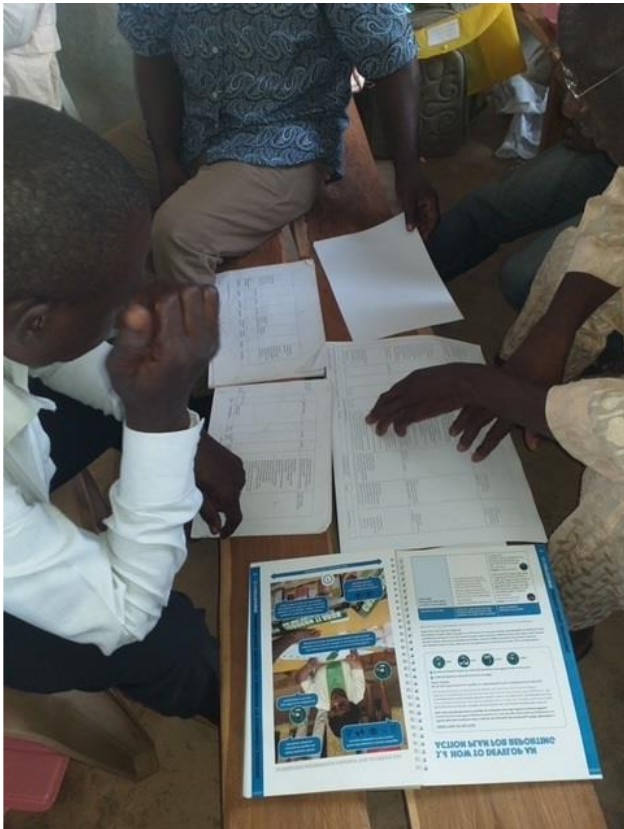


Fig 2: NTD implementers working in teams using the PGP to create action plans.

methods and facilitation styles. All these were aimed at building the skills and performance of health service staff. There were two models of training:

- Kaduna State - **The co-facilitation model** where researchers and NTD implementers from the State NTD unit, who were embedded as co-researchers, facilitated the training.
- Ogun State - **The train the trainer model** where NTD implementers at the State level were trained to cascade training to other implementers at lower levels.

Impact of ‘Paradigm shift’ training in planning for mass administration of medicines

Planning meetings are essential for MAM implementation and therefore it was necessary to develop requisite skills to facilitate equal participation within these different meetings and allow engagement with stakeholders for the entire process of MAM.

“COUNTDOWN has introduced new ways of carrying out MAM activities in the State, this makes the process more practical and easy – in terms of eliciting stakeholders / community engagement”. (State NTD staff Ogun)

Using the PGP and learnings from the paradigm shift training has allowed implementers to change the way of planning by making it more participatory and inclusive ensuring that stakeholders are not left out. At the 2020 planning meetings, State NTD implementers were observed facilitating meetings using PowerPoint slides and making sure that the meetings were participatory, which was not the case in the previous MAM before the training. They ensured the meeting was interactive by asking questions and providing recommendations to problems raised, they worked in teams and used role plays for better understanding and feedback.

The Working Group

Another aspect of the new approach was developing working groups to guide the implementation and scale up in the two states. A working group was formed to drive the process of scaling up and sustainability of tools. Working groups comprised of State and local level implementers, some of whom have been co-researchers for many years with COUNTDOWN studies. They were able to review and advise on the format, content and use of intervention tools before being finalized. This collaborative process has enabled the co-production of user-friendly contextualised tools. In a bid to gain ownership and in-depth understanding of the process, the



Fig 3: NTD staff conducting role plays on community entry at Paradigm shift refresher training. The person seated on the chair acted as the community leader (Village head) and others squatting acted as NTD implementers who are on an advocacy visit to the village head.

working group members in Kaduna requested that a paradigm shift refresher training be held before the project ends so that they could cascade training to other NTD implementers and for the sustainability of the intervention tools. The working group having built capacity were able to facilitate the training using PowerPoint presentations and conducted role plays. They were able to interact freely with trainees and no overt power dynamics were observed.

Key learnings and observations from NTD planning meetings in Kaduna and Ogun after paradigm shift training:

Participatory techniques

- Facilitators asked engaging questions and allowed participants to build on comments to make meaningful conversations.
- Facilitators were able to manage group power dynamics by allowing stakeholders to speak freely.
- Stakeholders were better supported to work in teams to develop work plans collaboratively.

Equity

- There was diversity in stakeholders who were invited to meetings, for example, the heads of disability organizations were invited in Kaduna, indicating that NTD implementers understand the importance of diverse knowledge to strengthen NTD programmes.
- In previous planning meetings in Kaduna, women State staff rarely facilitated. In the 2019 MAM, more than three women NTD staff facilitated meetings with the use of PowerPoint slides.
- For the first time, a microplanning meeting was conducted by the Ogun NTD program. The microplanning in 2019 assembled a much wider range of participants who previously were not part of the process of planning or even NTD programmes generally e.g. monitoring and evaluation officers. This made the process of planning more participatory and comprehensive.
- The inclusion of a stakeholders' engagement meeting in the 2019 MAM in Ogun State suggests closer community engagement which is one of the learnings from the paradigm shift training. Participants were drawn from different spheres of the community such as religious and traditional leadership, trade and professional bodies for the purpose of sensitisation, solicitation for support and role allocations. These were hardly part of the MAM process in 2018 except in the old urban LGA where Stakeholders Mobilisation Meeting was introduced.

Practical lessons

- Planning meetings were well organised, and they were able to manage their time in order to achieve meeting objectives and outcomes.
- Meeting venues were selected appropriately by the State NTD unit. The venues were quieter and more spacious compared to previous planning meetings where the meeting hall was not large enough, with distractions from health workers working within the vicinity.
- Timely arrival of participants was observed, this was likely due to early notification of meeting.
- The facilitators made use of detailed and clear meeting agendas for people to be able to understand meeting content.

Tools

- Stakeholders were able to make more detailed work plans for MAM with the aid of the PGP.
- The PGP was used as a guide to create context-specific action plans that responded to local distinct needs.

Below are some quotes from the implementers which show the impact of the training:

“This PGP has in fact helped a lot in the previous implementation when we started using it. When we compare the previous, when this research has not been conducted and when the PGP has not been produced...there are things that during the research we came to understand that if we put that in place we will improve and there are structures that we have not been using then, but due to this research new structures have been identified...”
(State NTD staff, Kaduna)

“The PGP offered guidance on developing action plans at both micro and macro level of planning MAM for onchocerciasis and Lymphatic filariasis (LF) and the learning packs have helped the LGA team to understand the community structures and their roles as well as potential roles in the NTD program among others. Again, the PGP helped the NTD team understand the relevance of stakeholders’ engagement which resulted into acceptance of MAM at community level”.
(State NTD Staff, Ogun)

“We appreciate the training that COUNTDOWN has given us, they put us in line with what we will benefit in future not necessarily now, they are rounding up but the training they gave us, even at the LGA level and down to CDD, we appreciate and we assure you that we will cascade this particular knowledge we’ve had to all levels of implementation across the state”.
(State NTD staff Kaduna)

Conclusion

The Scale up of a ‘bottom-up’ participatory planning approach for Mass Administration of Medicines in Nigeria was conducted in Kaduna and Ogun State. A key success of the project was the capacity strengthening of NTD implementers at the State and LGA levels which translates to effective facilitation styles using interactive sessions, role plays during trainings and more inclusive and equitable approaches during planning for MAM.

References

- CHRISTINE MASONG, M., OZANO, K., TAGNE, M. S., TCHOFFO, M. N., NGANG, S., THOMSON, R., THEOBALD, S., TCHUENTÉ, L.-A. T. & KOUOKAM, E. 2021. Achieving equity in UHC interventions: who is left behind by neglected tropical disease programmes in Cameroon? *Global Health Action*, 14, 1886457.
- DEAN, L., OZANO, K., ADEKEYE, O., DIXON, R., FUNG, E. G., GYAPONG, M., ISIYAKU, S., KOLLIE, K., KUKULA, V., LAR, L., MACPHERSON, E., MAKIA, C., KOUOKAM MAGNE, E., NNAMDI, D.-B., MUE NJI, T., NTUEN, U., OLUWOLE, A., PIOTROWSKI, H., SIPING, M., TCHOFFO, M. N., TCHUEM TCHUENTÉ, L.-A., THOMSON, R., TSEY, I., WANJI, S., YASHIYI, J., ZAWOLO, G. & THEOBALD, S. 2019. Neglected Tropical Diseases as a 'litmus test' for Universal Health Coverage? Understanding who is left behind and why in Mass Drug Administration: Lessons from four country contexts. *PLOS Neglected Tropical Diseases*, 13, e0007847.
- NJI, T. M., PIOTROWSKI, H., DUM-BUO, N., FUNG, E. G., DEAN, L., THEOBALD, S., THOMSON, R., WANJI, S. & OZANO, K. 2021. Eliminating onchocerciasis within the Meme River Basin of Cameroon: A social-ecological approach to understanding everyday realities and health systems. *PLOS Neglected Tropical Diseases*, 15, e0009433.
- OZANO, K., DEAN, L., YOSHIMURA, M., MACPHERSON, E., LINOU, N., OTMANI DEL BARRIO, M., HALLEUX, C. M., OGUNDAHUNSI, O. & THEOBALD, S. 2020. A call to action for universal health coverage: Why we need to address gender inequities in the neglected tropical diseases community. *PLOS Neglected Tropical Diseases*, 14, e0007786.