LEARNING PACK

FINDINGS FROM PARTICIPATORY RESEARCH WITH HEALTH WORKERS AND COMMUNITIES TO INFORM EQUITABLE NTD PROGRAMME DELIVERY IN KADUNA STATE

COUNTDOWN

Calling time on Neglected Tropical Diseases

Training cascade

Sensitisation feedback with boys

HOW TO USE THE LEARNING PACK

This pack presents a summary of the use of participatory research methods and findings from frontline health implementers and communities conducted by the COUNTDOWN research team in Kaduna State.

The **COUNTDOWN** project brings together NTD researchers, policy makers, practitioners and research specialists to generate new knowledge and assemble necessary information about the realities of increasing the reach and impact of NTD treatment campaigns in different country-specific contexts. The specific aim of the Nigeria **COUNTDOWN** project is to increase the effectiveness of the NTD Programmes with a focus on reaching poor and vulnerable people and to enhance community ownership and participation of the NTD Programme, facilitated by building common goals for mass administration of medicines (MAM) between the health system and communities. The **COUNTDOWN** team is a multidisciplinary research team comprising of experts in the field of Epidemiology, Social Science, Public Health and Health Economics. The **COUNTDOWN** team in Kaduna consist of eight research assistants and two supervisors, two of the research assistants were members of the Kaduna State NTD team who have more than seven years' experience as NTD Programme implementers.

The summary of findings and recommendations from the frontline implementers and members of the endemic communities on how to improve the performance of the NTD Programmes, particularly the Onchocerciasis/ lymphatic Filariasis (LF) Control Programme in Kaduna State, is presented in this learning pack. It is designed to serve as a guide to stakeholders for joint decision making on steps and actions to be taken to improve the performance of NTD Programme and increase treatment coverage, based on perceived feasibility and sustainability of the recommendations given, the timeline, budget and resources available to the programme.

Stakeholders will be provided with an action planning template and guide developed in partnership with Federal Ministry of Health (FMoH) and State Ministry of Health (SMoH) Nigeria, that you may find useful in planning and documenting joint actions to be taken during the implementation of MAM. Stakeholders are encouraged to adapt the template to suit their context. The completed action planning template can serve as a working document to guide implementation and as a reference document for all stakeholders.

The joint decisions and proposed actions to be taken as documented in the action planning template, were tested during the 2018 MAM implementation programme in two selected LGAs. This was done to see its impact on the delivery of the NTD Programme and assess information on what works best. This was presented to the stakeholders at various meetings.

COUNTDOWN
Calling time on Neglected Tropical Diseases

THE RESEARCH APPROACH

COUNTDOWN adopts a **Participatory Action Research (PAR)** approach due to its central principles of inclusivity, ownership and sustainability that places communities, frontline implementers and government bodies at the centre of the research process. This approach has been shown to strengthen health systems and ensure ownership of programmes that meets the needs of the country, rather than purely directed by external agents. The figure pictured right highlights the steps within this participatory action research cycle.

The findings presented in this pack are from the participatory exploratory research phase to understand the existing context in relation to community engagement and the NTD Programme within Kaduna State. The methods can be categorised under three sub-categories based on their purpose:

1. **Understanding community structures and their role/potential role in the NTD Programme**
2. **Exploring Community Directed Distributors (CDDs) experiences of the programme**
3. **Exploring community experiences and understanding of the programme.**

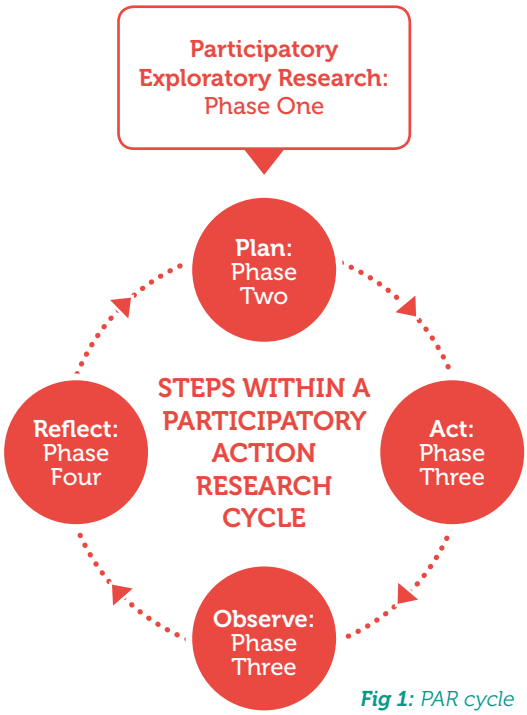


Fig 1: *PAR cycle*

UNDERSTANDING COMMUNITY STRUCTURES AND THEIR ROLE / POTENTIAL ROLE IN THE NTD PROGRAMME

- **STAKEHOLDERS' MEETING:** A total of 22 stakeholders e.g. State NTD (SNTD) staff, Local Government NTD (LNTD), community development associations etc. involved in NTD Programme implementation in Kaduna State were invited for a two-day meeting to identify community structures that can be used for effective implementation of the NTD Programme and to review the current information education and communication (IEC) materials for better and more effective communication and engagement of the community in the NTD Programme.
- **TRANSECT WALK:** At the community level, we engaged community leaders and five other leaders to walk along the most common routes in their communities. **We conducted a total of 4 transect walks in rural and urban contexts. The aim was to identify structures in the community and the different groups of people that interact with those structures.** In addition, if the community felt any stages in the MAM process would benefit from using those structures; the method was used as part of community entry, and designed to inform the social mapping phase below.
- **SOCIAL MAPPING:** This activity involved adult men and women of various ages, separately drawing a map of their community to identify structures where their groups interacted and could potentially be engaged for MAM implementation.


Transect walk


Social mapping

EXPLORING CDDs AND TEACHER EXPERIENCES OF THE PROGRAMME

PARTICIPATORY WORKSHOP WITH COMMUNITY DIRECTED DISTRIBUTORS (CDDs)

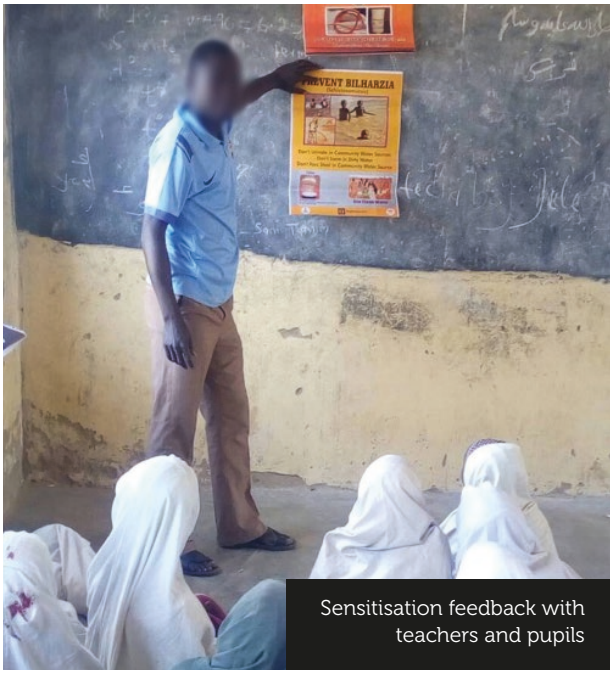
This activity was a participatory workshop with community directed distributors (CDDs) and teachers to understand their experience and motivating factors. Flip charts were provided to participants to write things that either motivated them or either demotivated them in carrying out their roles in MAM. These findings cut across training, supervision reporting, financial and non-financial incentives; MAM implementation.

MOCK TRAINING CASCADE FOR IMPLEMENTERS WITH IEC

A mock training exercise was conducted with frontline health facility staff (FLHFs) and CDDs using FMoH approved Information, Education & Communication (IEC) materials. The SNTD staff who were part of the COUNTDOWN research team were asked to facilitate training of FLHFs and teachers. Two other research assistants observed and took notes during the training, one of the FLHFs trained was asked to then train selected CDDs. The training sessions were observed by research assistants and notes were taken. The aim of the exercise was to reflect on the training and make recommendations on how to improve on it. A total of 9-10 participants per each category of implementers participated in the mock training cascade in the selected Local Government Areas (LGAs).

EXPLORING COMMUNITY EXPERIENCES AND UNDERSTANDING OF THE PROGRAMME

- **FEEDBACK ON TRAINING WITH IEC MATERIALS:** FLHFs, teachers and CDDs at the training were asked to give feedback on the IEC materials used during the training. They reviewed the IEC materials by suggesting what should be removed or added for each IEC material to improve communication on NTDs. The feedback session was held with each group of participants, separately. A total of six feedback sessions on training with IEC materials were conducted.
- **SENSITISATION OF COMMUNITY WITH IEC MATERIALS:** Following training and feedback sessions, teachers and CDDs conducted sensitisation in the communities where they implement for two weeks. Teachers also sensitised school children aged 10-15 years in schools where they teach.
- **POST SENSITISATION FEEDBACK WITH TEACHERS AND CDDs:** Post sensitisation feedback with teachers and CDDs was conducted to get feedback from them on how easy or challenging it was to use the IEC materials for sensitisation and to understand which of the IEC materials appealed to each population group (adults, youth and children) and gender (men and women).
- **POST SENSITISATION FEEDBACK WITH COMMUNITIES AND PUPILS:** We had a post sensitisation feedback with community members (adult men, adult women and youth) and school children (male and female). The aim of the exercise was to understand what message the IEC material was telling them and how practicable the messages are for their context and how they would like to receive such messages. A total of 24 post sensitisation feedback sessions were conducted in Kaduna State.



Sensitisation feedback with teachers and pupils

Community social mapping with women

IEC Materials

FINDINGS FROM THE PARTICIPATORY EXPLORATORY RESEARCH PHASE

Below are findings and recommendations from FLHFs, CDDs and members of communities on how to improve on the delivery of the NTD Programme regarding:

1. **Community structures to be used for MAM implementation process in the rural and urban contexts**

2. **Information desired to be on the IEC materials**

3. **Training material and process**

4. **Supervision and monitoring**

5. **Financial and non-financial incentives**

STRUCTURES IDENTIFIED BY COMMUNITIES TO SUPPORT VARIOUS MAM PROCESSES

SENSITISATION

EDUCATIONAL PLACES

MEN'S GROUP: Most men identified schools as **potential** structures for sensitisation since they are used by different members of the community (males, females, youth and children) and have been used for Cholera and Diarrhoea Programmes, especially the Quranic schools where the Imam has a strong influence on the pupils due to religious inclinations. Participants felt parents were more likely to cooperate with the Imams as they believed in them. In the more orthodox/ regular schools participants felt the sensitisation could be carried out during the morning assembly where all the children gather or class by class.

WOMEN'S GROUP: The **government secondary school, Islamic school and primary school** were identified as education structures by all the women in the rural area. All the women identified the primary school as being **currently** utilised for sensitisation in the MAM process while the secondary and Islamic schools were identified as **potentials** for sensitisation.

YOUTH GROUP: Youths identified the **primary and Islamic schools** while the **primary school** is **currently** utilised for sensitisation.

Youths in the urban area identified the **orthodox schools and Almajiri schools** as structures for the NTD Programme. Almajiri schools were identified as **potential** structures to be used for sensitisation since youth and children always use the structure. Most of the youth identified the orthodox schools also as **potential** structures for sensitisation since it is a **private school** with children, teachers, drivers, and nannies. Most of the youth felt the sensitisation programme would be successful when the parents teachers association are engaged by the programme.

COMMUNITY LEADERS: Community leaders in the rural areas identified the **public primary and secondary schools and the Islamic school** as educational structures in the rural communities. The primary and secondary schools are **currently** being used for sensitisation and MAM though with challenges such as holidays and absenteeism. The Islamic school they said can however be **potentially** used for sensitisation and MAM.

All community leaders identified **Islamic and Almajiri schools** as educational structures in the urban community. Both structures were identified as **potentials** for sensitisation in the NTD Programme.

Key: **Currently used** **Potential**

ENTERTAINMENT PLACES

MEN'S GROUP: Men mentioned **viewing centres and beer parlours** as **potential** structures for sensitisation. However participants felt the challenge with engaging the viewing centre for sensitisation was the noisy nature of the place but felt this can be overcome by carrying out the sensitisation during half time i.e. when there is a break in the football match. Sensitisation could be carried out in the beer parlour by clearing the table so as to catch their attention after which the message on NTD can be presented. Some of the participants felt timing of the sensitisation is important as towards the end of the match people may have consumed alcohol.

WOMEN'S GROUP: All women identified **the film house, relaxation spot and the football field** as entertainment structures in the rural area. The relaxation spot and football field are **currently used** for sensitisation process by the NTD Programme.

All women mentioned the **youth forum/meeting point** as the entertainment structure in the urban community. This structure could be used for sensitisation since all the youth in the community spend time there every day.

All the women identified **influential people who live in the community** as **potential** structures for sensitisation as there were people in the community who meet in front of these houses from time to time.

YOUTH GROUP: All youths mentioned the **football field** as being **currently** engaged for sensitisation in the NTD Programme.

Viewing centres were also mentioned as **potential** for sensitisation as posters can be placed around the building.

All the youths mentioned entertainment structures such as **youth forum, football field, drinking joints, film house and viewing centres** as being available in the urban community. They identified the youth forum as a **potential** structure for sensitisation since a lot of young people converge there every day and it's located in a central place.

COMMUNITY LEADERS: Community leaders identified two entertainment structures in the rural area: **"suya" (roasted meat) joint and drinking joint**. The "suya" joint is **currently** being used for sensitisation while the drinking joint was identified as **potential** for sensitisation.

STAKEHOLDERS: **Arts groups** - Artisan (association), Community drama troupe. They can be a **potential** structure. This group will work well because they will attract people and can be used in rural and urban areas for sensitisation.

SENSITISATION

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: **Influential individuals who have served in government or politicians** were identified including the **palace of the community leaders**. Participants identified these structures as **potentials** for sensitisation since community members (male, female and youth) gather around the house on specific days and at such days they could be informed about the diseases and also when it is time to distribute medicines.

WOMEN'S GROUP: All women identified two houses of influential people in the rural community. These were the **houses of a politician and a legislator**. They are **currently** being engaged for sensitisation in the NTD Programme.

YOUTH GROUP: All youth identified the houses of influential people as **potential** structures for sensitisation and awareness. This was based on the fact that it is being used for the polio programme and this has facilitated acceptance.

COMMUNITY LEADERS: Community leaders identified influential people's houses as community structures: **the district head's house, village head's house and political office holders**. The district head's house and the village head's house are **currently used** as structures for sensitisation though the community leaders identified a challenge with the village head's house where the people sometimes feel intimidated, are scared of the guards, may not be free to talk and that they have to remove their shoes to enter the palace.

The community leaders however identified the houses of influential persons as **potential** for sensitisation.

Community leaders identified the **Palace, compound houses and certain influential people's houses** as **current and potential** structures for sensitisation in the NTD Programme. The palace was identified as being **currently used** for sensitisation as people in the community gather there regularly. The compound houses and influential people's houses were identified as **potential** structures. Where the influential person has been adequately sensitised, as community members come to seek favour the influential persons can sensitise them.

STAKEHOLDERS: **Community influencers**. Influential groups in the community, famous and respected men in the community. Individual of Influence - An individual of influence in a community such as in an LGA. The individuals gave an example of the son of the community leader who runs a non governmental association (NGO) for the homeless and because of that he is well respected because of his activities as such could be seen as a **potential** for sensitisation. They call them key influenced persons or champions and they have direct influence in the Government and media. They are known in the community and people listen to what they say.

National Union of Road Transport Workers (NURTW) - they are used for transportation of medicines and used in all contexts. Motor parks are found in every community therefore this union may be able to go to remote places.

Key: **Currently used** **Potential**

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: Participants identified places of worship as being key to sensitisation of community members. In the mosques participants felt that it was better to do so on Friday during Jumaat prayers since more people visit the mosques on those days. This would be best carried out immediately after the prayers. In the churches the time of announcement was identified as the most convenient time for sensitisation especially on Sundays where all community members (males, females, youth and children) are attending service.

WOMEN'S GROUP: In the urban communities all the women identified the **mosque** as a **potential** religious structure for the various aspects of the MAM process. A few of the women identified the mosque as **currently** being used for awareness and sensitisation since it was the male members of the community who engage the structure mainly. They all however agreed that it could still be used for sensitisation as the men would have information that can be communicated to the rest of the family when they get home.

All women identified the **churches and mosques** as religious places of worship which is being **currently** used for sensitisation in the rural area.

YOUTH GROUP: All youth said the **church** was **currently** being utilised for sensitisation in NTDs.

COMMUNITY LEADERS: All community leaders identified **mosques and churches** as worship structures in the rural area. They were both **currently** being used for sensitisation in the communities.

All community leaders identified the **mosque** as a religious structure in the urban community. Community leaders indicate that it is **currently** being used for sensitisation as after prayers, someone gets up and sensitise the people about mass administration of medicines. They however identified challenges in the area of who uses the mosque as certain sects may not engage a particular mosque and so not be reached by the sensitisation process.

SENSITISATION

SOCIAL AMENITIES

MEN'S GROUP: All males identified the **health facility**, as being **currently used** for sensitisation in the rural area.

They all identified the **football field** as a **potential** for sensitisation process in MAM.

WOMEN'S GROUP: A **police station and the primary health care (PHC) facility** were identified as structures by all the women for social activities. All the women identified the health facility as a **current** structure for sensitisation in the NTD Programme.

YOUTH GROUP: All youth identified the **PHC** as **currently** being engaged for sensitisation.

COMMUNITY LEADERS: The FLHFs and the community dispensary were identified as social amenities in the rural community. Both are **currently** utilised for sensitisation

The only social amenity identified by the community leaders was the **clinic in the community**. They said it is **currently** being used for sensitisation as posters are also placed there so that all members of the community who visit the health facility (clinic) are aware of NTDs.

STAKEHOLDERS: **Journalists and Media Houses** - **current** structure being used for sensitisation and mobilisation of people in the community. Not only for MAM but for other programmes including the Federation of Muslim Women's Association of Nigeria (FOMWAN) program.

Antenatal Care (ANC) - This was identified as a **potential** structure for dissemination of information. They give health talks to women during ANC days and other health issues to talk about NTDs to women who come for ANC. Participants added that the infant welfare is the best channel because their children are involved therefore, they will be interested. They said it is a weekly activity therefore a strong channel to educate women and inform them. It is carried out in rural and urban health facilities.

Key: **Currently used** **Potential**

MEN'S GROUP: **Markets, shops, barbing saloons** were identified as structures for the NTD Programme. All participants identified **markets** as structures that had been used for sensitisation using public address systems in the market. All participants agreed that posters could be placed in strategic places on the building while pamphlets can be kept on the table for people to pick.

Men identified the **main market and the cow market** as trading places as **current** structures for sensitisation in the rural area.

WOMEN'S GROUP: All women identified the following as trading places in the urban community: **"waina"(cassava cake) joint, provision shop, small market, market square, milling stall, chemist and a tailoring shop.** They all agreed that the **provision shop, the market square, milling stall, chemist and the tailoring shop** can be used for sensitisation since a lot of community members engage with these structures at different times of the day.

Trading places identified as structures by all the women include: **Petrol station, main market, cassava (Gari market), shops and farm land where fire wood is sold**. The petrol station was identified as a **potential** structure for sensitisation.

All youth identified **the Chemist, provision shops and car wash** as trading places in the urban areas. They identified these structures as **potential** for sensitisation since a lot of the people in the community use them. They said sensitisation could centre on the disease and the importance of the medicines. The provision shops were identified for flyers to be placed there and as a shop owner who has been sensitised can in turn sensitise others.

YOUTH GROUP: Some youth listed the **tea (mai shaii) shop and business centre** as a **potential** for sensitisation by placing posters around the building while the **market** was identified as a **current** structure for sensitisation.

COMMUNITY LEADERS: Community leaders identified trading places such as: **markets (community, meat, carpenter, mini and cow), filling station and a tea shop** in the rural area. These structures are **currently** being utilised for sensitisation process. At the filling station after sensitising individuals, they are taken to the district head's house which is near the filling station for administration of medicines.

Community members identified the following as trading places in the urban community: **Provision store, small market, chemist, factory, cosmetic and tailoring shop, barging salon and photo shop, tea joint, mechanic workshop, and a grinding machine shop**. These structures were identified as **potential** structures for sensitisation process. The **small market and the tea joint** were however identified by the community leaders as **currently** being engaged for sensitisation. At the mechanic workshop, community leaders felt posters can be placed there to sensitise the people who come to repair their cars of motorcycles.

STAKEHOLDERS: **"Okada" (commercial motorcyclists) riders associations** can be used but not in very core rural settlements. A stakeholder gave an illustration of an identified "okada" riders association that is well known by the villagers and can be used as potential structures for sensitisation.

Local business associations - association of tailors, fisherman association to communicate and mobilise people in both the urban and rural areas to reach both men and women.

MOBILISATION

EDUCATIONAL PLACES

WOMEN'S GROUP: Most of the women identified the government secondary school as **potential** for mobilisation in the NTD Programme.

For the mobilisation process, all women identified both the Almajiri and Islamic schools as **potentials** for mobilisation in the NTD Programme.

YOUTH GROUP: Youths identified the primary school as **currently** being used for mobilisation

Some youths identified a private school as a **potential** structure in the NTD Programme specifically for mobilisation using the PTA programme since the school has children, drivers, teachers and nannies. Some of them however envisaged challenges in the area of resistance by the owners of the school who may be averse to visitors entering their schools due to misconceptions about the medicines.

COMMUNITY LEADERS: Community leaders also identified the **Islamic and Almajiri** schools as **potentials** for mobilisation because youth, women and children engage with this structure throughout the year.

ENTERTAINMENT PLACES

WOMEN'S GROUP: All community leaders in the rural area identified the drinking joint and suya joint as being **currently** used for mobilisation.

All women felt that the youth meeting point could be engaged for mobilisation as youths gather there daily and stay till late in the night.

YOUTH GROUP: All youth identified the youth forum as a **potential** structure for mobilisation as a lot of youth gather there.

COMMUNITY LEADERS: All community leaders in the rural area identified the drinking joint and suya joint as being **currently used** for mobilisation.

STAKEHOLDERS: **Arts groups** - Artisan (association), community drama troupe. They can be a **potential** structure. This group will work well because they will attract people and can be used in rural and urban areas for sensitisation.

Key: **Currently used** **Potential**

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: All men identified the village head's house as structures in the community **currently** utilised for mobilisation in the NTD Programme.

WOMEN'S GROUP: To mobilise community members for the NTD Programme, all the women agreed that the influential person's house can be used **potentially** for mobilisation.

COMMUNITY LEADERS: All community leaders also identified the **compound houses and influential people's houses** and school as **potential** structures for mobilisation of community members although the **palace** was **currently** being used for mobilisation.

STAKEHOLDERS: **Community influencers**. Influential groups in the community, famous and respected men in the community. Individual of Influence – An individual of influence in a community such as in an LGA. The participant gave an example of the son of the community leader who runs a non governmental association (NGO) for the homeless and because of that he is well respected because of his activities as such could be seen as a **potential** for sensitisation. They call them key influenced persons or champions and they have direct influence in the Government and media. They are known in the community and people listen to what they say.

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: The **mosque** was also identified as being **currently used** for mobilisation of community members, since it's the males who mostly engage there they can mobilise members of their families for MAM.

WOMEN'S GROUP: All community leaders identified the mosques and churches as **currently** utilised structures in the rural community for mobilisation.

Most of the women in the urban community identified the mosque as **potential** for mobilisation particularly where it involves the distribution of medicines as the place, date and time can be communicated to the men who will then be able to mobilise their family.

YOUTH GROUP: All youth felt that the mosque was a good place where the men could be mobilised.

COMMUNITY LEADERS: All community leaders identified the mosques and churches as **currently** utilised structures in the rural community for mobilisation.

MOBILISATION

SOCIAL AMENITIES

MEN'S GROUP: All males identified the health facility, as being **currently used** for mobilisation in the rural area while the football field could be a **potential** in MAM.

WOMEN'S GROUP: The Frontline Health Facility and the community dispensary were identified as social amenities in the rural community. Both are **currently** utilised for mobilisation.

COMMUNITY LEADERS: The Frontline Health Facility and the community dispensary were identified as social amenities in the rural community. Both are **currently** utilised for mobilisation.

TRADING PLACES

WOMEN'S GROUP: Markets (community, meat, carpenter, mini and cow), filling station and a tea shop were identified as structures being utilised for mobilisation process in the rural area.

All women identified the waina joint, small market, as being an important structure for mobilisation in the community.

YOUTH GROUP: The chemist was identified by most youth as a structure for mobilisation especially for MAM to inform community members as to when and where to get drugs during distribution.

COMMUNITY LEADERS: Markets (community, meat, carpenter, mini and cow), filling station and a tea shop were identified as structures being utilised for mobilisation process in the rural area.

Community members identified the following structures such as Provision store, small market, chemist, factory, cosmetic and tailoring shop, barging salon and photo shop, tea joint, mechanic workshop, and a grinding machine shop as **potentials** for mobilisation.

STAKEHOLDERS: **Motor mechanic associations** can be used for sensitisation and mobilisation in both contexts.

Women hair dresser association, which they all agree and see as a **potential** for mobilisation.

Key: **Currently used** **Potential**

COMMUNICATION

EDUCATIONAL PLACES

WOMEN'S GROUP: Although all the women were not aware of the Onchocerciasis Programme since their community is not endemic, they however identified the **private school** for communication in the NTD Programme and said this would be possible where the community leaders engaged the school owners.

STAKEHOLDERS: Social Mobilisation Committee (SBMC) - They can be a **potential** structure for mobilisation and communication process.

They are **currently** used for other health programs like malaria, and they are very effective.

ENTERTAINMENT PLACES

WOMEN'S GROUP: The women felt that the youth meeting point could be engaged for communication as youth gather there daily and stay till late in the night.

YOUTH GROUP: All the youth in the urban area identified the viewing centre and the film house as a **potential** for communication for the NTD Programme since a lot of youth in the community meet there regularly and spend a lot of time there.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

STAKEHOLDERS: Youth leaders are **currently** being used for sensitisation, mobilisation and communication. Youth are strong and full of life, giving them the ability to play a vital role in MAM implementation.

Local businesses - association of tailoring to communicate and mobilise people in both the urban and rural areas to reach both men and women.

Association of community pharmacists (in the urban areas) recently PHC development successfully used the association of Pharmacists to engage in research on malaria, this could be used for NTDs in urban areas.

Traditional birth attendance (TBAs) can be used for sensitisation and communication. They can also be used for identification because they go round house to house to identify communities.

Environmental health workers can also be used to mobilise and identify community members for MAM.

COMMUNICATION

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: All males mentioned the **mosque** as being used for communication during the Friday prayer especially since the Fulani nomads come in to pray there on Fridays.

WOMEN'S GROUP: Most of the women identified the mosque as key to the communication process especially as it relates to information on the distribution of medicines. Men who visit the mosques five times every day and for congregational prayers on Friday could be provided with information on when medicines will be distributed and can pass it on to their families.

★ Community leaders identified the Catholic church as being **currently used** for communication in the NTD Programme.

YOUTH GROUP: All youth identified the Imam as critical to the communication and so should be engaged for communication. This is due to the fact that the Imam is someone the people trust and believe in. People who attend the mosque can pass on the information to their families including when and where to get the medicines.

★ **COMMUNITY LEADERS:** Community leaders identified the Catholic church as being **currently used** for communication in the NTD Programme.

★ The community leaders also identified the **mosque** as a **currently** engaged structure for communication.

STAKEHOLDERS: **Religious institutes for women** - Women fellowship in churches and a women's group in the mosques which are applicable to both urban and rural contexts, they are called "faith based". Participant one said though it is not currently in use, it is going to be a very good structure if put to use. FOMWAN sensitisation of mostly women and children.

★ **Traditional and religious leaders** as one of the **current** structures for sensitisation, mobilisation, communication and identification of members for MAM, pastors and imams. They help to create awareness by informing their members in churches and mosques.

SOCIAL AMENITIES

★ **MEN'S GROUP:** All males identified the health facility, as being **currently used** for communication in the rural area.

They all identified the football field as a **potential** for communication process in MAM.

STAKEHOLDERS: **Water and sanitation committee** (WASH COM), this structure could enhance sensitisation process, mobilisation process, and communication process in the community.

Security agencies could be used as structure for MAM implementation; it is used in all contexts involving both men and women. The **potential** structure can be used for sensitisation, mobilisation, communication and identification of community members for MAM as they help to create awareness, because of the authority which they have. Though it has a disadvantage because the community might think the program is sponsored by a politician in the society and some community members might be afraid.

Key: ★ **Currently used** **Potential**

TRADING PLACES

WOMEN'S GROUP: Women identified the "waina" joint, the market square and the chemist as **potential** structures for communication about the disease and information about the distribution of medicines.

YOUTH GROUP: Some youth identified the **market** as being **currently used** for communication. Health workers come to carry out awareness in the market.

All youth identified the Imam as critical to the communication and so should be engaged for communication. This is due to the fact that the Imam is someone the people trust and believe in. People who attend the mosque can pass on the information to their families including when and where to get the medicines.

STAKEHOLDERS: **Women hair dresser association**, which they all agree and see as a **potential** for mobilisation.

Motor mechanic associations can be used for sensitisation and mobilisation in urban and rural context.

Local businesses - association of tailoring to communicate and mobilise people in both the urban and rural areas to reach both men and women.

IDENTIFICATION OF COMMUNITY MEMBERS FOR MAM

EDUCATIONAL PLACES

WOMEN'S GROUP: All women identified the community leaders working closely with the owners of private schools for effective communication of the NTD Programme.

YOUTH GROUP: Some of the youth identified the members of the PTA as members of the community who can be engaged for MAM.

COMMUNITY LEADERS: The village heads/community leaders were identified as community members playing a critical role in the MAM process. They write letters to the religious leaders asking them to sensitise their members.

ENTERTAINMENT PLACES

YOUTH GROUP: Some of the youth identified a viewing centre as a **potential** for communication especially because people come to watch football there and there was quite some noise there. They suggested that during half time communication about the programme can be provided to the people there as they will listen.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

COMMUNITY LEADERS: Community leaders identified influential persons living within the community as community members who could be involved in the MAM process especially sensitisation.

STAKEHOLDERS: **Environmental health workers** can also be use to mobilise and identify community members for MAM.

Community based organisations. This can be youths, women associations, orphaned and vulnerable children (OVC) and NGOs in both contexts.

Community leaders can support in distribution of medicines by selecting someone to identify who to do MAM.

Civil society organisations (CSO) as **potentials** to be used for sensitisation as well as mobilisation because some of them are health CSOs, they can also be used to identify community members for MAM they have branches and can always do research to reach everybody. Ummul-khair foundation.

Key: **Currently used** **Potential**

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: The Imams and pastors were identified as community members for MAM based on the respect and trust that people have for them making community members more likely to engage with the programme.

COMMUNITY LEADERS: Community leaders identified influential person living within the community as community members who could be involved in the MAM process especially sensitisation.

- Community leaders identified the Catholic church as being **currently used** for communication in the NTD Programme.

- **STAKEHOLDERS:** **Traditional and religious leaders** as one of the **current** structures for sensitisation, mobilisation, communication and identification of members for MAM, pastors and imams. They help to create awareness by informing their members in churches and mosques.

TRADING PLACES

MEN'S GROUP: Owners of the shops were identified as community members for MAM so that they can understand the disease and allow for the posters to be placed on their shops. This will also allow for them to sensitise other community members on the disease.

- **COMMUNITY LEADERS:** Community leaders identified the mini market, carpenters' market and the tea shop as **currently** being utilised for sensitisation of MAM.

  Community leaders identified owners of the various structures as community members for the different process of MAM especially for sensitisation since the people who interact with these structures engage the owners, these owners especially in the area of sensitisation can help sensitise their customers.

MECHANISM TO ADMINISTER MEDICINE

EDUCATIONAL PLACES

WOMEN'S GROUP: All women identified the government secondary school and the Islamic school as **potential** structures for MAM.

COMMUNITY LEADERS: The community leaders agreed that **currently** the primary and secondary schools are being used for the delivery of medicines.

ENTERTAINMENT PLACES

WOMEN'S GROUP: All women agreed that medicines could not be administered at the entertainment structure because it was for entertainment and the people may forget it in their pockets and so not take the medicines.

YOUTH GROUP: Some youth felt that medicines could be administered in the viewing centres before the football match starts. Some youth mentioned the fact that Mectizan had been distributed in the football field.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

YOUTH GROUP: Some youth felt the **house of the district and religious heads** can be **potentially** utilised for MAM.

COMMUNITY LEADERS: Community leaders identified the **Palace** as a place where medicines can be distributed, due to the fact that people gather there always and will take the drugs since the community leader is involved. They referred to other programs where there is the distribution of mosquito nets which has been successful as the basis for their suggestion.

STAKEHOLDERS: **TBAs** for women. To also use more women for MAM across all contexts as this is likely to increase the acceptability of the programme.

Key: **Currently used** **Potential**

RELIGIOUS OR PLACES OF WORSHIP

WOMEN'S GROUP: All the women agreed that the mosque was not the best place for the distribution of medicines as it was a place of prayer and that people would not be comfortable with taking medicines there.

YOUTH GROUP: Some youth said the **mosque** was currently being used for MAM, announcements were made a day before the Friday prayers then on Friday after the prayers MAM took place.

The mosques were identified by the youth as not a place for distribution of medicines since it's a place for prayer and not much time is spent there.

COMMUNITY LEADERS: Community leaders felt the **mosque** could not be used for administration of medicines since people go there to pray and do not spend much time there and so may not wait to collect the medicines but can be told where to go and get them.

STAKEHOLDERS: **Miyyati Allah Cattle Rearers Association** for distribution of medicines to reach and sensitise especially the Fulani nomadic.

SOCIAL AMENITIES

WOMEN'S GROUP: Some of the women identified the health facility as the structure for administration of medicines.

YOUTH GROUP: Most youth identified the **chemist** as a structure that is **currently** being utilised for MAM.

COMMUNITY LEADERS: The community leaders agreed that **currently** the primary and secondary schools are being used for the delivery of medicines.

TRADING PLACES

WOMEN'S GROUP: Most women identified the petrol station as a **potential** structure for MAM since it was an open field and all community members come there to buy fuel.

All the women agreed that the market, milling stall and the tailoring shop were not the best places to distribute medicines since people only stay for short periods of time there.

COMMUNITY LEADERS: Community leaders mentioned challenges to the distribution of medicines in the factory, barbing saloon, photo shop, tea shop and mechanic workshop due to the fact that people who engage these structures only want to focus on the reason why they are there as such these structures would not be effective for administration of medicines.

SPECIFIC ADAPTATIONS TO IEC MATERIALS

AS RECOMMENDED BY STAKEHOLDERS, IMPLEMENTERS AND COMMUNITY MEMBERS

IEC material review was guided by the envision toolkit
(https://www.ntdenvision.org/sites/default/files/docs/ntd_social_mobilization_guide_final-digital.pdf)

These symbols represent the purpose of the material and what topics it covers:

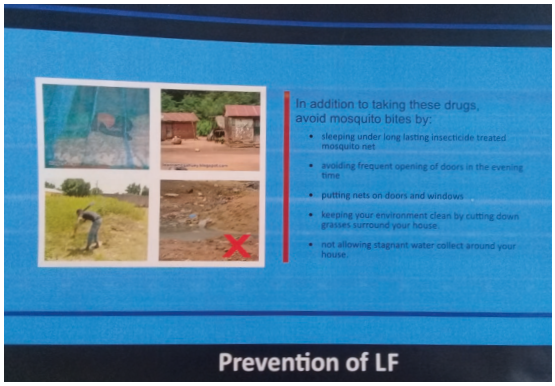
Disease awareness *Prevention* *Epidemiology*

MAM awareness / Sensitisation and Community participation

FP1: Lymphatic Filariasis Counselling Flipchart
Younger women and older women in rural areas wanted the material translated into Hausa.

Stakeholders felt the background colour should be lighter.

Disease awareness



FP6: Prevention of Lymphatic Filariasis
CDDs in rural and urban areas felt that the size of the material should be increased.

Stakeholders felt the background colour should be white.

Prevention

KP1: Awareness and Prevention for Onchocerciasis
FLHFs and CDDs in rural areas and older women in urban areas felt the tool should be translated to Hausa.

CDDs in urban areas wanted the measuring stick for dosage to be more visible. Most participants liked the pictures and the messages; however, stakeholders wanted the pictures to be clearer.

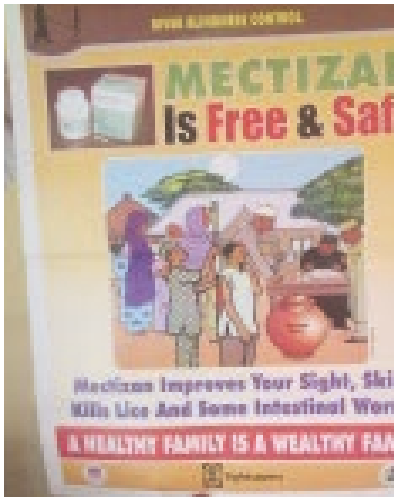
Disease awareness *Prevention*

Sensitisation and Community participation

KP2: Treatment/Disease Awareness Poster for Onchocerciasis and Lymphatic Filariasis

Older women, FLHF staff and CDDs in rural areas felt the poster should be translated into Hausa. CDDs and community members liked the poster because the pictures were clear and the language was simple. Male CDDs in urban areas would have liked the poster to contain more information on disease transmission.

Disease awareness *MAM awareness*



KP3: Treatment/Disease Awareness Poster for Onchocerciasis

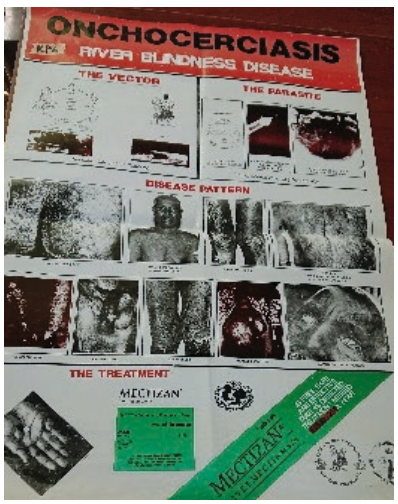
FLHF staff in rural areas thought it would be more effective if translated into Hausa language. CDDs in urban areas would have liked the medicine stick to be more obvious.

Disease prevention *MAM awareness*

KP4: Treatment/Disease Awareness Poster for Onchocerciasis

FLHF staff in urban areas thought it should be translated into Hausa.

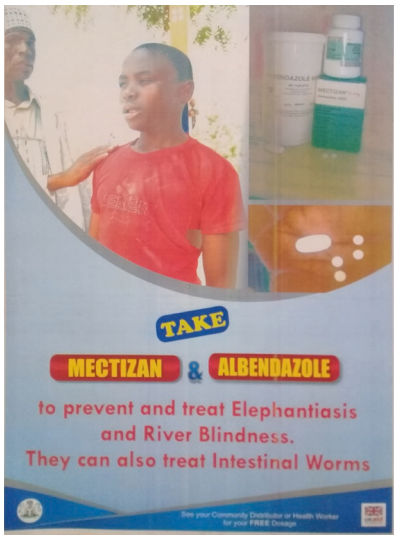
Disease awareness *MAM awareness*



KP6: Onchocerciasis River Blindness Disease

FLHF staff in rural areas didn't like that the poster showed someone's identity. Stakeholders, CDDs and older women in rural areas asked for it to be translated to local languages (Hausa; stakeholders also suggested Arabic). Younger women in urban areas would have liked the poster to be more colourful.

Disease awareness *MAM awareness*



P1: Poster on Treatment/Prevention of Onchocerciasis, Lymphatic Filariasis and Soil Transmitted Helminths

CDDs, younger women and older women in rural areas wanted the pictures to be bigger. CDDs and stakeholders did not like the blurring of eyes as they didn't think the people were real. Stakeholders wanted MDA changed to MAM.

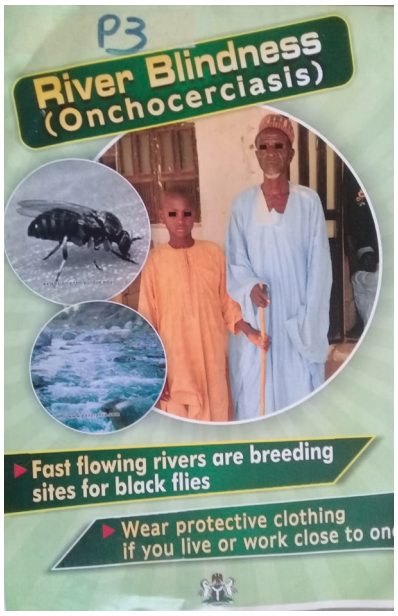
MAM awareness

P2: Lymphatic Filariasis Flipchart on Treatment/ Prevention

FLHF staff, CDDs, and older women in rural areas wanted the poster translated into Hausa so that it met the needs of the community.

Epidemiology *Disease prevention*

Community participation



P3: Onchocerciasis Elimination/Disease Awareness

Stakeholders, FLHF staff, younger and older women in rural areas wanted the poster translated into Hausa. Stakeholders wanted a definition of onchocerciasis to be added, and felt pictures should be bolder and show examples of urban and rural settings.

Disease awareness *Disease prevention*

MAM awareness *Epidemiology*

P4: Onchocerciasis Elimination/Counselling
Stakeholders, younger and older women in rural areas wanted the poster to be translated into Hausa.

Disease awareness *MAM awareness*

P5: Lymphatic Filariasis Treatment
FLHF staff in urban areas wanted the material to contain more information on dosage. Younger and older women wanted the material to be translated into Hausa. Stakeholders wanted MDA changed to MAM.

MAM awareness

FP5: Onchocerciasis Counselling Flipchart
Participants liked this tool in its current form.

Disease awareness

CONCLUSION

Sensitisation feedback with girls

Sensitisation feedback with younger women

The learning pack is an outcome from engaging with communities, programme planners and implementers in the NTD Programme in Kaduna State. It is a document that presents the voices and preferences of these different stakeholders in the NTD Programme.

Men, women and youth groups in both rural and urban communities had the opportunity to share their views on what strategy of sensitisation and communication would suit them and possibly their diverse population. These perceptions when considered by policy makers and programme planners will go a long way in ensuring equitable and effective distribution of medicines to community members, hence should be considered when planning for MAM.

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NOTES

COUNTDOWN

Calling time on Neglected Tropical Diseases

In partnership with: