LEARNING PACK

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

COUNTDOWN

Calling time on Neglected Tropical Diseases

Market sensitisation by the LNTD and some I.T students distributing posters for sensitisation

HOW TO USE THE LEARNING PACK

This pack presents a summary of participatory research methods and findings from frontline health implementers and communities conducted by the COUNTDOWN research team in Ogun 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. It works to enhance community ownership of and participation in the NTD Programme, facilitated by building common goals for Mass Administration of Medicines (MAM) between the health system and communities. The **COUNTDOWN** team in Ogun consisted of eight research assistants and two supervisors. Two of the research assistants were members of the Ogun State NTD teams who have more than seven years' experience as NTD Programme implementers.

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

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.

COUNTDOWN
Calling time on Neglected Tropical Diseases

THE RESEARCH APPROACH

COUNTDOWN adopts a **Participatory Action Research (PAR)** approach because of its central principles of inclusivity, ownership and sustainability that place 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, meeting the needs of the program, rather than being purely directed by external agents. The figure pictured right highlights the steps within this PAR 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 Ogun 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 CDDs' experiences of the programme**
3. **Exploring community experiences and understanding of the programme.**

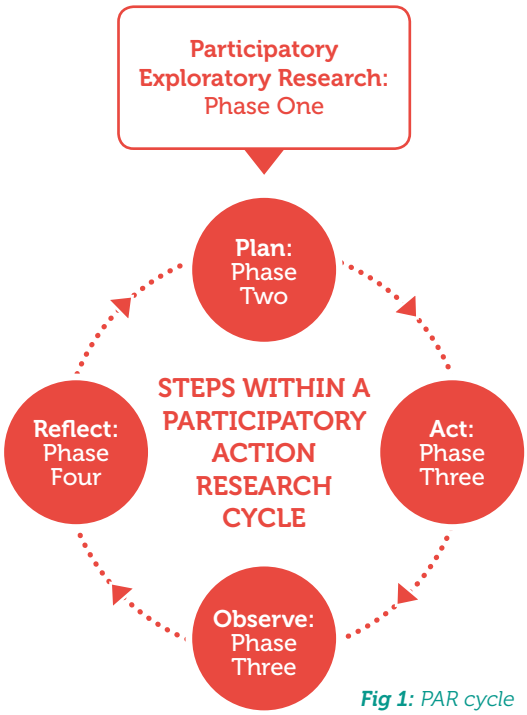


Fig 1: *PAR cycle*

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

- **STAKEHOLDERS' MEETING:** A total of 22 stakeholders e.g. SNTDs, LNTDs, community development associations etc. involved in NTD Programme implementation in Ogun State were invited for a two-day meeting to identify community structures that can be used for effective implementation of the NTD Programme. They also reviewed the current Information, Education and Communication (IEC) materials with a view to improving 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 four transect walks in rural and urban contexts, the aim being to identify structures in the community, i.e. buildings and groups around which people gather and with which they interact.** In addition, we also asked if the community felt any stages in the MAM process would benefit from using those structures, e.g. sensitisation, mobilisation, communication and medicine distribution. This method was part of the community entry process and was designed to inform the social mapping phase below.


Transect walk

- **SOCIAL MAPPING:** This activity involved men and women of various ages, separately drawing maps of their community to identify structures where their groups interact and could potentially be engaged for MAM implementation.


Social mapping

EXPLORING CDDs' EXPERIENCES OF THE PROGRAMME

PARTICIPATORY WORKSHOP WITH COMMUNITY DIRECTED DISTRIBUTORS (CDDs)

This activity with community-directed distributors (CDDs) aimed to understand their experiences and motivating factors. Flipcharts were provided for participants to write things that either motivated or demotivated them in carrying out their roles in MAM. These findings cut across training, supervision, reporting, financial and non-financial incentives; and medicine administration.

MOCK TRAINING CASCADE FOR IMPLEMENTERS WITH INFORMATION, EDUCATION AND COMMUNICATION (IEC) MATERIALS

A mock training exercise was conducted with Frontline Health Facility (FLHF) staff and CDDs using FMoH-approved IEC materials. The state NTD staff, who were part of the COUNTDOWN research team, were asked to facilitate training of FLHFs. One of the trained FLHF staff was then asked to train selected CDDs. The training sessions were observed by two 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. Between nine and ten participants per category of implementers participated in the mock training cascade in the selected LGAs.

FEEDBACK ON TRAINING WITH IEC MATERIALS

FLHFs and CDDs were asked to give feedback on the IEC materials used during the training. They reviewed the IEC materials, suggesting what should be removed or added to each to improve communication on NTDs. Separate feedback sessions were held with each group of participants, and a total of six feedback sessions on training with IEC materials were conducted.

EXPLORING COMMUNITY EXPERIENCES AND UNDERSTANDING OF THE PROGRAMME

- **SENSITISATION OF THE COMMUNITY WITH IEC MATERIALS:** Following training and feedback sessions, CDDs conducted two weeks of sensitisation in the communities where they implement the programme.
- **POST-SENSITISATION FEEDBACK WITH CDDs:** CDDs were asked how easy or challenging it was to use the IEC materials for sensitisation and 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 held feedback sessions with community members (adult men, adult women and youth) and school children (males and females). The aim of the exercise was to understand what message the IEC materials were conveying, how practicable the message is for their contexts and how they would like to receive such messages. A total of 24 post-sensitisation feedback sessions were conducted in the State.

Sensitisation at Oloritun's house (community leader's house)

Market campaign at Ilara market. This is to extend the sensitisation to the market, too

Distribution of medicines at church

FINDINGS FROM THE PARTICIPATORY EXPLORATORY RESEARCH PHASE

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

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

2. **Information requested to be included in 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 AND COMMUNICATION

EDUCATIONAL PLACES

- **MEN'S GROUP:** Men in both rural and urban communities identified public primary and community schools as **currently used** in sensitising members of the community for MAM. This is mostly the case where school pupils take the MAM message home.
- They added that privately-owned primary and secondary schools are **potential places** to be used.
- **Churches and mosques were mentioned by men's groups in rural and urban centres as having the potential for communicating MAM to the community.**

- **WOMEN'S GROUP:** Women's groups in rural and urban contexts identified primary, secondary and Quranic schools as the **currently used** structures for MAM sensitisation.

- **YOUTH GROUP:** The community and Quranic schools are **currently** being used in rural areas, whereas only public schools are currently being used in the urban setting, according to youth in an urban centre.

- **COMMUNITY LEADERS:** Community leaders in rural areas identified primary and community schools as structures **currently** in use for sensitisation and communication especially when school pupils are sent home to inform their parents and guardians about such programmes, both in rural and urban areas.

- **STAKEHOLDERS:** The Association of Head Teachers of Primary Schools and public primary schools are **currently used** for MAM sensitisation in both rural and urban settings.
- The All Nigerian Conference of Principals of Secondary Schools (ANCOPSS), State Advisory Committee on NTDs (SACON), State Universal Basic Education Board (SUBEB) and Ministry of Education Teachers etc are **potential** structures for sensitisation.
- Schools, especially the public primary schools, and the Parent Teacher Association (PTA) can be used for Communication. Among the **potential** structures for MAM communication are the National Association of Private Primary Schools (NAPPS), ANCOPSS etc.

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

ENTERTAINMENT PLACES

- **MEN'S GROUP:** According to the men in rural and urban communities, football and film viewing centres are **potential** spots for MAM sensitisation.
- **WOMEN'S GROUP:** Among the entertainment places, urban women identified joints as **potential** spots for sensitisation on MAM.
- **YOUTH GROUP:** Youths in rural communities opined that joints can be used for sensitisation on MAM.

  Football viewing centres can be used to communicate MAM activities in urban centres.
- **COMMUNITY LEADERS:** Community leaders in both rural and urban settings said joints are **potential** places. Men and youths are mostly found at such places and will return home and spread the awareness.
- **STAKEHOLDERS:** Social clubs are **potential** structures for sensitising people about MAM, according to stakeholders. Social clubs such as 'Egbe Omo onilu' (Society of Indigenous People), Igisogba Youth Association etc can play this role, especially among men, women and youths in both urban and rural communities.
- Stakeholders stated that festival groups, such as Gelede, are **potential** structures that could be used for sensitisation, especially during masquerade festive seasons when they have carnivals and celebrations in both urban and rural communities.

SENSITISATION AND COMMUNICATION

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: Those from rural and urban communities said Baales and Olorituns (street heads) and their houses are **currently used** for sensitisation in the community, while traditional title holders and their houses have the **potential** to sensitise the communities on MAM activities.

WOMEN'S GROUP: Influential people like Baales (village heads) and the clergy/pastors and their houses were the most identified by women in rural settings as **currently used** for sensitisation for MAM.

The **potential** structures were identified as houses of traditional title holders in communities.

The Baale's house, Iyalode's house (female leader), Ile Iya Alaje's house (market women leader) and Ile Kabiyesi's house (King) are **currently used places for communicating the MAM programme.**

YOUTH GROUP: Politicians and community leaders' houses can **potentially** be used for sensitisation in rural and urban communities on MAM, whereas the Baales and Olorituns houses (street heads) are **currently used** for that purpose.

Communication about MAM activities is currently done from the Baale's and Oloritun's houses in both rural and urban communities.

COMMUNITY LEADERS: The Baales and their houses/palaces are **currently used for sensitisation**.

The houses of other chieftaincy holders were mentioned as **potential** places for the purpose, both in rural and urban centres.

STAKEHOLDERS: Youth leaders (Olori odo), Rotary Club etc, are **potential** structures for MAM sensitisation in urban areas.

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: Men in rural and urban contexts identified churches and mosques as **currently used** for sensitisation of community members towards MAM.

Potential structures were shrines, e.g. the Obatala shrine.

WOMEN'S GROUP: The women in rural and urban contexts identified churches and mosques as **currently used structures in both contexts**.

YOUTH GROUP: The youth groups both in rural and urban stated that churches and mosques are **currently** being used for sensitisation.

Communication of details on MAM is currently channelled through churches and mosques in rural communities according to youths there.

COMMUNITY LEADERS: Community leaders in the rural and urban contexts identified **churches and mosques** as **currently used** for sensitisation but shrines e.g. Obatala shrine was identified in the rural context as a **potential structure**.

STAKEHOLDERS: Christian Association of Nigeria (CAN), League of Imams and FOMWAN etc are **currently used** for sensitisation on MAM activities in both urban and rural contexts.

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

SOCIAL AMENITIES

MEN'S GROUP: Health centres and hospitals were identified by the men in urban centres as **currently used** structures for sensitising members of the community about MAM.

Boreholes and public taps were identified as **potential** structures.

Health centres are **currently used** in the rural communities.

WOMEN'S GROUP: Women in rural contexts identified health centres as being **currently used** for sensitisation, while boreholes and cassava farms have the **potential** to be used.

YOUTH GROUP: Those in the rural community stated that the health centre is the **currently used** structure for community sensitisation on MAM. Those in urban centres suggested the car wash, where most of the community get water, could be used.

COMMUNITY LEADERS: Health centres, dispensaries and community taps are structures **currently used** to sensitise people about MAM in rural and urban settings. Rivers were mentioned as **potential** places for sensitisation in rural communities.

STAKEHOLDERS: Health Centres are **currently used** for sensitisation on MAM activities in both rural and urban communities.

TRADING PLACES

MEN'S GROUP: The market place has been identified by all men trading as **currently used** to sensitise the community on MAM.

WOMEN'S GROUP: Women identified the market as a structure **currently used** for sensitisation of the community.

YOUTH GROUP: The mechanics workshops were identified by rural youth as **potential** spots for sensitisation on MAM.

COMMUNITY LEADERS: Elders and mechanics workshops were **potential** places for sensitisation mentioned by community leaders in urban setting. Others include business outlets like the printing press, block industries etc. Leaders in rural communities mentioned community market squares, food vendors' spots and vulcanisers shops as **potential** places to use.

STAKEHOLDERS: Trade (Artisan) Association is a **potential** structure for sensitisation in urban centres as it is a registered association that comprises the Barbers Association, Market Women's Associations, Fashion Designers' Associations, Motor Mechanics' Associations etc, and their trade places can be used to sensitise service users. Others included the Butchers' Association, Traditional Birth Attendants (TBA) etc.

MOBILISATION

EDUCATIONAL PLACES

MEN'S GROUP: Men in rural and urban settings mentioned government-owned schools as being **currently used**, while the privately-owned primary and secondary schools are **potential** places for mobilisation.

WOMEN'S GROUP: Both rural and urban women said primary, secondary and Quranic schools are **currently** being used to mobilise the community, and especially acknowledged the role of school pupils.

YOUTH GROUP: Community and Quranic schools are **currently** being used for mobilisation on MAM activities, especially in urban centres.

COMMUNITY LEADERS: Leaders mentioned that government-owned schools are **currently used** but Islamic schools have the **potential** to be used to mobilise people, especially in rural environment.

STAKEHOLDERS: Schools, especially public primary schools, and the Parent Teacher Association (PTA) are among the structures **currently used** for the sensitisation process in both rural and urban contexts, according to stakeholders.

ENTERTAINMENT PLACES

NO GROUP IDENTIFIED AN ENTERTAINMENT PLACE AS CURRENTLY USED OR A POTENTIAL FOR MOBILISATION FOR MAM.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: Men in rural and urban settings mentioned the Baale's/Oloritun's houses (community leaders) and palaces as **currently used**. The houses of other traditional title holders in the community are **potential** places for the same purpose.

WOMEN'S GROUP: Rural women identified Iyalode's house (female leader), Ile Iya Alaje's house (market women leader) and Ile Kabiyesi's house (king) as **potential** structures, while the Baale's house is **currently used**.

YOUTH GROUP: The Baale's and Oloritun's houses can be used for mobilisation of members of the community for MAM in both urban and rural communities.

COMMUNITY LEADERS: The Baale's house was identified as **currently used places** for mobilising communities towards MAM.

STAKEHOLDERS: Youth leaders, the Rotary Club etc are **potential** structures for mobilisation for MAM in both rural and urban places.

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

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: Churches and mosques were identified as **potential** structures for MAM mobilisation by both rural and urban men.

WOMEN'S GROUP: Churches and mosques were mentioned by women in rural and urban centres as **potential** structures for mobilising communities for MAM.

YOUTH GROUP: Rural and urban youth mentioned churches and mosques as **potential** structures for the mobilisation of people for MAM.

COMMUNITY LEADERS: They also mentioned churches as **currently used** structures for mobilising people for MAM and said that mosques can be used for the same purpose in rural communities.

STAKEHOLDERS: The Christian Association of Nigeria (CAN) and League of Imams are **currently used** for mobilisation of MAM activities.

SOCIAL AMENITIES

MEN'S GROUP: Health centres were identified by the men's group as structures that are **currently used** for mobilising members of the community for MAM.

Boreholes and public taps are **potential** structures in urban communities.

WOMEN'S GROUP: The majority of the women's groups in both rural and urban stated that health centres are **currently used** for the mobilisation of community members towards MAM.

YOUTH GROUP: According to rural youth, community mobilisation is **currently** carried out by health centres.

STAKEHOLDERS: Health centres are **currently used** for mobilisation on MAM activities, both in rural and urban communities.

TRADING PLACES

MEN'S GROUP: The market has the **potential** to help mobilise urban and rural communities.

STAKEHOLDERS: Cooperative societies, like *Egbe Alajesekun* and its various forms, can be used to mobilise members of both rural and urban societies about NTDs and MAM.

IDENTIFICATION OF COMMUNITY MEMBERS FOR MAM

EDUCATIONAL PLACES

COMMUNITY LEADERS: Primary schools are **current** places where medicines are distributed to pupils.

STAKEHOLDERS: Schools, especially public primary schools, and Parent Teacher Associations (PTA) are **currently used** for identification of the right people to participate in MAM in both rural and urban centres. In addition, community leaders like the Baale/Oba and his cabinet also decide who participates.

ENTERTAINMENT PLACES

STAKEHOLDERS: **Media jingles** are regarded as **potential** structures, especially when they mention the category of people that are best suited to engage in MAM. This will work for both rural and urban settings.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: The Baale's/Oloritun's houses and/or the palace are the **currently used** structures.

However, the houses of other traditional titled members of the community are **potential** structures to use.

WOMEN'S GROUP: Iyalode's house (women leader) and the Ile Kabiyesi's house (King 's house) are **potential** structures, while the Baale's house is **currently used** in rural environments.

YOUTH GROUP: Competent members of the community can be identified in the Oloritun's house to participate in MAM, especially in the urban centre.

STAKEHOLDERS: Youth leaders are among the influential people in both rural and urban settings **currently used** for identification of participants in MAM, according to stakeholders.

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

RELIGIOUS OR PLACES OF WORSHIP

MEN'S GROUP: Churches and mosques are said to have the **potential** of selecting members who will participate in MAM in both rural and urban communities.

STAKEHOLDERS: The Christian Association of Nigeria (CAN), Federation of Muslim Women's Associations in Nigeria (FOMWAN) and League of Imams can **potentially** be used for selection of community members for MAM activities.

SOCIAL AMENITIES

MEN'S GROUP: Health centres are **currently used** to select community members for MAM.

Boreholes and public taps where people gather to fetch water have been identified as **potential** structures by all men's groups in rural and urban contexts.

WOMEN'S GROUP: The health centre is also identified as a **currently used structure** for the purpose of identifying community members for MAM, said rural women.

STAKEHOLDERS: Health centres are **currently used** for identification of community members for MAM activities in both rural and urban communities.

TRADING PLACES

NO GROUP IDENTIFIED TRADING PLACE AS CURRENTLY USED OR A POTENTIAL FOR IDENTIFICATION OF COMMUNITY MEMBERS FOR MAM.

MECHANISM TO ADMINISTER MEDICINE

EDUCATIONAL PLACES

MEN'S GROUP: All the men's groups stated that public primary and community schools are **currently** being used to administer medicine.

However, they feel the privately-owned primary and secondary schools in the community have the **potential** to do the same.

WOMEN'S GROUP: The women's groups stated that primary schools are **currently** being used for the administration of medicine in both rural and urban context.

YOUTH GROUP: According to youth in both urban and rural centres, **public schools** in the community are **currently used** for the distribution of medicines. However, private schools can potentially also be used.

COMMUNITY LEADERS: According to rural community leaders, primary schools are **current** places where medicines are distributed to pupils and have potential for treating adults.

STAKEHOLDERS: Health centres and health workers **currently** administer medicines, especially during the mop up exercise in both rural and urban centres.

ENTERTAINMENT PLACES

NO GROUP IDENTIFIED AN ENTERTAINMENT PLACE AS CURRENTLY USED OR A POTENTIAL STRUCTURE FOR ADMINISTRATION OF MEDICINE.

PERSONALITIES OR INFLUENTIAL INDIVIDUALS

MEN'S GROUP: The administration of medicine is **currently** carried out in the Baale's/Oloritun's house or palace.

Other **potential** places are the houses of other traditional titled people in the community, both in rural and urban areas.

WOMEN'S GROUP: The Baale's/Oloritun's house or palaces were identified as **currently used** structures for the administration of medicine in both contexts.

YOUTH GROUP: Medicines are **currently** administered in the Baale's house in rural centre. Urban youth suggested that the administration of these medicines can also be carried out in the Oloritun's house in the urban centres.

COMMUNITY LEADERS: Community leaders in the urban setting could identify the Oloritun's house as a **currently** used place for the administration of medicines.

Other **potential** places include houses of other chieftaincy holders in the community.

STAKEHOLDERS: Youth leaders are strategic for distributing medicines, both in rural and urban places. In most cases, the youth associations that has educated members either participate directly or monitor the process.

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

RELIGIOUS OR PLACES OF WORSHIP

- **MEN'S GROUP:** Churches and mosques have the **potential** to be used to administer medicine to the community in both rural and urban centres.
- **WOMEN'S GROUP:** Women mentioned churches and mosques as **potential** structures in both contexts.
- **YOUTH GROUP:** Youth in both rural and urban communities stated that churches are **potential** structures to distribute medicine to people of the community.

SOCIAL AMENITIES

- **MEN'S GROUP:** The health centre has been mentioned as the **currently used** structure.
- **WOMEN'S GROUP:** **Currently**, administration of medicines is carried out at the health centre.
- **YOUTH GROUP:** According to both urban and rural youth, the administration of medicines is **currently** carried out at the health centres.
- **COMMUNITY LEADERS:** Community leaders identified the health centre as a **currently used** structure to administer medicine to people in the community.
- **STAKEHOLDERS:** Health centres are **currently** used for the administration of medicines to community members, both in rural and urban centres.

TRADING PLACES

- **MEN'S GROUP:** Market places are **potential structures** for administering medicine to people in rural communities.

GENERAL FINDINGS AND RECOMMENDATIONS ON IEC MATERIALS USED FOR NTD PROGRAMME BY IMPLEMENTERS AND COMMUNITY MEMBERS

MISSING INFORMATION ON IEC MATERIALS

FLHF STAFF: FLHF staff from the **urban** area said the training and the tools used did not talk about the side effects of the medicines, how to avoid them or how to deal with them when they occur.

COMMUNITY: Youth from **rural** areas want the dosage of medicine for schistosomiasis and STH stated on the IEC material.

BLOCKING OUT THE EYES ON THE POSTER

FLHF STAFF: FLHF staff in **both contexts** do not like the way the eyes of individuals on the posters are covered. They said it is misleading and suggests that everyone in the poster is blind.

CDDs: CDDs in **urban** areas do not like the way the eyes of people on the posters are covered.

COMMUNITY: Male youth in **rural** areas do not like the covering of the eyes of people on the posters.

Male youth from the **urban** area are confused, especially by the picture of the man and boy on the onchocerciasis poster. They are not sure which of the two is blind.

MISLEADING INFORMATION

FLHF STAFF: FLHF staff in **both contexts** say the medicine being held in the palm, as shown on one of the pictures, is misleading. People may think that two tablets of Mectizan and one Albendazole is the dosage for everyone.

FLHF staff in **rural** areas want the poster to indicate that the mark **'X'** indicates bad practices by putting it in a bracket so that people understand what X means.

CDDs: CDDs in **both contexts** say pictures on the poster show only one particular tribe (Hausa) in Nigeria. It leads the community to think it is only the Hausa tribe that is affected by the disease.

COMMUNITY: Male youths in **rural** areas feel people would think that the drugs on the IEC material for treatment/prevention lymphatic filariasis, soil-transmitted helminths and onchocerciasis are meant to be taken by people who are blind.

POST-SENSITISATION RECOMMENDATION

CDDs: CDDs in **urban** areas say sensitisation should be done at the market with the use of a megaphone during MAM. Radio should be used also.

COMMUNITY: Female adults in **rural** areas recommend the use of town criers, radio and drama for sensitisation.

Adult males in **rural** areas recommend proper sensitisation of parents two weeks before the next round of MAM.

LANGUAGE OF IEC MATERIALS

FLHF STAFF: FLHF staff in **both contexts** want the local language (Yoruba) to be used in writing the IEC materials.

CDDs: CDDs in **urban** areas want the messages on the IEC materials to be written in the three major languages in Nigeria.

COMMUNITY: Adult men and women in **both contexts** want a version of the IEC material in Yoruba so they are able to read and understand it.

Children in **rural** areas want a version of the IEC material in the local language (Yoruba) so they are able to read and understand it.

MISSED PEOPLE

COMMUNITY: Male youths in **rural** areas want pictures of handicapped people included on posters.

Adult males from **rural** areas say materials do not reach disabled and sick people.

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:

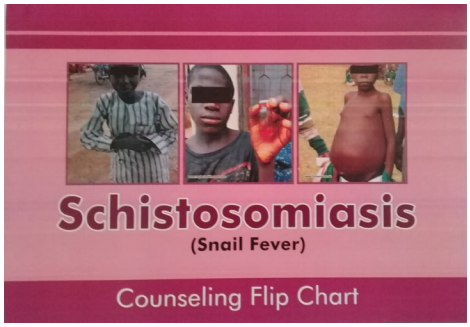
- *Disease awareness*
- *Prevention*
- *Epidemiology*
- *MAM awareness*
- *Side effects*
- *Advocacy*
- *Visibility and branding*
- *Motivation*
- *Training*

FP1: Lymphatic Filariasis Counselling Flipchart
Stakeholders wanted a reorganisation of the pictures (disease vs medicine), to keep medicine pictures, labelling and spell check required with a mention that the 'drug is free and safe'.

Training *Epidemiological knowledge*

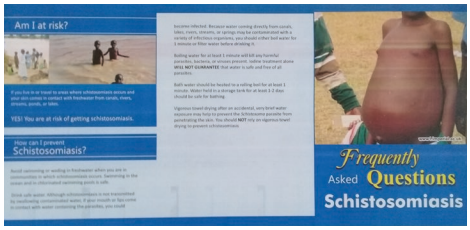
FP2: Soil-Transmitted Helminths Counselling Flipchart
Stakeholders wanted it to be translated to local languages, use neutral pictures, clear messaging and a larger font size.

Epidemiological knowledge *Side effects*



FP3: Schistosomiasis Counselling Flipchart
Participants in rural areas wanted the posters to be translated into Yoruba.

Disease awareness *Counselling*
Epidemiological knowledge



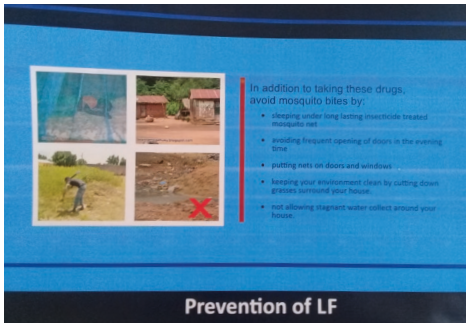
FP4: Frequently asked questions on Schistosomiasis
Most teachers wanted symptoms of schistosomiasis to be included, and said it was not easy for children to understand. Stakeholders suggested a focus on Ogun State, and wanted to include better and clearer pictures, the age range of the at-risk group, the transmission cycle, and messages in the local language.

Training *Disease awareness*

FP5: Onchocerciasis Counselling Flipchart

Stakeholders suggested proper labelling of pictures, and that the depiction of blindness (blacked out eyes) is changed as it gives the wrong message. Also, include a picture for awareness of LF as the diseases are co-treated.

Training *Advocacy*



FP6: Prevention of Lymphatic Filariasis

Stakeholders felt the pictures were not passing on the message and that they should include disease information.

Disease awareness *Prevention*

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

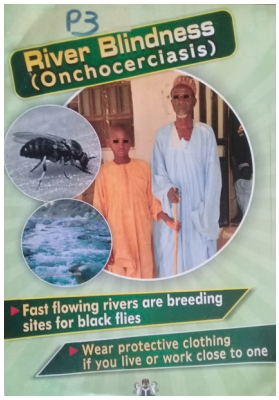
CDDs and younger women in urban areas wanted pictures of local people to be used. CDDs did not like the blurring of eyes. The younger and older men in rural areas wanted two pictures of the boy - one showing him blind and other showing clear and open eyes, suggesting the benefit of using the drugs. Most participants wanted it translated into local languages, Hausa and Yoruba.

Disease prevention and treatment

P2: Lymphatic Filariasis Flipchart on Treatment/Prevention

Older men did not like blacked out eyes. Rural younger women asked to change the first thread-like image (of a worm) to a better clear one as it was not clear. Rural girls suggested including a picture with swollen legs. Stakeholders suggested the poster should show someone urinating blood, signs and symptoms of diseases, a dirty environment and drug information. Most participants wanted a Yoruba version of the poster.

Prevention *Disease awareness* *MAM awareness*



P3: Onchocerciasis Control/Disease Awareness

Rural CDDs wanted different tribes to be equally represented on IEC materials. Rural younger and older men wanted the covered eyes to be removed as it meant blind leads blind. Men, women, younger men and women in both urban and rural areas wanted Yoruba versions. Stakeholders also suggested Egun language and Pidgin translations, and that the material include treatment and medicine names and pictures.

Disease awareness *Prevention*

P4: Onchocerciasis Control/Counselling

Rural and urban younger men wanted the disease transmission cycle to be included. Rural younger women suggested including medicine choices. Stakeholders suggested including the disease name, the local contact and number, and adding 'visit your local health centre for examination and treatment'. Most groups wanted it translated into Yoruba.

Disease awareness *Prevention and treatment*

P5: Lymphatic Filariasis Treatment

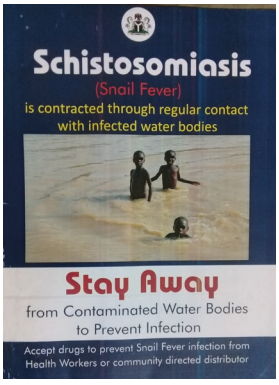
Older men in urban areas wanted the material to contain more information on dosage. Urban younger women and stakeholders suggested pictures be clearer. Stakeholders suggested Mass Administration of Medicine instead of Mass Drug Administration. Onchocerciasis dosage to be added. Rural and urban men and women, younger men and women wanted material to be translated into Yoruba.

MAM awareness *Disease awareness*

P6: Soil-Transmitted Helminths Prevention

Older women and stakeholders wanted the material translated into Yoruba. Urban older men suggested making it more legible.

Disease awareness *Prevention*



P7: Schistosomiasis Prevention

Rural girls wanted to change the big river picture to a small river that showed young children playing. Stakeholders wanted different posters on schistosomiasis and to make the graphics clearer.

Disease awareness *Prevention*

P8: NTD Awareness

Stakeholders wanted clearer pictures, to change the background colour and to include medicines.

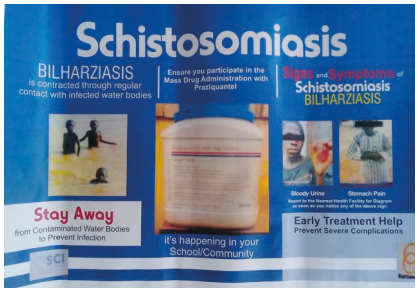
Training and MAM implementation

P9: Soil-Transmitted Helminths Prevention
Stakeholders wanted the graphics to be clearer.

Prevention

P10: Soil-Transmitted Helminths Control and Prevention
Stakeholders suggested using real pictures of Praziquantel and better printing with clearer messages.

Prevention and MAM *Advocacy*



P11: Schistosomiasis Prevention, Signs and Symptoms
Stakeholders wanted to use easy to understand language and better pictures, and that typographical errors be corrected.

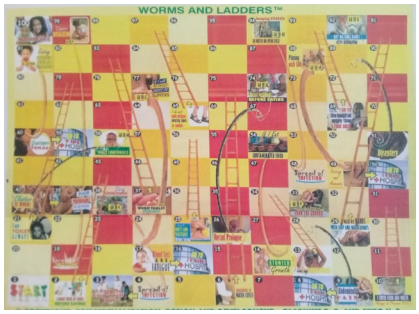
MAM awareness *Epidemiological knowledge*

P12: Schistosomiasis Treatment/Campaign
Teachers and stakeholders wanted a bigger font size. Stakeholders also suggested translation to the local language and clearer pictures.

Disease awareness *MAM awareness*
Prevention

G1: 'Schistosomiasis & Ladder' Awareness and Prevention
Rural teachers asked for big, clear fonts. Stakeholders suggested that the heading should be 'worms and ladders', and that 'hospital' is changed to 'health facility', 'open space' to 'open field', and that the dysentery picture be replaced.

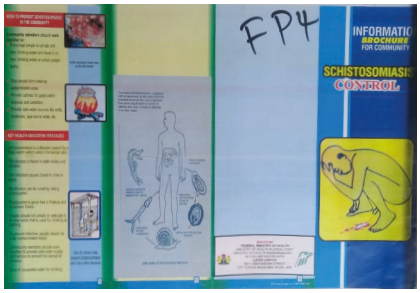
Disease awareness *Epidemiology*
Prevention



G2: 'Worms & Ladder' Awareness and Prevention

Urban teachers and stakeholders wanted the game to be made bigger with clearer pictures and a bigger font size. Stakeholders also suggested changing 'hospital' to 'health facility' and that the dysentery picture be changed.

Prevention *Disease awareness* *Epidemiological knowledge*



L1: Schistosomiasis Control

Stakeholders wanted the graphics to be modified.

Disease awareness *Prevention*

T1: T-Shirt for Schistosomiasis Awareness

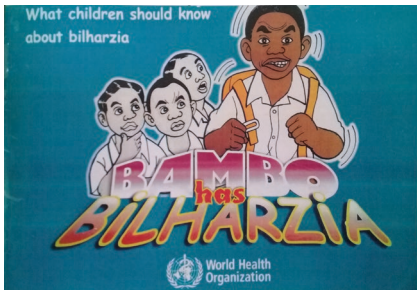
Stakeholders wanted to change the colour of the t-shirt, the print to be clearer and the names of all four NTDs to be printed along with the contact numbers of the officials.

Advocacy *Program branding*

T2: T-Shirt for Schistosomiasis Awareness

Stakeholders felt that the names of all four NTDs should be printed in local languages and that a brightly coloured t-shirt was needed.

Motivation *Visibility and branding*



B1: Schistosomiasis Awareness for Children

No change needed/asked for by any group.

Disease awareness *Prevention*

OP1: Schistosomiasis Awareness and Prevention

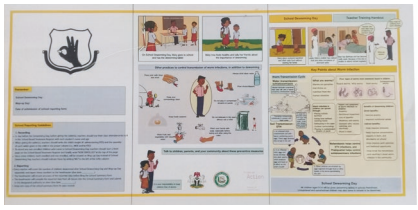
Urban teachers suggested including a picture of a teacher giving deworming tablets to a child. Rural girls said that the poster should also include school boys. Stakeholders suggested changing the arrangement 'nje a mo wipe' to come before 'ojo lilo Ogun', that the age range be bold and placed above the pictures, and that the names and pictures of medicines be included. There should also be English versions of the poster.

MAM awareness

OP2: Treatment/Disease Awareness Poster on Lymphatic Filariasis, Soil-Transmitted Helminths and Onchocerciasis

Stakeholders suggested using real pictures of medicines, including signs and symptoms above/before the treatment, improving the picture quality and making materials available in Egu, Pidgin and English languages.

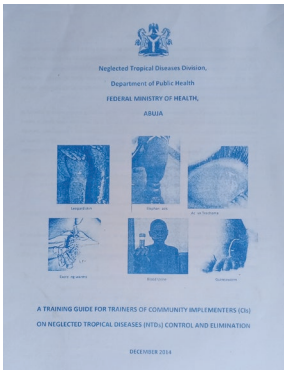
- *MAM awareness*
- *Prevention*
- *Disease awareness*
- *Training*



OTM1: Schistosomiasis School Deworming Day

Stakeholders suggested changing the picture of the weak girl on page 1, that the building should indicate 'toilet', the treatment age range should be from five years and there should be a Yoruba version of the material.

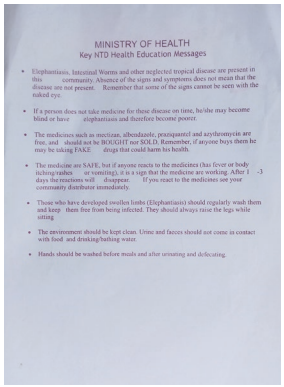
- *MAM awareness*
- *Epidemiological knowledge*
- *Disease awareness*
- *Training*



OTM2: NTD Training Guide

Stakeholders suggested having bigger font sizes, clearer pictures that are laid out better and a better background to the disease. Also, remove water transmission, include school children, and add the names of the medicines (samples).

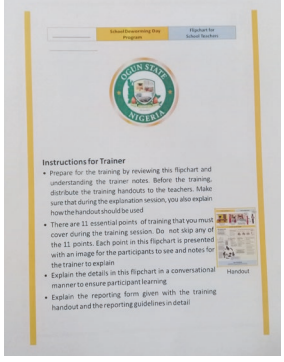
- *Training*
- *Epidemiological knowledge*
- *Disease awareness*
- *Side effects*



OTM3: Ministry of Health: Education Message on NTD

Stakeholders suggested adding more information to make it an advocacy kit. Other suggestions included using bigger and bolder font sizes, adding information on where to get the medicines, and removing unnecessary information on trachoma, including signs and symptoms. Also, explain the purpose of the medicines and that they are freely available, and change the word 'react' to 'mild effects' and explain that they will disappear with time.

- *MAM awareness*
- *Training*
- *Prevention*
- *Disease awareness*
- *Advocacy*
- *Side effects*



OTM4: Flipchart for Teachers

Stakeholders suggested the inclusion of traditional huts, toilets, washing hands with soap, washing vegetables and fruit, and children queuing for medicines. Other suggestions included changing the word 'community' to 'PTA', mentioning that the disease is transmitted by snails, including a proper depiction of medicines and where they are available, spell checking the document and translating it into Yoruba.

- *Training*
- *Epidemiological knowledge*
- *Disease awareness*
- *MAM awareness*

FINDINGS AND RECOMMENDATIONS

FROM IMPLEMENTERS ON THE TRAINING MATERIAL AND THE PROCESS, SUPERVISION AND MONITORING, AND FINANCIAL AND NON-FINANCIAL INCENTIVES FOR CDDS

TRAINING MATERIAL AND PROCESS

FLHF STAFF

- FLHF staff want all health workers to be trained on NTDs and the programme implementation **(both contexts)**.
- Adequate logistics, such as recording forms and stationery, should be provided so that FLHF staff do not have to use their personal money for such things **(both contexts)**.
- Pictorial IEC material will make it easy to train CDDs about the NTDs and the recommended medicine **(both contexts)**.
- Sufficient flipcharts should be printed for both the trainees and trainers.
- Sufficient provision should be made for file jackets and writing materials during the training.
- There is a need to provide sufficient numbers of t-shirts, ID Cards for identification, certificates for participants and handbills at the end of the programme.
- Eye blinds on people on the training posters should be removed to reveal the eyes of the individuals affected with the diseases. This is to avoid misleading trainees and the community **(both contexts)**.

CDDs

- Writing materials, like jotters and biros, should be provided to those attending the training **(both contexts)**.
- The majority of CDDs said two hours is too short a time for training, and suggested three hours for two days each **(both contexts)**.
- Training should come at least a week before medicine administration **(both contexts)**.
- Training content and materials should include: knowledge on the signs and symptom of the disease, the mode of transmission, medicine dosage/measuring pole, the side effects of the drugs and how to fill-in community registers. Training should be given in native languages, e.g. Yoruba **(both contexts)**.
- Trainers should arrive at the venue at least 30 minutes before the training begins **(both contexts)**.
- A meal should be served at least once a day during training and a tea break of 30 minutes each day **(both contexts)**.
- Training time should not be too long or too short, and should be a maximum of two hours **(both contexts)**.
- Role play should be used during training to ensure CDDs understand what they are been taught **(both contexts)**.

Market campaign

SUPERVISION AND MONITORING

FLHF STAFF

- Transportation allowance should be provided for logistics so that FLHF staff do not need to spend their money on transportation during supervision and monitoring **(both contexts)**.
- The government should employ more health workers to assist with the work **(both contexts)**.

CDDs

- Supervision should be both face-to-face and over the phone **(urban)**.
- Supervisors should increase the period of MAM from the current eight days to two weeks in order to reduce pressure on the CDDs to cover their areas **(urban)**.
- Those supervising should understand the native language **(both contexts)**.
- While CDDs should cover communities they are familiar with, supervisors should be people unfamiliar to the community as this will increase acceptability of the NTD Programme in that community **(both contexts)**.
- Supervision should be regular, with or without prior notice **(both contexts)**.
- A ready-made reporting template should be designed to make it easier for CDDs to fill-in the relevant information only, rather than the current one that requires them to write reports. It is stressful and takes a lot of time **(both contexts)**.
- CDDs in **urban** areas recommend that the period of medicine distribution should be two weeks so as to reduce pressure on them.

FINANCIAL AND NON-FINANCIAL INCENTIVES FOR CDDs

FLHF STAFF

- FLHF staff want the NTD Programme to offer financial incentives to their implementers as happens with other programmes, like the polio campaign.

CDDs

FINANCIAL INCENTIVES:

- A stipend of #5,000 naira per person for the period of the MAM **(rural).**
- A sum of #3,000 naira per participant for training **(both contexts)**.
- A sum of #500 naira per participant per day for food during the MAM **(both contexts)**.
- Air time worth #500 naira per participant during the MAM **(both contexts)**.

NON-FINANCIAL INCENTIVES:

- Exemption from community service **(rural)**.
- Official letters should be given to the CDDs to be delivered to their village/community heads, informing them about the forthcoming MAM activity **(rural)**.
- Recruitment of CDDs should continue through the village head on the recommendation of the community **(rural)**.
- Provision of a GSM telephone to enhance communication during the MAM **(rural)**.
- National recognition of CDDs for their role **(rural)**.
- Invitation to participate in other health programmes **(rural)**.
- Acceptance and recognition by the community and a commendation from a higher authority like the Ministry of Health **(both contexts)**.
- Preferential treatment when CDDs visit the health facilities **(both contexts)**.
- Opportunity for career development, e.g. progression to becoming a health worker **(both contexts)**.
- Early arrival of medicines in sufficient quantities at least two days before commencement of the MAM **(both contexts)**.
- Items like identity cards, t-shirts, waterproof coats and certificates should be given to participating CDDs during the MAM programme **(both contexts)**.
- The gifts of chickens, food and drink during festive periods will encourage better commitment **(both contexts)**.

SUMMARY

***Plate. 1**: A feedback session on IEC materials with a men's group during the community engagement PAR cycle in Ogun State.*

***Plate. 2**: A DCE session with CDDs in a rural community in Ogun State.*

A transect walk through a rural community revealed that the church and the Baale's house are key places where most members of the community, irrespective of age and gender, could be found and administered medicines. This finding might not be representative of an urban situation, however, it provides an insight into how best to reach people in rural settings during the MAM.

At a post-sensitisation feedback session with boys, the children recommended that their parents should be well sensitised about the drugs and their efficacy in treating the NTDs. That way, the fear associated with taking the drugs experienced during the last implementation will give way. They expressed willingness to take the medicines but cannot do so without their parents' approval.

***Plate. 3**: A transect walk in a rural community with researchers to identify key structures that can be used for the MAM.*

***Plate. 4**: Ongoing feedback session with boys in a community in Ogun State.*

CONCLUSION

The learning pack is an outcome from engaging with communities, programme planners and implementers in the NTD Programme in Ogun 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.

COUNTDOWN

Calling time on Neglected Tropical Diseases

In partnership with: