

# COSTING TOOL FOR THE PARTICIPATORY GUIDE TO PLANNING AND IMPLEMENTING EQUITABLE MAM



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## 1. INTRODUCTION AND BACKGROUND TO NTDs

Neglected tropical diseases (NTDs) are a group of infectious, mainly chronic, debilitating and often stigmatizing diseases that primarily affect poor populations, living in remote rural and deprived urban settings of tropical and sub-tropical countries. They are the most prevalent infections of the world's poorest people. Most people affected by these diseases live on inadequate resources in developing regions of Sub-Saharan Africa (SSA), Asia, and tropical regions of the Americas. NTDs affect over 500 million people living in SSA (Hotez & Kamath, 2009). Nigeria accounts for 25% of this burden (NTD Master Plan, 2015-2020). The 5 Preventive Chemotherapy (PC) NTDs which are included in mass administration of medicine campaigns in Nigeria are onchocerciasis, lymphatic filariasis, schistosomiasis, soil transmitted helminths and trachoma. The control and elimination of NTD matters for several reasons: promote human health, free resources for other priorities, prevent productivity losses associated with the condition and caregiving etc. For more information on the signs and symptoms please refer to the *Participatory guide for planning equitable mass administration of medicines (PGP)*.

Nigeria NTD stakeholders are partners in the proposed road map for ending NTDs by 2030. Mass administration of medicine aims to accelerate progress towards the prevention, control, elimination and eradication of PC NTDs and is a WHO priority. While medicines are donated, the cost of implementing MAM is vast and additional support is needed to improve equitable coverage of target populations. In the year 2020 alone the cost of MAM totalled 741,557,731 Naira (MoH, 2015). These values excluded personnel cost and work-hour losses associated with productivity losses (absenteeism and caregiving).

## 2. PURPOSE OF THIS COSTING TOOL

This costing tool is linked and should be used in conjunction with the 'Participatory Guide for Planning (PGP) equitable mass administration of medicines' which is referred to as the PGP. This tool aims to outline the cost of activities highlighted in the PGP so that partners may support a more context specific, bottom up, inclusive approach to increasing equity within MAM. It has been developed with and for NTD implementers and other NTD actors and funders (donors, NGOs, implementing partners, researchers, and other cross-sectoral partners).

### THE OBJECTIVES OF THE PGP ARE TO:


- ✔ Enhance community engagement and ownership of MAM using tools and techniques to identify where and when people are located during MAM campaigns.
- ✔ Improve equity in treatment coverage by better connecting with people who are continuously missed by MAM campaigns - these marginalised populations have been identified through research.
- ✔ Ensure MAM campaigns are planned to respond to context differences rather than one size fits all approach.
- ✔ Maximise stakeholder participation in planning, especially at the community and LGA levels.
- ✔ Aid and encourage easy access to supportive resources including facilities, equipment, funding and human resources.
- ✔ Enhance collaboration across the health system and across multiple sectors to maximise support for MAM.
- ✔ Encourage systematic and timely planning of all MAM activities by NTD implementers.
- ✔ Stimulate solution focused review of MAM campaigns.

This costing tool will help potential funders make evidenced and informed decisions about the available activities, composition, justification and costs associated with them. Supporting donors and the funders to understand the financial and economic gaps and opportunities within existing programmes is necessary to access additional funds needed to increase equity in MAM. Potential funders can then decide on the activity and how much to fund or donate.

This costing tool should be used as an advocacy instrument by stakeholders at all levels of the health system as evidence for the costs associated with the activities highlighted in the PGP. The costing tool can be used immediately after review of a previous or a just concluded MAM. Alternatively, it could be introduced six months before the next MAM, or when medicines requisition is being made to give ample time for donors and funders to plan for the donation of resources. It could be used shortly after a microplanning meeting as is described in the PGP. Stakeholders could also have short, middle or long-term targets for funders and donors depending on the funders/donors' financial capacity.

### 3. MAM PROGRAMME ACTIVITY BY LEVELS AND COST WITH POTENTIAL SOURCES OF RESOURCES AND UTILISATION


The following are suggested funders who could be approached to support PGP activities at each level of the health system, along with the potential activities in the PGP that could be supported at that level. However, the list of funders mentioned here is by no means exhaustive, and implementers can explore other funders that they deem able to fund PGP activities.



**FMOH LEVEL**

**Source of resources:** Federal Legislators, Federal Ministries, Embassies and NGOs at the Federal Level, Private Sector at the Federal Level, Religious Bodies and Leaders, Prominent Private Individuals at the Federal Level.


**Utilisation:** Support for the FMOH representative to attend roll-out MAM planning meetings, training and PGP distribution documents.



**STATE LEVEL**

**Source of resources:** Legislators at the State Level, Commissioners, Governor and Deputy and key Government Officials, Private Sector at the State Level, Religious Bodies and Leaders, Civil Service Organisation/Philanthropic/Charity Organisations, District Heads, Private Individuals at the State level.


**Utilisation:** Funding of macroplanning meetings, working group meetings, Paradigm shift training etc.



**LGA LEVEL**

**Source of resources:** Local Government Councillors, Local Government Chairmen, Private Sector at the LGA Level, Religious Bodies and Leaders, Civil Service Organisation/Philanthropic/Charity Organisations, District Heads, Private Individuals at the LGA level.

**Utilisation:** Provision of water (boreholes and wells), reimbursement of CDDs, provision of CDDs hardware (rain boot/coat, umbrella, face cap, ID batches, uniform), microplanning, MAM activities (training, sensitisation and mobilisation, implementation, supervision and monitoring and reporting), new implementation models.



**COMMUNITY**




**Source of resources:** Community leaders, community associations, prominent private individuals at the community level.





**Utilisation:** Provision of water (boreholes and wells), reimbursement of CDDs, provision of CDDs hardware (rain boot/coat, umbrella, face cap, ID batches, uniform).






## 4. COST OF PGP MAM ACTIVITIES IN KADUNA AND OGUN STATES



The following table shows the cost for the activities conducted in Kaduna and Ogun States as exemplars. Kaduna and Ogun were the pilot states for this new participatory approach to planning MAM and were chosen due to diversity in partner support and endemicity of the NTDs. The activities considered are the additional activities highlighted in the PGP. Also, the modification made to existing MAM activities in terms of increasing participation of a wider network of stakeholders and higher quality, more conducive training and meeting venues. Most of the activities are for either training or conducting meetings that promote a more participatory, bottom-up approach to improve equity through greater stakeholder engagement in planning and implementation.

Kaduna provides costs where an implementing partner supported implementation and Ogun shows costs where there is no implementing partner. The costs considered are the diverse nature of the attendees, required resources, the number of days for the activities and total number of participants.

ACTIVITY	STATE	FINANCIAL COST	DESCRIPTION OF THE ACTIVITY
Paradigm Shift Training (see SOP training for details)	Kaduna training	NGN1,235,600	<p>COUNTDOWN and State Researchers train across 3 zones and 23 LGA teams in line with direct training model. 99 participants attended the training over 2 days. Zone 1-37 participants, zone 2-32 participants, zone 3-30 participants.</p> <p> <b>Resources required:</b> Travel allowance, material, meeting venue, stationeries.</p>
	Ogun training	NGN745,800	<p>Zonal training was cascaded by the Working Group in the state in line with the train the trainer model - It was conducted across the three senatorial zones of the state. 86 participants attended for 2 days. Participants were local government NTD coordinators (LNTDs), assistant LNTDs, health educators who are members of the NTD team at the LGA. Implementers from LGAs that make up each senatorial zone were clustered and trained together.</p> <p> <b>Resources required:</b> Conducive training venue with electricity supply to power laptops for power point presentations, writing materials (e.g. jotters or exercise books, pen), stationeries for printing of attendance form, laptops, pre and post training tests forms, the PGP document and the PGP video guide for planning, learning packs for community MAM, and transportation allowance for participants.</p>
	Ogun (Refresher training)	NGN294,700	<p>Working Group in the state cascaded the training to LGA teams and other SNTDs supervising MAM in those LGAs. This meeting was to refresh NTD teams from selected LGAs that conducted MAM in the second batch of MAM.</p> <p><i>Note: Medicines arrived in the state late and insufficient quantity. This necessitated treatment in batches, starting with the first batch called A and the second batch called B.</i></p> <p>To ensure that implementers in LGAs in Batch B do not forget how to apply the PGP, refresher training was organised for the concerned LGAs.</p> <p>A total of 29 participants were invited over a period of 2 days.</p> <p> <b>Resources required:</b> Same as for the main paradigm shift training.</p>

ACTIVITY	STATE	FINANCIAL COST	DESCRIPTION OF THE ACTIVITY
Production of PGP intervention tools	Kaduna/Ogun	NGN15,500	The cost of printing the PGP currently is NGN12,000 for all modules and 3,500 for each learning pack.
State Macroplanning Meeting	Kaduna	NGN1,046,740	<p>A state level meeting comprising of the NTD implementers and partners which is aimed at reviewing the previous MAM and preparing for the next MAM including a wider range of stakeholders. A total of 64 participants. The meeting took place across 2-days. Those in attendance included representatives of FMoH, SNTDs, LNTDs and FLHF staff.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, action planning template of previous year's MAM, writing materials, conducive venue for the meeting, refreshment, printed copies of action planning template from the PGP, allowance for communication for participants, transport allowance for participants, and Daily Subsistence Allowance (DSA).</p>
LGA Microplanning Meetings	Kaduna	NGN2,545,899	<p>Microplanning Meeting @ Zonal Level</p> <p>This is an LGA level meeting comprising of the LNTD team implementers which aims to review the previous MAM and prepare for the next MAM. 60 participants over 2 days including SNTD, LNTD. The costing here is based on the addition of 29 participants in comparison to regular planning.</p> <p> <b>Resources required:</b> Materials, catering, DSA, transport allowance.</p>
	Ogun	NGN2,834,000	<p>Microplanning Meeting @ LGA level</p> <p>It was conducted in the 20 LGAs of the state simultaneously and attended by 534 participants over 2 days. Participants included LNTDs, health educators, apex nurses, MoHs, ward focal persons, FLHFs and 2 state officers per LGA.</p> <p> <b>Resources required:</b> The PGP document, printed copies of action planning templates from the PGP, learning packs for community MAM, conducive meeting venue, refreshment for participants, transportation allowance for participants, writing materials (e.g. flipcharts and sticky notes).</p>
Transect walk and social mapping with community leaders/ members)	Kaduna	NGN185,970	<p>To identify existing and potential structures that will improve access and availability of the NTD medicines to different segments of population in the community. 42 participants over 2 days. The participants who were in attendance were LNTD, Community leaders or any traditional leadership, representatives of youths and women, representatives of migrant/non-indigenous communities etc.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, refreshment for participants, writing materials such as flip charts, sticky notes, pens with transport allowance.</p>

ACTIVITY	STATE	FINANCIAL COST	DESCRIPTION OF THE ACTIVITY
Transect walk and social mapping with community leaders/ members)	Ogun	NGN368,271	<p>To identify existing and potential structures that will improve access and availability of the NTD medicines to different segments of population in the community.</p> <p>29 participants in total participated in different communities over a period of 2 days. Participants included representatives of community leaders, some community members e.g. the Olori Odo (youth leader), representatives of women in the community, LNTD, state co-researchers etc.</p> <p> <b>Resources required:</b> Same as previous.</p>
Advocacy, Sensitisation and Mobilisation at LGA Level	Kaduna	NGN3,828,000	<p>Advocacy to community leaders by the SNTD, LNTD and SMO.</p> <p>96 participants over 6 days. Participants who were in attendance were Community leaders, SNTD, LNTD team etc.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, posters and hand bills on NTDs, refreshment for persons in the advocacy/ sensitisation team, transport allowance, accommodation for participants if coming from outside the LGA, and DSA.</p>
To train CDDs and FLHF staff on MAM implementation	Kaduna	NGN396,150	<p>Training for CDDs and FLHF staff in one LGA.</p> <p>56 participants for 1 day. Participants included FLHFs, CDDs and the SNTD Team.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, the PGP video guide, dose poles, power point slides and projector, transport allowance, air time for communication.</p>
Working Group Meeting	Kaduna	NGN707,881	<p>The COUNTDOWN PGP Working Group is made up of policy makers and implementers of the NTD programme in Kaduna State that guide the rollout and uptake of the PGP.</p> <p>19 participants over 2 days. Participants included FMOH staff, Director of Public Health (DPH), State NTD coordinator, local government NTD coordinator, health educator, Social Mobilisation officer (SMO), data Manager and assistant SNTD.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, the planning video guide, conducive meeting venue with electricity supply to power laptops for power point presentations, writing materials (e.g. jotters, exercise books, pen), transportation allowance for participants, stationeries for printing.</p>
	Ogun	NGN1,635,781	<p>29 participants took part in the meeting over 2 days. They included FMOH staff, Director of Public Health (DPH), State NTD coordinator, local government NTD coordinator, health educator, medical officer of Health (MoH), social Mobilisation officer, data Manager, assistant SNTD.</p> <p> Same as above.</p>

ACTIVITY	STATE	FINANCIAL COST	DESCRIPTION OF THE ACTIVITY
<b>Participatory Meeting with DPH/MoH</b>	Ogun	NGN388,000	<p>This held once. It was to introduce bottom-up participatory planning and implementation to the major policy makers and implementers at the LGA level i.e. the directors of primary health and medical officers of health.</p> <p>30 participants in total attended the 1 day meeting, each from an LGA with some members of the Working Group in the state.</p> <p> <b>Resources required:</b> The PGP document, learning packs for community MAM, the planning video guide, conducive meeting venue with electricity supply to power laptops for power point presentations, writing materials (e.g. jotters, exercise books, pen), transportation allowance for participants, stationeries for printing.</p>
<b>Evaluation of MAM in urban centre (HWIA strategy)</b>	Ogun	NGN384,500	<p>Observe the MAM process, starting from training cascade, advocacy and sensitisation, distribution at mobile fixed posts such as churches, mosques, markets, motor parks and strategic junctions or popular spots in communities. This approach can be used for monitoring/supervision of the team.</p> <p>A total of 7 days were used to observe and document the activities of the programme implementers as well as the medicines distributors such as the health workers, recorders and mobilisers. (Refer to the PGP for details on the HWIA strategy).</p> <p> <b>Resources required:</b> Filled action planning template for the ongoing MAM, means of transportation e.g. fuelling of vehicles or hiring of vehicles to the training venue of distributors; following advocacy and community sensitisation and movement to the different temporary and mobile fixed posts during distribution.</p>

## 5. CONCLUSION

The costs above can be provided as a general costing parameter to potential funders for activities not covered by the current programme structure but are part of the PGP. We recommend a proposal of costs is derived from the relevant tables and presented in a new table so funders can view this easily.

## REFERENCES

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