

PARTICIPATORY GUIDE FOR PLANNING EQUITABLE MASS ADMINISTRATION OF MEDICINES (PGP)

TO TACKLE NEGLECTED TROPICAL DISEASES



MODULE 1

MAM PROCESS AND ROLES AND RESPONSIBILITIES
FOR PARTICIPATORY PLANNING IN MAM

MODULE 1

INTRODUCTION TO PARTICIPATORY PLANNING FOR INCREASED COMMUNITY ENGAGEMENT AND EQUITY IN MASS ADMINISTRATIONS OF MEDICINES

AIM OF GUIDE

This participatory guide for planning (PGP) equitable mass administration of medicines (MAM) has been developed with and for NTD implementers and other NTD actors (donors, NGOs, implementing partners, researchers, and other cross-sectoral partners). The primary goal of the PGP is to help implementers take a more context specific, bottom up, inclusive approach to increasing equity within MAM. The tools presented here aim 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 Local Government Area (LGA) level.
- ✓ 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.
- ✓ Move NTD programmes towards universal health coverage.

BACKGROUND TO DEVELOPING THIS TOOL

All the evidence presented has been co-produced by the Federal Ministry of Health (FMOH), Ogun and Kaduna State Ministry of Health, the LGA teams, community members and multidisciplinary researchers from the Liverpool School of Tropical Medicine and Sightsavers Nigeria as part of the **COUNTDOWN** consortium funded by FCDO. A Participatory Action Research (PAR) approach was applied in response to a situational analysis conducted in 2016 which identified community engagement as a bottleneck to achieving equitable coverage of MAM within the different and emerging contexts (border, migrant, rural and urban) of Nigeria, related to programmatic, social, political and environmental changes over time (Oluwole et al., 2019, Dean et al., 2019, Adekeye et al., 2020, Ozano et al., 2020). PAR (Figure 1) was chosen to promote a new bottom-up approach to planning that would ensure voices from the community were captured and represented and that local level implementers were able to add context specific changes to MAM implementation (Figure 1). Using participatory research methods NTD implementers and communities identified challenges and solutions to implementation and highlighted new social structures and distribution strategies for women, youth, men, migrant populations and people with disabilities. This guide presents evidence from that research (2016 to 2021), which includes challenges and facilitators for equitable MAM, highlighting the importance of wider community and stakeholder engagement.

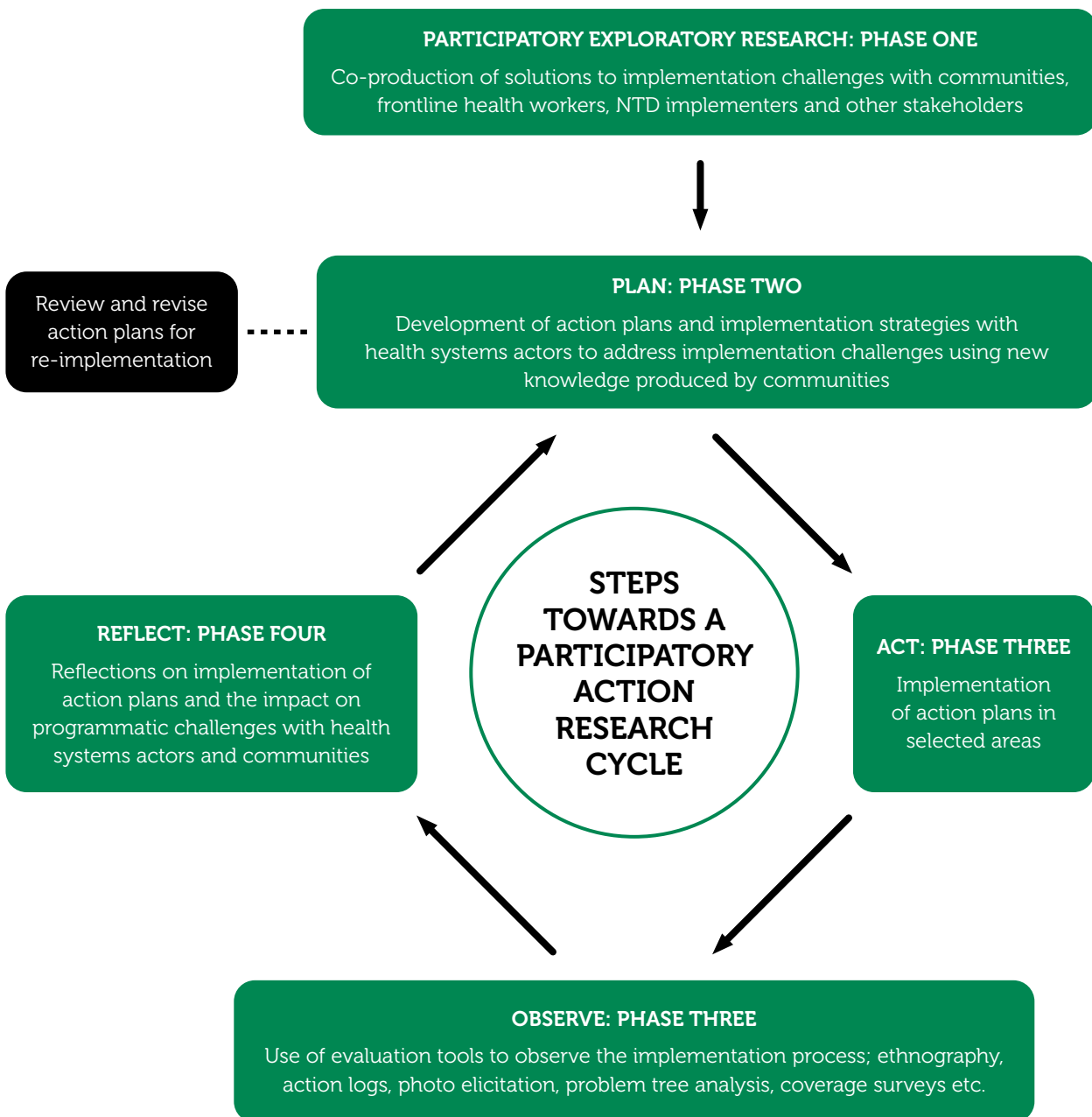


Figure 1. PAR approach to improving equity in MAM (Ozano et al., 2020)

HOW TO USE THE GUIDE

This participatory guide for planning (PGP) will help you develop action plans at both the micro and macro level for planning MAM for Onchocerciasis (Oncho) and Lymphatic Filariasis (LF). Suggested actions are presented throughout the modules however the specific context of your communities should be considered, and actions should be selected and modified as appropriate.

This participatory guide for planning is an interactive way to plan MAM for State coordinators, NTD local government coordinators and others. It provides knowledge and planning mechanisms for MAM including the need to plan based on context (rural/urban) as specific LGA plans may, and should, differ. It also provides an opportunity for building partnerships and collaborations with various stakeholders in determining who to involve, organising the meetings and crafting the agenda and financial responsibility for effective planning.

MAM can be thought of as a process (Figure 2). This guide will take you through the phases of MAM and help guide your planning process. There are four modules which cover how to plan, implement and review the MAM process. Throughout this guide we will present examples of implementation from these two States and highlight context specific actions from urban and rural LGAs. Alternative strategies, methods and techniques will also be discussed.

The actions and recommendations presented here should be considered alongside potential feasibility and sustainability considering timeline, budget and resources available to the programme. This is a working document and can be revised and adapted as health systems change over time.

Alongside this PGP, other tools have been developed to support NTD implementers to increase equitable coverage and uptake for NTD programmes. These additional tools include:

- Learning packs that presents findings for improving community engagement and IEC materials.
- A costing tool kit which can be used by implementers to develop budgets and lobby for funds.
- A training video which visually demonstrates how to use this guide.

OVERVIEW OF MODULES

MODULE 1

MODULE 1: MAM PROCESS AND ROLES AND RESPONSIBILITIES FOR PARTICIPATORY PLANNING IN MAM will introduce you to the process of MAM and the PGP, and what over-arching steps are needed to make achievable and context specific actions. We will also discuss the roles and responsibilities of the various stakeholders of MAM.

By the end of this module you will:

- ✓ **Have an understanding of MAM and why it is important.**
- ✓ **Understand how to use this guide, its background and how the evidence has been produced.**
- ✓ **Understand how the guide can be used to aid equitable planning and implementation of MAM.**
- ✓ **Gain an understanding of roles and responsibilities of the workforce and different stakeholders needed to implement MAM activities.**

MODULE 2

MODULE 2: INCLUSIVE BOTTOM-UP PLANNING FOR MAM has two sections 2A and 2B. Module 2A will explore the importance of community engagement in planning for MAM as well as the different methods that can be used to help understand and address community priorities. Module 2B describes the different planning meetings that can take place; how to identify who to involve in these meetings; and how to structure these meetings to achieve a more equitable MAM programme.

MODULE 2A: ENHANCING COMMUNITY ENGAGEMENT FOR PARTICIPATORY PLANNING details key activities that you can undertake to better understand how to engage communities in MAM and the community stakeholders that can support you. By the end of this section of Module 2 you will:

- ✔ Understand how to engage a wide range of community members so you know how, where and with whom they want MAM to take place.
- ✔ Have key tools and techniques to help you elicit community reflections and identify who is currently missed out in MAM and why.
- ✔ Be able to employ community engagement activities to understand how to address programme challenges in reaching certain groups.

MODULE 2B: PARTICIPATORY PLANNING TO INCREASE EQUITY IN MAM describes the different planning meetings that could take place to increase equity and mobilise resources. This module will support you with the following:

- ✔ Know what participatory planning meetings you will hold in preparing for MAM.
- ✔ Have an idea of who you will invite to the participatory planning meetings at each stage.
- ✔ How to identify who to involve in these meetings.
- ✔ How to structure these meetings to achieve intended outcomes.
- ✔ Have developed a draft agenda for your planning meetings.
- ✔ How to mobilise resources to support implementation.

MODULE 3: INCLUSIVE ACTION PLANNING FOR EQUITY IN MAM

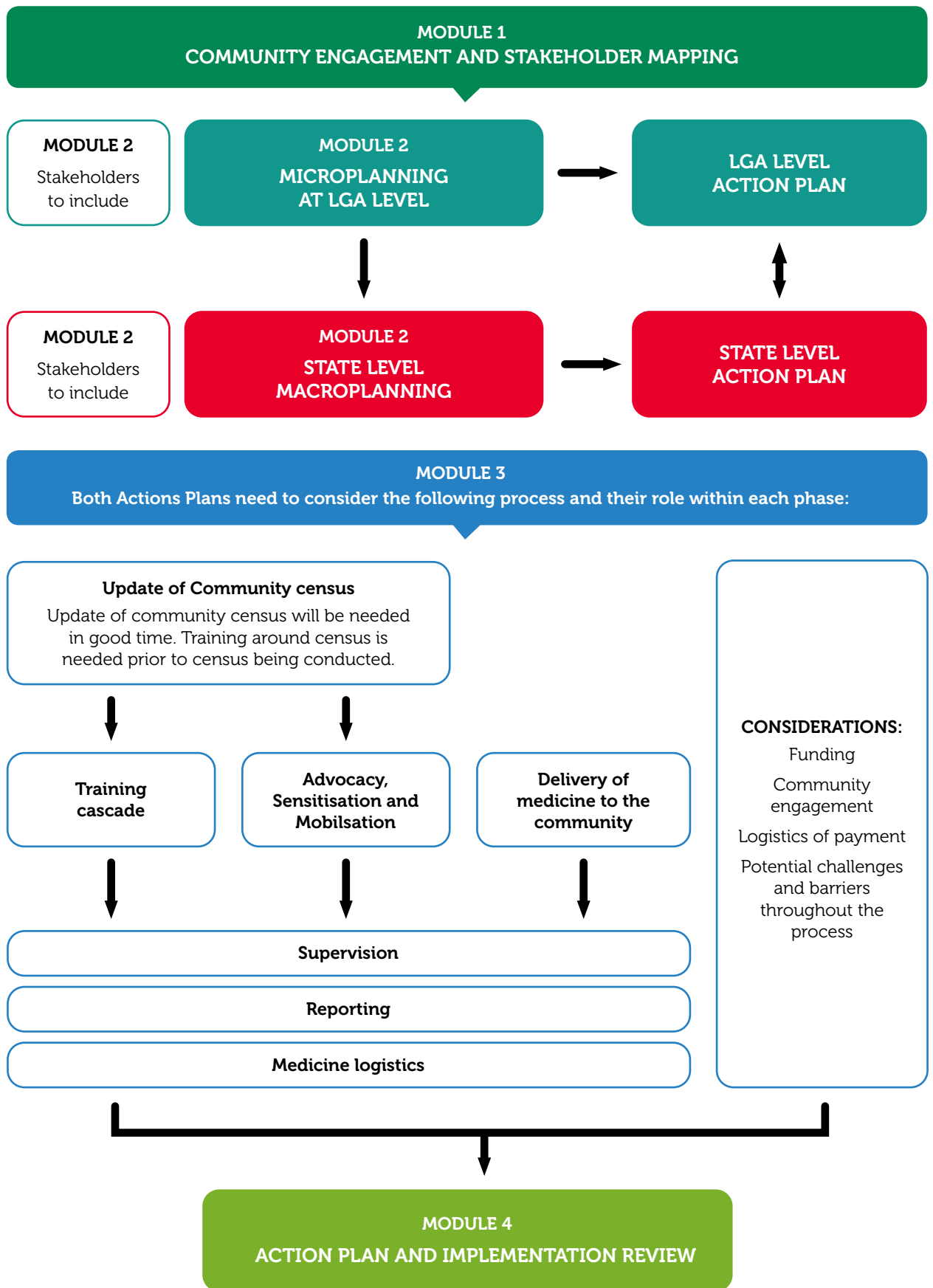
In this module you will be guided on how to develop an action plan for MAM implementation in your LGA. This module is divided into the phases of MAM which need to be considered for local planning. In each section we give examples from evidence of what worked well and what are some challenges to consider when planning for equitable MAM. Consideration of context is very important when planning for MAM and we will give some examples from both urban and rural LGAs. Local action planning has been shown to have an impact on acceptability, accessibility, availability and coverage of MAM.

Using the examples provided, by the end of the module you will have a completed action plan which is specific to your LGA, which can be used to guide equitable MAM. You will be able to:

- ✔ Develop an action plan which is specific to your LGA, which can be used to guide equitable MAM.
- ✔ Identify key people, structures, content and timing for all phases.
- ✔ Identify what resources are needed throughout the stages.
- ✔ Consider potential challenges which may be faced throughout this process and identify how they can be mitigated.
- ✔ Gain an understanding of different methods, tools and communication strategies which can be used in different contexts.

MODULE 4: REVIEWING MAM IMPLEMENTATION FOR ONGOING IMPROVEMENT will focus on how to ensure that the action plan you developed in Module 2 and 3 is implemented effectively. It will guide you through following the action plan, how to capture and use learning during implementation and tools to aid review and reflections. By the end of this module you should have a clear plan of:

- ✔ How you will capture learnings throughout this year's MAM implementation cycle.
- ✔ How you will draw stakeholders together to bring everyone's learnings at the end of the process.
- ✔ How you will use these learnings to shape future planning activities.



ROLES AND RESPONSIBILITIES OF VARIOUS STAKEHOLDERS

The health system that is responsible for the implementation and governance of NTD programmes includes the federal, State, LGA and community levels. This follows the government political structure in the country and their roles and responsibilities are listed below. These actors are referred to throughout the tool and various icons are used to depict the key parts of the process with which they are normally engaged.

ROLE OF STATE NTD (SNTD)



- ✓ Request adequate number of medicines from FMOH.
- ✓ Inform the Local Government NTD coordinators (LNTDs) when the MAM programme will commence for the year.
- ✓ Invite LNTDs for State planning meetings.
- ✓ Provide training and refresher training to LNTD coordinators on MAM procedures, documentation and effective monitoring and supervision of MAM activities for the year.
- ✓ Allocate the required number of medicines to each LGA.
- ✓ Coordinate the movement of medicine from the State to the LGAs.
- ✓ Ensure adequate number of materials e.g. Information, Education and Communication (IEC) materials and dose poles get to all endemic LGAs.
- ✓ Supervise the MAM activities in the State.
- ✓ Complete the State summary form level 4.
- ✓ Send MAM report/data to FMOH via zonal coordinators.
- ✓ Conduct advocacy visits, mobilisation and sensitisation at the State level to media houses, overall traditional leader in the State, house of assembly and commissioner of health.
- ✓ Return of reverse logistics: collecting the remaining medicines from local government to State.
- ✓ Facilitate integration of NTD activities into existing health facilities in the communities.
- ✓ Support LGAs and communities in the implementation of the annual operational plan.
- ✓ Where there are funding gaps, constitute a sub-team to mobilise and source for funds and sponsorship from philanthropists, associations and organisations.

ROLES AND RESPONSIBILITIES OF DIRECTORS OF PRIMARY HEALTH (DPH) AND MEDICAL OFFICERS OF HEALTH (MOH)



- ✓ Coordinate relevant staff of the primary health care (PHC) for planning, implementation and evaluation of MAM.
- ✓ Supervise MAM activities using supervision checklist.
- ✓ Ensure LNTDs, frontline health facilities (FLHFs), Ward Focal Persons and Community Directed Distributors (CDDs) all perform their roles in MAM effectively.
- ✓ Support the LNTD with logistics to collect required number of medicines and materials required for MAM.
- ✓ Lead advocacy to stakeholders in the LGA to support the NTD programme.
- ✓ Lead resource mobilisation and management efforts for MAM in the LGA.
- ✓ Supervise training at all levels in the LGA to ensure quality (See NTD training SOP).
- ✓ Attend to incidents of adverse events for MAM in the LGAs.
- ✓ Support LNTD to organise microplanning for MAM at LGA level.
- ✓ Lead monitoring team for MAM in the LGA.

ROLE OF LNTD COORDINATOR



- ✓ Lead the implementation of programme activities in the LGA.
- ✓ Ensure the collection of implementation materials and medicine from the State.
- ✓ Follow the action plan at the local level to ensure it is implemented and that all tasks are followed and adhered to by stakeholders.
- ✓ Alter actions in the plan if changes occur for any reason.
- ✓ Ensure each health facility in the LGA get the required amount of medicine needed.
- ✓ Supervision in the LGA and use of monitoring checklist.
- ✓ Ensure reverse logistics of medicines to the State after completion of MAM.
- ✓ Collect treatment data from the health facility.
- ✓ Request the list of CDDs from the FLHF.
- ✓ Complete LGA summary form level 3.
- ✓ Send reports/data to the State.
- ✓ Ensure sensitisation of key community structures.
- ✓ State NTD staff will assist the LNTD during the FLHFs training and throughout the implementation process.
- ✓ Request for report of incidents of adverse events in the LGA.
- ✓ Identify people with IDM cases (Infectious disease management) in NTDs and submit the list to the State.

ROLES AND RESPONSIBILITIES OF ASSISTANT LNTD



- ✓ Assist the LNTD to invite participants for microplanning at the LGA level.
- ✓ Support the LNTD to plan and deliver training at the LGA.
- ✓ Take part in data collection and validation.
- ✓ Monitor MAM exercise and be part of supervision and reporting.
- ✓ Assist the LNTD to ensure CDDs, FLHF and ward focal persons perform their roles effectively.
- ✓ Check that logistics are adequately provided for all MAM related activities.
- ✓ Assist the LNTD in terms of record-keeping for each cycle of MAM or as may be assigned.
- ✓ Support the LNTD in taking inventory for medicines and assist to coordinate the process of data submission from CDDs to FLHF etc.

ROLES AND RESPONSIBILITIES OF HEALTH EDUCATORS/ SOCIAL MOBILISATION OFFICERS



- ✓ Liaise with the LNTD to conduct sensitisation and advocacy activities in the LGA to stakeholders such as NURTW, ACOMORAN, AMORAN, artisans, market leaders, Ward Development Committees (WDC) / Community Development Committees (CDC), different ethnic groups, religious leaders, LGEA, ZEO, etc).
- ✓ Take part in community mobilisation.
- ✓ Facilitate community dialogue in the event of medicine apathy.
- ✓ Take part in developing IEC materials to ensure language versions are correct.
- ✓ Assist the LNTD in sending notification letters for meetings and other activities.
- ✓ Facilitate trainings of town announcers and mobilisers using key messages and frequently asked questions on MAM.

ROLES AND RESPONSIBILITIES OF WARD FOCAL PERSONS/FLHFs



- ✓ Train CDDs on MAM implementation.
- ✓ Conduct sensitisation meeting with village heads for them to select CDDs.
- ✓ Provide CDDs with supportive supervision throughout MAM.
- ✓ Guarantee that data tools, namely community-based treatment register, are filled promptly and correctly without errors.
- ✓ Support the CDDs to conduct a census.
- ✓ Update treatment registers prior to medicines allocation to their communities.
- ✓ Handle adverse events associated with MAM.
- ✓ Assist the CDDs to complete the village summary form level 1.
- ✓ Complete summary form level 2.
- ✓ Collection of medicines from the LGA medical store to their facilities.
- ✓ Reverse logistics from the FLHF to the LGA store.
- ✓ Support supervision of CDDs.

ROLE OF COMMUNITY LEADERS



- ✓ Facilitate sensitisation of the community about the MAM programme.
- ✓ Contact CDDs from previous years and ask if they will remain as CDDs.
- ✓ Conduct community meetings to select and recruit new CDDs where necessary.
- ✓ Discuss with community members about any voluntary incentives that may be used to support CDDs to do their work.
- ✓ Send letters to other community leaders about the commencement of the MAM.
- ✓ Monitor the distribution of medicines i.e. community self-monitoring.
- ✓ Liaise with leaders of other ethnic groups e.g. non-indigenous or migrant to sensitise and nominate persons from their communities to attend training and distribute medicines.

ROLE OF COMMUNITY DIRECTED DISTRIBUTORS



- ✓ Ensure holistic and timely community sensitisation and mobilisation using IEC materials.
- ✓ Attend training for MAM.
- ✓ Conduct census for Onchocerciasis and LF treatment only.
- ✓ Distribute medicines in the community at the most appropriate time and place to reach as many community members as possible.
- ✓ Update and maintain the community-based treatment register.
- ✓ Complete the village summary form level 1.
- ✓ Return registers to FLHFs.
- ✓ Provide feedback on distribution process including any problems and side effects.
- ✓ Return remaining medicines to the FLHF.
- ✓ Conduct census for onchocerciasis and LF treatment.
- ✓ Distribute medicines using a dose pole in the community.
- ✓ CDDs should be able to read and write in order to assist the FLHFs in filling treatment registers.

ROLE OF PARTNERS

- ✓ Transportation of medicines from central medical store to the States.
- ✓ Reverse logistics.
- ✓ Fund management.



ROLES AND RESPONSIBILITIES OF FMOH REPRESENTATIVE

- ✓ Policy formulation on NTDs.
- ✓ Approve and supervise the release of medicines logistics to States for MAM.
- ✓ Conduct trainings to implementers at the State and other relevant levels for onward cascading to other levels.
- ✓ Supervision of MAM implementation in States and across other levels.
- ✓ Take part in advocacy and resource mobilisation for MAM at the State, LGA and community levels.
- ✓ Liaising with partners and donors for NTD programme.



ICON KEY



EVIDENCE INFORMED



EXAMPLE OF CHALLENGE / CAUTION NEEDED



WEBSITE LINK



RESOURCES / TRAINING MATERIALS NEEDED



KEY POINTS



POSITIVE INFORMATION



URBAN AREA



RURAL AREA



URBAN AND RURAL AREAS



WHATSAPP OR OTHER INSTANT MESSAGING SERVICE



EMAIL ADDRESS



PRINTED VERSIONS OF THE ACTION PLAN

LIST OF ACRONYMS AND ABBREVIATIONS

ACOMORON	Association of Commercial Operators of Motorcycles and Riders of Nigeria
ALB	Albendazole
AOPSHON	Association of primary school health teachers of Nigeria
AZT	Azithromycin
CAN	Christian Association of Nigeria
CDA	Community Development Association
CDCs	Community Development Committees
CDD	Community Drug Distributors
CDI	Community Directed Intervention
CDTi	Community-Directed Treatment with ivermectin
CHAN	Christian Health Association of Nigeria
CHEW	Community Health Extension Workers
CI	Community Implementers
CMS	Central Medical Store
CSO	Civil society organisations
DPHC	Directors of Primary Health Care
DPOs	Disabled People's Organisation
DOT	Directly Observed Therapy
DSNO	Disease Surveillance and Notification Officer
FBO	Faith-Based Organisations
FCMS	Federal Central Medical Store
FCT	Federal Capital Territory
FGD	Focus Group Discussions
FLHFs	Frontline Health Facility Staff
FMoH	Federal Ministry of Health
FOMWAN	Federation of Muslim Women's Association of Nigeria
HE	Health Educators
HWIA	Health Worker Ivermectin Administration
ICT	Immunochromatographic Test
IDIs	In-Depth Interviews
IDM	Infectious Disease Management
IEC	Information, Education, Communication
IVM	Ivermectin
JRSM	Joint Request for Selected PCT Medicines
KAP	Knowledge Attitude and Practice
LF	Lymphatic Filariasis
LGAAs	Local Government Areas
LGEA	Local Government Education Authority
LLINS	Long Lasting Insecticide Treated Nets
LNTD	Local Government NTD Coordinator
M&E	Monitoring and Evaluation
MAM	Mass Administration of Medicines
MDA	Mass Drug Administration
MDV	Mad Dog Vaccination

MEB	Mebendazole
MOH	Medical Officer of Health
NAFDAC	National Agency for Food and Drugs Administration Control
NARTO	National Road Transport Operators
NC	National Coordinator
NOA	National Orientation Agency
NPC	National Population Census
NPower	Need for power
NUJ	National Union of Journalists
NURTW	National Union of Road Transport Workers
NTD	Neglected Tropical Diseases
Oncho	Onchocerciasis
PAR	Participatory Action Research
PAS	Public Address System
PC-NTDs	Preventive Chemotherapy Neglected Tropical Diseases
PENGASSAN	Petroleum and Natural Gas Senior Staff Association of Nigeria
PGP	Participatory Guide for Planning Mass Administration of Medicines
PHC	Primary Health Care
PWDs	Persons With Disability
POD	Proof of Delivery
POS	Paediatric Oral Suspension
PSAC	Pre School Age Children
PSM	Procurement and Supply Management Unit
PZQ	Praziquantel
RUWASA	Rural Water and Sanitation Agency
SAEs	Severe Adverse Events
Schisto	Schistosomiasis
SCM	Supply Chain Management
SCMS	State Central Medical Store
SMC	Social Mobilisation Committee
SMO	Social Mobilisation Officer
SoH	Stock on Hand
SOP	Standard Operating Procedure
TBA	Traditional Birth Attendant
TEO	Tetracycline Eye Ointment
TV	Television
UNICEF	United Nations International Children's Emergency Fund
VCM	Volunteer Community Mobilisers
VDC	Village Development Committees
WASH	Water and Sanitation Hygiene
WCBA	Women of Child-Bearing Age
WDC	Ward Development Committees
WFP	Ward Focal Person
WHO	World Health Organisation
ZEO	Zonal Education Office

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COUNTDOWN
Calling time on Neglected Tropical Diseases

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Names listed alphabetically.

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