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

TO TACKLE NEGLECTED TROPICAL DISEASES

MODULE 2A

ENHANCING COMMUNITY ENGAGEMENT FOR PARTICIPATORY PLANNING

COUNTDOWN

Calling time on Neglected Tropical Diseases

MODULE 2A

ENHANCING COMMUNITY ENGAGEMENT FOR PARTICIPATORY PLANNING

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.

COUNTDOWN
Calling time on Neglected Tropical Diseases

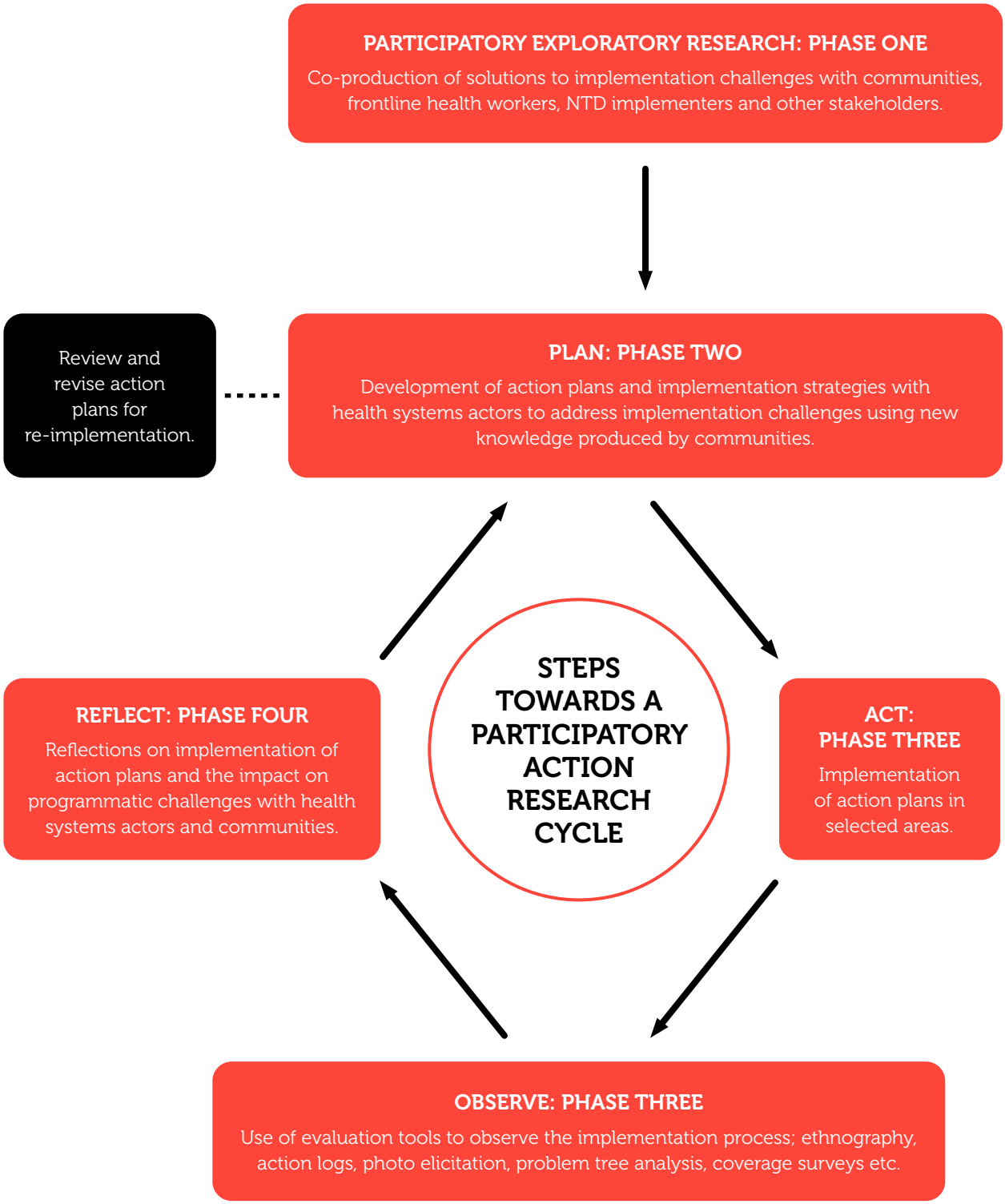

Figure 1. PAR approach to improving equity in MAM (Ozano et al., 2020)

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
LGAs	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

MODULE 2A

ENHANCING COMMUNITY ENGAGEMENT FOR PARTICIPATORY PLANNING

This module details key activities that you can undertake to better understand how to engage communities in MAM and the community stakeholders that can support you.

OBJECTIVES OF THE MODULE:

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.**

Some faces have been blurred in photographs to protect confidentiality.

COMMUNITY ENGAGEMENT

Community engagement has always been at the centre of NTD programme delivery, specifically for MAM. Engaging communities effectively is likely to increase acceptance, support and funding for programmes in meeting coverage targets.

Community engagement methods can also be used to review challenges of MAM which can be discussed in review meetings, enabling future MAM to address these gaps identified. See Module 4 for more detail.

WHAT IS COMMUNITY ENGAGEMENT?

'Community engagement' in this context is the meaningful, respectful, and fit-for-purpose involvement of community members in one or more aspects of planning for NTD programme(s) and may include; involvement during the planning process, defining the MAM delivery structure and implementation and suggesting improvements.

(Definition adapted from Glandon et al 2017 https://academic.oup.com/heapol/article/32/10/1457/4582360).

BENEFITS OF EFFECTIVE COMMUNITY ENGAGEMENT:

Many community members of different ages suggested that if the village heads, community leaders, religious leaders or the chairperson of the community development association were involved in planning for MAM, it will increase acceptability and accessibility by reaching all members within that community.

Many reasons are given for why CDDs who are known by the community would be more acceptable, especially in sensitisation and mobilisation, compared to those that are not known by the community. Some community members reported that there is some distrust with Government initiatives or lack of knowledge about purpose of the medication, and therefore community members would be more likely to trust CDDs who they know because of this. They also report CDDs known by the community would be more efficient in their work as they know where to reach people, and appropriate timing to distribute medication.

Other members of the community highlighted the desire for trained health workers to distribute medications. Many suggested paired working between known CDDs and health workers would increase acceptability.

Both women and men need to be engaged in the process of planning and implementation of MAM. Through reflecting with community members on acceptability, accessibility and availability of MAM, many highlighted the need for female and male CDDs to be utilised, as in specific households only women could access women and men access men.

Key: **Evidence informed**

WHAT TECHNIQUES CAN WE USE TO ELICIT COMMUNITY REFLECTIONS?

The following section provides guidance on the different methods and techniques that can be used to engage with different groups of community members.

At the end of this module you will find detailed guides for each method so you can apply them in your setting. They can be revised to suit the context where you work and adapted for the people you will be engaging. A list of stakeholders is presented and all of the techniques can be applied with the groups. It is good to think about power and the effect this may have on group dynamics and communication. For example, some groups should be separated to encourage open communication, for example women and men, older and younger. Also think about the environment where they take place to ensure confidentiality of your participants.

TRANSECT WALKS

APPLICATION OF THE TECHNIQUE

This includes a walk through the community with stakeholders, for example community leaders, religious leaders, youth leaders, and women leaders to better understand locations and popular routes in the community that could be used for different MAM stages such as sensitisation and medicine administration within the community.

On the transect walk, questions you can ask may include:

- **What are key areas where sensitisation and mobilisation can take place?**
- **What group of people can/do use these places?**
- **Where are key locations to distribute medications?**
- **Who will be able to come to these locations?**
- **When is the best time to reach people here?**

WHAT ARE THE KEY CHALLENGES THIS METHOD CAN ADDRESS?

Through the transect walk across the community with different leaders or community members, they may be able to suggest important spaces where CDDs can interact with members of the community who are often invisible and may otherwise be missed in mobilisation or medicines delivery.

This may include:

- **Women**
- **People With Disabilities (PWDs) such as people who are immobile, have lost their sight or are deaf.**
- **Migrant communities, for example, the Fulanis, Ohori and Eegun community.**

Some faces have been blurred in photographs to protect confidentiality.

SOCIAL MAPPING

APPLICATION OF THE TECHNIQUE

Social mapping includes engaging with community members to map out places in the community where people interact and the different structures or groups that exist within the community. The map will show the boundaries, key landmarks and meeting points for different types of people within the community, e.g. women, men, youth, children, elders etc.

Questions asked could include:

- **How could the places identified in the map increase the reach for medicines distribution?**
- **How can existing places/structures/organisations be engaged in MAM, either in sensitisation, mobilisation, advocacy or medicine management and distribution?**

WHAT ARE THE KEY CHALLENGES THIS METHOD CAN ADDRESS?

Social mapping can be particularly useful in trying to understand how to make sensitisation and mobilisation and medicines delivery more accessible to community members. E.g. where would the best distribution points be? Who would you reach at these areas?

Through social mapping, community members could suggest alternative structures to the existing ones in the community map which could be used to administer medicines.

These could include the football field to reach more youths, the market place for more women and the social centres for more accessibility to the men.

To see examples of what was learned when NTD implementers conducted transect walks and social mapping in different contexts, see our **learning packs** from Ogun and Kaduna which can be found in this toolbox or online here:

https://countdown.lstmed.ac.uk/publications-resources/tools-and-booklets

IN-DEPTH INTERVIEWS (IDIs)

APPLICATION OF THE TECHNIQUE

IDIs entail having discussions with selected community members on how to improve on MAM. Participants could include:

- **Marginalised groups within the community e.g. someone with a disability or someone from a migrant community for example.**
- **People who previously refused medicines but later accepted or people who were previously absent during MAM but are now present.**

WHAT ARE THE KEY CHALLENGES THIS METHOD CAN ADDRESS?

Through IDIs, people who are often missed in MAM can be identified and accessed. For example, PWDs may be able to recommend better ways to access medicines and to access information about MAM.

Secondly, selected individuals may advise on what could be done to encourage people to accept medications.

Confidentiality of individuals interviewed must always be maintained.

APPLICATION OF THE TECHNIQUE

FGDs are a good way to understand from community members their experiences around awareness, availability, accessibility, acceptability and areas for improvement for MAM implementation.

This could include having separate discussions with older and younger women, older and younger men.

WHAT ARE THE KEY CHALLENGES THIS METHOD CAN ADDRESS?

Through focus group discussions, community members may be able to suggest appropriate timing/season of distribution of medicines where people will be available and not missed during treatment.

Secondly, community members may be able to suggest preferable ways for awareness of MAM to increase acceptability of medicines.

Confidentiality of individuals interviewed must always be maintained.

Some faces have been blurred in photographs to protect confidentiality.

WHO CAN THESE METHODS BE USED WITH?

Each of these methods can be used with anyone within the community or individuals familiar with the community to understand their views and preferences. The box below shows the type of people you may want to engage using these methods and to understand views from to shape the MAM planning process. These groups can also be useful in shaping other activities e.g. social mobilisation and sensitisation. *(See Module 3).*

- Religious leaders
- Community leaders
- Older men and older women
- Ward health committees
- Community Based Organisations (CBOs)
- Commercial Operators of Motorcycles and Riders of Nigeria (ACOMORON) and Marwa (tricycle riders)
- State NTD (SNTD)
- National Union of Road Transport Workers (NURTW)
- Local Government NTD (LNTD)
- Jama'atul Nasir Islam (JNI)
- Community Development Committees (CDCs) as one of the important gateways through which community sensitisation can be carried out
- Health teachers' forum (AOPSHON) (association of primary school health teachers of Nigeria)
- Persons with Disabilities (PWD)
- Fulani leaders (Ardos) and other migrant communities
- Market women leaders
- Faith Based Organisations (FBOs)
- Christian Association of Nigeria (CAN)
- Trade associations (Hair dressers association leaders, tailors association leaders and fashion designers)
- Youth associations
- Federation of Muslim Women Association in Nigeria (FOMWAN)
- Traditional Birth Attendants (TBAs)
- Frontline Health Facility Staff (FLHFs)
- Community Drug Distributors (CDDs)
- Community Engagement Officer
- Community Development Committee
- Artisan groups
- Disabled peoples associations (DPOs)

'It was through the help and guidance of the PGP that this sensitisation of fashion designers was carried out, similar to the sensitisation of Association of Bricklayers and the Iyaloja and Babaloja in the LGA.'

(LGA implementer)

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ANNEX

TRANSECT WALK GUIDE
(FOR USE WITH INFLUENTIAL COMMUNITY MEMBERS)

PURPOSE OF THIS WALK

To understand the communities in which you are working better. You are particularly interested in different areas/where different groups are located and interact. Remember that following the walk you will need to be able to understand how the community use the different spaces available to them as well as identify specific people you might want to engage in future data collection activities.

RESOURCES NEEDED

- **Flipchart paper**
- **Pens**

THE TRANSECT WALK

It is important to ensure that everyone who will be involved in the activity is clear on the purpose of the walk. Below is some text that will help you to explain this:

> ***I would like for us to take a walk by the most prominent route in your community to learn more about the location and distribution of resources within your community and how they are used or could be used to deliver health programmes within your community. I would also like to learn how people in your community interact with the local environment. I would like you to indicate during the walk meeting points for different types of people within your community, e.g. women, men, youth, children, elders etc., important community features, such as where people collect water, firewood, school, sports etc. as well as who the people of influence within the community are and where they are based (e.g. teachers, community leaders etc.)***

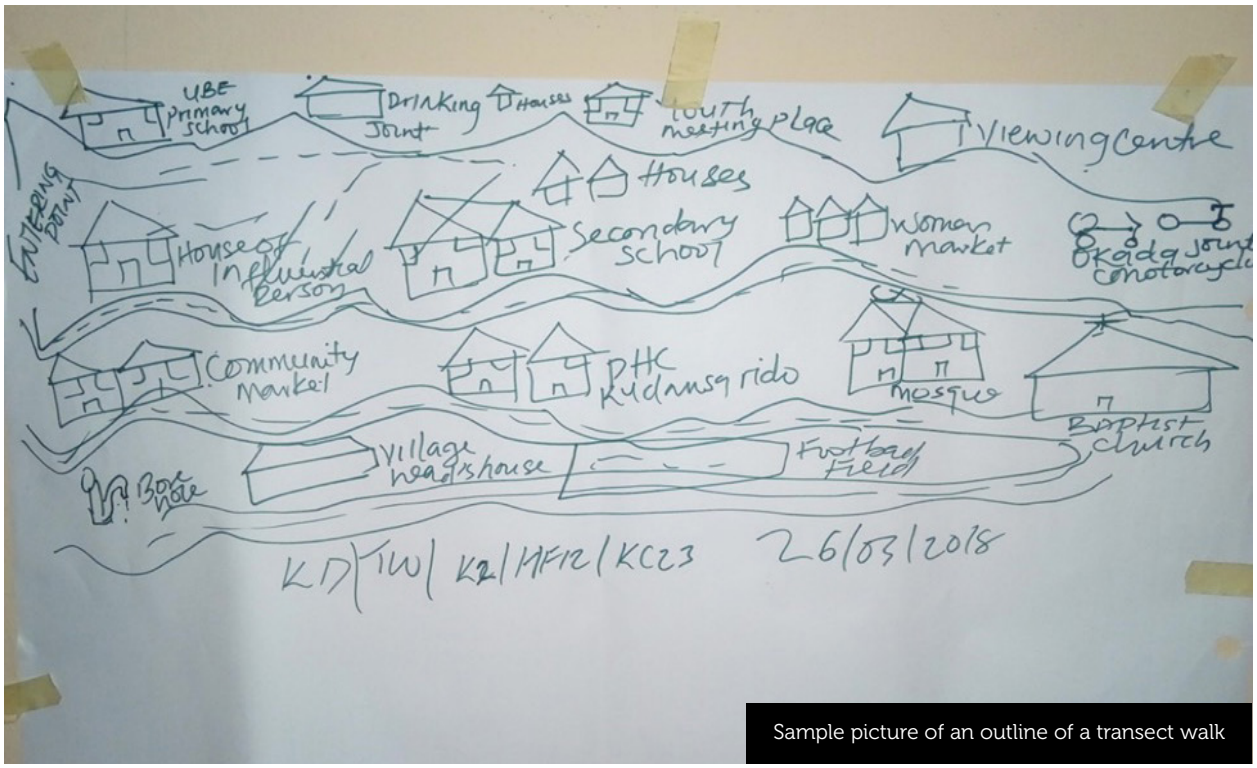
Once you have explained this, make sure you leave time for any questions and then walk the transect. Observe, ask, discuss and listen BUT DON'T LECTURE.

NB: You may want to also define what you mean by community structures, for example: it can be a group, an organisation or an individual. It can include influential community members, education groups, schools, religious institutions, art and drama groups, disability support groups, informal and formal community structures etc.

As you walk identify the main things you might want to include in the different sections of the community. Below are some questions that might help you instigate these observations and discussions:

- **What is located here?**
- **Who meets there?**
- **How frequently do people meet there?**
- **How long has this been there?**
- **Where do people collect water?**
- **Where do people collect firewood?**
- **Where do people pray?**
- **What times of day/year do people meet at specific places/complete specific activities?**
- **Where are the points and people of influence within the community located?**

Once you have walked the transect, sit down somewhere with all your participants and draw the outline of the walk you have taken at the top of a piece of paper.



Sample picture of an outline of a transect walk

Then draw a grid beneath the transect that explores different areas of the transect and discuss some of your observations, an example of the type of the grid follows. It's your job as the facilitator to make sure that you encourage the participants to reflect on these different areas with you so that you get a sense of how the community functions. The observations in each box don't need to be overly detailed.

TYPE OF STRUCTURE	House				
WHO INTERACTS THERE (MEN, WOMEN, CHILDREN ETC.)	Family members (including mother, father, children)				
TIMES OF DAY	Morning and Evening				
TIMES OF YEAR	All year				
CURRENT USE FOR HEALTH PROMOTION OR DELIVERY OF MAM[1]	Distribution of medicines				
OPPORTUNITIES FOR HEALTH PROMOTION OR DELIVERY OF MAM[1]	Repeat visits for mop up. Provision of information booklets				
CHALLENGES TO HEALTH PROMOTION OR DELIVERY OF MAM[1]	Husband controls access to the household				

SOCIAL MAPPING GUIDE

PURPOSE OF THIS ACTIVITY

- To understand the communities in which you are working better. You are particularly interested in different areas/where different groups are located and interact as well as different community structures.
- The knowledge that you gained from the transect walk can be used to probe for information based on some of the things you have seen in the community.

KEY CONSIDERATIONS

- It is important to ensure that everyone who will be involved in the activity is clear on its purpose.
- You may want to also define what you mean by community structures, for example: it can be a group, an organisation or an individual. It can include influential community members, education groups, schools, religious institutions, art and drama groups, disability support groups, informal and formal community structures etc.
- Remember that you need to pass over control to the participants to draw the map for themselves, you are there to guide them and support them to add detail.
- Sometimes people will dominate in the group so do your best as the facilitator to encourage all participants to interact with the exercise.
- Some people may feel comfortable drawing with pen and paper, whereas others may prefer to draw in the ground using a stick, so take time at the beginning to understand how participants would like to do the drawing.
- Gain consent prior to any activity.

RESOURCES NEEDED

- **Flipchart paper**
- **Pens**
- **Consent forms**
- **For discussion section: An appropriate environment which is safe, has enough space and has limited or no distractions will need needed**

SOCIAL MAPPING ACTIVITY

Below is some text that will help you to explain what is detailed above:

I would like to learn more about structures in your community and how they are utilised or could be utilised within the delivery of health programmes, particularly when the stick medicine is being distributed. I would also like to learn how people in your community interact with the local environment and the different structures or groups that you tell me about. I would like you to firstly draw a map of your community that shows the boundaries, key landmarks and meeting points for different types of people within your community, e.g. women, men, youth, children, elders etc. It would be great if you could also mark on important community features, such as where people collect water, firewood, school etc. as well as who people of influence within the community are and where they are based (e.g. teachers, community leaders etc.)

As the participants begin to draw, you could begin to ask them questions about what they are drawing to gather more information, below are some questions that may help you do this:

- **What is located here?**
- **How frequently do people meet there?**
- **Who meets there?**
- **How long has this been there?**
- **Where do people collect water?**
- **Where do people collect firewood?**
- **Where do people pray?**
- **What social activities do people do? E.g. sporting, drinking etc.**
- **What times of day/year do people meet at specific places/complete specific activities?**
- **Where are the points and people of influence within the community located?**

Once the community map has been made, you need to review the map with the participants to understand current use and potential future use of different community structures in health intervention and MAM delivery. When thinking about this remember to encourage participants to think about:

(1) the sensitisation process

(2) mobilisation process

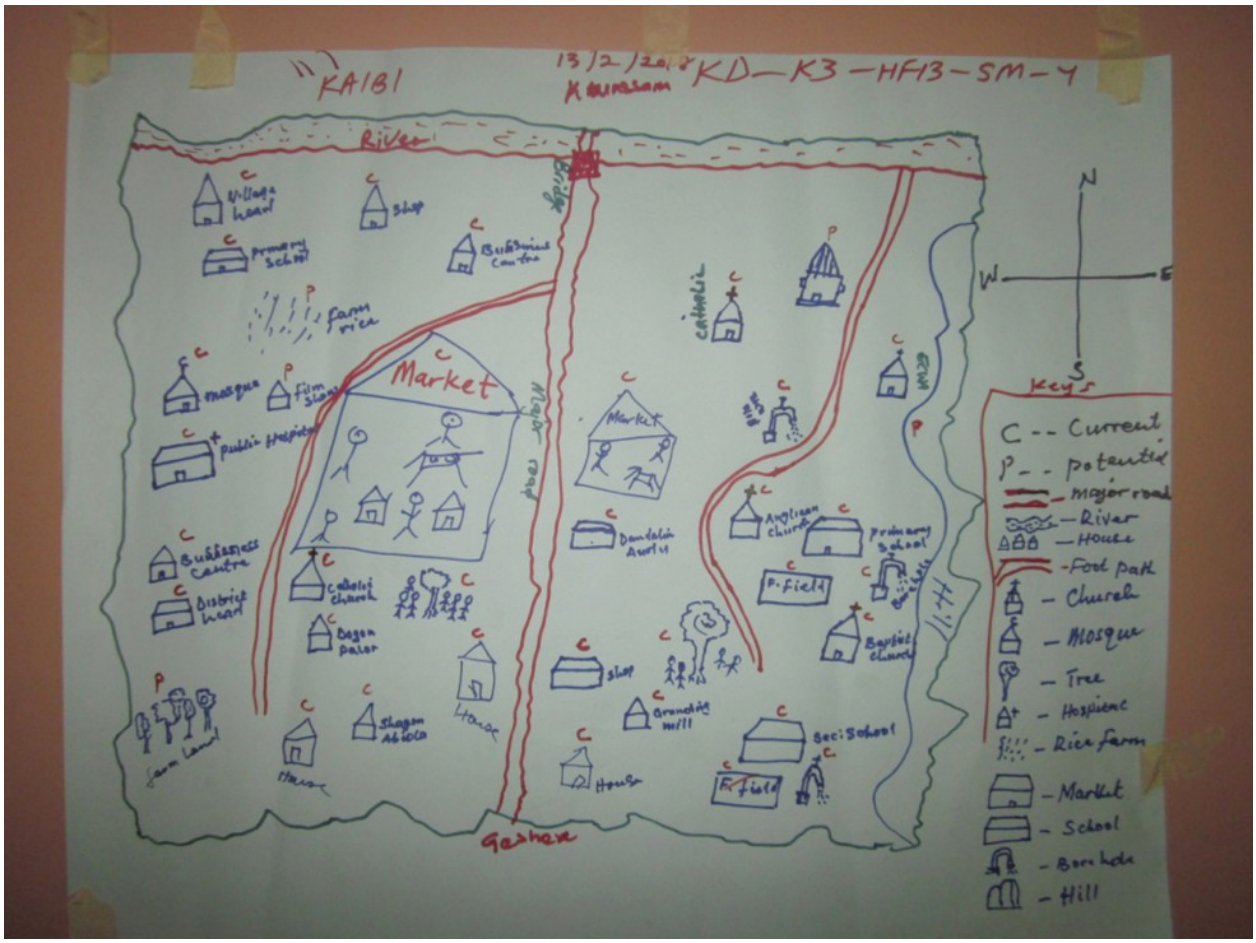
(3) communication processes

(4) identification of community members for MAM

(5) mechanisms to administer medicines.

Below are some questions that may help you do that, but try to encourage participants to label areas on the map, circle things in different colours etc. to identify how things could/should be used.

- **How are the community structures you have identified currently used in the distribution of Mectizan/ Albendazole?**
  - How do you find out about the distribution of the medicines?
    Which groups are involved?
    What activities do they carry out?
  - How were existing community drug distributors selected?
  - Which of the influential individuals you have identified were involved in this?
  - How were other community members involved?
  - What could have been done better?
- **Of the structures identified in your community map, which could be used as alternative structures to deliver the medicines?**
- **What would be better about these structures?**
- **What would be not so good about these structures?**
- **How could these structures increase the reach medicines during MAM?**



Once you have completed the map with your group, remember to explain to the participants that you would like to bring them together with other members of the community who have also drawn maps to compare them and understand how different people see the community differently. Below is some text to help you with this:

> ***If you are happy to, we would like to compare your community map with other groups who have also taken part in the social mapping in this community. We would then like to bring you all together to review the similarities and differences between your maps and to develop these discussions further.***

(NB: If any participant does not want to be involved in this process then they do not have to be. They will be excluded from the combined group discussions).

Once participants are brought together, ask one member of each group to go through their map with other community members. Once all groups have presented, ask them to discuss observations/differences between each of the maps and why these might exist. As the facilitator, be sure to look for differences between the different maps and ask questions about why they might be different etc. The idea is to get the community to think critically about how the programme might need to use different structures to reach all sections/groups within a community and to encourage them to identify what these structures may be.

FOCUS GROUP DISCUSSIONS (FGDs)

PURPOSE OF THIS ACTIVITY

To understand from community members their experience of the most recent MAM intervention and how this compares to previous MAM cycles to identify what worked, what did not work and how it can be improved next time.

KEY CONSIDERATIONS

It is important to ensure that everyone who will be involved in the activity is clear on the purpose of the activity before you start, and that consent is gained.

It is important to consider power dynamics and relationships of participants. When making selections around group participants, it is important to also navigate power dynamics, some top tips are:

- Try to make groups as similar as possible. i.e. groups should be divided by age, gender, or any other category.
- Typically, in group activities you don't want more than 10 participants.
- Confidentiality must be maintained.

RESOURCES NEEDED

- **Consent forms**
- **Audio recorder (if applicable and consented to)**
- **Note taker**
- **Interviewer**
- **Appropriate environment which is safe, has enough space and has limited or no distractions**
- **Refreshments (if appropriate)**

THE FOLLOWING INTRODUCTIONS COULD BE USED

Thank you for agreeing to take part in this discussion. The objective of this discussion is to understand your experiences when the people came to give out stick medicine in your community. We are particularly interested in your understandings of the programme and how you feel about the way it is implemented in your community. As this is a group discussion we ask that you respect the opinions and confidentiality of others within the group.

ICE BREAKER

Begin by trying to make the group feel at ease. To do this, get them to introduce their experience of the most recent treatment round. You could do this by saying the following:

I would like each of you to introduce yourself and tell me briefly about your experience during the most recent time that the people came to give out the stick medicine.

Once all the participants have shared their brief story with you, then tell the participants that we are going to explore the process of giving out stick medicine in a little more detail.

TOPIC GUIDANCE

The topics and questions below can be used to help guide your discussion. The questions have been divided into areas of Awareness, Availability, and Accessibility of the program, as well as what could be improved.

AWARENESS OF THE PROGRAMME

Can you tell me what you know about the purpose of Mectizan/Albendazole?

- What did you know in advance of the distribution of medicines?
- What were you told?
- Who told you these things? E.g. Family, traditional healer, friends.
- How were you told? E.g. using leaflet, verbally, poster etc. (What IEC materials or methods were used?)
- Where were you told? E.g. at clinic, town chiefs house etc. (What structures were used to share awareness messages?)
- How did this differ from previous times they have distributed the medicines in relation to awareness?
  - What did you like about this time in relation to awareness during MAM? What did you dislike about this time in relation to awareness during MAM?

AVAILABILITY OF THE PROGRAMME

Can you tell me what you think about the time of day/year that the distribution of Mectizan/Albendazole took place?

- What do you like about the timing for MAM? What do you dislike about the timing for MAM?
- Can you tell me about any parts of the community or people within the community who were not reached because of the time of year distribution took place?

Can you tell me about any other time the distribution of Mectizan/Albendazole took place?

- What did you think about that timing? What did you like/dislike about it?
- Can you tell me about any parts of the community or people within the community who were not reached because distribution took place at this time of year?

During the most recent medicine distribution, was there enough medicines available to reach everyone who wanted them in the community?

- If yes, how would you compare this to other times the medicine has been distributed?
- If no, who was not able to access the medicine because of this? What did people do to try to get these people the medicines?
- Were there any delays in the medicines getting to the community? Why?/Why not?

ACCESSIBILITY OF THE PROGRAMME

Can you tell us about the ways that the medicines were distributed during the most recent MAM?

- What structures were used in the community during the distribution?
  - How were they used? (Probe for: giving out medicines, follow up etc).
- Is this the same or different to before?
- What times of day could you access the medicines?
- What did you like about time? What did you dislike about the time?
- What time would you like it to be done next MAM?
- Were there people in your community who couldn't access the medicines because of the way it was distributed? Who were these people? Why could they not access the medicines?
- If people were absent from the community during the distribution, how were they followed up? Who followed them up?

How much does it cost the community/individuals to be able to access the medicines?

- Do you pay to get the medicines?
- How much does it cost to get to where the medicines are being distributed?
- What time do you have to take away from your routine activities to be able to access the medicines?

ACCEPTABILITY OF THE PROGRAMME

Can you tell us about how the people who distributed the medicines during this round of MAM were selected?

- Who selected them? Where were they selected from?
- Was this the same or different to previous years of MAM?
- Can certain people access certain parts of the community? Can men enter all the households? Can women enter all the households? Etc.

What do you think about the people who were selected to distribute medicine?

- How knowledgeable/skilful are they?
- What activities do they or have they carried out to tell the community about the programme?

Can you tell us any stories about people in your community who refuse to take the medicines during MAM?

- Who are the types of people who refuse to take the medicine? Why do they refuse to take it? (Probe for: side effects, cost of the medicines, perception of need/traditional beliefs etc.)
- What could be done to encourage these people to take the medicines?

What do you think are the benefits of taking the medicines?

- Can you describe the positive impacts you have seen because of people taking the medicines?
- Can you describe the negative impacts you have seen because of people taking the medicines?

AREAS FOR IMPROVEMENT

What could be done better in the next MAM?

- What other ways do you think the distribution of medicines could have been done?
- How could you or your community be better involved or prefer to be involved in this in the future?
- How have the medicines or the programme made a difference to you, your family or your community?

CLOSING THE FGD

Remember to thank the participants when drawing the meeting to a close.

Thank you very much for taking the time to answer my questions, do you have any questions for me?

IN-DEPTH INTERVIEWS (IDIs)

PURPOSE OF THIS ACTIVITY

To understand from purposively selected individuals their experience of the most recent MAM intervention and how this compares to previous MAM cycles.

KEY CONSIDERATIONS

- Participants should be selected to be representative of the communities and include: marginalised groups within their community (e.g. someone living with a disability, or someone from a migrant community); previously refused MAM and have now accepted or were previously absent and are now present.
- Make sure you allow participants time to gain answers to any questions they have and reassure them that confidentiality will be maintained.
- Gain consent prior to conducting the interviews.
- Interviews should be conducted on a one to one basis in a suitable environment.
- Confidentiality must be maintained.

INTRODUCTION TO INTERVIEW

Below is some text that will help you to explain the purpose of the interview:

> ***Thank you for agreeing to take part in this research study. The objective of this discussion is to understand your experiences during MAM in your community. We are particularly interested in your understandings of the programme and how you feel about the way it is implemented in your community.***

ICE BREAKER

Remember to familiarise yourself with the participant and make them feel comfortable in your presence.

RESOURCES NEEDED

- **Consent form**
- **Audio recorder (if applicable and consented to)**
- **Note taker**
- **Interviewer**
- **Appropriate environment which is safe, has enough space and has limited or no distractions**
- **Refreshments (if appropriate)**

TOPIC GUIDANCE

AWARENESS OF THE PROGRAMME

Can you tell me what you know about the purpose of Mectizan/Albendazole?

- What did you know prior to the distribution?
- What were you told?
- Who told you these things? E.g. Family, traditional leader, friends.
- How were you told? E.g. using leaflet, verbally, poster etc. (What IEC materials or methods were used?)
- Where were you told? E.g. at clinic, town chiefs house etc. (What structures were used to share awareness messages?)
- How did this differ from previous times they have brought the stick medicine?
  - What did you like about it this time? What didn't you like about it this time?

How easy is it for you to access and understand information about the medicines?

- (Probe here for ability to read/understand/access awareness information, engaged with by CDD/health workers)

What would enable you to access information more easily?

- What ways help you understand?
- Where and how should the information be provided to you?

AVAILABILITY OF THE PROGRAMME

Can you tell me what you think about the time of day/year that Mass administration of medicines for Mectizan/Albendazole took place?

- What do you like about the timing? What do you dislike about the timing?
- How did the timing of the distribution help/hinder you in taking the medicines?

Can you tell me about any other time the distribution took place that is different from the recent?

- What did you think about that timing? What did you like/dislike about it?
- How did the timing of that distribution help/hinder you to take the medicines?

During the most recent Mass administration of medicines, were there enough medicines available to reach you?

- If yes, how did this compare to other times it has been distributed?
- If no, how did you access the medicines? What did people do to try to get you the medicines?
- Were there any delays in the medicines getting to you? Why?/Why not?
- Was there anyone in the community that the medicines did not reach? Why did it not reach them?

ACCESSIBILITY OF THE PROGRAMME

Can you tell us about the ways that the medicines were distributed during Mass Administration of Medicines?

- What structures were used in the community during the distribution?
  - How were they used? (Probe for: giving out medicines, follow up etc.)
- What times of day could you access the medicines?
- What did you like about it? What did you dislike about it?

How much did it cost you to be able to access the medicines?

- Did it cost you to get the medicine?
- How much did it cost to get to where the medicines are being distributed?
- What time did you have to take away from your routine activities to be able to access the medicines?
- Did anyone in your household have to accompany you to where the medicine was being distributed?
  - If Yes, how much did it cost them to accompany you? (Probe for: direct costs e.g. transport etc. as well as time away from the farm/livelihoods etc.)

What would make it easier for you to be able to access the medicines?

Were there people in your community/household who couldn't access the medicines because of the way it was distributed?

- Who were these people? Why could they not access the medicines?

If people were absent from the community during the distribution, how were they followed up? Who followed them up?

If the participant was not able to access medicines during the last MAM, what was different about the way the medicine was distributed during the most recent distribution that allowed you to access the medicines?

How did you feel about being able to access the medicines this time?

ACCEPTABILITY OF THE PROGRAMME

Can you tell us about how the people who gave out the medicines during this round of MAM were selected?

- Who selected them? Where were they selected from?
- Is it the same way they have been selected before or different?
- Can certain people from the community offer you medicines more easily than others? Can men give you the medicines? Why/Why not? Can women give you the medicines? Why/Why not?
- Who offered you the medicines?

What do you think about the people who were selected to give out the stick medicine?

- How knowledgeable/skilful were they?
- What activities did they carry out to tell you about the programme?
- In future, who would you most like to receive medicines from? Why?

Why or why did you not take the medicines during this distribution?

- (If participant didn't take, probe for side effects, cost of medicines, perception of need/traditional beliefs, absent from the community etc.)
- (If participant did take the medicine, probe for medicine benefits, feeling of wellness, who instructed them to take the medicines etc.)

Why did you take/or not take the medicine during the last round of distribution?

- (If the participant didn't take the medicines in the last round, but took them in this round): What was different about this medicine distribution that meant you accepted the medicines?

Can you tell us any stories about people in your community/household who refuse to take the stick medicine?

- Who are the types of people who refuse to take the medicine? Why do they refuse to take it? (Probe for: side effects, cost of the medicines, perception of need/traditional beliefs etc.)
- What could be done to encourage these people to take the medicines?

What do you think the benefits are of taking the medicines?

- Can you describe the positive impacts you have seen because of taking the medicines?

AREAS FOR IMPROVEMENT

How could the distribution of the medicines have been done differently? How would these changes help you to take the medicines?

CLOSING THE INTERVIEW

Remember to thank the participant when drawing the interview to a close.

Thank you very much for taking the time to answer my questions, do you have any questions for me?

STAKEHOLDER ANALYSIS

PURPOSE OF THIS ACTIVITY

To understand the needs and concerns of different stakeholders as they are likely to shape the outcome of programme and policy implementation.

RESOURCES NEEDED

- **Stakeholder grid (See below as an example)**

KEY CONSIDERATIONS

- Every engagement process needs to be planned effectively; this includes making sure adequate funds are in place.
- Give stakeholders the opportunity to help plan their own engagement.
- Be inclusive - don't forget Persons With Disability (PWD), youths and gender balance.
- Don't forget to feedback to your stakeholders as soon as possible/in a timely manner.
- Ensure your communications can be easily understood by your stakeholders – use of simple language or local language.

THE PROCESS

The first step is to identify all the stakeholders or interest groups associated with the delivery of MAM who should be engaged in planning processes. Groups should consist of 6-8 people who have a varied perspective on MAM. This is considered enough to create a good brainstorming session. Stakeholders can be organisations, groups, departments, structures, networks or individuals, but the list needs to be pretty exhaustive to ensure nobody is left out. The following grid may help organise the brainstorm or provide a structure for feedback to plenary if you are working in breakout groups.

POLICY MAKERS/ IMPLEMENTERS	PUBLIC SECTOR STAKEHOLDERS	CIVIL SOCIETY	COMMUNITY MEMBERS
• State NTD coordinator • Federal Ministry of Health • State NTD team • Local Government • NTD team • Monitoring & evaluation • Social mobilisation officers • LGA NTD coordinators • Medical Officer of Health	• Chief pharmacist • Apex nurse and health education officer	• Implementing partners officers • Representative of CHAN • Representative of FOMWAN • Representative of National Orientation Agency	• Community leaders • Men • Women • People living with disability • Migrant populations • Youths • Elders

Figure 1: Stakeholder Analysis

Then, using the grid in Figure 2, which has been taken from the ODI (ref below), organise the stakeholders in different matrices according to their interest and power. 'Interest' measures to what degree they are likely to be affected by the MAM planning processes and changes to it, and what degree of interest or concern they have in or about it. 'Power' measures the influence they have over MAM delivery, and to what degree they can help achieve, or block, the desired change. Stakeholders with high power, and interests aligned with the project, are the people or organisations it is important to fully engage and bring on board through invitation to planning meetings. At the very top of the 'power' list will be the 'decision-makers', usually members of the government. Beneath these are people whose opinion matters – the 'opinion leaders'.

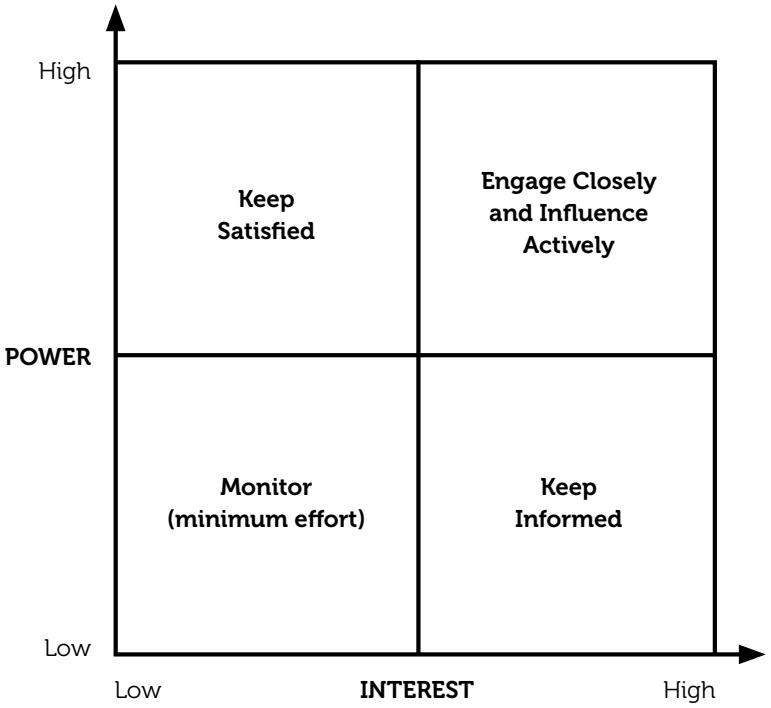


Figure 2: Influence Map

Keep stakeholders with high interest and low power informed as they may form the basis of an interest group or coalition which can lobby for change. Those with high power but low interest should be kept satisfied and ideally brought around as are important to the programme and policy change.

The final step is to develop a strategy for how best to engage different stakeholders in the MAM programme, how to 'frame' or present the message or information so it is useful to them, and how to maintain a relationship with them. Identify who will make each contact and how, what message they will communicate and how they will follow-up.

Adapted from: *Overseas Development Institute Successful Communication: Planning Tools (online)* ***https://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6459.pdf*** *(accessed) 11.06.2019*

SEASONAL CALENDARS

PURPOSE OF THIS ACTIVITY

Seasonal calendars can be drawn by community members to show the seasons they experience annually and reflect their movements and activities during these times. For example, they can be used to map the movements of Fulani People during the wet and dry season, or to understand what different livelihood activities take place for static communities during different periods, such as religious festivals etc. Completing these activities would support the NTD Programme to understand **when best** to deliver medicines to increase access for as many people as possible.

RESOURCES NEEDED

- **Consent forms**
- **Facilitator**
- **Appropriate environment which is safe, has enough space and has limited or no distractions**
- **Refreshments (if appropriate)**

KEY CONSIDERATIONS

Season calendars can be used as a participatory tool within focus group discussions.

It is important to ensure that everyone who will be involved in the activity is clear on the purpose of the activity before you start, and that consent is gained.

It is important to consider power dynamics and relationships of participants. When making selections around group participants, it is important to also navigate power dynamics, some top tips are:

- Try to make groups as similar as possible i.e. groups should be divided by age, gender, or any other category.
- Typically, in group activities you don't want more than 10 participants.

When asking participants to draw their seasonal calendar, you can ask them questions such as:

- When is the best time for MAM?
- When are people away from the communities for farming/work/school/travel?
- When are festivals held within the community?

Here is an example of what a seasonal calendar might look like:

Further examples can be found at: Loewenson, R., Laurell, A. C., Hogstedt, C., D'Ambruoso, L., & Shroff, Z. (2014). Participatory action research in health systems: a methods reader. Harare: TARSC, AHPSR, WHO, IDRC Canada, Equinet.

Source: *COUNTDOWN Research on Seasonal Calendars in Ghana in partnership with Dodowa Health Research Centre Ghana. Courtesy of Irene Honam Tsey.* ***https://countdown.lstmed.ac.uk/sites/default/files/centre/Seasonal%20Calendars%20in%20Ghana.pdf***

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COUNTDOWN
Calling time on Neglected Tropical Diseases

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