

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

TO TACKLE NEGLECTED TROPICAL DISEASES



## MODULE 4 REVIEWING MAM IMPLEMENTATION FOR ONGOING IMPROVEMENT

# MODULE 4

## REVIEWING MAM IMPLEMENTATION FOR ONGOING IMPROVEMENT

### 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.

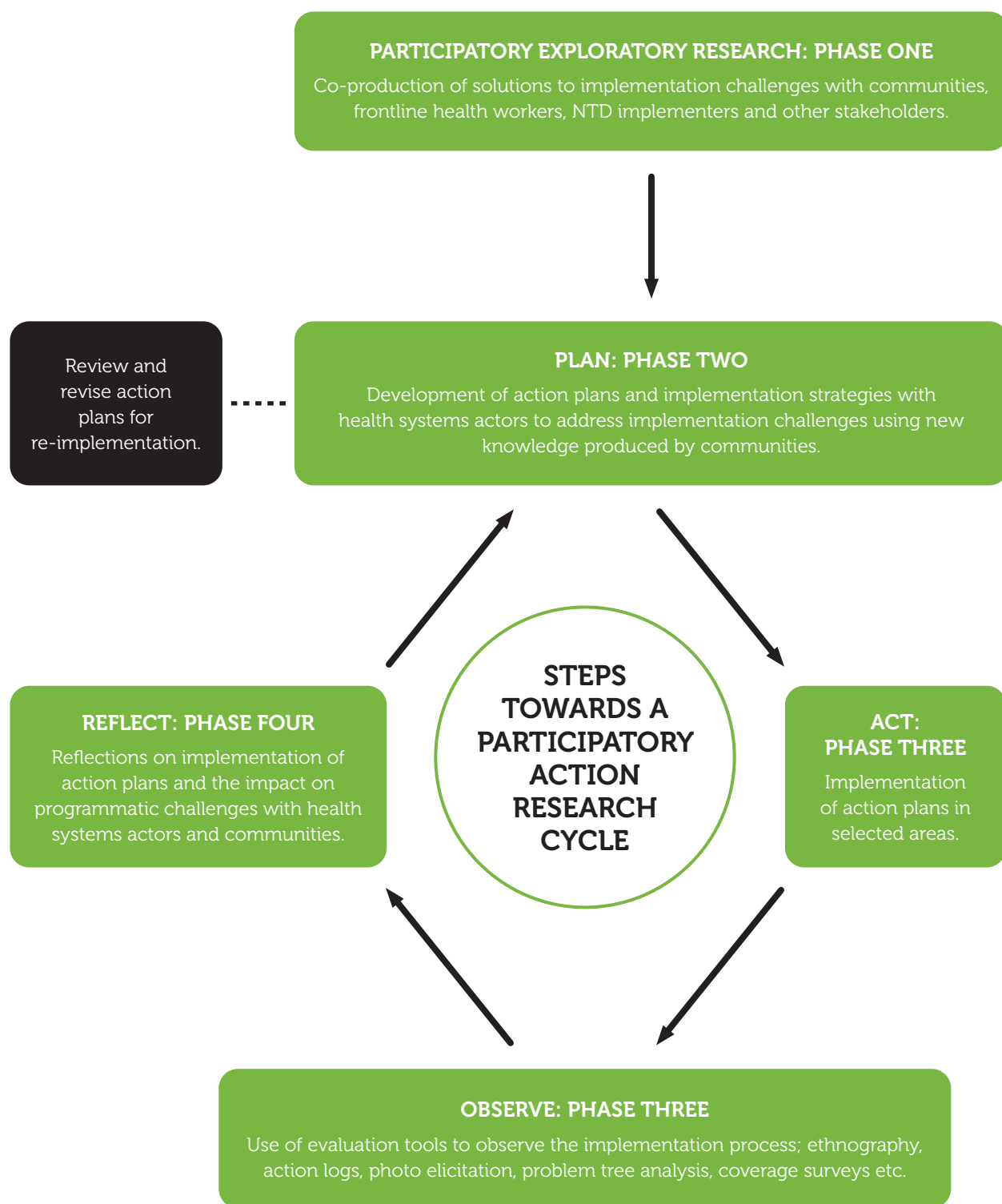


Figure 1. PAR approach to improving equity in MAM (Ozano et al., 2020)

## 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 4

## REVIEWING MAM IMPLEMENTATION FOR ONGOING IMPROVEMENT



This module will focus on how to ensure that the action plan you developed in modules 2 and 3 is implemented effectively. This will be done under the three following headings:

1. FOLLOWING THE ACTION PLAN
2. CAPTURING AND USING LEARNING DURING IMPLEMENTATION
3. REVIEW AND REFLECTIONS

### OBJECTIVES OF THE MODULE:

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

# FOLLOWING THE ACTION PLAN

In order to ensure each of the activities that you propose in your action plan are implemented effectively, there is need to set up a mechanism to follow up each task, so that they are carried out as and when they are due.

## SHARING OF THE ACTION PLAN WITH KEY STAKEHOLDERS

The first step in ensuring that action plans are implemented effectively is to share them with key stakeholders at all levels of governance, especially those who have been involved in the development of the action plan so that they can follow up with the activity. In addition, everyone that has been allocated a task on the action plan needs to be aware of the details and the deadline for when their task requires.

During the action planning meeting a communication strategy should be agreed on to allow for easy sharing of information about the action plans and monitoring the implementation process. Below are options of communication strategies that can be explored:



**WHATSAPP OR OTHER INSTANT MESSAGING SERVICE:** This is for sharing the document, quick questions and feedback on the progress of actions executed.



**EMAIL ADDRESS:** This will be used to share an e-copy of action plans and an updated version when applicable.



**PRINTED VERSIONS OF THE ACTION PLAN:** This will be given to people who do not have access to the previous options above or prefer a hard copy. However, a copy of the action plan should be printed and pasted on the wall at strategic places in the LGA secretariat and at all Health facilities within the LGA.

*Note: The choice/choices of communication must be based on feasibility of using such communication strategy.*

## IDENTIFICATION AND CONSTITUTION OF ACTION PLAN MONITORING TEAM AT THE LGA LEVEL

For an effective monitoring of action plans and tasks assigned to people, there is need to constitute an action plan monitoring team at the LGA level. This set of people should be respected leaders at the LGA and community level that can support the LGA supervisory team for NTD programme in ensuring that planned activities are executed as planned. It should be a voluntary service to their people, hence they should not expect to be paid. Examples of people that can be assigned this task are listed below but should not be limited to this list alone. Try to be as inclusive as possible when establishing this team and ensure you have equal representation of men, women as well as including diversity based on age, geographic location within the LGA, Persons With Disabilities (PWDs) represented etc.





This group of people will be assigned the responsibility of overseeing the implementation of tasks and activities within the action plan in an area close to them and to help document; what was done, how it was done, what worked well, what did not work well and what needs to be improved upon or strategies that need to be changed. This group of people will give feedback to any member of LGA supervisory team assigned to their area.

Members of the LGA supervisory team can get feedback from the monitoring team by calling them or during supervision visit to their area during programme implementation.

Below is a sample of a template that can be used to constitute the committee and assign the tasks and roles (Table 1).

The LGA supervisory team are top health officials at the LGA administrative level. Their role is to oversee and ensure successful implementation of the MAM programme within their LGA. They are available to answer questions and respond to challenges relating to the implementation of NTD programme at the LGA level. The member of LGA supervisory team are:

- **The MOH/DPH at the LGA**
- **The LNTD Coordinator**
- **The Health Educator**
- **Number one Nurse**
- **Number one Community Health Extension workers**

**TABLE 1: SAMPLE OF TEMPLATE FOR ASSIGNING ROLES TO MONITORING TEAM**

MEMBER OF LGA SUPERVISORY TEAM MONITORING MEMBER REPORTS TO	MEMBER OF ACTION PLAN MONITORING TEAM	DESIGNATION OF ACTION PLAN MONITORING TEAM MEMBER	ACTIVITIES TO BE MONITORING	LOCATION	WHEN TASK SHOULD HAVE BEEN COMPLETED
The LNTD Coordinator	Segun Adeola*	Youth leader, <input checked="" type="checkbox"/> community	Pasting of posters, MAM	<input checked="" type="checkbox"/> community	8th of June 2019
The LNTD Coordinator	Adamu Balarabe*	CDA chairperson, <input checked="" type="checkbox"/> LGA	Selection of CDDs, Mass Administration of Medicine	<input checked="" type="checkbox"/> LGA	30th of June 2019
The Health Educator / FLHFs	Afolabi Adeyanju*	CDA chairperson, <input checked="" type="checkbox"/> LGA	Sending of posters from LGA to health facility in <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> LGA	6th of June 2019
The Health Educator	John Chawai*	Chairperson, CAN	Letters to all church leaders in <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> LGA	15th of June 2019

\*These are pseudonyms used only as examples.

## ACTION PLAN ACTIVITY REMINDER PRIOR TO ACTIVITY DATE

It will be good practice that those assigned responsibility for a task in the action plan are reminded of their assigned task a few days (3-5 days) prior to the execution of such activity. In doing so, the following will be achieved:

- **The level of preparedness of the individual for the assigned task will be known.**
- **It will be a wakeup call for the individual in case they have forgotten the assigned role to play in the action plan.**
- **It will help the individual to think about the activity and put finishing touches to his/her preparation for the activity.**

The task of reminding people about their assigned task can form part of the role of the members of the action plan monitoring team.

### WEEKLY REVIEW OF ACTION PLAN

The SNTD assigned to an LGA and the LNTD of that LGA may need to review the action plan on a weekly basis so as to ensure that proposed activity can still be carried out as planned. In cases where there is need for review of activities due to unforeseen circumstances e.g. delay in medicine arrival, public holiday, impromptu government activities, that can disrupt the planned activities in the action plan, the LNTD and SNTD should update the action plan after consultations and share the updated version with stakeholders and those concerned early enough so as to prevent wasting of resources, energy and time that may result from following an older version of the action plan.

# CAPTURING AND USING LEARNING DURING IMPLEMENTATION

Learning from the past to better the future is something we need to apply to our everyday life. Hence to document learnings from each cycle of treatment and use it to improve on future MAM cycle, the following can be considered.

## REVIEW OF EVERY ACTIVITY AFTER ITS COMPLETION

It will be good to have a quick review of every activity after completion in order to document:

✓ **WHAT WORKED WELL**    ✗ **WHAT DID NOT WORK WELL**    ! **AREAS THAT NEED IMPROVEMENT**

This mini review is to help make a good critique and reflection of the activities immediately after their completion. Experience has shown that it is not easy to remember everything about an event several days after it has taken place. The information documented from this mini-review will be useful during the general review meeting. The mini-review should be done mainly by health official's i.e. FLHFs, LNTD and SNTD which can be done individually or by a group of two or three depending on how many of them are together in an area where the activity was implemented. It is an opportunity to celebrate the success of MAM and to seek solutions for any challenges raised.

*So many of us do a lot of work but we don't report. We do a lot of advocacy, sensitisation to achieve success but we don't report.'*

(NTD implementer 2019)

## THE USE OF AN ACTION LOG COLLECTED BY FLHFs AND LNTD

Another way of capturing the learnings from the MAM implementation process is for FLHFs and LNTDs to keep an action log of activities they carried out as part of MAM implementation process. A template of the action log is shown below. A 40 leaves exercise book can be used for this exercise. This exercise book can be a reference material during the review meeting on how to improve on programme delivery.

### EXAMPLE OF AN ACTION LOG:

DATE	ACTION THAT YOU HAVE TAKEN TOWARDS ACHIEVING PLANNED ACTIVITIES (If no actions, state why and discuss any problems/barriers)	WHO WAS INVOLVED AND WHAT WAS THE OUTCOME?	WHAT WORKED WELL?	WHAT WILL YOU DO DIFFERENTLY NEXT TIME?	DID THIS DIFFER FROM PREVIOUS MAM CYCLES?	LEVEL (LGA/HF common and location (HF code/ common code))
16/01/2020	Stakeholders meeting	The following were involved: <ul style="list-style-type: none"> <li>Chief IMAM</li> <li>CAN chairman</li> <li>Okada association</li> <li>WDC chairman amongst others.</li> </ul> The health educator and the LNTD were also involved.	<ul style="list-style-type: none"> <li>Stakeholders pledged support to the programme with resources and community advocacy.</li> <li>Stakeholders appreciate their involvement in the meeting and were more engaged throughout MAM.</li> </ul>	Invite more stakeholders.	Yes. More stakeholders were involved compared to last MAM.	LGA

## LEARNING FROM PHOTOGRAPHS OF EVENTS/ISSUES DURING PROGRAMME IMPLEMENTATION

Photograph of activities or issues that can help improve or affect programme implementation can be taken during implementation activities, this is to help jog your memory on how the event happened or issues raised that affected or assisted the programme delivery. E.g. taking a photograph of dose pole donated by community members to complement the insufficient ones supplied by the programme. Keep a record of what you have taken pictures of so you are able to share learning in the review meetings. Where people may be included in the photograph make sure you gain consent to take the picture. Photographs can be very powerful in lobbying for additional resources or programmatic change based on what has worked during your implementation experiences.

## REVIEW AND REFLECTIONS

At the end of each MAM cycle it is important that a review meeting is organised with all stakeholders involved in the implementation process.

**Two levels of review meeting should be organised:**

**LEVEL ONE**  
LGA LEVEL REVIEW MEETING

**LEVEL TWO**  
STATE LEVEL REVIEW MEETING

The aim of each review meeting is to do a critical and unbiased review of the implementation process to document, what worked well, what did not work well and the area of improvement or change of strategy. Organising a review meeting has funding implications and this needs to be included as part of the action plan and well budgeted for. To have an effective review meeting, the following need to be carefully considered when planning for your review meeting:

## DRAWING AN AGENDA FOR THE MEETING

The first step in preparing for the review meeting is to develop an agenda for the meeting. A sample of an agenda for a review meeting is shown below.

**CONTENT AND STRUCTURE:** The agenda should include a presentation to give feedback on the performance of the LGA in terms of how effective the last MAM exercise was and the major challenges encountered during implementation. A quality time should be allotted to identifying what worked well, what did not work well and how to improve on each of the implementation activities. An important point that should also be discussed is how to raise funds and resources at the LGA/State level to support the implementation programme activities aside the one provided by international organisations. This is important as sustainability of the programme after the exit of international organisations is a subject of discussion.

## AGENDA FOR MAM REVIEW MEETING

ACTIVITY	START TIME	END TIME	PERSON RESPONSIBLE
Opening prayer	10:00am	10:05am	All
Introduction	10:05am	10:10am	All
Welcome address	10:10am	10:15am	The MOH
Key note address	10:15am	10:20am	The Executive chairperson
Presentation on performance of LGA during last MAM	10:20am	10:45am	LNTD
Tea break	10:45am	11:00am	All
Review of last MAM process (breakout into groups for each MAM phase). What worked well, what did not work well, suggestions for improvement	11:00am	1:00pm	All
Lunch break	1:00pm	1:30pm	All
Continuation of review process (Presentation by each group)	1:30pm	2:30pm	All
Closing	2:30pm	2:35pm	All

To ensure full involvement of everyone, the participants should be assigned into groups to review the activities during the implementation. This should be done after the presentation. At the LGA level, members of the LGA supervisory team can facilitate each of the groups and ensure everyone participates well.

**DURATION:** The review meeting should not be more than 5 hours to encourage concentration and participation for the whole meeting, hence time should be allocated for discussion on each implementation activity.

## DEVELOPING A TEMPLATE FOR THE REVIEW MEETING

In planning for the review meeting, there is need to develop a template that will be used for the review of the implementation activities carried out in each LGA. Consider using the template at group level. Below is a sample of a template that can be adapted:

IMPLEMENTATION PROCESS	SPECIFIC TASK IN THE IMPLEMENTATION PROCESS	WHAT WORKED WELL	WHAT DID NOT WORK WELL	AREAS OF IMPROVEMENT OR CHANGE FOR NEXT MAM ROUND
<b>ADVOCACY AND SENSITISATION</b>	<ul style="list-style-type: none"> <li>Pasting of IEC materials on the wall</li> <li>Sensitisation meeting with village heads</li> </ul>	Village leaders were fully engaged and supportive of MAM.	Not enough notice was given and therefore one village head could not attend.	Ensure correct protocols are followed and village heads are invited with enough time.
<b>DELIVERY OF MEDICINES TO COMMUNITIES</b>	<ul style="list-style-type: none"> <li>House to house distribution</li> <li>Distribution at religious centres</li> <li>Distribution at health facility</li> </ul>	Engaging the leaders of churches and Mosques.	Some people were not at home during house to house and CDDs needed to go back which used a lot of their time.	Ensure adequate time and resources are allocated to CDDs for medicine distribution and consider additional mechanisms like fixed point and Mop up.

It may be helpful to review MAM in terms of geographic and therapeutic coverage by wards not only by LGAs. This may help to closely monitor progress and probably help programme implementers to identify communities where transect walk, social mappings are required to identify gaps that will help better planning for improvement.

As part of the review process it is important to understand who is left behind and why. A toolkit called 'Towards universal coverage for preventive chemotherapy for Neglected Tropical Diseases: guidance for assessing who is being left behind and why' has been designed to support NTD programmes to collect and analyse additional quantitative and qualitative data, to show the differences in access to and impact of preventive chemotherapy treatment according to a person's sex, age and other social factors. The link to this tool is:

 <https://apps.who.int/iris/bitstream/handle/10665/259487/WHO-FWC-17.3-eng.pdf>

## IDENTIFICATION OF KEY STAKEHOLDERS THAT WILL BE AT THE REVIEW MEETING

Individuals that will be invited for the review meeting should be key stakeholders in the LGA or at the State level (depending on the level of the review meeting) that can influence acceptability of programme by the community, support the implementation of actions agreed upon and pass across messages/lessons learnt to the people at the community level. Examples of people that can be invited are listed below. The list is not exhaustive and should be based on availability of these group/associations in the LGA/State where the review will be conducted. It is advisable you return to the stakeholder analysis you completed in module 2 so as to identify who should attend the review meeting for each level.



## SELECTION OF AN APPROPRIATE DATE FOR THE REVIEW MEETING

The date and time for the review meeting should be carefully selected based on the area, an understanding of the itinerary of people that are invited is key in making a decision of the date that will be selected for the review. A good example is that Friday may not be a good day to have a meeting because of Muslim prayers and it is a day most people want to travel from their work place to see their family. In summary, the date and time of the meeting should be selected after proper consultation.

## INVITATION LETTER TO STAKEHOLDERS

There is need to send invitation letters to all invitees at least two weeks prior to the meeting date. It will be good to give an overview of the expectations at the meeting and how long the meeting may last. This will enable the intending participants to plan and prepare for the meeting. It is a good practice to send a reminder by text to participants a few days prior to the meeting (3 days) to remind them of the meeting and to get confirmation that they will be able to attend the meeting. This will help in finalising the logistics and budget preparation for the meeting.



Dear Sir / Ma,

### **INVITATION TO ATTEND REVIEW OF MASS ADMINISTRATION OF MEDICINE (MAM) IN KOBITI LGA**

I write to invite you to the review of Mass Administration of Medicine (MAM) in Kobiti LGA coming up on the 20th of November ----. The aim of the meeting is to do a critical review of the just concluded MAM in the LGA in order to identify what has worked well, what did not work well and what can be improved upon during future rounds of the treatment. You have been invited for this meeting because of your position in the society and the role you played during the last programme implementation. We believe your participation in the meeting is important and you will be able to provide useful information on how best to improve on the delivery of the MAM programme in the future. It is expected that the meeting will be about 4 hours. Below are the details about the meeting:

**Venue: Oba Alafin town hall, Imeko**

**Time: 10am**

**Date: 20th November ----**

We would appreciate if you can confirm your availability for this meeting so as to help us prepare the logistic adequately.

Thank you,

**Adeola Adeeko**, LNTD Kobiti LGA

Draft letter

*\*These are pseudonyms used only as examples.*

## VENUE FOR THE REVIEW MEETING

The proposed venue for the review meeting should be carefully considered before selection. The following should be put into consideration:

- **AVAILABILITY OF FACILITIES NEEDED FOR THE REVIEW.** e.g. If you need to use a projector where will you hang your screen?
- **CONDUCTIVENESS OF THE ENVIRONMENT.** e.g. It must be well ventilated and there should be minimal or no distraction.
- **SPACE FOR BREAK OUT SESSION** - The hall should be spacious to allow for division into four groups for the breakout sessions.

## USING YOUR LEARNING IN FUTURE MAM ACTIVITIES

In order to ensure that the learnings from the review meeting are used to improve future planning for programme implementation, it is a good practice to ensure someone is given the responsibility of collating and documenting all the learnings from the review process. The learnings can be used to make recommendations for improving programme performance. These recommendations should be sent to policy makers for their review and approval into policy.

In planning for future MAM activities, reviewing the learnings from previous MAM should be given top priority on the meeting agenda. Information from it should guide decision making for activities that will be in the action plans for the next MAM activities.





# COUNTDOWN

Calling time on Neglected Tropical Diseases

# ANNEX

# ACTION LOG TEMPLATE

Date	Actions that you have taken towards achieving planned activities (if no actions, state why and discuss any problems/barriers)	Who was involved and what was the outcome?	What worked well?	What will you do differently next time?	Did this differ from previous MAM cycles?	Comments



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Calling time on Neglected Tropical Diseases

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*Names listed alphabetically.*

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