

# STANDARD OPERATING PROCEDURE TO INCREASE EQUITY IN MASS ADMINISTRATION OF MEDICINE



A PARTICIPATORY APPROACH TO  
PLANNING AND IMPLEMENTATION

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# ABBREVIATIONS

<b>CDD</b>	Community Directed Distributor
<b>FLHFS</b>	Frontline Health Facility Staff
<b>FMoH</b>	Federal Ministry of Health
<b>HIV</b>	Human Immunodeficiency Virus
<b>LGA</b>	Local Government Area
<b>LNTD</b>	Local Government NTD Coordinator
<b>MAM</b>	Mass Administration of Medicines
<b>M+E</b>	Monitoring and Evaluation
<b>MOH</b>	Medical Officer of Health
<b>NTD</b>	Neglected Tropical Diseases
<b>PAR</b>	Participatory Action Research
<b>PGP</b>	Participatory Guide to Planning Equitable Mass Administration of Medicines
<b>PRO</b>	Public Relations Officer
<b>PHC</b>	Primary Health Care
<b>SNTD</b>	State NTD Coordinator
<b>TB</b>	Tuberculosis
<b>ToR</b>	Terms of Reference

# MODULE ONE

INTRODUCTION TO PARTICIPATORY  
PLANNING AND IMPLEMENTATION  
FOR INCREASED EQUITY OF MAM

# 1. INTRODUCTION TO PARTICIPATORY PLANNING AND IMPLEMENTATION FOR INCREASED EQUITY OF MAM

## PURPOSE OF THIS GUIDE: SCALING UP A PARTICIPATORY APPROACH FOR INCREASED EQUITY IN MAM

The COUNTDOWN research consortium in collaboration with NTD implementers and communities in Ogun and Kaduna States have developed the 'Participatory guide for planning equitable mass administration of medicines' which is referred to as the PGP. 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 PGP aims 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 - marginalised populations have been identified through research.
- ✓ Ensure MAM campaigns are planned to respond to context differences rather than one size fits all approach.
- ✓ Maximise stakeholder participation in planning, especially at the community and LGA levels.
- ✓ Aid and encourage easy access to supportive resources including facilities, equipment, funding and human resources.
- ✓ Enhance collaboration across the health system and across multiple sectors to maximise support for MAM.
- ✓ Encourage systematic and timely planning of all MAM activities by NTD implementers.
- ✓ Stimulate solution focused review of MAM campaigns.
- ✓ Move NTD programmes towards universal health coverage.

This guide has been developed for NTD policy makers and programme implementers at state and LGA level as a step-by-step guide of how to scale up the PGP, providing recommendations for setting up governance structures, such as working groups as well as additional resources needed and training tools to support the process.

## WHAT IS A 'PARTICIPATORY APPROACH TO PLANNING AND IMPLEMENTING MAM'?

To carry out context-specific MAM, implementers will need to engage with relevant stakeholders within the community and local area where MAM is intended. Some of these stakeholders may include religious leaders, traditional leaders, representatives of different groups in the community such as women, persons with disabilities, migrant groups etc. Such stakeholders should be involved early in the planning process and invited to meetings. Below we summarise the key meetings and events important to improving equity in MAM. Detailed information on the approach is in the PGP, with evidence from research, however the below is a summary of the different components of the approach, which has been referred to as a 'paradigm shift' for MAM. Training on these components can be found in Module 3 of this document.

## TYPES OF PARTICIPATORY PLANNING

In the NTD programme, there are two participatory planning meetings; **microplanning** at the LGA level and **macroplanning** at the state level, both are conducted ahead of MAM implementation.

Ahead of any planning meetings, intended participants should be informed at least two weeks before the due date, stating the agenda of the meeting, the venue and the number of hours (duration) of the meeting. The use of local language such as Yoruba, Igbo or Hausa or any of the indigenous languages, should be used when preferred by stakeholders. It is also important to speak clearly and use accessible expressions during the interaction. Implementers should consider engaging the services of interpreters for language and for the hearing impaired. These are among things that foster participation of stakeholders at a meeting.



## MICROPLANNING AND MACROPLANNING

Microplanning is a local level action planning session which involves a wide range of stakeholders and implementers for the purpose of attaining equity in MAM. The meeting aims to include representative groups and individuals who have the necessary knowledge to reach people who are often missed out during MAM. From COUNTDOWN's evidence, holding microplanning meetings first ensures that context-specific factors are closely considered ahead of the macroplanning meeting at the state level. Using this approach ensures that typical MAM activities such as sensitisation, advocacy, medicine logistics and distribution, supervision and monitoring are planned with the local context in mind, responding to community needs and dynamics. Microplanning may take place at individual LGAs or zonally where LGAs are grouped together. The estimated costs of the different approaches for this can be found in the [Costing tool 2021](#).

The action plans from each LGA are then presented at the Macroplanning meeting where a diverse range of stakeholders are also present. These meetings should be participatory and encourage active participation at all levels. Successful participatory planning involves critical stakeholders within the locality in an inclusive process of interaction and decision making.

The atmosphere for such meetings should be friendly, respectful, accommodating, and convenient. The hallmark of a participatory planning process is that every voice is listened to and decisions are jointly arrived at and clearly communicated to all those who participated and those they represent.

**To see how to conduct these meetings refer to the [PGP, Module 2B](#)**



### RESOURCES REQUIRED:

- Letter of invitation to participants
- Action planning template
- Notebook and biro
- A conducive meeting venue
- Tables and chairs

*Note: Action planning template can be found in the PGP and can be downloaded and printed on A3 paper or any appropriate size from the COUNTDOWN website:*

 **Visit: <https://countdown.lstmed.ac.uk/sites/default/files/centre/LGA%20Action%20Planning%20Template.pdf>**



## APPLYING THE MAM ACTION PLANNING TEMPLATE

As part of the micro and macroplanning meetings, action plans for implementing MAM are developed using templates. Depending on the characteristics of the location where MAM is planned for, there are context- specific (urban/rural) actions to consider.

Once templates are filled in, they serve as a working document for the MAM activities. The plan should consider all population groups in the locality in an equitable manner, for example, women, people with disabilities, migrant groups, children, youth and others.



## IMPLEMENTING AND LEARNING FROM THE NEW MAM APPROACH

Once action plans are completed, details should be shared with stakeholders involved in the programme for joint follow up, monitoring and review. This ensures that everyone with roles assigned to them is fully aware and prepared for the dates to carry them out. Every MAM process should be a learning opportunity to improve future cycles, therefore capturing 'what worked well', 'what did not work well' and 'areas that need improvement' is important and tools to do this can be found in Module 4 of the PGP.



Find link: [PGP, Module 4](#)

For more information on the participatory action research (PAR) process that was applied by COUNTDOWN in partnership with the Federal and State Ministries of Health (FMOH), local level NTD programme implementers and communities between 2016 and 2021, see [Module 1 of the PGP](#). This details how this approach is evidence based and tested.



# MODULE TWO

HOW TO SCALE UP THE  
PARTICIPATORY APPROACH TO  
PLANNING AND IMPLEMENTATION

# 2. HOW TO SCALE UP THE PARTICIPATORY APPROACH TO PLANNING AND IMPLEMENTATION

## INTRODUCTION

The scale up of participatory planning and implementation has been piloted across two states. Recommendations from this pilot have been brought together and outlined in the following steps.

*Figure 1: Steps to scale up the PGP to improve equity in MAM.*

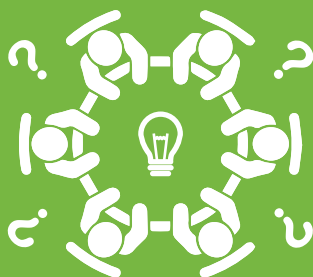
### STEP 1

Establish an initial working group to guide the scale up process in your state using stakeholder mapping.



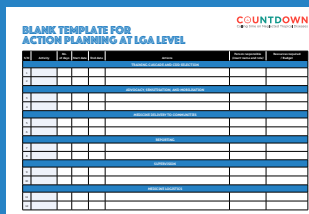
### STEP 3

Explore opportunities and challenges of applying participatory planning and implementation.



### STEP 4

Produce an action plan for scaling up across all (or selected) LGAs.



Visit: [Blank template link](#)

### STEP 7

Review 'paradigm shift training' and scale up to improve participatory planning for MAM based on lessons learned.



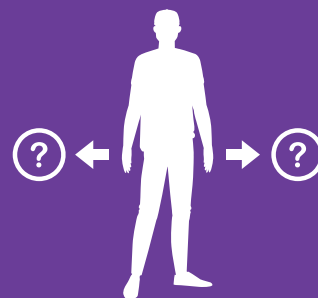
### STEP 2



Gain a clear understanding of the PGP using the video and PGP document alongside the costing tool and learning packs.

### STEP 5

Choose method for training on the approach e.g. train the trainer or/and vertical model.



### STEP 6

Prepare and roll out paradigm shift training.



## STEP 1: ESTABLISH AN INITIAL WORKING GROUP TO GUIDE THE SCALE UP PROCESS IN YOUR STATE USING STAKEHOLDER MAPPING

To ensure that you have the structures in place to support scale up, a working group should be considered to guide the process. Working groups are broadly described as a collection of experts working together to achieve specified goals, they are usually built around specific subject areas. The group will serve to steer the scale up process in your state.

### FORMATION OF THE WORKING GROUP

To form the working group, conduct a stakeholder analysis exercise to identify who is needed to effectively scale up the PGP. This exercise can be found in Module 2A of the PGP (page 10). Try to include persons from multidisciplinary backgrounds and experience to be members. See Box 1 for an example of the pilot states' working group membership. Another important thing to consider is the need to have a good gender mix. This enables the harnessing of relevant experience of members towards meeting the objectives of the group. Approximately 15 to 20 stakeholders are recommended.

#### BOX 1

##### STAKEHOLDERS IN WORKING GROUP

- Representatives of FMOH
- Directors of public health in the state
- Medical officer of health
- Director of primary health care of the LGAs
- LGA Neglected Tropical Disease coordinators (LNTDs)
- M&E officer
- Assistant LNTD
- SNTD Coordinators of the state
- Implementing partners (E.g. Sightsavers, Evidence action)
- Staff of SNTDs unit in the state
- Representatives of migrant communities/non- indigenous ethnic groups
- Social and Mobilisation Officers from LGAs
- Health Educators from LGAs

### RECOMMENDATION

The above list is not exhaustive. Users may decide to add more persons/ officers such as health educators, disease surveillance and notification officers, Chief pharmacist etc, depending on their availability for the function of the working group. Membership can be a flexible and ongoing process, and as new working group members are identified, they should be invited and inducted.

##### EXAMPLE FROM EVIDENCE

Members were purposively selected because of their involvement with the NTD programme and the potential to bring their experience to improve the tools and share valuable advice on the uptake of the tools for equitable NTD programme delivery.



## MEMBERSHIP AND TERMS OF REFERENCE

Once the stakeholders have been identified and contacted, set up an initial scoping meeting to familiarise the group with the tools (see Step 2) and the new approach. Then collectively agree on Terms of Reference. A Term of Reference (ToR) is also a useful document to create with the working group. This document should include the following:

### TERMS OF REFERENCE FOR WORKING GROUP ON SCALE UP OF PARTICIPATORY PLANNING AND IMPLEMENTATION FOR INCREASED EQUITY FOR MAM

#### PURPOSE/BACKGROUND

The Participatory Guide for planning equitable mass administration of medicines was developed to help implementers take a more context specific, bottom up, inclusive approach to increasing equity within MAM.

The purpose of the working group is to support the scale up of the new participatory planning and implementation approach.

#### AIMS AND OBJECTIVES OF THE WORKING GROUP

The Working Group will have responsibilities for the following:

1. To develop an action plan on how the tools will be used and disseminated, including scaling up the use of the participatory planning approach across the state.
2. To develop and roll out a training programme for how to use the tools across the state.
3. To facilitate training of the tools and approach
4. To support with supervision and monitoring of action plan development, implementation and review of MAM.
5. To review the scale up process and make changes accordingly.
6. To be ambassadors in promoting inclusive and participatory approaches so that voices of community members and stakeholders are considered in practice and policy.
7. To advocate for additional resources from funders and donors to support MAM.

#### MEMBERSHIP AND PARTNERS INVOLVED:

- Working Group will comprise of persons who are stakeholders in the NTD elimination programme in their states.
- Membership is voluntary and the group may wish to include more persons and/or groups whose expertise or experience are considered beneficial.

#### SPECIFIC TASKS FOR INDIVIDUAL MEMBERS

- Every member of the group will be expected to attend the meeting as often as the team agrees and carry out tasks that may be assigned for the common objective of the group.
- Every member is expected to share ideas on how to design, produce and share the output with the target users.
- Personal and/or contact details of members of the group must not be revealed to a third party by any member.
- You may choose for Working group members to have specific roles such as taking notes in meetings and sharing reports etc.

#### ACCOUNTABILITY

The group may wish to have a leadership structure for the purpose of accountability and coordination of its activities. The role of the leadership may include setting meeting dates, assigning of roles and responsibilities to members, supervision and be responsible for coordinating the group's activities.

### MODE OF COMMUNICATION AND FREQUENCY OF MEETINGS

- Working groups may meet monthly in the time prior to MAM to support scale up of the approach. If this is not feasible, a WhatsApp group or remote meetings may help support communication and ownership of the approach.
- Collectively agree the best mechanisms to communicate and how often to meet to support scale up process in your state.
- When meeting, an agenda should be prepared to outline the aims of the meeting and content to cover. Invitation and agenda of each meeting may be circulated ahead at least 3 working days before the date of the meeting.
- Minutes should be recorded during the meeting and notes circulated at completion.

### SHARING OF INFORMATION AND RESOURCES (INCLUDING CONFIDENTIAL MATERIALS)

Different working groups have evolved over time thereby making information sharing important among members. However, there is need to safeguard data through a reasonably controlled sharing method. Therefore, the Working Group is to adhere to organisations' acceptable data management and sharing restrictions/requirements. Sharing of information may be through secured email or closed WhatsApp platform for only members who will use them as work tools.

### INTELLECTUAL PROPERTY

All information pertaining to the tools (documentary, audio, video, etc) which the group may come in contact with or produce in the course of its activity remains the property of working group.

### REMUNERATION

Members of the Working Group may not be given any incentive to take part in this activity. However, consider making provision for refreshment whenever the group is meeting. Also, cost of transportation and accommodation of members should be catered for when the need arises. For more information about costs of Working Group meetings, please see the Costing Toolkit 2021.

### EXAMPLE FROM EVIDENCE

Aside from organising in-person meetings where members seat at a venue and deliberate along an agenda, the group in Ogun had a WhatsApp platform where topics and ideas were discussed online, and perspectives shared. The meetings were meant to be monthly, however, some months could not take place; social media platforms like WhatsApp augmented physical meetings and details of conversation were always documented and action points communicated to those assigned roles.



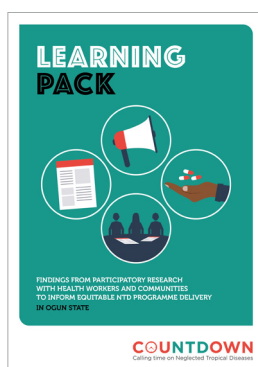
## STEP 2: GAIN A CLEAR UNDERSTANDING OF THE PGP USING THE VIDEO AND PGP DOCUMENT ALONGSIDE THE COSTING TOOL AND LEARNING PACKS

### FAMILIARISE WITH TOOLS AND RESOURCES

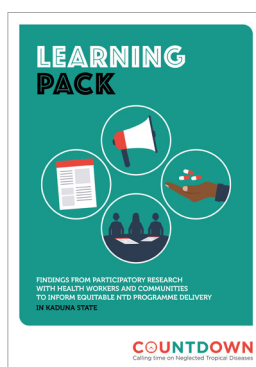
The following tools have been developed through an implementation research process. The tools are available electronically and in print. A summary of the tools and links on where to download them are described below.

#### LEARNING PACKS

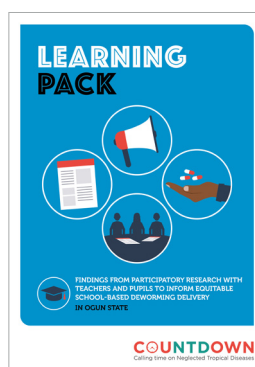
The learning packs identify different community structures within the community and their current or potential role to increase equity in MAM. Learning packs also contain summaries of findings and recommendations from frontline implementers and members of endemic communities on how to improve the performance of the NTD programme. There are two versions; one is related to the onchocerciasis/lymphatic filariasis control programme while the other is for the school-based deworming (SBD) programme for soil transmitted helminthiasis and schistosomiasis.



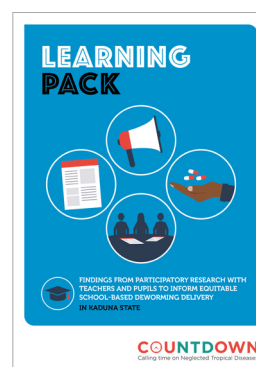
Learning pack -  
Community programme:  
Ogun state



Learning pack -  
Community programme:  
Kaduna state



Learning pack - School-  
based deworming:  
Ogun state



Learning pack - School-  
based deworming:  
Kaduna state

#### SHORT INTRODUCTORY VIDEO

This short video (13 minutes) introduces the PGP and the approach and can be used when setting up the Working Group or for advocacy visits with Ministries of Health or any relevant stakeholders. All COUNTDOWN videos can be found at:

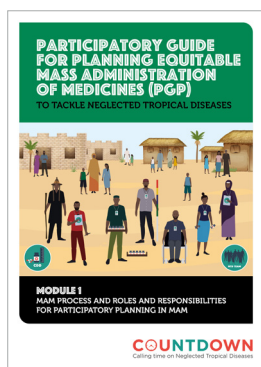
[https://www.youtube.com/channel/UCR9uKO3UKBIUsq7F\\_rPyp1A](https://www.youtube.com/channel/UCR9uKO3UKBIUsq7F_rPyp1A)



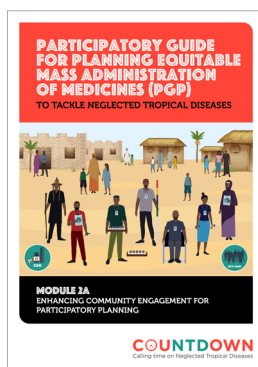
This guide has been produced by the Countdown Consortium in collaboration with the state and Federal Ministry of Health to guide us in Mass Administration of Medicines



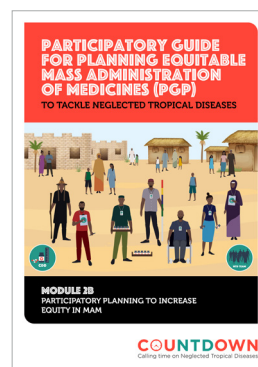
The PGP comprises of 4 modules and a booklet of existing MAM documentation. Each module provides a comprehensive insight into how to plan for context-specific and equitable MAM. It provides lessons from research about stakeholders, structures and mechanisms to engage in MAM, and explores differences between urban and rural contexts and different methods to deliver medicines to communities. It also provides information for building partnerships and collaborations with various stakeholders including who to involve, how to structure meetings and develop an agenda and financial responsibility for effective planning.



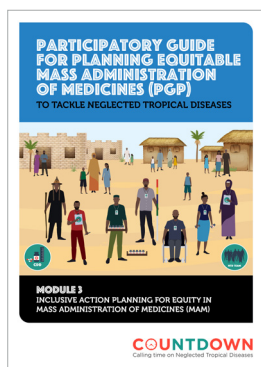
Module 1 - MAM process and roles and responsibilities for participatory planning in MAM



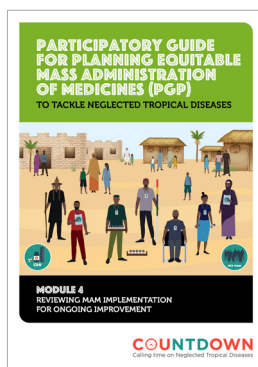
Module 2A - Enhancing community engagement for participatory planning



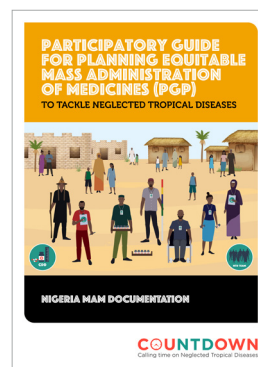
Module 2B - Participatory planning to increase equity in MAM



Module 3 - Inclusive action planning for equity in MAM



Module 4 - Reviewing MAM implementation for ongoing improvement

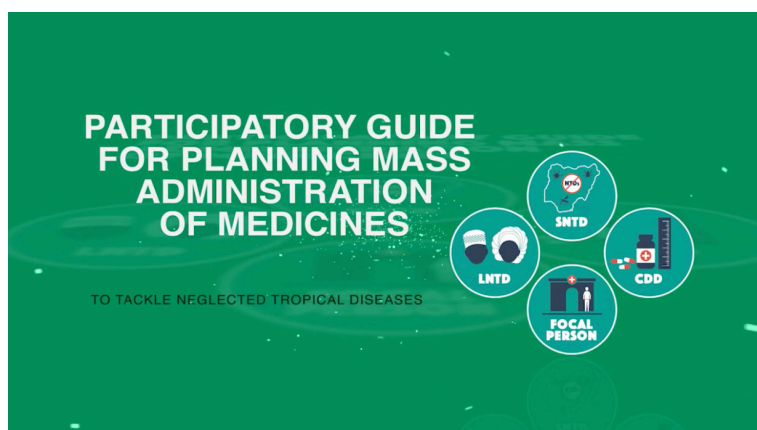


Nigeria MAM documentation

To document the process for learning purposes, live video footage captured the implementation of action plans and the implementation of MAM.

Users will be able to play the video and pause at the end of each module outline to explain salient points to participants at the paradigm shift training. Due to the practical scenes contained in the video, it makes it easier to understand the contents and apply them at each point described.

It is accessible on YouTube platform, and can be downloaded and played on android devices such as telephones, iPads and tablets. It can also be used and/projected from a laptop during training.



## ACTION PLANS

The action planning templates provide a space to capture activities for each stage of MAM including: number of days per activity, start and end dates, specific actions to take in carrying out each activity, persons responsible and the budget required for each of the planned activities. Planning activities cut across sensitisation and advocacy, training, medicine logistics, monitoring and supervision, medicine distribution and data collation etc. All these are to be in-putted on the template according to the contextual needs of the communities in the LGA being planned for.

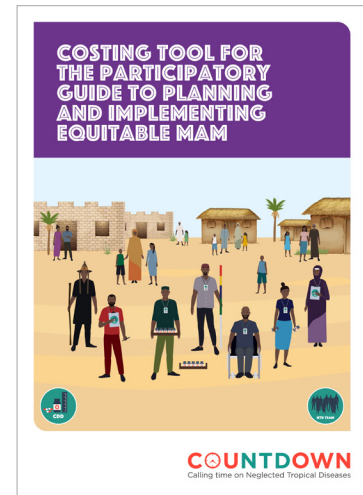
**BLANK TEMPLATE FOR ACTION PLANNING AT LGA LEVEL**

COUNTDOWN  
Calling time on Neglected Tropical Diseases

No.	Activity	No. of Days	Start Date	End Date	Action	Person responsible (insert name and title)	Resources required / Budget
1					TRAINING CASCADE AND CDD SELECTION		
2							
3					ADVOCACY, SENSITISATION AND MOBILISATION		
4							
5					MEDICINE DELIVERY TO COMMUNITIES		
6							
7					REPORTING		
8							
9					SUPERVISION		
10							
11					MEDICINE LOGISTICS		
12							

## COSTING TOOL FOR ACTIVITIES WITHIN THE PGP

The costing tool provides potential costs of carrying out additional activities highlighted in the PGP and is situated as an advocacy tool to secure additional resources for implementing the PGP.





## STEP 3: EXPLORE OPPORTUNITIES AND CHALLENGES OF APPLYING PARTICIPATORY PLANNING AND IMPLEMENTATION

States, LGAs and sometimes communities have systems in place for the delivery of the NTD programme. These may include budgets, human resources, local skills and assets, medicines and materials supply chain, supervision and monitoring mechanism etc.

In terms of human resources, there could be civil servants working in the NTD control department of the State Ministry of Health; State NTD advisory committee, funding agencies and civil society organisations which could be leveraged for MAM. At the local level the community may have skills and assets that could support MAM sensitisation or mobilisation. Consider these assets and key people in the community that could support implementation.

In terms of medicines and supply chain management, a third-party logistics company or private service vendors may be part of the transportation network in a state or LGA while at the LGA and community levels, there could be the LGA team comprising the LNTD, the MOH/director primary health, health educator/social and mobilisation officers, representatives of ward health committee or youth mobilisation groups respectively who are all assets for the MAM programme.

These are resources that can produce effective MAM outcomes when properly harnessed. It is therefore important to appraise and know what opportunities can be derived from these assets; what challenges or gaps they are currently faced with and what may be required to address the identified challenges. The appraisal brings implementers closer to understanding how to apply the participatory approach as recommended in the PGP.

### EXAMPLE ACTION

Implementers can evaluate how MAM activities are currently being funded in the state, LGA or the community and how many activities are not being funded based on the PGP recommendations. Some probes could be:

1. Who is currently funding MAM activities? Is it through counterpart funding or sole funding? What are the funding gaps?
2. Who implements the programme and how many people does that include? What is the number of SNTDs, LNTDs, CDDs, FLHFS etc? What are the gaps?
3. Is the number of implementers sufficient to cover the area of the programme satisfactorily?
4. What is the distribution of the implementers, are there any gaps?
5. How can gaps identified be addressed?
6. Which other stakeholders are currently part of the programme at the State, LGA and community levels? Are there any gaps?
7. Will engaging new stakeholders recommended by the PGP attract any cost, what cost might that be?
8. Which stakeholders do other programmes like immunisation, TB and HIV engage for sensitisation, for treatment, for logistics etc. Can the MAM programme collaborate with these programmes?
9. Which persons, organisation, and agencies could be potential funders or partners of MAM activities?
10. What capacity does the current set of implementers have, what skill sets do they need and how can that be provided?
11. What will it cost to provide all the resources required in terms of financial and non- financial materials?
12. Who can take up those costs and pay?
13. Are there seasonal challenges or opportunities that must be considered when planning for MAM, such as flood, locusts, fishing festival, security challenge, religious programmes e.g. Lent and Ramadan?
14. Are there any new implementers that need additional support?
15. Which implementers are good at training and are participatory in their approach, how could they be involved in delivering paradigm shift training?

The working group can draw out the following example grid on a flip chart and explore the resource gaps, infrastructure, opportunities, challenges and actions that could be taken to improve MAM equity. We have provided some examples, however your state will have context specific resource challenges.

### EXAMPLE GRID

This step will provide ideas on how to maximise available resources for the programme and ways to make effective use of the PGP to plan and implement the programme.

MAM RESOURCE	INFRASTRUCTURE	OPPORTUNITIES	CHALLENGES	ACTION
<b>Who is currently funding MAM activities? Is it through counterpart funding or sole funding?</b>	Sightsavers support	We can advocate to include this approach with the partners	Insufficient budget	Contact Sightsavers to discuss options
<b>Who implements the programme?</b>	CDDs, FLHFs, LNTDs and SNTDs.  Women CDDs are low and mean that some households will not be accessed	There are some women's groups that could be consulted to see if more women CDDs could be recruited	There are other health programmes being implemented which could clash with MAM and take the time of women	Connect with heads of other health programmes and women's groups to discuss potential collaboration and joint working
<b>Is the number of implementers sufficient to cover the area of the programme?</b>	No, the number of CDDs is not enough in some areas and as a result some communities are missed- the infrastructure is not in place within these remote communities	There is still volunteerism in these remote areas	Other health programmes pay distributors. Hence there is similar expectations on the NTD programme	Communities should own the programme. Contact leaders and volunteers to gain their support. Explain the financial restraints, benefits to the community and ask how they can help

## STEP 4: PRODUCE AN ACTION PLAN FOR SCALING UP ACROSS ALL (OR SELECTED) LGAS

Working groups should decide how best to roll-out the approach. They should consider:

- **HOW MANY STATES/LGAs TO ROLL-OUT TO?**

During the pilot across two states, the approach was initially piloted in 4 LGAs per state and then in the following year, scaled up to all LGAs within those two states. However, depending on resources, states may choose to scale up to all LGAs prior to MAM. This will take planning and working groups will need to decide how best to approach this.

- **WHAT ARE THE ROLES AND RESPONSIBILITIES OF EACH WORKING GROUP MEMBER?**

Working groups should consider their role and expertise in training on the participatory approach, in supervising and monitoring the roll-out, and in reviewing the successes and challenges of the approach.

- **HOW LONG BEFORE MAM WILL THEY BEGIN TRAINING OF STATES/LGAs?**

Paradigm shift training is outlined in steps 5 and 6. A suggested agenda, presentations and activities can be found in Module 3 of this document. The following example action planning template may be used to support the scale up process.

ACTIVITY OR ACTION	DATES / TIME	FACILITATORS / HUMAN RESOURCES NEEDED	ROLES AND RESPONSIBILITIES	LOGISTICS REQUIRED	BUDGET
Zone 1 training	1st- 2nd June 2021	<ul style="list-style-type: none"> <li>• NTD Coordinator - Hauwa</li> <li>• SNTD - Sani</li> <li>• 40 trainees</li> </ul>	<ul style="list-style-type: none"> <li>• --- to send invitation letters</li> <li>• --- to prepare training materials</li> </ul>	<ul style="list-style-type: none"> <li>• Training materials</li> <li>• Refreshments</li> <li>• Transport allowance</li> </ul>	N

## STEP 5: CHOOSE METHOD FOR TRAINING ON THE APPROACH E.G. TRAIN THE TRAINER OR/ AND DIRECT TRAINING MODEL

To ensure uptake of the PGP across the state at each LGA, training is required to strengthen capacity for participatory planning and use of the intervention tools. The training structure should be agreed by the Working Group, however, it may be appropriate to adopt the existing political demarcation of states into three senatorial zones, and cluster LGAs within each zone to a central location.

Depending on resources, time available and skills, you may select one of the following models:

- **One model requires a team of expert trainers who will visit each state zone (direct training), staggering training across approximately two weeks.**
- **The second model uses a train the trainer approach, where more trainers are initially trained who then conduct training for others within their Zone. This means that Zonal training can be done simultaneously by different trainers. An overview, based on evidence, can be found in Table 1.**

Two days training for participants is required and further information, including agendas, presentations and activities can be found in module 3 of this document.

### OVERVIEW OF TRAINING APPROACHES PILOTED:

#### DIRECT TRAINING MODEL 1

**State divided into three zonal areas. One zone trained each week by State NTD coordinator with the working group members.**

**TRAINERS:** State NTD coordinator (supported by working group).

**TRAINEES:**

- LNTD coordinators
- Social Mobilisation Officers
- Partners
- Assistant LNTD coordinators
- Health Educators

**LENGTH:** Two days at each zone = Total 6 days.

**KEY SUCCESSES:**

- Consistency with same trainers for each zone
- Short duration means minimal impact on human resources and budget

**KEY CHALLENGES:**

- Consider transport costs for trainers
- Some stakeholders may have been missed
- Requires expert trainers to facilitate

**COST:** For costing on the two approaches please see the Costing Toolkit 2021.



**State divided into three zonal areas. Identify 3 sets of trainers from each zone. The working group will train these 3 zonal trainers so that training is then delivered simultaneously by them.**

After training of the first category of implementers comprising LNTDs, health educators and M&E officers, Medical Officers of Health/Directors of Primary Healthcare were invited from across all the LGAs in the state and trained separately.

#### TRAINERS:

- SNTD coordinator
- SNTD logistic officer
- Data manager etc.
- SNTD assistant coordinator
- Public relation officer

#### TRAINEES:

##### 1. LGA level

- LNTD
- Health Educators
- M+E officers/ Assistant LNTDs

##### 2. MoH level

- Medical Officers of Health
- FMOH NTD representative

#### LENGTH:

- Two days for training of trainers
  - Two days for training of LGA level stakeholders at each zone
  - One day training for MoH
- = Total of 9 days

#### KEY SUCCESSES:

- Multiple trainers create an expert team
- Multiple training sessions may improve learning
- Trainers become knowledge champions and will ensure smooth uptake
- Trainers easily own the paradigm shift process

**KEY CHALLENGES:** Separating sessions for LGA stakeholders and MOH may reinforce power differentials.

**COST:** For costing on the two approaches please see the Costing Toolkit 2021.



## BUDGET AND FUNDING

Like all MAM activities, it is important to draw up a budget and source for funds to support training ahead of the commencement date. The budget should take into account important aspects like the venue of training, refreshment of participants, cost of printing copies of the PGP, the learning packs, evaluation forms and where applicable allowance for participants and or transportation logistics. The size of the budget is usually dependent on the number of stakeholders being mapped to attend the training. It may be useful to refer to the COUNTDOWN costing tool to gain insight to some cost areas.

## STEP 6: PREPARE AND ROLL OUT PARADIGM SHIFT TRAINING

### DECIDE WHICH STAKEHOLDERS TO INVITE FOR TRAINING

Stakeholder mapping should take place prior to training. Stakeholders to include will depend on the mechanism of roll-out and may be context specific. Stakeholders to consider inviting for paradigm shift training include:

- SNTD coordinator
- SNTD assistant coordinator
- SNTD logistic officer
- Public relation officer (PRO)
- Data manager
- FMOH Programme Officer/representatives
- LNTD coordinators
- Assistant LNTD coordinators
- Social Mobilisation Officers
- Health Educators
- FLHF staff
- Partner Implementers programme officer (e.g. Sightsavers)
- State NTD unit accountant
- Medical Officers of Health
- State Universal Basic Education Board
- Primary Health officials

#### EXAMPLE FROM EVIDENCE

The Stakeholder mapping exercise identifying who to invite for paradigm shift training should take place prior to training. Excluding stakeholders can create challenges during implementation or impact working relationships, however as this is a continual learning process, space should be given to recognise that new stakeholders may emerge throughout the scale up process, and therefore stakeholder mapping should be flexible and iterative.

Pre-existing power dynamics are natural in health systems, as well as logistics, and may mean it is easier to train some stakeholders separately, as was seen in Ogun where Medical Officers of Health were trained all together, but separately from LGA level stakeholders. This requires more days to be designated to training, and also may reinforce power differentials, consider the pros and cons of this approach. Separating training by stakeholders may reduce the cohesion of the NTD workforce and should be carefully considered.

The paradigm shift training, and subsequent tools has provided a space where diverse stakeholders can collectively reflect on the challenges of implementation and propose solutions to their specific context. For example, a challenge of implementation identified during training was reduced uptake of medicines by community members due to issues of distrust of the health system and alternative beliefs about NTD medicines. This training enables stakeholders to gain skills in identifying challenges which affect equity in MAM, and co-produce solutions. These skills will then be transferred to microplanning, where specific and achievable actions can be developed and implemented.



## ARRANGE DATES AND VENUES

An appropriate venue for training should be arranged. Appropriate venues should:

- ✓ **Have enough space for all participants to work in groups, and to participate in interactive activities such as role plays.**
- ✓ **Be accessible to all participants.**
- ✓ **Be designated for training, as multiple events or conflicting work priorities may distract learners.**
- ✓ **Provide refreshments, including lunch where appropriate to motivate participants.**

### EXAMPLE FROM EVIDENCE

The date of the training should be communicated to participants in good time. Examples of invitation letters can be found below. It has been recommended that the PGP and Learning packs are shared two weeks prior to training to allow participants to familiarise themselves with the tools. Please consider the day carefully and ensure it does not conflict with religious events and other important events or holidays which may reduce participation of invited stakeholders.

The venue at each zone may also impact learning and participation and therefore should be considered. Zonal training should consider any LGAs that cannot be included, for example, in Kaduna, one LGA could not participate due to security issues.

Timing is important to consider making sure that there is sufficient time to complete activities, and that the date is appropriate for all stakeholders and does not conflict with other priorities. Zonal differences including starting times may change the duration of workshops, which may impact learning.

### A SAMPLE LETTER TO SECURE PERMISSION FOR LNTD TO ATTEND TRAINING:

The Honourable Chairman  
Kaduna North Local Government Area  
**Attention:** Director Primary Health Care

18/01/2021

Dear Sir / Ma,

#### **INVITATION FOR THE LOCAL GOVERNMENT NEGLECTED TROPICAL DISEASES PROGRAMME COORDINATOR TO ATTEND A ONE-DAY CAPACITY STRENGTHENING TRAINING IN KADUNA.**

The LNTD is being invited to a one-day **Capacity Strengthening Paradigm Shift Training**. The objective is for implementers to acquire skills on community engagement, teamwork, partnership and conflict resolution towards achieving an efficient, effective, and equitable delivery of mass administration of medicine programme in diverse contexts.

Kindly provide support and grant permission to the referred officer to attend the training please.

The training will be held as follows:

**Date of Training:**

**Date of Arrival:**

**Date of Departure:**

**Venue:**

**Time:**

Thank you.

Yours faithfully,

Sample letter

## A SAMPLE OF DIRECT LETTER TO THE INVITEE:

18/01/2021

Dear Sir / Ma,

**INVITATION FOR THE LOCAL GOVERNMENT NEGLECTED TROPICAL DISEASES PROGRAMME COORDINATOR TO ATTEND A ONE-DAY CAPACITY STRENGTHENING-PARADIGM SHIFT TRAINING IN KADUNA.**

You are invited to a one-day **Capacity Strengthening Paradigm Shift Training**. The objective is for implementers to acquire skills on community engagement, teamwork, partnership and conflict resolution towards achieving an efficient, effective, and equitable delivery of mass administration of medicine programme in diverse contexts.

Kindly follow up with the relevant authority to secure permission to attend this important training.

The training will be held as follows:

**Date of Training:**

**Date of Arrival:**

**Date of Departure:**

**Venue:**

**Time:**

Thank you.

Yours faithfully,

Sample letter

**PREPARE AND OBTAIN RESOURCES REQUIRED:**

Prior to training on the approach, you may want to gather resources required.

Recommended resource include:

- Sticky notes
- Flip chart
- Refreshments
- Memory sticks with tools
- A3 template action plans
- Learning packs
- Presentation slides
- Pens/highlighters/pencils
- Projectors
- Training video
- PGP
- Costing tool



Sufficient copies of the PGP and learning packs should be printed and shared with the stakeholders ahead of the training. Insufficient copies may reduce engagement and learning. Resources such as working projectors and audio facilities should be checked ahead of training.



**Guidance for delivering the capacity strengthening- paradigm shift training can be found in Module 3 of this document.**



## STEP 7: REVIEW 'PARADIGM SHIFT TRAINING' AND SCALE UP TO IMPROVE PARTICIPATORY PLANNING FOR MAM BASED ON LESSONS LEARNED

### CAPACITY STRENGTHENING-PARADIGM SHIFT TRAINING

Following the Paradigm shift training, the Working group should review what went well, what did not go well and what changes should be made.

The Working Group may want to reflect on:

- **Training resources such as PowerPoint presentations (See the Annex): did they work well? Were they understood? What changes should be made?**
- **Usefulness of role plays: did participants enjoy them? Did they learn from them? Did you have enough time for role play and feeding back following them?**
- **Comfortability of venue: was it appropriate? Did you have enough space? Were there distractions? Was the venue accessible for all stakeholders?**
- **Were the objectives of the training achieved?**
- **Trainer's ability to engage with trainees effectively; Was the training inclusive? Were all voices listened too?**
- **Consider easiness of flow of the training content**
- **Consider appropriateness of the length of time of training**
- **How has the participatory approach impacted the process?**
- **Were pre and post tests used or required? How successful were they?**
- **What aspects were least helpful in the training?**

Training evaluations can support this process (see Module 3 of this document). Ask those taking part in the training to fill out the evaluation form and for the forms to be collected. These evaluation forms can be analysed using simple percentage or preferred quantitative formula to understand the suitability of the training and its impact or its ability to meet the set-out goal of the training.

### SCALE UP PLAN AND IMPLEMENTATION

After implementation it is important to reflect on what worked well and what did not so that future cycles of implementation can be strengthened. The following questions should be used to guide this meeting:

- **Were micro plans developed?**
- **Did stakeholders perform their roles and responsibilities?**
- **Which population groups were reached or missed still?**
- **Were new stakeholders involved in MAM and did their involvement impact equity of MAM?**
- **Which stakeholders are still missed?**
- **Were the action plans implemented, updated and reflective of changes in the programme?**
- **Did implementers understand the new PGP approach or were there gaps?**
- **What else needs to improve equity in MAM?**



# MODULE THREE

HOW TO TRAIN ON THE  
PARTICIPATORY APPROACH TO  
PLANNING AND IMPLEMENTATION

# 3. HOW TO TRAIN ON THE PARTICIPATORY APPROACH TO PLANNING AND IMPLEMENTATION

The training activities should be planned across two days. However, if your state would like to adjust to more days, a new agenda will need to be developed according to budget and timeframe.

Day one will focus on capacity strengthening for participatory skills and community engagement. Participants will work collaboratively with facilitators to develop soft skills which they will discuss according to their contribution to the planning for MAM. The facilitator will encourage participants to reflect how openness in communication will improve planning and how flexibility will help in joint decision making. Find sample of agenda below.

Day two will focus on the tools which can support planning for MAM and improve equitable coverage. Both days should include interactive learning activities, which engage participants and support sustained change. Below you will find suggested training activities to support this learning. An outline of the agenda can be found in the sections below. The training PowerPoint presentations can be downloaded at the web link below, in the PGP section.



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

## OBJECTIVES OF TRAINING

- ✓ Identify and develop participatory non-hierarchical skills to enhance equitable input of all partners in planning for MAM, including the promotion of joint solution development and decision making from community level implementers.
- ✓ Enable participants to acquire and transfer participatory facilitation and teaching skills when cascading training and engaging with a range of stakeholders.
- ✓ Learn and share participatory tools that will help to engage communities in planning and to take ownership of MAM so that more people are reached.
- ✓ Introduce and empower participants to engage with and use the 'Participatory Guide for Planning (PGP), learning packs and supporting video.

## EXAMPLE FROM EVIDENCE

Training in a participatory way can create a learning environment for LGAs and community partners to share lessons learned from their experience and reflect on what actions will support the success of the programme. Therefore, facilitating cross-contextual knowledge sharing and joint solution development is important.

Different challenges may emerge across the zones, for example:

- Gender may inhibit participation of women stakeholders in some contexts, hence facilitators should be skilled in assessing and addressing these power dynamics.
- Religious practices may inhibit participation, hence facilitators should be flexible and respectful to facilitate and recognise time for prayers in the course of the training as may apply to attendees.



## DAY 1: PART A: DEVELOPMENT OF PARTICIPATORY SKILLS

# 1

### AGENDA: TRAINING ON DEVELOPMENT OF PARTICIPATORY SKILLS AND INTRODUCTION TO PARTICIPATORY TOOLS

SESSION	SESSION LEARNING OBJECTIVES	ACTIVITIES	SLIDES	TIME	PERSON RESPONSIBLE (to be completed)
DAY 1: PART A: DEVELOPMENT OF PARTICIPATORY SKILLS					
Session 1.0: Introduction and agenda setting	By the end of this session, trainees will: <ul style="list-style-type: none"><li>Be introduced to other trainees and the facilitator.</li><li>Engage with the participatory and interactive style of training.</li><li>Recognise the importance of power dynamics and be confident to facilitate activities on power dynamics.</li></ul>	1.1 Registration and introduction	N/A	08.30-09.00am	
		1.2 Prayer, opening remarks and agenda overview	1-4	09.00-09.10am	
		1.3 Power Exercise	5-7	09.10-09.25am	
Session 2.0: Facilitator personal attributes	By the end of this session, trainees will: <ul style="list-style-type: none"><li>Identify how various attributes contribute towards successful work with the community, FLHF staff and other local level stakeholders.</li><li>Explore personal attributes and how they encourage or discourage facilitation.</li><li>Familiarise with different traits of facilitators and building facilitatory skills.</li><li>Demonstrate facilitatory skills that can be used in the community which should be able to step down training to other implementers.</li></ul>	2.1 Trust, respect and mutuality exercise	8-11	09.25-09.40am	
		2.2 Explore understandings of the skills and character traits: Presentation and discussion	12-23	09.40-10.10am	
Session 3.0: Conflict resolution and power dynamics	By the end of this session, trainees will be able to: <ul style="list-style-type: none"><li>Identify potential sources of conflicts.</li><li>Identify how to negotiate power structures in teams to maximise participation for resolution to improve the NTD programme.</li><li>Be able to facilitate these skills and knowledge to others.</li></ul>	3.1 Resolving disagreements group work and presentation	24-25	10.10-10.40am	
		3.2 Conflict management strategies presentation	26-31	10.40-11.10am	
		3.3 Participatory approach snowballing discussion	33-35	11.10-11.30am	
Break				11.30-11.45am	

SESSION	SESSION LEARNING OBJECTIVES	ACTIVITIES	SLIDES	TIME	PERSON RESPONSIBLE (to be completed)
DAY 1: PART B: INTRODUCTION TO PARTICIPATORY TOOLS					
Session 4.0: Introduction to PGP and video	By the end of this session, trainees will become familiar with the PGP and the use of the video for training.	4.1 Introduction of session, the PGP and use of video	36-37	11.45am-12.00pm	
Session 5.0: Module 1 Roles and responsibilities	By the end of this session, trainees will be able to: <ul style="list-style-type: none"><li>Define what the roles and responsibilities of NTD implementers are for MAM.</li><li>Identify any additional roles and responsibilities needed for their own context.</li><li>Facilitate and introduce module 1 to others.</li></ul>	5.1 Play module 1 section of video	N/A	12.00-12.30pm	
		5.2 Roles and responsibilities group work	38-39	12.30-1.00pm	
Lunch				1.00-2.00pm	
Session 6.0: Module 2A Stakeholder and community engagement	By the end of this session, trainees will be able to: <ul style="list-style-type: none"><li>Recognise the importance of equitable coverage.</li><li>Identify who are communities often missed by MAM.</li><li>Apply methods such as transect walks and social mapping to identify communities currently being missed.</li><li>Communicate and demonstrate how to conduct transect walks and social mapping to others.</li></ul>	6.1 Play module 2 section of video	N/A	2.00-2.15pm	
		6.2 Discussion on the importance of equity and community engagement	40-43	2.15-2.30pm	
		6.3 Transect walk and social mapping activity	44-45	2.30-3.30pm	
Break				3.30-3.45pm	
Session 7.0: Module 2A Facilitatory methods to support dialogue with communities	By the end of this session, trainees will be able to: <ul style="list-style-type: none"><li>Apply methods such as in-depth interview or problem tree analysis to engage in dialogue with community members to review and plan for equitable MAM.</li><li>Communicate and demonstrate these methods to others.</li></ul>	7.1 Presentation on methods	46-48	3.45-3.55pm	
		7.2 Group practice on interviews or problem tree analysis	49	3.55-4.40pm	
Session 8.0: Close of day	During this session, trainees will be able to ask any remaining questions they have.	8.1 Close of day Q+A	50	4.40-5.00pm	

# SESSION 1.0: INTRODUCTIONS AND AGENDA SETTING

## AIM OF THE SESSION

This session aims to ensure that participants are familiar with each other and the trainers, to create an atmosphere of participatory learning and ensure participants understand the agenda, what is required of them and why the training is important.

The first day of training can be broken down into 8 sessions, each session is made up of interactive activities. The morning will begin with facilitation and communication skills, and the afternoon will focus on roles and responsibilities of the NTD team and strengthening skills to engage with communities.

### 1.1 Registration and introduction

- Set up a registration desk and ask each participant to fill in the registration form.
  - Ensure that participants have copies of the PGP and learning packs.
  - Allow participants to flip through and familiarise themselves with the tools, asking if anyone has any quick questions relating to the guide.
  - Ensure the projector and other resources for the training are set ahead of commencement of activities for the day.

### 1.2 Prayer, opening remarks and agenda overview

When all participants are in place, deliver an opening prayer and remark of why everyone is here and why it is important to listen carefully, ask questions and be open to providing peer feedback and support to each other. Talk through the agenda, timing for the two days and explain that there are many participatory activities that are designed to improve knowledge of participatory planning for MAM to improve equitable coverage. Guide participants to set ground rules.

Introduce the aims and objectives of the training using slides 2-4 so participants know what to expect during the training.

**Addressing power differences in the room (slide 5):** Undertake the following power exercise to support a shared learning environment. This exercise aims to situate all participants' knowledge as valid and important, emphasising that everyone's opinions and voices are equal within this training. Attempt to remove existing hierarchies of power where possible and this is a first step to do that - use slides 5 to 7 to introduce the topic.

### 1.3 Power Exercise

- Step One: Provide participants with 5-10 pieces of paper.
- Step Two (slide 6): Ask participants to write on the paper any title they are known by - e.g. Dr, Mr, Mrs, LNTD, SNTD, PHC Director etc.
- Step Three: Place a basket or bowl in the middle of the room.
- Step Four: Ask participants to gather around the basket or bowl.
- Step Five: One by one ask participants to read out their different titles, telling you what they mean to them. (NB. Things about status or power will likely come up, particularly in relation to titles such as Dr etc).
- Step Six: Ask participants to scrunch up their titles and throw them into the basket.
- Step Seven (slide 7): Power can be a block to really identifying contextual solutions as people who feel their knowledge is not valued will not contribute, therefore it is important to make the point that we have tried to remove hierarchy and titles for this training session so that everyone should feel able to participate equally.



## SESSION 2.0: FACILITATOR PERSONAL ATTRIBUTES

### AIM OF THE SESSION

The aim of this session is to understand how various personal attributes contribute towards successful work with the community, FLHF staff and other local level stakeholders. By the end of this session, participants should be able to understand the attributes needed for working effectively in the community, thus strengthening facilitatory skills that can be cascaded to other implementers. Use slides 8-11.

#### 2.1. Trust, respect and mutuality

Ask everyone in the group to write on sticky notes what is meant by 'Trust', 'Respect' and 'Mutuality'. You can prompt the discussion with questions such as:

- **What is trust and mistrust?**
- **What is respect and disrespect?**
- **What is mutuality?**

Ask participants to come forward and stick their notes on a flip chart and read what others have put. Group them into main points and summarise verbally.



Then share the following definitions using slide 11.

- **Trust:** Some people describe it as "firm belief in the reliability, truth, or ability of someone or something".
- **Respect:** Some explain it as "due regard for the feelings, wishes, or rights of others"
- **Mutuality:** Sharing and accommodating of feelings and action in a relationship or group.

As a group reflect on any differences in their interpretation and the descriptions shared so participants can build up an idea about these concepts.

Then ask participants to pick a partner and talk to them for five minutes about what behaviours can build trust and show respect and mutuality. After this exercise, use a flip chart to add to their inputs and discuss how these skills can build strong trusting relationships with people so they feel able to share valuable solutions to NTD programme challenges.



#### 2.2. Explore understandings of skills and character traits: presentation and discussion

In this activity it is important to generate traits such as: understanding, listening, flexibility, open communication, and active listening.

First facilitate a discussion with all participants using sticky notes, where participants write down 3 traits they have which support good communication. Use these to facilitate a discussion and brainstorm other traits that participants have not mentioned and discuss how they impact the NTD program. During the discussion, it is important to help participants explore the difficulties they may encounter in shifting from previous more directive methods of engagement.

**Presentation on communication and facilitation skills:** Go through slides 12-23 which discusses the importance of neutrality, good questioning, communication skills, facilitation skills and body language. Give room for questions and answers after which you ask the participants to give examples of open, closed, and leading questions.

Encourage the use of good facilitation skills using open-ended questions. By the end of this session participants should be able to understand what open-ended questions are, how to ask them and how to train others to ask them.



**Example from evidence:** Training will support development of communication and community engagement skills which will strengthen programmes through identifying the needs of the community, understanding community structures and key stakeholders to engage, which may increase community trust, acceptance and resource mobilisation.



## SESSION 3.0: CONFLICT RESOLUTIONS AND POWER DYNAMICS

### AIM OF THE SESSION

The aim of this session is to identify potential sources of conflicts, how to negotiate power structures in teams to maximise participation for resolution to improve the NTD programme.

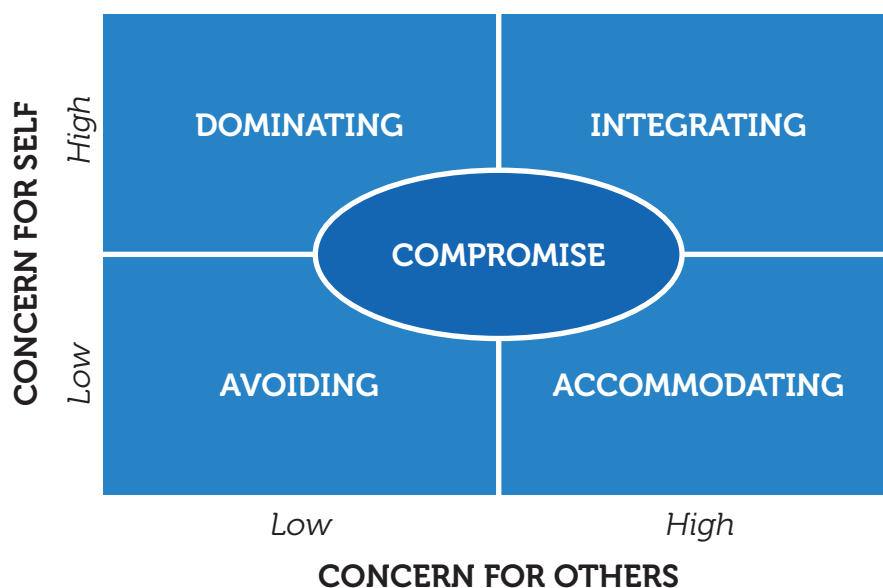
#### 3.1. Resolving disagreements group work and presentation

Ask participants to form small groups (4-6 people) to discuss various conflicts they have encountered in the course of their work as NTD implementers and how they were able to resolve them. After the exercise, each group will have a representative who will present their contributions to the wider group. Participants will all listen to the contributions and discuss what they have learned and ask questions where necessary.

Bring the participants together. The facilitator should then present some examples of conflicts and how they have impacted the programme and give examples of how to solve the challenges. Prepare these before the training session so they are fresh and applicable to you as a facilitator.

#### 3.2. Conflict Management strategies presentation

Bring the group back together and present the slides of conflict management strategies (slides 24-32). Ask the participants to list potential conflicts then give a brief presentation on the five conflict management strategies to demonstrate how dominating leans more towards a high concern for self while being accommodating leans more towards concern for others.



*Rahim, M. & Buntzman, Gabriel & White, Douglas. (1999).*

#### 3.3 Participatory approach and snowballing discussion

Use slide 33 to define power dynamics after giving participants opportunity to share their thoughts on the topic. Have a flip chart divided into two columns, the first column should have **Non-participatory** as a heading while the second should have **Participatory** as a heading. Use a snowball approach when participants mention some non-participatory approaches E.g. You can carefully throw scrunched up paper at random to any participant of your choice, the person mentions any **Non-participatory** approach they think of, write it under the column and have them throw to another participant of their choice. The facilitator can go through the circle for about three to four times and write the responses down. Go through the same snowball method to have participants discuss what they think should be the opposites of what they have as **Non-participatory** and write them under the column for **Participatory**. Then, use slides 34 to support the discussion.

An example can be found below:

NON-PARTICIPATORY	PARTICIPATORY
Rigidity	Flexibility
Not listening to others	Good listener
Judgemental	Non-judgemental
Not respecting others	Deeply respectful
Ignoring people who don't speak	Inclusive



Training on soft skills like communication, facilitation and conflict management skills can support team building, and encourage stakeholders to engage better with communities, creating meaningful knowledge exchange, gaining trust and facilitating acceptance of medicines which can strengthen programmes. Capacity strengthening of soft skills takes time, therefore more experienced stakeholders can support this development for others.



Challenges and conflicts in ideas can be difficult to facilitate, and therefore power dynamics need to be managed to allow everyone space to meaningfully contribute to discussions.



## DAY 1: PART B: INTRODUCTION TO PARTICIPATORY TOOLS

# 1

### SESSION 4.0: INTRODUCTION TO PGP AND VIDEO

#### AIM OF THE SESSION

The aim of this session is to introduce participants to the PGP, learning packs and the participatory planning training video.

#### 4.1. Introduction of session and use of video



Use slide 37 to introduce the PGP and video.

As the facilitator, remember to:

- Set up the video and tools
- Throughout the sessions use the video to introduce each module. The video is designed to be paused after each module so be prepared for this as there will be time for activities after each module.
- Ensure everyone has a copy of the PGP and learning packs with an exercise book or jotter to take notes.



### SESSION 5.0: MODULE 1 ROLES AND RESPONSIBILITIES

#### 5.1. Module 1 video



Following the introductory presentation, play the training video, and pause after Module 1.

#### 5.2. Roles and responsibilities

Module 1 is about roles and responsibilities of the NTD team. Ask the participants to get into small groups and read pages 7 to 9 of Module 1 of the PGP. Looking at each role described, firstly, ask the groups to discuss if they think this works for their own context. Any disagreements or amendments to roles and responsibilities should be noted on sticky notes. Secondly, ask the groups to write on sticky notes, any other people in their NTD team who are not listed in module 1 of the PGP.

Bring the participants back to one group and ask each group to present a summary of their discussions.



**Example from evidence:** Training will support stakeholders to identify and discuss their roles and responsibilities in MAM, and possible collaborations with other stakeholders which will facilitate team working.



## SESSION 6.0: MODULE 2A STAKEHOLDER AND COMMUNITY ENGAGEMENT

### 6.1. Module 2 video



Continue the video and stop at the end of module 2.

### 6.2. Discussion on the importance of equity and community engagement

Module 2A discusses the importance of engagement with a diverse set of stakeholders. Facilitators should ask the participants why they think engaging diverse stakeholders and communities will support coverage and equity for MAM. The methods can support implementers to communicate with communities in an appropriate way, that can maximise discussions that are open, honest, non-judgmental, respectful of local knowledge and inclusive.

Facilitate a discussion around how marginalised groups especially vulnerable groups can better be accessed in the community. At this point, it is important for participants to identify the groups within their contexts that have been marginalised over the years in the NTD programme and why they have been marginalised. The next activities will be based on two methods of identifying who is currently missed in MAM, and why, within communities so they can plan for equitable MAM which includes transect walks and social mapping. Use slide 39-45 to introduce Module 2A and methods to engage with communities.

Group participants into groups of 6-8 then describe what transect walk and social mapping exercises are; the grouping should be along age bracket, gender etc. One group will conduct a transect walk and another will conduct social mapping. Ensure sufficient time to have a feedback session as part of the wider group to discuss challenges of each approach.

### 6.3. Group 1: Transect Walk

A Transect Walk is an interactive walk-through major routes within a community to identify structures that can be used for various MAM processes. Facilitators are to provide participants with a clear description of how to conduct a transect walk. It is important to point out that selected leaders from various groups will lead the walk during which they will identify different spots within the community where different MAM activities such as sensitisation, advocacy, identification of persons for MAM and mechanism to administer medicines are currently carried out and other spots that can potentially be used for these purposes. Facilitators are to emphasise that it is important for participants to ask questions that points to where marginalised populations e.g. People Living with Disabilities (PWDs), migrant population, different age groups, women etc can be met and interacted with. Ask the participants to form groups of 6-8, read through page 10 of PGP Module 2A and annex page 14-15 for a guide and then role play a transect walk around the training venue.

### 6.3. Group 2: Social Mapping

Social Mapping engages stakeholders from different groups like adult women and men, youth men and women etc. to draw a map of their community while clearly identifying spots/structures where members of these groups are easily be found. While drawing this map, facilitators should encourage participants to identify landmarks for example a football field where male youths converge to play football; where young girls gather to fetch water and where elderly men meet to socialise etc. The frequency of the use of these spots will need to be mentioned as well as the different times these groups meet there.

Give each group a flip chart and pens and ask them to draw up a map from the transect walk they just completed. Ask each group to feedback to the wider group and discuss any differences the groups noticed. Ask participants how this may be applicable to MAM sensitisation and medicine distribution. Refer to page 9 of Module 2A and annex page 16-18 for a guide.



## SESSION 7.0: MODULE 2 FACILITATORY METHODS TO SUPPORT DIALOGUE WITH COMMUNITIES

### AIM OF THE SESSION

The aim of this session is to help participants understand and build facilitatory skills and at the end feel confident to step down the training by carrying out methods such as In-depth interviews (IDIs), Focus group discussion (FGDs) and problem tree analysis (PTA). These methods can be used with communities to strengthen programmes by understanding context specific challenges and propose solutions.

#### 7.1. Presentation on methods



Using the PowerPoint presentation (slide 47-48) and pages 19-26 of PGP Module 2A, explain what is meant by In-depth interviews, and Focus Group Discussion and how they could be used to support community engagement and review of MAM.

*Remind participants what is meant by open-ended and closed questions, probing questions and leading questions and the importance of neutrality, respect, and being non-judgemental in IDIs and FGDs. These attributes and skills were discussed in the morning session.*



#### 7.2. Practical group work

As time is limited you may choose one of the following activities to do (slide 49):

- **7.2. Option 1: Interview practice**

Ask participants to review pages 23-26 of the PGP Module 2A and working in groups of three, role play an interview, where one person is the interviewer, one person is the interviewee and one person is the observer. After the practice interview, the observer should critically feedback on strengths and challenges, and then the group should rotate so that everyone can practice interviewing.

- **7.2. Option 2: Focus Group Discussion**

Working in groups of 4-6 ask the participants to think about the challenges of medicine distribution for MAM. One person should act as the facilitator and ask questions whilst the others should act as participants Refer to pages 19-22 of PGP Module 2A.

## SESSION 8.0: CLOSE OF DAY

To draw the day to a close, ask and answer any remaining questions that the trainees may still have from the day's sessions.

## DAY 2: PART A: ACTION PLANNING AND REVIEW

2

### AGENDA: ACTION PLANNING AND REVIEW, AND INTRODUCTION TO COSTING TOOL

SESSION	SESSION LEARNING OBJECTIVES	ACTIVITIES	SLIDES	TIME	PERSON RESPONSIBLE (to be completed)
<b>DAY 2: PART A: ACTION PLANNING AND REVIEW</b>					
<b>Session 1.0: Introductions and agenda setting</b>	During this session, trainees will be able to ask any remaining questions they have from previous day.	1.1 National Anthem, agenda overview and review of learning	1-2	9.00-9.30am	
<b>Session 2.0: Module 2B Micro and macro meetings</b>	By the end of this session, trainees will be able to: <ul style="list-style-type: none"> <li>Define what micro and macroplanning is and explain why they are essential to participatory MAM.</li> <li>Identify who should attend planning meetings and why.</li> <li>Familiarise with the process of stakeholder mapping and communicate this to others.</li> </ul>	2.1 Re-play module 2 section of video	N/A	9.30-9.45am	
		2.2 Question and answer on planning meetings	3-7	9.45-10.00am	
		2.3 Presentation on stakeholder mapping	8	10.00-10.15am	
<b>Session 3.0: Module 3 Developing action plans</b>	By the end of this session, trainees will be able to: <ul style="list-style-type: none"> <li>Demonstrate the importance of context-specific action planning to others.</li> <li>Evaluate what actions are needed within their own context across the MAM process.</li> <li>Recognise urban and rural differences.</li> <li>Recognise barriers and facilitators to each action, and what steps are needed for implementation.</li> </ul>	3.1 Play module 3 section of video	N/A	10.15-10.30am	
		3.2 Presentation on action planning and planning exercise	9-19	10.30am-12.30pm (with tea break)	
<b>Session 4.0: Group presentations</b>	During this session, trainees will consolidate learning on actioning planning and share learning with other trainees.	4.1 Group presentations on action planning	20	12.30-1.30pm	
<b>Session 5.0 Action plan implementation and review</b>	By the end of this session, trainees will be able to: <ul style="list-style-type: none"> <li>Recognise the importance of reviewing MAM and how this can strengthen future MAM implementation.</li> <li>Use action logs and review templates and communicate these methods to others.</li> </ul>	5.1 Presentation on reviews	21-23	1.30-1.45pm	
		5.2 Group review	24	1.45-2.00pm	
		5.3 Recap session (and evaluation forms)	N/A	2.00-2.20pm	

SESSION	SESSION LEARNING OBJECTIVES	ACTIVITIES	SLIDES	TIME	PERSON RESPONSIBLE (to be completed)
Lunch				2.20-3pm	
DAY 2: PART B: COSTING TOOL					
Session 6.0: Introduction to costing tool	During this session, trainees will familiarise with the costing tool and how to apply it to advocate for funding to support participatory planning for equitable MAM.	6.1 Presentation on costing tool	25-26	3.00-3.15pm	
		6.2 Reviewing the costing table		3.15-3.30pm	
		6.3 Exercise on resource mobilisation		3.30-3.45pm	
Session 7.0: Close of day	During this session, trainees will be able to ask any remaining questions they have.	7.1 Question and answer		3.45-4.00pm	
		7.2 Closing remarks and evaluation forms		4.00-4.15pm	

## SESSION 1.0: INTRODUCTIONS AND AGENDA SETTING

### AIM OF THE SESSION

The aim of the session is to recap on learnings from yesterday, and to introduce the aims for today's sessions.

#### 1.1. National Anthem, agenda overview and review of learning



Begin the day according to local protocol and present an overview of the aims of today.

To begin the session, ask for a volunteer to present a brief summary of the previous day training session to the general group. Then using sticky notes, ask participants to write:

- 3 key learnings of the previous day.
- 2 things they found very interesting.
- Anything that they are still not yet clear about.

Give participants time to think and write and then ask to go around the room so each person can read out what they wrote. Address comments as they emerge and if any aspect comes out as unclear ask the group to clarify, if no one can help, the facilitator can re-visit the area of concern. When all participants have reflected on the day and are happy to proceed.



## SESSION 2.0: MODULE 2B MICRO AND MACROPLANNING MEETINGS



### 2.1. Module 2 video

Module 2B introduces planning for micro and macro planning meetings. The microplanning is an opportunity for LGAs to consider their own local needs to support MAM delivery in context specific ways, taking into account their own context such as whether it is urban or rural. This aims to promote a bottom-up context specific approach to planning MAM. Macroplanning meetings are held at state level and should ideally come after microplanning so they can consider local knowledge in planning.

Play module 2 section of the video again and then pause at the end of module 2.

### 2.2. Question and Answer on planning meetings

Ask participants to review pages 17-21 of PGP Module 2B, in groups ask them to note down the following (slides 5-7):

- What is their current experience of planning meetings for MAM?
- What do they understand by the term microplanning?
- Who should attend microplanning meetings? and why (relevance of stakeholders to the meeting)?
- What do they understand by the term macroplanning meetings?
- Who should attend macro planning meetings?

### 2.3. Stakeholder mapping presentation



Planning for macro meetings and micro meetings involves selecting which participants to invite. Stakeholder mapping is one activity which can support this. Use slide 8 / PGP Module 2A Annex to outline how stakeholder mapping can be done to identify who to invite to micro and macro planning meetings.





## SESSION 3.0: MODULE 3 DEVELOPING ACTION PLANS



### 3.1. Module 3 video

Continue the video and stop at the end of module 3.

### 3.2. Presentation on action planning and planning exercise (use slides 9-19)

Facilitators should present how to develop an action plan for LGA level planning (Microplanning) and State level planning (Macroplanning). This session is very important for planning. It embraces the new approach and will allow for the change of practice. Current planning templates do not have this level of depth or consider a wide range of stakeholders so take time for this session.

- The template should be used for this hands-on action planning session. Using the [template](#) provided in the PGP, ask LGA or State teams to add in activities related to sensitisation, medicine distribution, supervision etc.
- Support the LGAs to use the example plans for urban and rural contexts and the information in the PGP to help them populate the template. The PGP has a range of actions which can be selected, or new actions can be created or adapted.
- Ask participants to sit in their LGAs or States and with the A3 template of an action plan.
- Thinking about their own context within their LGA or states, ask them to create two to three actions for each of the following MAM phases, specific to their LGA or state:
  1. Advocacy, sensitisation and mobilisation (page 38-39)
  2. Medicine distribution (page 54-55)
  3. Supervision (page 67)
  4. Medicine logistics (page 74)
  5. Reporting and documentation (page 63).

Emphasise that they can use some of the examples within the PGP and from the example urban/rural action plan, or they can think of new actions which would be appropriate for a state/LGA level plan. Ask the groups to spend some time planning for the feedback, how they will present, and who will present.

During action planning, facilitators should assess their understanding of the process and correct any misunderstandings in a positive, encouraging way. Compliment on good plans and ask others to walk around the room to see how groups have used the template, encourage peer learning.

## SESSION 4.0: GROUP PRESENTATIONS

### AIM OF THE SESSION

The aim of this session is to consolidate learnings from the morning session and facilitate a space where learnings across context for MAM can be shared.

### 4.1. Group presentations on action planning (slide 20)

Ask each group to present a summary of their action plan and illustrate 3 learnings from the day which they will take forward.

There should be a presentation from each group on their action plans for their own LGAs. Remember to ask each group to share what new thing they have learnt from the concluded exercise and how they intend to apply that in the forthcoming MAM cycle now that they have taken note of the steps. Also remember to allocate time for questions and answers after each group has presented. Depending on the number of participants and groups, this may have to be a brief overview by each group or ask for volunteers only to present.

## SESSION 5.0: ACTION PLAN IMPLEMENTATION AND REVIEW

### AIM OF THE SESSION

The participatory approach to planning to improve equity is a learning approach, and therefore requires continuous reflection for ongoing learning and adaptation. Review meetings are one important avenue to facilitate this. This session is intended to guide participants through the process of assessing implementation plans that were collectively developed by stakeholders to ensure that all aspects are carried out as planned. Facilitators should guide participants to reflect on the importance of reviewing MAM, and how this can help support action planning for the following year to strengthen the programme and increase equity of the programme. Note that health systems which provide space to reflect on opportunities and challenges will continually improve.

#### 5.1. Video and Presentations on review (slides 21-23)



Play the video module 4.



The facilitator should go through the presentation of how to review MAM and allow opportunity for questions and answers.

#### 5.2. Group review (slide 22)

Facilitation here may be tailored around how to use the review template to elicit participants' observation on the just concluded MAM. You may consider printing or projecting the review template on PGP Module 4 page 14 to capture the various thematic areas and what worked well, worked less well and areas needing improvement. The facilitator should write on a flip chart (one page per theme) "what worked well", "worked less well" and "areas needing improvement". Taking each theme in turn, ask participants to reflect on the previous MAM, and write their reflections on sticky notes. After sticky notes have been added to a flip chart, ask a volunteer to try and arrange the sticky notes together, so similar reviews are clustered.

#### 5.3. Recap session

To close the morning session, ask the participants if they have any remaining questions or feedback they would like to share. For many trainees this will be the end of training session. For those who are responsible for budget and advocacy, or who have an interest, trainees should attend the afternoon session.



This costing tool aims to outline the cost of participatory activities which are highlighted in the PGP. It provides NTD actors such as funding partners, NTD programme implementers and communities with an idea of the costs needed to support context specific, bottom up, inclusive planning that will increase equity in MAM. Note that training on the costing tool does not have to be cascaded to all levels of implementers. However, each state should decide which category of implementers deals with budgets and only train those on using the costing tool. Therefore, this session is being scheduled for the last day of training so that only stakeholders involved in budgeting can attend and not everyone.

### SESSION 6.0 INTRODUCTION TO COSTING TOOL

#### AIM OF THE SESSION

The aim of the session is to present implementers with the tool so they can make informed activity budget choices and conduct resource mobilisation across the different levels of the NTD programme. The tool presents potential sources of resource mobilisation at the Federal, State, LGA and even the community and urges participants to explore those potentials.

##### 6.1. Presentation on the costing tool

Begin by introducing the tool followed by stating the purpose of the costing tool which is to identify potential costs of carrying out participatory activities in order to mobilise resources.

##### 6.2. Reviewing the costing table

The costing tables for participatory activities should be shared to demonstrate the costing details. Number of participants in those activities, level and description should be pointed out.

##### 6.3. Exercise on resource mobilisation

Engage participants to identify potential funders for participatory activities in their contexts as suggested in the tool; be it State, LGA or community while you document it.



### SESSION 7.0: CLOSE OF DAY

##### 7.1. Question and answer

To draw the training to a close, ask and answer any remaining questions that participants may still have from the day's sessions.

Ask each to volunteer to share one action point from the two days that they will take forward.



### POST TRAINING EVALUATIONS

This is an important aspect of getting feedback for the purpose of improving future trainings. Facilitator is to lead participants to fill an evaluation form.

**Find a copy in the Annex.**

## PLANNING FOR REFRESHER TRAINING

Occasionally it may be useful to conduct refresher trainings to implementers. This is important because uncertainties could arise around the NTD programme such as delay in arrival of medicines or insufficient amounts of medicines to cover eligible population, therefore MAM may be delayed. A refresher training becomes something to consider if the quality of delivering MAM is not assured due to length of time between training delivered and when implementation will be conducted. From COUNTDOWN evidence, four months' gap may require a refresher training.

### AIM OF THE SESSION

This session seeks to provide users with a guide to conducting refresher trainings to implementers whenever the need arises.



DESCRIPTION	ACTIVITY	RESOURCES
<b>Identify the implementers needing a refresher trainer using the criteria of length between when initial training was received and when implementation will be conducted</b>	NTD control unit to send notification and invitation to the target implementers e.g. LNTDs, FLHF, CDDs etc. to ensure they secure permission from their superiors or community leaders ahead of the due date for the training	Letters addressed to the supervising authorities of the target implementers e.g. MOHs for LNTDs, FLHFs, FLHFs for CDDs or and community leaders for CDDs  Venue Agenda
<b>Use same training contents as the initial round</b>	Use tools as instructional resources to facilitate training session	Intervention tools e.g. the PGP, learning packs, video guide, training evaluation forms, projectors, power point slides to be prepared ahead of the due date
<b>Trainers should be those that facilitated the initial training to easily remind participants of details of previous training</b>	Role plays, participatory discussions etc.	The PGP working group
<b>Duration should be two days or less depending on level of refresher</b>	Activities should be same as those carried out in initial training	Agenda of the initial training

# COUNTDOWN

Calling time on Neglected Tropical Diseases

# ANNEX

# TRAINING EVALUATION FORM

Title of event:

Location of event:

Date of event:

Trainers:

INSTRUCTIONS: Please tick (☐) your level of agreement with the statements listed below:	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT RELEVANT TO THIS EVENT
1. The objectives of the training were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The facilitators were engaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presentation materials were relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The content of the course was organised and easy to follow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The trainers were well prepared and able to answer any questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The course length was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The pace of the course was appropriate to the content and attendees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The practical exercises and role plays were helpful and relevant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The venue was appropriate for the event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Participating in the exercises increased my understanding of the Course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What was most useful in the training?

12. What was least useful in the training?

13. Would you recommend this course to your colleagues? ☐ Yes ☐ No Why?

14. Any other comments?

THANK YOU FOR COMPLETING THIS EVALUATION FORM. FEEDBACK RECEIVED WILL BE USED TO STRUCTURE FUTURE CAPACITY STRENGTHENING ACTIVITIES, WE WILL DO OUR BEST TO MEET YOUR EXPECTATIONS WITHIN THE RESOURCES AND CAPACITY WE HAVE WITHIN THE NTD PROGRAMME.

EVALUATION FORMS SHOULD BE HANDED TO THE TRAINERS AT THE END OF THE EVENT.

# DAY 1 - CAPACITY BUILDING TRAINING PRESENTATION

Slide 1

**COUNTDOWN**

Calling time on Neglected Tropical Diseases

## Training on the Participatory Planning Approach for Equitable Mass Administration of Medicine (MAM) to tackle Neglected Tropical Diseases (NTD) in Nigeria

June, 2021

Slide 2

### Objectives of scale up training

Identify and develop participatory non-hierarchical skills to enhance equitable input of all partners in planning for MAM, including the promotion of joint solution development and decision making from community level implementers.

Acquire and transfer participatory facilitation and teaching skills for cascading training and engaging with a range of stakeholders.

**COUNTDOWN**

Calling time on Neglected Tropical Diseases

Slide 3

### Objectives of scale up training continued.

Learn and share participatory tools that will help to engage communities in planning and to take ownership of MAM so that more people are reached.

Introduce and empower participants to engage with the PGP, learning packs and supporting video.

**COUNTDOWN**

Calling time on Neglected Tropical Diseases



Slide 4

## Focus of training for days 1 and 2

### Development of participatory skills for the NTD program

- Capacity strengthening of facilitatory skills.
- Transfer of Facilitatory skills.

### Introduction of Tools

- Going through the PGP modules alongside the corresponding video sections

### Developing action Plan

- Developing an action plan for MAM

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 5

## Day 1: Part A

### Development of participatory skills



**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 6

## 1.3 Power Exercise

Write on the paper any title you are known by

Dr, Mr, Mrs, LNTD, SNTD, PHC Director

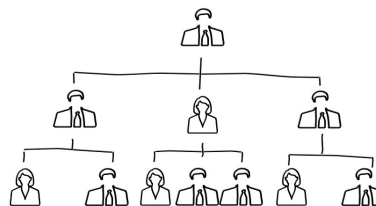
Read it out and throw it in the basket

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

## Minimising power in a group

Power can be a block to really identifying contextual solutions as people who feel their knowledge is not valued will not contribute.

Therefore, it is important to make the point that we have tried to remove hierarchy and titles for this training session so that everyone should feel able to participate equally.



## Facilitator Personal Attributes

Session 2.0



## Aim of session

The aim of this session is to:

- Understand how various personal attributes contribute towards successful work with the community, FLHF staff and other local level stakeholders.
- Strengthen facilitatory skills that can be cascaded to other implementers
- Understand the importance of trust, respect and mutuality in facilitation



Slide 10

## Activity 2.1

What is trust, respect and mutuality?



**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 11

## Trust, Respect and Mutuality



- **Trust:** Belief or confidence in the reliability of someone or something
- **Respect:** Due regard to someone's feeling or rights of others
- **Mutuality:** Sharing and accommodating of feelings and action in a relationship or group.

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 12

## Activity 2.2

What skills support good communication?



**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 13

## Skills for building trust and respect

Free and open communication: Implementers and beneficiaries should feel safe bringing new ideas, concerns or criticism.

Consistency: Always keep to your words and apologise where change becomes unavoidable.

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 14

## Skills for building trust and respect

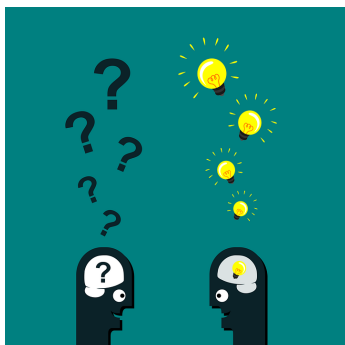
Action: Trust and respect can easily be earned when we implement decisions that are agreed. Failure to implement agreed decisions reduces trust and respect.

Confidence: You are easily trusted and respected when you demonstrate confidence in yourself. Those following will doubt your expertise when you demonstrate uncertainty, this should not be confused with unteachability and openness to learn.

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 15

## Communication and facilitation skills



### What skills do I need?

To work effectively with partners in developing new implementation plans, you will need to explore and practice some essential communication and facilitation skills. These include

- Neutrality
- Good body language
- Good questioning skills and
- Good facilitation skills

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 16

## Why is it important to be neutral?

- The way you ask questions will influence the answers you get. As you are interested in the NTD program, do not influence their answers by asking leading questions.
- Example of a leading question:  
***"This is an excellent way to distribute medicines, don't you think?"***



**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 17

## What are good communication and facilitation skills?



As part of your work in the NTD programme you will need to facilitate many meetings with various stakeholders.

Here are some ideas which will help you become a better facilitator:

- Use open-ended questions to stimulate discussion
- Follow-up ideas with probing questions
- Stop anyone from dominating
- Encourage participation by all members

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

Slide 18

## What are good facilitation skills?

- Guide the meeting towards its goal
- Keep the meeting moving to maintain participants' interest.
- Take breaks when people are tired
- Respect local customs and etiquette
- Summarise the result of the discussion
- Use cards to help organize ideas
- Maintain neutrality
- Anticipate what might happen and be prepared.
- Encourage those who are quiet to speak.



**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

## Why is it important to use good body language?

Your body language also influences community members' answers.

Show that you value their opinions through open body language.



## Disengaged body language

If someone is exhibiting one or more of the following behaviors, they'll likely be disengaged, disinterested or unhappy:

- Arms folded in front of the body.
- Minimal or tense facial expression.
- Body turned away from you.
- Eyes downcast, maintaining little contact



[https://www.mindtools.com/pages/article/Body\\_Language.htm](https://www.mindtools.com/pages/article/Body_Language.htm)

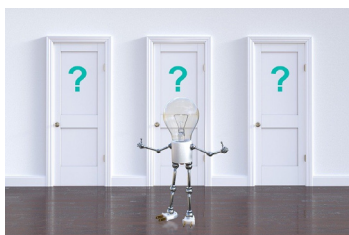
## Effective body language

Positive body language can help you to engage people, mask any presentation nerves , and project confidence when you speak in public. Here are a few tips to help you do this:

- Have a positive posture
- Sit or stand upright, with your shoulders back and your arms unfolded by your sides or in front of you
- Don't be tempted to put your hands in your pockets, or to slouch, as this will make you look disinterested.
- Keep your head up. Your head should be upright and level Leaning too far forward or backward can make you look aggressive or arrogant.
- Use open hand gestures. Spread your hands apart, in front of you, with your palms facing slightly toward your audience. This indicates a willingness to communicate and share ideas Keep your upper arms close to your body. Take care to avoid overexpression, or people may focus more on your hands than your ideas.

## What type of questions should I use?

Slide 22



Try to use **open-ended questions** and follow these up with **probing questions**.

Open-ended questions invite stakeholders to reply freely and openly. Probing questions help you gain more insight into the participants' answers.

**COUNTDOWN**  
Calling time on Neglected Tropical Diseases

## Examples of open-ended and probing questions

Slide 23

- *What do you think about this mode of distribution?" (O)*  
....I like this system the best.
- *Why do you prefer this mode of distribution better than the others? (P)*  
....Well, it will reach everyone in the community.
- *Why is that important? (P)*  
....it will make more people feel better and stop the diseases from getting to other people.
- *Is there anything else you like about this mode of distribution?" (O)*  
....If it is done in the right way, our communities will be more healthy than it used to be"

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Slide 24

**COUNTDOWN**  
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## Conflict Resolutions and Power Dynamics

Session 3.0



Slide 25

## Aim of session

To identify potential sources of conflicts, power structure in teams and utilize participatory means for resolution and see how this helps the program. Participants should be able to step down this training to other NTD implementers.

Slide 26

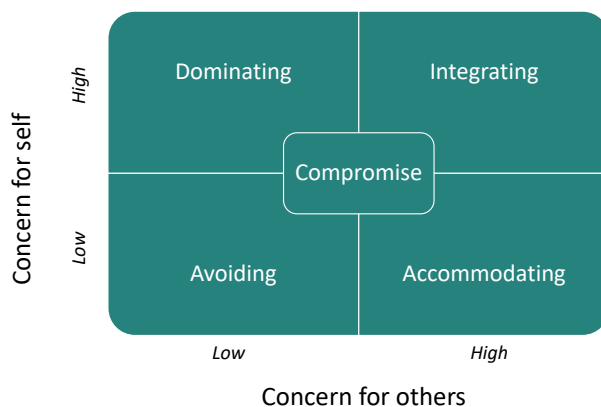
## Activity 3.1- Resolving disagreements



Participants to share experience using skills previously learnt.

Slide 27

## Conflict management strategy



Slide 28

## Conflict management strategies

### Strategy One- Accommodating:

The accommodating strategy essentially entails giving the opposing side what it wants. The use of accommodation often occurs when one of the parties wishes to keep the peace or perceives the issue as minor.



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Slide 29

## Conflict management strategies



### Strategy Two- Avoiding

The avoiding strategy seeks to put off conflict indefinitely. By delaying or ignoring the conflict, the avoider hopes the problem resolves itself without a confrontation. Those who actively avoid conflict frequently have low esteem or hold a position of low power.

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Slide 30

## Conflict management strategies

### Strategy Three- Integrating

Collaboration works by integrating ideas set out by multiple people. The object is to find a creative solution acceptable to everyone. Collaboration, though useful, calls for a significant time commitment not appropriate to all conflicts.



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Slide 31

## Conflict management strategies



### Strategy Four- Compromising

The compromising strategy typically calls for both sides of a conflict to give up elements of their position in order to establish a middle ground. This strategy prevails most often in conflicts where the parties hold approximately equivalent power.

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## Conflict management strategies

### Strategy Five- Competing/dominating

Competition operates as a zero-sum game, in which one side wins and other loses. Highly assertive personalities often fall back on competition as a conflict management strategy.



Slide 33

## Power dynamics

A "**power dynamic**" is the way different people or different groups of people interact with each other and where one of these sides is more powerful than the other one. ...

In social science and politics, power is the ability to influence or outright control the behaviour of people.

## Activity 3.3

Slide 34

Non-Participatory	Participatory
?	?
?	?
?	?
?	?

Participatory approach

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## Participatory approach

Slide 35

Non-Participatory	Participatory
Rigidity	Flexibility
Not listening to others	Good listener
Judgemental	Not judgemental
Not respecting others	Deeply respectful
Ignoring those who don't speak	Being inclusive

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Slide 36

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## Introduction to participatory tools

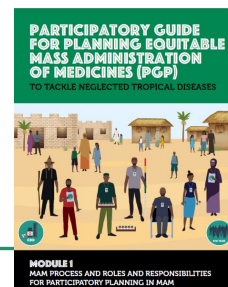
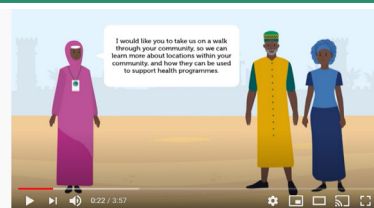
Day 1: Part B

## Introduction to PGP and video

The Participatory Guide for Planning (PGP) was developed as an evidenced based document from the COUNTDOWN study.

The video provides a visual guide to participatory planning and implementation of mass administration of medicines (MAM) for Neglected Tropical diseases.

It is expected that the video will be used together with the PGP.



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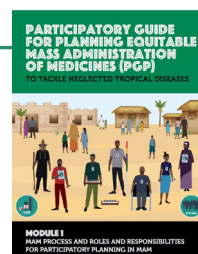
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## Module 1: Roles and responsibilities

Session 5.0

## Module 1: Roles and Responsibilities

- Play module one video
- Discuss PGP module one (refer to page 7-10)
- Question and answers



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Slide 40

## Module 2A:Stakeholder and community engagement

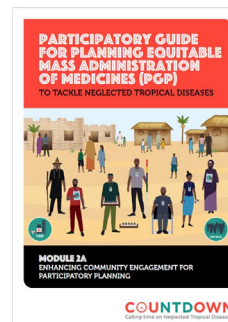
Session 6.0

Slide 41

### Stakeholder and community engagement



- Play module two video
- Discuss PGP module 2a (refer to pages 7-11)
- Question and answers



Slide 42

### Community engagement



A meaningful and respectful involvement of community members in one or more aspects of planning for NTD programme(s) with the aim of harnessing their views and perceptions towards ensuring equitable coverage for MAM in their domain.

**People to engage may include;**

- Traditional/ community leaders
- Women and youth groups
- People With Disabilities (PWD)
- Migrant groups like the Fulani etc.

**When to engage;**

**Planning**

- Sensitisation
- Selection of CDDs
- Deciding spots to administer medicines

## Why engage?

- Preferred dates for activities
- Where to find certain group of persons in the community
- Who to involve in different aspects of the programme

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.

## 6.3a Methods of engaging: Transect Walk



An interactive walk through major routes within a community to identify structures that **are/ can** be used for various MAM processes E.g.

### Places suitable for;

- Sensitisation & mobilisation
- Distribution of medicines
- Identifying PWDs, women/ men, migrants in the community

## 6.3b Methods of engaging: Social mapping



Drawing/sketching of a community layout to locate various points where different groupings and population are mostly found to be interacted with e.g.

### Places where;

- Young boys play soccer
- Young girls fetch water
- Women gather to hold meetings
- Adult men hold meetings



Slide 46



## Facilitatory methods to support dialogue with communities (Module 2A annex)

Session 7.0

Slide 47

### Facilitatory methods to support dialogue with communities

#### Qualitative methods are used:

- To obtain in-depth and contextual information about an individual's experiences, beliefs, perceptions, motivations or values
- To explore reasons, opinions and attitudes behind respondents' answers through asking probing questions to gain a deeper understanding/ more information and explanation.



Slide 48

### Examples of facilitatory methods

**In-depth interview:** An intensive qualitative interview with an individual to explore personal views, opinions or perspective on a subject matter.

**Focused Group Discussion(FGD):** An explorative discussion on a specific interest among a group of people. Individuals are allowed and encouraged to share their perception, ideas or opinions.

**Problem Tree Analysis(PTA):** This is also called situational analysis; it is aimed at finding solution by using a tree anatomy as an analogy. The root is referred to as **causes**, the trunk as **problem** and the leaves as **consequences**



## Activity 7.2 Small group practice

### Option 1: Interview

- Read PGP 2A annex
- One person interviewer
- One person interviewee
- One person observer
- Use topic guide in PGP
- Rotate so everyone in each group can have an opportunity to practice

### Option 2: Focus Group Discussion

- Read PGP 2A annex
- In groups of 6-8
- One person facilitator
- Others are participants
- Use the topic guide in PGP

## Any Questions?



# DAY 2 - CAPACITY BUILDING TRAINING PRESENTATION

Slide 1

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### Day 2: Part A Action planning and review

Slide 2

#### Agenda for today

- Recap on yesterday's learning
- Review Module 2B
- Stakeholder mapping
- Microplanning
- Macroplanning
- Action planning
- Implementation and review
- Costing tool



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Slide 3

## COUNTDOWN

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### Module 2B Micro and macro planning meetings

Session 2.0

## Activity 2.1



Play video 2

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## Activity 2.2- Question and answer on planning meetings

What is your current experience of planning meetings for MAM?

What do you understand by the term microplanning?

Who should attend microplanning meetings? and why (relevance of stakeholders to the meeting)?

What do they understand by the term macroplanning meetings?

Who should attend macro planning meetings?

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## What is micro planning?

- Promotes bottom- up planning for equitable sensitisation and distribution of medicines.
- It brings together stakeholders from the LGA for context- specific planning.
- It increases coverage as LGAs know their communities better and how best to implement MAM in the area.
- ✓ Participants should include: The MoH, LNTD/ LGA team, representatives of CDCs/ CDAs, PWDs, Women Group, traditional leaders and migrant communities.
- ✓ Invitation to participants should be sent at least two weeks ahead of the day with a reminder at least three days before the day.
- ✓ Venue that is accessible and convenient for the intended number of participants should be selected.
- ✓ Action template should be used to document details

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Slide 7

## What is macro planning?

This is another planning activity at the State level for MAM. It should be informed by the outcome of action planning at the LGA level. Similar to the micro planning, this activity should aggregate activities such as;

- Community sensitization and advocacy
- Medicines requisition and allocation
- Supervision and monitoring etc

The key difference is that macro planning is wider than micro planning, hence the latter must be conducted across all LGAs scheduled to treat within the treatment cycle.

Slide 8

## Who to invite to planning meetings: Stakeholder mapping

### Work through stakeholder mapping exercise in the PGP



**STAKEHOLDER ANALYSIS**

**PURPOSE OF THIS ACTIVITY**  
To understand the needs and concerns of different stakeholders so they are able to shape the outcomes of programmes 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 shape 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 communication 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 NTD who should be engaged in planning processes. Consider the concept of it being who have a stake/interest in the activity. This is considered enough to make a good stakeholder map. Stakeholders can be organisations, groups, departments, structures, networks or individuals, but the list needs to be pretty exhaustive to ensure nothing is left out. The listing grid may only separate the list into two or provide a structure to feedback to identify if you are working in breakout groups.

LOCAL GOVERNMENT	PRIVATE SECTOR	CIVIL SOCIETY	COMMUNITY
<ul style="list-style-type: none"> <li>• State NTD coordinator</li> <li>• District Director of Health</li> <li>• State NTD team</li> <li>• Local Government</li> <li>• NTD team</li> <li>• NTD committee</li> <li>• Local health promotion</li> <li>• Local NTD coordinators</li> <li>• Medical Officer of Health</li> </ul>	<ul style="list-style-type: none"> <li>• Chief pharmacist</li> <li>• Pharmacies and health education officer</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing partners</li> <li>• Representatives of NGOs</li> <li>• Representatives of Religious groups</li> <li>• Representatives of Religious groups</li> <li>• Religious groups</li> <li>• Religious groups</li> <li>• Religious groups</li> </ul>	<ul style="list-style-type: none"> <li>• Community leaders</li> <li>• Youth</li> <li>• Women</li> <li>• People living with NTD</li> <li>• People living with NTD</li> <li>• People living with NTD</li> <li>• People living with NTD</li> </ul>

Figure 1. Stakeholder Analysis

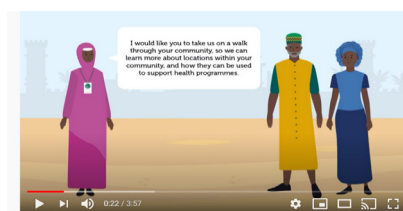
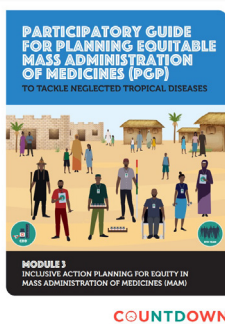
Slide 9

## Module 3 - Developing action plans

Session 3.0

## Introduction to Module Three:

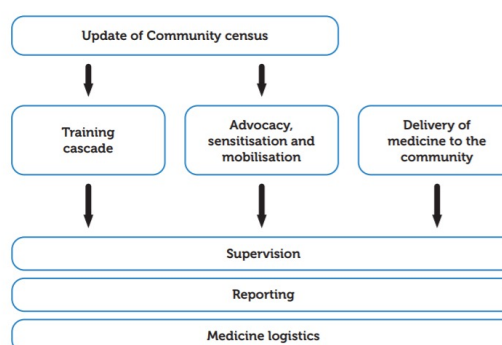
### Developing Action Planning



- Play module three video
- Discuss PGP module three (Page 10)
- Question and answers

## MAM as a process

All processes and activities associated with MAM such as training, sensitisation, advocacy, medicine allocation should be outlined on the action plan template, stating the underlisted details;



## Action planning

Action planning is often context- specific e.g either the plan is for rural, urban, migrant or border communities. Therefore, implementers should know that what works in community or LGA

Action planning should always consider equity and how best to reach everyone.

Action plans drawn on the template are not cast in stones; they can be amended based on emerging realities. However, any changes made must be updated on the template and copy shared with stakeholders involved using different mediums such as email, WhatsApp, hard copies etc.

Implementers can keep track of activities to ensure all activities are carried out as planned

Participation of relevant stakeholders makes it easier to plan effectively and monitor equitable implementation.

Refer to the PGP document and video for additional guide on the two areas of planning

Action planning should consider budget and resources available, as well as potential challenges within the context (like security

Slide 13

## Micro planning process

Action plans should include:

- Proposed start and end dates
- Roles/ persons assigned responsibilities
- Resources required/ budget etc
- Participants should discuss each item, agree and fill the corresponding column and rows.
- Other details to capture may include hard- to- reach communities (Find example template on the next slide).

Final copy of the filled action plan should be printed and pasted at a strategic location where it is accessible by all in the LGA.

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Slide 14

## Micro planning template

S/N	Activity	No. of days	Start date	End date	Actions	Person responsible (insert name and role)	Resources required / Budget
1					TRAINING CASCADE AND CDD SELECTION		
2							
3					ADVOCACY, SENSITISATION, AND MOBILISATION		
4							
5					MEDICINE DELIVERY TO COMMUNITIES		
6							
7					REPORTING		
8							
9					SUPERVISION		
10							
11					MEDICINE LOGISTICS		
12							

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Slide 15

## Template on hard- to- reach communities

HARD TO REACH COMMUNITIES IN THE LGA:

S/N	Name of community	FLHF in charge	Reason the community is hard to reach	Eligible population	Cost of transportation	Suggestion for treating effectively in the community
1						
2						
3						

See Page 9 of PGP Module 3

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## Filling out the macro planning template

- Similar approach of filling the micro planning template may be employed here. However, note that the state level- macro planning is more elaborate because it contains plans of the LGAs.
- Participants at this planning to include;
  - DPH,
  - SNTD and staff of the unit e.g logistics officer, data managers etc
  - Representatives of SACON
  - Civil Society Organisations
  - Representatives of UNICEF, WHO or/ and the funding organisation.



## Activity 3.2- Action planning exercise

- Read Module 3 of the PGP
- You will see there are a range of actions for rural and urban contexts along the MAM pathway
- Within small groups, Use the template provided and examples from PGP, complete 2-3 actions for each phase of MAM
- Prepare to feedback to wider group with key learnings



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## Group presentations on action plans

Session 4.0



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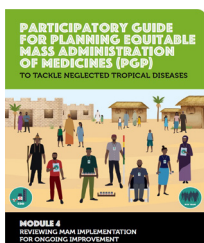
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## Action plan implementation and Review

Session 5.0

Slide 20



## Module 4: Action Plan Implementation Review

- Play module four video
- Discuss PGP module four
- Question and answers

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Slide 21

## Review of MAM process

- Reviewing MAM is a cardinal part of the process to enable learning from the strength and weaknesses of previous cycles.
- It is therefore important that the process is conducted across LGA and state after completion of each cycle. Below is an example of a review template to use.

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
Sensitisation	NTD road walk along major roads in the town	Donation of vehicles and aprons by CDC in the LGA	No budget for fuelling of the donated vehicles.	Making budgetary provision for fuelling during next round of sensitisation.
Medicine distribution	Using mobile fixed locations like churches, mosques, townhalls for the distribution of medicines.	Meeting eligible populations in clusters made it possible for positive influence to make other persons willing to accept the medicines.	Where there was rejection by a single person, we had negative acceptability from others as well.	Move round with more posters and leaflets to sensitise the population more effectively.

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Slide 22


## Activity 5.2- Group review

What worked well?	What worked less well?	Areas needing improvement

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Slide 23

## Any questions?



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## Day 2: Part B:

Costing tool for advocacy and resource mobilisation

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Slide 25

## Work through the costing tool

- Share the costing tool with relevant implementers
- Discuss potential options for resource mobilisation
- Develop a list of potential funders and the amount you wish to request based on the tool costings
- Present to funders for resource mobilisation



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## Any questions?



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## NOTES

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*Names listed alphabetically.*

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