LEARNING PACK

FINDINGS FROM PARTICIPATORY RESEARCH WITH TEACHERS AND PUPILS TO INFORM EQUITABLE SCHOOL-BASED DEWORMING DELIVERY IN KADUNA STATE

COUNTDOWN

Calling time on Neglected Tropical Diseases

Sensitisation feedback with boys

HOW TO USE THE SCHOOL-BASED LEARNING PACK

This pack presents a summary of participatory research methods and findings from teachers and pupils in public primary schools conducted by the COUNTDOWN research team in Kaduna State.

The **COUNTDOWN** project brings together neglected tropical disease (NTD) researchers, policy makers, practitioners and research specialists to **generate new knowledge** and assemble necessary information about the realities of **increasing the reach and impact of NTD treatment** campaigns in different country-specific contexts.

The specific aim of the Nigeria **COUNTDOWN** project is to increase the effectiveness of NTD Programmes with a focus on reaching poor and vulnerable people. It aims to enhance community ownership of and participation in the NTD Programme, facilitated by building common goals for mass administration of medicines (MAM) between the health system and communities. The **COUNTDOWN** team in Kaduna consists of six research assistants, two supervisors and two state NTD implementers who are members of the Kaduna State NTD teams.

The summary of findings and recommendations from the school teachers and pupils on how to improve the performance of NTD Programmes, specifically the schistosomiasis and Soil-Transmitted Helminths (STH) control programmes in Kaduna State, are presented in this learning pack. The learning pack is designed to serve as a guide to stakeholders for joint decision making on steps and actions to be taken to improve school-based deworming (SBD) and to increase treatment coverage. These decisions will be made by you and partners based on perceived feasibility and sustainability (given the timeline, budget and resources available to the programme) of the recommendations presented here by teachers and pupils.

COUNTDOWN
Calling time on Neglected Tropical Diseases

THE RESEARCH APPROACH

COUNTDOWN adopts a **Participatory Action Research (PAR)** approach due to its central principles of inclusivity, ownership and sustainability that places communities, teachers (as frontline implementers) and pupils at the centre of the research process. Figure 1 highlights the steps within the PAR cycle. If you are willing, you will be a participant on the PAR journey and your inputs/ experiences of the process are welcomed. The findings presented herein are from the participatory exploratory research phase which is geared towards understanding the existing context in relation to SBD in Kaduna State.

The first stage was directed at identifying factors that encourage teachers to administer deworming medicines to eligible pupils in their school. The second stage was used to assess the effectiveness of Information, Education and Communication (IEC) materials used for sensitisation during the previous SBD in their schools with a view to identifying gaps and how they may be addressed. Teachers and pupils alike participated in this. To summarise, the stages were:

1. **Identifying factors that motivate teachers to administer deworming medicine to pupils in their schools.**
2. **Assessing effectiveness of IEC materials for sensitisation for SBDs.**

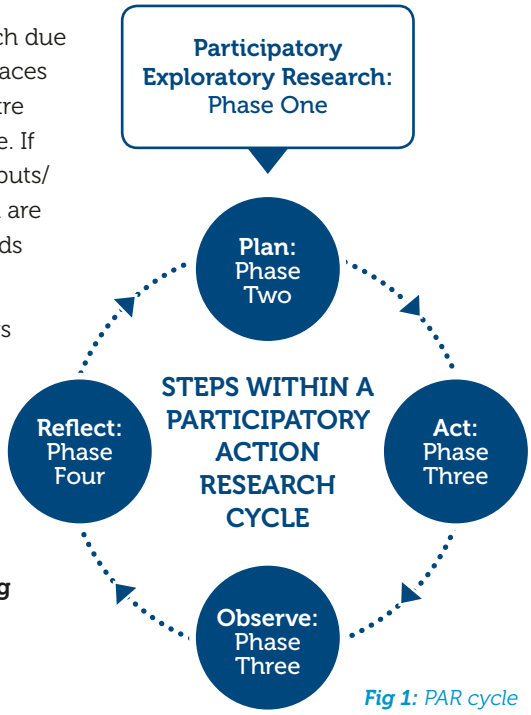


Fig 1: PAR cycle

IDENTIFYING FACTORS THAT MOTIVATE TEACHERS TO ADMINISTER PREVENTIVE CHEMOTHERAPY TO PUPILS IN THEIR SCHOOL

- **PARTICIPATORY WORKSHOP WITH TEACHERS:** This activity encouraged teachers to document their experience and what motivates or demotivates them during the entire deworming process. The findings from this activity were used to identify a number of motivating factors that would help teachers to continue engaging with the programme. Motivating factors were related to training, access to resources like IEC and other materials, supervision, reporting, financial and non-financial incentives and MAM implementation. Over two workshops, between eight and ten teachers identified a number of factors and ranked them in order of preference and importance to their job role.

ASSESSING EXISTING TRAINING PROCESSES AND IEC MATERIALS WITH TEACHERS

- **TRAINING CASCADE WITH TEACHERS:** A mock training exercise was conducted with teachers using Federal Ministry of Health-approved IEC materials. State NTD staff, who were part of the COUNTDOWN team, were asked to facilitate training of teachers. The sessions were observed by research assistants and notes were taken. The aim of the exercise was to reflect on the training and make recommendations on how to improve on it. A total of 8-10 teachers participated in the mock training cascade in the selected local government areas (LGAs).

  (a) Post-sensitisation feedback on IECs with teachers: This method required the participation of between eight and ten teachers. Having received training on how to use the IEC materials with their pupils, the researchers and teachers met after a period of two weeks to give feedback on how those materials were understood and which sections or aspects of the materials needing to be **changed**, **adapted** or **kept** for continual use.

  (b) Sensitisation feedback on IECs with pupils: Boys and girls (6-8 children) between the ages of 10 and 13 years in primary schools who were sensitised with the IEC materials by their teachers gave feedback. They described how effective those materials were in sensitising and informing them about the SBD and which sections of those materials need to be **changed**, **adapted** or **kept**. The aim of the exercise was to understand what message the IEC material is conveying, how practicable the message is for their context and how they would like to receive such messages. This session was conducted with boys and girls separately.

FINDINGS FROM THE PARTICIPATORY WORKSHOP WITH TEACHERS

This activity was carried out with teachers from public schools in both rural and urban areas. They identified various motivational factors that relate to their performance of MAM with their pupils. These factors include:

1. Training process

2. Supervision and reporting

3. Financial and non-financial incentives

4. Timing and resources required for MAM

Teachers discussed the cascade delivery of training as a bottleneck to effective learning. They felt that information from the state was not adequately communicated down to teachers and only a selected few received the required training. As a result, participants suggest that more teachers are trained, rather than a select few, and that standardised training manuals in local languages and with pictorial learning are used to ensure consistency.

KEY LEARNINGS AND RECOMMENDATIONS

TRAINING PROCESS: Teachers reported that the number of teachers invited for training is insufficient. In Kaduna State, only head teachers are invited for training. The trained head teachers are expected to cascade the training to other teachers in their school. When the training cascade within schools is unsuccessful, workload is increased and results in some teachers administering medicines without any training.

More teachers should be trained in distributing medicines, at least two teachers per school, as well as the head teachers.

> ***"Most times it is the head teacher that distributes the medicines and they are always busy with other school work but if the head teacher has an assistant it will make the work easier."***
>
> *(Participatory meeting with teachers, Kaduna North, urban context)*

The short notice given to teachers adds to the problem, as many cannot attend or are late. Teachers requested one weeks notice before training, and that those responsible for cascading training should have the necessary knowledge and experience of NTDs or at least a background in health.

> ***"Some of the participants came late to the training, owing to short notice. Obviously, most of the participants did not have complete training because of short notice which may affect MAM negatively."***
>
> *(Participatory meeting with teachers, Kaduna North)*

Teachers also suggest that to improve learning and retention, training methods should be made more interactive and participatory by using role play and practical exercises, and sessions should be held in a conducive venue.

> ***"It should not be a lecture mode of training because it is boring, but training should be interactive and participatory."***
>
> *(Participatory meeting with teachers, Kauru, rural context)*

Key: **Evidence informed**

The teachers felt the training was too basic, mainly covering how to calculate dosage and use the measuring stick. They wanted a more comprehensive understanding of NTDs, side effects of the medicines, and a better knowledge of how to sensitise parents and community members. With this knowledge and a training manual to guide them, they feel they could better respond to questions posed by the public.

"Knowledge on how to sensitise parents is also needed because some parents still come to the school to ask the teachers more about the deworming program, to be very sure of what is to be given to their children."

(Participatory meeting with teachers, Kaduna North)

"It will be good if we are taught on how to handle adverse events since we are not health personnels."

(Participatory meeting with teachers, Kauru)

"A school last year where Praziquantel was distributed to pupils, there was massive reaction of weakness and vomiting therefore parents stopped their children from taking the medicines."

(Participatory meeting with teachers, Kauru)

Teachers suggest that measuring sticks should be available during implementation.

"Measuring sticks are not enough; we have to share the measuring sticks with other teachers. At least every teacher who is distributing medicines should have a measuring stick."

(Participatory meeting with teachers, Kauru)

SUPERVISION AND REPORTING: Teachers felt that they would like supervision to be at least twice in five days of implementation.

"During the previous implementation there was no supervision, nobody supervised us. At least there should be two supervisors in a ward."

(Participatory meeting with teachers, Kaduna North)

It was suggested that the mood of supervision should be friendly, and if there are any mistakes or corrections during distribution teachers should be called and corrected privately, instead of in front of the pupils.

"They should send responsible and patient supervisors because some can come and embarrass us when they are doing their work, especially if they see some mistakes they can come and shout on us in front of people and their pupils. So, the supervisors should have good manner of approach. If there are any mistakes or corrections they can call them privately and correct us."

(Participatory meeting with teachers, Kauru)

Teachers want supervision to come from the health sector to credit their activities in the eyes of their parents. Some teachers further stated that MAM was the responsibility of health workers, and that teachers were responsible for education, not health. They therefore request that health officials be available during administration of medicines in schools.

"A medical personnel should come and see if what we are doing is the right thing or wrong so that they can correct us, the supervisors should involve health officers like NGO and the State NTD team."

(Participatory meetings with teachers, Kaduna North)

Teachers suggested that the period of reporting should be two weeks, so as to reduce the pressure on them and to give them time produce a comprehensive report with fewer mistakes.

> ***"In remote areas the time of reporting is too short because each time we go to collect medicines, they will tell us that they want reports in two days' time and we are staying in far remote areas, when we will finish treatment and bring reports."***
>
> *(Participatory meetings with teachers, Kauru)*

Some teachers want feedback from the education secretary and LGA NTD team. A written report, sent to teachers after they have submitted their summary forms, would let them know about any mistakes in their report.

> ***"Feedback after reporting enables us to know if there are any mistakes from the summary forms submitted."***
>
> *(Participatory meetings with teachers, Kaduna North)*

Teachers highlighted problems with the short period allowed for reporting, requesting additional days to enable them to produce a more detailed and complete report. There were also complaints of shortages of reporting documents, such as registration sheets and summary forms. Teachers also expressed the need to be taught how to fill in these documents correctly.

> ***"We should also be taught on how to use the record sheet after implementation in reporting data."***
>
> *(Participatory meetings with teachers, Kauru)*

FINANCIAL AND NON-FINANCIAL INCENTIVES: Teachers wanted some form of remuneration to encourage them to do the job effectively. For some, this meant financial support for their transport to collect drugs, attend training and to reach communities. For others, this meant payment for the added stress and workload that arose from being part of the distribution process, while others wanted non-financial incentives like respect from the community, a certificate from their training session, identification as a health worker, preferential treatment when they attend the health facilities, and invitations to other health seminars and workshops.

> ***"As teachers, we love to gain more knowledge, we will be further motivated if we are invited to other health seminars and workshops."***
>
> *(Participatory meeting with teachers, Kaduna North)*

Teachers described how they felt happy and fulfilled, with increased self-esteem when they received positive feedback from those that receive the medicine.

> ***"Gratitude some parents show after their wards took the drugs and appreciation received from the head teacher after the implementation motivated us in wanting to do more."***
>
> *(Participatory meeting with teachers, Kaduna North)*

Teachers suggested that t-shirts and face caps should be provided to indicate their participation during MAM implementation.

> ***"We should be provided with t-shirts and face caps to indicate their participation in the programme, especially during implementation; this will help in awareness to show something is taking place."***
>
> *(Participatory meeting with teachers, Kauru)*

Some teachers suggested that gifts of food items, such as rice during festive periods and teachers' day celebrations, will encourage better commitment to the programme.

It was reported that communities had poor awareness and minimal sensitisation to inform them about the NTD Programme, and teachers felt this restricted acceptability of the medicines in some communities.

> ***"We need posters to educate the children; these posters will be pasted in the school environment. The children are more interested in pictures."***
>
> *(Participatory meeting with teachers, Kauru)*

> ***"Awareness level on this NTD Programme is still very low. The awareness was very short and with these lapses [gaps in knowledge]; many parents did not allow their children to partake in the deworming exercise."***
>
> *(Participatory meeting with teachers, Kaduna North)*

STAKEHOLDER SENSITISATION: Teachers recommend more sensitisation about the programme, mentioning key stakeholders that need to be sensitised and engaged during the programme implementation. For the school-based control programme, teachers recommend that the School-Based Management Committee (SBMC) should be involved in sensitising parents through Parent Teacher Association (PTA) meetings, and by displaying posters at the school gate a week before implementation.

> ***"The SBMC monitors what happens in the schools. They are like PTA but their work is different. They are stakeholders in the schools, they can help in mobilisation."***
>
> *(Participatory meeting with teachers, Kauru)*

> ***"Before implementation the PTA should be sensitised to enable parents allow their wards swallow the medicines."***
>
> *(Participatory meeting with teachers, Kauru)*

> ***"Community leaders like the village heads should be aware of the programme so as to talk to the parents of the children to allow their children to swallow the medicines. The community leaders should be notified before implementation."***
>
> *(Participatory meeting with teachers, Kauru)*

> ***"SBMC is very important and if involved in sensitisation it can motivate us because it will encourage wide acceptance of the drugs."***
>
> *(Participatory meeting with teachers, Kaduna North)*

Proper sensitisation can greatly minimise the negative effects of some socio-cultural beliefs.

> ***"Some parents deny their children from collecting the drug because of socio-cultural beliefs; it is prevalent in this community. Most parents refused their wards from collecting polio because of the belief; it can prevent the children from having their own children in the future."***
>
> *(Participatory meeting with teachers, Kaduna North)*

TIMING AND RESOURCES REQUIRED FOR MAM: Some teachers suggested that medicines should be distributed during break time, so that it does not disrupt their academic lessons.

Other teachers suggest that medicines should be distributed in the mornings, as children will have recently eaten in their homes.

> ***"By the time the children have eaten at home before coming to school in the morning you can then distribute the medicines but if you leave it till break time the child may be hungry by then."***
>
> *(Participatory meeting with teachers, Kauru)*

Teachers want the involvement of private schools in the deworming programmes.

> ***"All of us sitting here have our children in private schools and I will be more motivated, when I know that as I am taking care of a child here, someone else is taking care of my own children in their schools by giving them the medicines also, so private schools should be involved in the school deworming programs."***
>
> *(Participatory meeting with teachers, Kaduna North)*

They also reported that they cannot distribute medicines without access to clean water which many schools do not have. They suggest that the NTD Programme considers how to provide clean drinking water or that parents are instructed to send water with their children on the day of distribution.

> ***"Drugs should come with quality drinking water since we can't give drug to the children to take home."***
>
> *(Participatory meeting with teachers, Kauru)*

Some teachers suggested that biscuits should be provided to children during implementation, as it will encourage the children to swallow the medicines.

> ***"During the previous deworming program, I bought biscuits and gave the pupils to motivate them to swallow the medicines and I did that out of my own will, the Federal Government feeding program is not reliable as the food is not given to the pupils frequently."***
>
> *(Participatory meeting with teachers, Kauru)*

> ***"If the pupils are given biscuits before implementation, it will motivate them to swallow the medicine."***
>
> *(Participatory meeting with teachers, Kauru)*

Key: **Evidence informed**

SUMMARY OF CHALLENGES AND SOLUTIONS PRESENTED BY TEACHERS

TEACHERS: TRAINING, SUPERVISION AND MONITORING

CHALLENGE:	PROPOSED SOLUTIONS:
Inadequate quality of training which is not detailed enough for teachers to understand all they need to know.	Regular training of teachers before medicines distribution (once/twice every year).
It was reported that the number of teachers invited for training is insufficient. Only head teachers from each school are invited for the training. Head teachers can be transferred to other schools at any time.	At least two teachers per school should be trained, as well as the head teachers.
The short notice given to teachers adds to the problem, as many cannot attend or are late to the training.	Teachers request one's week notice before training.
Some trainers do not have deeper knowledge about the diseases and the programme and are unable to cascade training effectively.	It was suggested the health workers be selected as trainers.
The training venue was not always appropriate for learning and the session was not interactive or participatory.	To improve learning and retention, teachers suggest that training methods should be more interactive and participatory, using role play and practical exercises, and held in a venue that is conducive to learning.
The training was too basic, mainly covering how to calculate dosage and use the measuring stick.	Teachers wanted a more comprehensive understanding of NTDs and the side effects of the medicines, and better knowledge of how to sensitise parents and community members. With this knowledge and a training manual to guide them, they feel they could better respond to questions posed by the public.
Inadequacy of measuring sticks during implementation - sticks had to be shared with other teachers.	Every teacher who is distributing medicines should have a measuring stick.
Lack of supervision will create mistakes. Nobody from the health sector was available to support medicine administration in school.	Supervision should include access to health personnel, such as staff from the Ministry of Health and the NGO supporting the programme, to ensure teachers are doing the right thing. Also, supervision should be at least twice in five days of implementation.
Mode of supervision.	Supervision should be supportive and not used for discipline. This will motivate teachers to work faster and easier. The mode of the supervision should be friendly, and if there are any mistakes made during distribution, supervisors can call teachers and correct them privately instead of correcting them in front of their school children.
Reporting time is too tight for teachers to do a thorough job.	The number of days for reporting should be increased to allow adequate time to submit a detailed report. The period of reporting should be two weeks.

"Sometimes during MAM in schools, some children may be absent from school because of sickness and some may be absent from school at will, so it is good to distribute these drugs in the community."

(Female community member during a participatory workshop)

TEACHERS: IMPLEMENTATION

CHALLENGE:	PROPOSED SOLUTIONS:
Some parents do not allow their children to collect the medicine because of socio-cultural beliefs such as infertility in future.	Sensitisation of parents through the Ministry of Education, School-Based Management Committee (SBMC) and Parent Teacher Association (PTA). Increase public awareness of the programme using mass media, radio jingles, posters and sensitisation of community leaders and the mosques and churches, 2-3 months before implementation.
Teachers' workload increases on the day of medicine administration - they must do the distribution in addition to their primary assignment of teaching.	More teachers to be trained in distributing medicines, the number should depend on the population of the schools. Teachers assigned to administer medicine to pupils should be free from other responsibilities for that day.
Medicine administration disrupts the academic activities as teachers must suspend lessons to give out the medicines.	Medicines should be distributed in the mornings as the children will have recently eaten in their homes (rural, Kauru). Teachers suggested that medicines should be distributed during break time, so that distribution does not disrupt their academic lessons (urban, Kaduna North). Medicine administration should take place within two weeks of the resumption of teaching, when academic activities have not commenced fully.
Poor sensitisation of the school children and parents.	Provision of banners in both English and Hausa at the school gate a week before implementation, to raise awareness among the parents.

"A pupil took praziquantel during the last MAM and he passed out worms, his father came to thank and pray for me, oh, I loved it. I can never forget that day."

(Teacher during a participatory workshop)

TEACHERS: LOGISTIC AND FINANCIAL SUPPORT

CHALLENGE:	PROPOSED SOLUTIONS:
There is no quality drinking water in schools, so teachers find it difficult to administer medicine to pupils.	School authority should made clean water available for the pupils to swallow the medicine, or pupils could be encouraged to bring clean water from home on the day of medicine administration.
Delay in medicine distribution to schools in hard to reach areas. Many schools could not get medicines on time.	Timely provision of the medicines (at least one week before implementation day).
Inadequate transportation allowance got teachers or delays in receiving payment.	Transportation allowance for teachers should be based on distance travelled.
There are no incentives for the effort teachers put into medicine administration.	Provide incentives such as: financial incentives; commendations from head teachers, Ministry of Education and parents; provision of certificate of participation, and provision of food on 'teachers' day' or during religious festive periods (Christmas and Salah).

GENERAL FINDINGS AND RECOMMENDATIONS ON IEC MATERIALS

USED FOR THE NTD PROGRAMME BY TEACHERS AND SCHOOL CHILDREN

The feedback sessions were carried out with teachers, boys and girls separately. Each session seeks to identify aspects of the IEC materials that need to be kept, adapted or changed so as to make the materials fit for purpose.

IDEAS FOR MATERIAL GENERATION / HOW CHILDREN RELATE WITH IEC MATERIALS

TEACHERS:

Teachers described story telling as a good way of communicating information; this can be done verbally or using IEC materials, e.g. the comic book on schistosomiasis was preferred as it told a story that was easy to understand without explanation.

Teachers wanted other community health messages to be incorporated within materials, e.g. WASH information (drinking clean water and hand washing) and preventive measures (sleeping under mosquito nets, not walking barefoot etc.).

PUPILS:

Pupils in the rural area enjoyed playing the game 'Schisto and ladder'. Children in the rural area dislike the picture of a worm and boy vomiting and described it as offensive. Girls in rural areas described the picture of a boy defecating as embarrassing.

Drawings by school children to depict their understanding gained from the IEC materials as explained by researchers

DIFFICULTY IN CHANGING BEHAVIOUR BASED ON INFORMATION IN THE MATERIAL

PUPILS:

School children said it will be difficult defecating in toilets when they are not available in schools. These amenities need to be provided for the messages to be translated into practice.

BEST PRACTICE FOR SENSITISATION

PUPILS:

School children wanted to take materials home to sensitise their parents.

POST-SENSITISATION RECOMMENDATION

TEACHERS:

Teachers expressed a need for the community to come together to supply food and water for children to consume before the medicines are swallowed, e.g. religious institutes could support this.

They also wanted provision of banners written in English and Hausa at the gate of the school a week before implementation to raise awareness among parents.

PUPILS:

School children want more sensitisation through the mass media, e.g. radio and TV jingles.

LANGUAGE OF IEC MATERIALS

TEACHERS:

Teachers said the language is simple and understandable.

PUPILS:

Pupils said the language is simple.

PICTURE QUALITY

TEACHERS:

Teachers wanted the quality of the pictures to be improved by making them brighter and clearer.

PUPILS:

Pupils wanted the pictures on the games to be clear and bold.

MISSING INFORMATION ON IEC MATERIALS

TEACHERS:

Teachers in rural and urban areas want the inclusion of pictures of girls, not only boys, in the material.

SPECIFIC ADAPTATIONS TO IEC MATERIALS

AS RECOMMENDED BY STAKEHOLDERS, TEACHERS AND SCHOOL CHILDREN

These symbols represent the purpose of the material and what topics it covers:

- *Disease awareness*
- *Prevention*
- *Epidemiology*
- *MAM awareness*
- *Side effects*
- *Advocacy*
- *Visibility and branding*
- *Motivation*
- *Training*

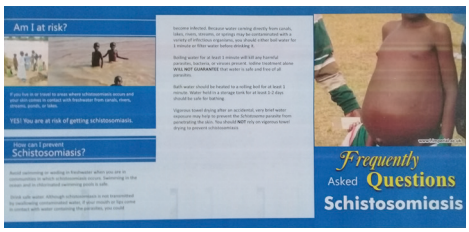
FP2: Soil-Transmitted Helminth Counselling Flipchart
Stakeholders wanted it to be translated into the Hausa language.

MAM awareness and training

FP3: Schistosomiasis Counselling Flipchart
School girls liked the pictures. Stakeholders felt that it should show more gender sensitivity and include pictures of girls too.

Disease awareness *Counselling*

Epidemiological knowledge



FP4: Frequently asked questions on Schistosomiasis
No changes.

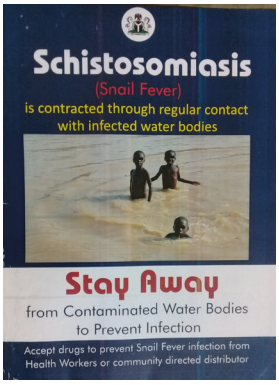
Epidemiology

KP5: Prevent Bilharzia/Schistosomiasis
Stakeholders felt it should be adapted into the Hausa language.

Disease prevention

P6: Soil-Transmitted Helminth Prevention
Stakeholders wanted the material translated into the Hausa language.

MAM awareness *Prevention* *Epidemiology*



P7: Schistosomiasis Prevention
Teachers in urban areas wanted some explanation to accompany the pictures in the material. Boys in urban areas wanted the writing to be bigger and the pictures brighter.

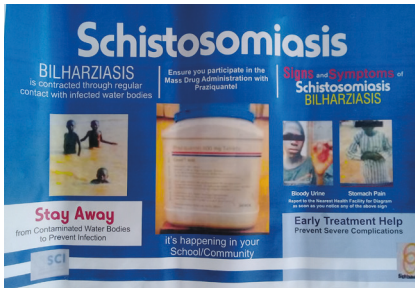
Prevention

P9: Soil-Transmitted Helminth Prevention
Stakeholders wanted the use of other pictures, like the inclusion of children in school uniform, and for the material to be translated into the Hausa language.

Disease awareness *Prevention* *Epidemiology*

P10: Soil-Transmitted Helminth Control and Prevention
Teachers in urban areas wanted the ordering of the material to be changed so that epidemiological information came first, before prevention information.

Disease awareness *Epidemiology*



P11: Schistosomiasis Prevention, Signs and Symptoms
Teachers in urban areas wanted the material re-ordered to show the flow of activities. They also want the covering of eyes for confidentiality to be explained. Stakeholders wanted the material to be translated into the Hausa language.

MAM awareness *Disease awareness*

P12: Schistosomiasis Treatment/Campaign

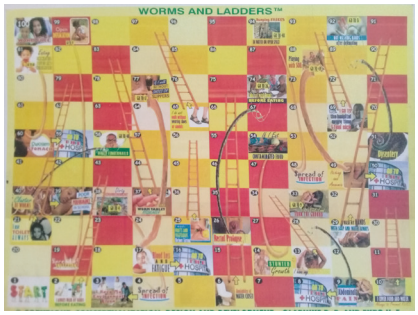
Girls in rural areas did not like the pictures of children defecating outside as they felt it was embarrassing.

Disease awareness *MAM awareness* *Prevention* *Epidemiology*

G1: 'Schistosomiasis & Ladder' Awareness and Prevention

Teachers, boys and girls felt the game was too small, and wanted it to come with instructions as without them it was confusing. They liked playing the game. Stakeholders wanted the game to be made bigger.

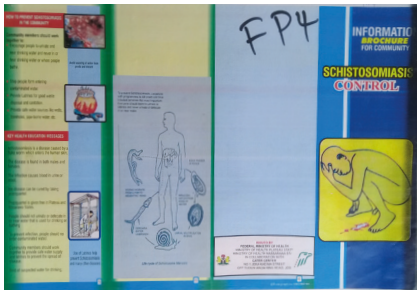
Disease awareness *Epidemiology*



G2: 'Worms & Ladder' Awareness and Prevention

Teachers wanted the game to be made bigger and the picture clearer. Girls and stakeholders found the game a little confusing and wanted it to be explained.

Prevention



L1: Schistosomiasis Control

Teachers in rural areas found the pictures in the material unclear and challenged whether pictures of women were included in the material or not. Girls in rural areas wanted the pamphlet to be made bigger.

Disease awareness *Epidemiological knowledge*

T1: T-Shirt for Schistosomiasis Awareness

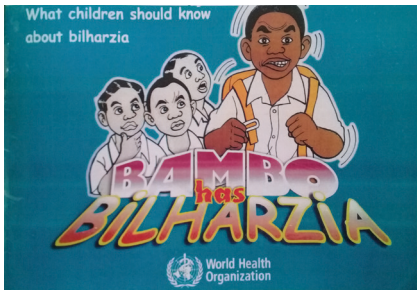
No changes.

Motivation *Community participation* *Branding*

T2: T-Shirt for Schistosomiasis Awareness

Stakeholders felt that the names of the diseases should be in the Hausa languages on the t-shirts.

Motivation *Community participation* *Branding*



B1: Schistosomiasis Awareness for Children
No changes.

Disease awareness

IDENTIFICATION OF COMMUNITY STRUCTURES

BY TEACHERS AND PUPILS FOR SENSITISATION, MOBILISATION, COMMUNICATION, IDENTIFICATION OF TEACHERS FOR MAM AND AS A MECHANISM TO ADMINISTER MEDICINES

SENSITISATION

TEACHERS: The teachers suggested that sensitisation should be carried out in public primary schools, secondary schools and Islamic schools. However, they pointed out that during MAM1 activity, only the public (primary and junior secondary) schools were engaged for sensitisation. They suggest that Islamic and 'Almajiri' (non-formal) schools are potential structures that can be engaged to sensitise the teachers on the importance of the schistosomiasis programme.

SCHOOL CHILDREN:

Boys: The boys in public primary schools want sensitisation to be carried out in schools, especially during assembly hours. They also suggested that teachers should meet with their parents and inform them about the programme so that they (the parents) can have a better understanding of the causes, dangers and prevention of schistosomiasis disease in order to encourage their children to be treated at school during implementation.


Sensitisation feedback with girls

"If it wasn't for the time I am spending here with you, I would be on my way to the stream to swim and wash. But now that you have sensitised me on the dangers of swimming in dirty streams, I will go back home to wash and bathe."

"Immediately after we come back from hawking, we will always wash our hands so that we don't fall ill."
(Sensitisation feedback with community girls)

Girls: A meeting was held with school girls in Kaduna North and Kauru LGA respectively. Some of them said they had taken Praziquantel in the past but were not sensitised to understand the dangers of the schistosomiasis disease. They were happy to be sensitised and promised to stay away from stagnant rivers where the vector of the disease is mostly found.

STAKEHOLDERS: School-Based Management Committee (SBMC) should lead in sensitising head teachers, pupils and parents in the urban and rural areas. This should be carried out a week prior the commencement of implementation to ensure better understanding of the programme.

MOBILISATION

TEACHERS: The teachers mentioned that the Education Secretary (ES) mobilises head teachers in both rural and urban contexts for training. The LGA coordinator and frontline health workers conduct training on how to measure and administer Praziquantel to school children aged 5-15 years. After the training is conducted, the head teachers mobilise teachers and sensitise them before implementation is carried out. The training generally lasted for five hours which they said was too much and suggested reducing to three hours to enable those from distant places to reach their destinations in good time for security reasons.

SCHOOL CHILDREN:

Boys: School boys were mobilised in the migrant, rural and urban communities and introduced to a game called 'worms and ladder', which helped them understand how disease is contracted. They were also told about some preventive measures they can take, (e.g. avoiding bathing in dirty, stagnant water and by always keeping their environment clean) to avoid contracting schistosomiasis and STH. They also learnt how to always wash their fruit and vegetables before consuming them which they promised to adhere to now have more knowledge regarding schistosomiasis and STH.

Girls: Likewise, school girls were mobilised in the migrant community in Chikun, the rural community in Kauru and the urban community in Kaduna North LGA. They were sensitised by playing a game which indicates the causes, dangers and prevention of schistosomiasis and STH. They showed interest in the game, which helped them to learn more about the disease, and promised to stay away from dirty, stagnant water and to always keep their environment clean to avoid contracting diseases. Posters were also displayed to help the children have a better understanding of the diseases.

STAKEHOLDERS: SBMC is a potential structure that can be engaged to carry out mobilisation, mainly for the schistosomiasis and STH programmes. The Parent Teacher Association can also be involved to communicate and mobilise in all contexts (urban, rural and migrant) for the treatment of schistosomiasis.

COMMUNICATION

TEACHERS: Teachers stated that as part of efforts to eradicate schistosomiasis, the State Universal Basic Education Board (SUBEB) and the Education Department at local government level send messages to all head teachers stating the date, venue and time of meetings with regards to the school-based programme. This is done every year before implementation commences. Some of the teachers complained about the distance they were required to travel and the lack of adequate transportation which de-motivates them when carrying out their jobs as school implementers.

SCHOOL CHILDREN:

Boys: The teachers should ensure they communicate to the parents of their pupils so that they (the parents) will understand the importance of the medicine and encourage their children to take it. This will promote acceptability of the medicines among the pupils. Where the teachers are unable to effectively communicate with parents, they can go through the village heads.

Girls: One of the participants (a daughter of the village head) suggested that the teachers should get approval from the village head to communicate with their parents who will then talk to the pupils. This will help in reinforcing the importance of the medicine and encouraging its acceptability.

STAKEHOLDERS: School teachers are relevant in the urban and rural settings. They serve as mechanism for school-based treatment, specifically for children between the ages of 5-14 years. The stakeholders also mentioned that the Parent Teacher Association (PTA) is very relevant in the rural and urban areas, specifically in reaching out to parents.

IDENTIFICATION OF TEACHERS FOR MAM

TEACHERS: The Education Secretaries in rural and urban areas identified that head teachers, mostly in public primary schools, should be trained and then should cascade down the training to one or two teachers to help in administering medicines to school children. They want the programme to extend to the 'Almajiri' schools, because they have a huge population who are mostly unaware of the disease.

STAKEHOLDERS: Stakeholders report that local government school board, with the executive secretary being in-charge, are mainly responsible for identifying teachers for MAM activity (especially in the rural areas). They also suggested that the PTA and primary school board are potential structures that can enhance the programme and help in selecting the best teachers to carry out the distribution of medicines in schools.

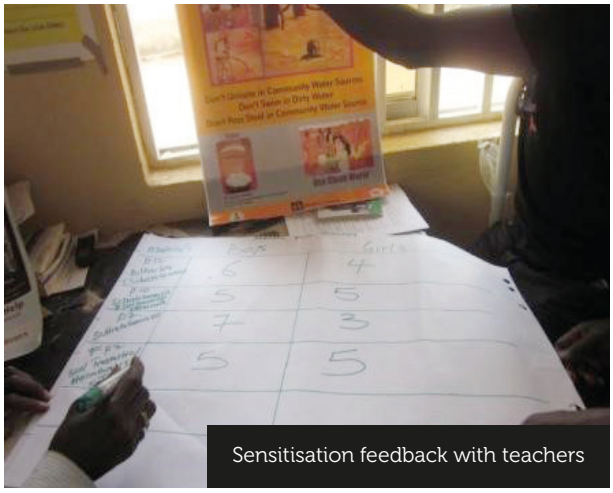
MECHANISM TO ADMINISTER MEDICINE

TEACHERS: Because it is a school-based programme, currently only the head teacher and one other teacher are given the responsibility of administering medicines to pupils in their schools, even without the presence of health workers. Teachers reported that it is important for health workers to be present during medicine administration so as to avoid any mistakes or situations they cannot handle, e.g. adverse reactions in children.

STAKEHOLDERS: The stakeholder agreed that currently the public primary and junior secondary schools are the only structures engaged for the delivery of medicines during the school-based treatment and suggested that the programme should be extended into the community because many out-of-school children are being left out, especially in the rural communities. They suggested that the SUBEB and PTA are potential structures that can be used to administer medicines to all eligible children in both schools and communities.

CONCLUSION

The findings are intended to provide policy makers and programme implementers with valuable information on key areas for the motivation of teachers who administer deworming medicines during the school-based deworming programme. The findings show that information, education and communication materials are needed for both training and the implementation of the mass administration of medicines programme, and also for the effective sensitisation of parents and pupils. Meeting these key areas will go a long way in improving school-based interventions.



Sensitisation feedback with teachers

NOTES

COUNTDOWN

Calling time on Neglected Tropical Diseases

In partnership with:

FEDERAL MINISTRY OF HEALTH

Sightsavers

LSTM LIVERPOOL SCHOOL OF TROPICAL MEDICINE

UKaid from the British people