

LEARNING PACK



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



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 taking part in research conducted by the C@UNTDOWN research team in Ogun State.

The **C@UNTDOWN** project brings together neglected tropical disease (NTD) researchers, policymakers, 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 **C@UNTDOWN** project is to increase the effectiveness of NTD Programmes with a focus on reaching poor and vulnerable people. It works to enhance community ownership of and participation in the NTD Programme, facilitated by building common goals for the Mass Administration of Medicines (MAM) between the health system and communities. In Ogun State, the **C@UNTDOWN** team consists of eight research assistants and two supervisors. Two of the research assistants were members of the Ogun State NTD unit and have more than seven years' experience as NTD Programme implementers. 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 helminth (STH) control programme in Ogun 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) 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.

THE RESEARCH APPROACH

COUNTDOWN adopts a **Participatory Action Research (PAR)** approach because of its central principles of inclusivity, ownership and sustainability that places communities, teachers (as frontline implementers) and pupils at the centre of the research process. This figure on the PAR highlights the steps within this participatory action research 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 Ogun State.

The first stage was focused on identifying factors that encourage teachers to administer deworming medicines to eligible pupils in their schools. The second 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 the second stage. To summarise, the two objectives are:

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

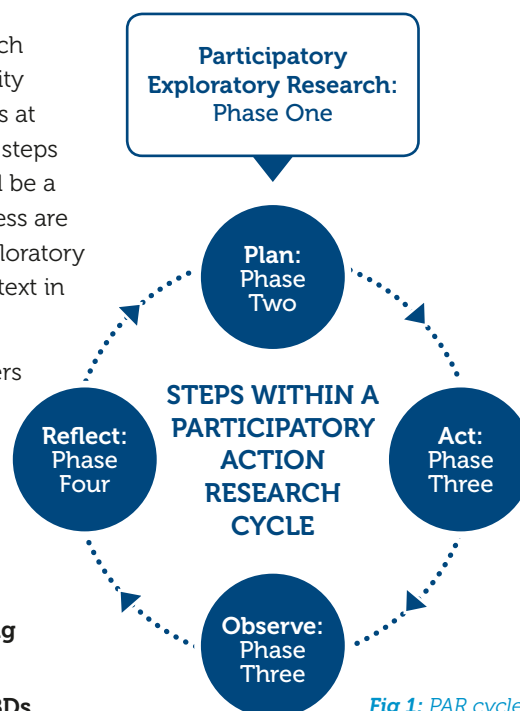


Fig 1: PAR cycle

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 serve as guides to understanding the motivating factors for teachers continuing to engage with the programme. These motivating factors relate to training, access to resources like IEC and other materials, supervision, reporting and financial and non-financial incentives. Three participatory workshops comprising between eight and ten teachers each identified a number of these factors and ranked them in order of preference and importance to their roles.

ASSESSING EXISTING TRAINING PROCESSES AND IEC MATERIALS WITH TEACHERS

- **TRAINING CASCADE WITH TEACHERS:** A mock training exercise was conducted with teachers using the Federal Ministry of Health-approved IEC materials. State NTD staff, who were part of the **COUNTDOWN** team, were asked to facilitate the training of teachers. These training 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. Between nine and ten teachers participated in the mock training cascade in the selected local government areas (LGAs).
 - (a) Sensitisation feedback on IECs with teachers:** This method required the participation of between eight and ten teachers from different schools. Having received training on how to use the IEC materials with their pupils, the researchers and teachers met two weeks later to give feedback on how those materials were understood and which sections or aspects of the materials need to be **changed**, **adapted** or **kept** for continual use.
 - (b) Sensitisation feedback on IECs with pupils:** Primary school boys and girls, between the ages of 10 and 15 years, who were sensitised with the IEC materials by their teachers gave feedback on 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 materials conveyed, 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 delivery of MAM to their pupils. These factors include:

1. Training process
2. Supervision and monitoring
3. Financial and non-financial incentives
4. Timing and Resources required for MAM

Teachers identified 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, with pictorial learning, are used to ensure consistency.

KEY LEARNINGS AND RECOMMENDATIONS



TRAINING PROCESS: Teachers reported that, in most cases, the number of teachers invited for training is insufficient, with only one or two teachers invited per school. The trained teachers are expected to cascade the training to other teachers in their school, but this is often unsuccessful, resulting in an increased workload for those trained while some teachers are administering medicines without training.

"Some teachers did not cooperate with the teachers that went for the training. They said that since two of them went for the training, the two should administer the drugs for all the pupils."

(Participatory meeting with teachers)

Teachers reported being given little notice about the training, and so many could not attend or were late. Teachers, therefore, request two weeks' notice before training, and that those responsible for cascading training have the necessary knowledge and experience of NTDs, or at least a background in health. They also suggested that health school workers could be selected for training, where this role exists.

"Some of the participants got there 30 mins to end 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)

"The trainers in most of the training do not have an in-depth knowledge and this affects the quality of our work. For instance, I asked a question during the training section one day but the facilitator was unable to answer his question to the level of his satisfaction and this killed his morale. Most of my student parents are professionals and if they question me on the drug, I might not be able to provide a concrete explanation and I am not OK with this."

(Participatory meeting with teachers)

Teachers also suggest that to improve learning and retention, teaching methods should be more interactive and participatory, using role play and practical exercises, and in a venue that is conducive to learning.

SUPERVISION AND MONITORING: Teachers reported a lack of support from health workers in the management of severe adverse events that arise from treatment with Praziquantel. This resulted in a confrontation with parents of children who experienced severe adverse reactions after taking the medicine, which demotivates teachers and risks their involvement in future MAMs.

"Nobody comes from the health sector to supervise. If those from the health sector will come and supervise the work during MAM we will appreciate and it will mean a lot."

(Participatory meeting with teachers)

Some teachers further stated that MAM was the responsibility of health workers, and that teachers were responsible for education, not health. They, therefore, requested that health officials be available during administration of medicine 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 so the supervisors should involve health officers like NGO and the State NTD team."

(Participatory meeting with teachers)

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 medicines, attend training and to access communities. For others, this meant paying for the added stress and workload that arose from being part of the distribution process, while some wanted non-financial incentives like respect from the community, a certificate from training or identification as a health worker.

Teachers identified that feedback and recognition from communities and the health system, and identification as being affiliated with the health system would encourage them. Teachers reported that communities had poor awareness and minimal sensitisation to inform them about the NTD Programme and felt this restricted the acceptability of the medicines in some communities.

"You see, some of us we want to participate in this thing, there should be provision for us. Because, going to the school, we have some voluminous work in the school and you will involve us again in this type of thing... Even before we attend to our wives and husbands, so the work is so much that there should be remuneration to encourage us on the job and make us happy."

(Participatory meeting with teachers)

"That awareness level on this NTD Programme is still very 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)

Teachers recommended more sensitisation about the programme, mentioning key stakeholders that need to be sensitised and engaged during 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 Associations (PTA) meetings and displaying posters at the gate of the school a week before implementation.

"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)

Teachers described how they felt happy and fulfilled, with increased self-esteem when they received positive feedback from those who received 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)

Teachers also wanted feedback on their performance from the health system and wanted recognition for the work they did. They requested verbal appreciation from parents of beneficiaries and said that a commendation from the head teacher and an educational authority would encourage them to do their job better.

"Do not receive any feedback from any official on what they have done and there is no good communication channel."

(Participatory meeting with teachers)

"Teachers' efforts for the MAM implementation must be recognised by the Ministry of Education."

(Participatory meeting with teachers)

TIMING AND RESOURCES REQUIRED FOR MAM: Teachers requested that distribution periods avoid exam times and that they take place within the first two weeks of returning to school from holidays. This period is quiet and would not disrupt studies as much as other times in the term. In addition, having the training during the run-up to pupils' examinations discouraged many teachers from participating.

"During that time, it was very tedious because teachers had a lot of work to do in preparing for pupils' examinations. So, if the time is changed, it would help us to attend training on time, implement it well and reporting it accurately."

(Participatory meeting with teachers)

"The day of the deworming should be done on the first or second week of resumption in school when they don't really have many activities on the ground."

(Participatory meeting with teachers)

SUMMARY OF CHALLENGES AND SOLUTIONS PRESENTED BY TEACHERS



TEACHERS: IMPLEMENTATION

CHALLENGE:

Some parents do not allow their children to collect the medicine because they do not trust the source of the medicine.



Medicine administration disrupts the academic activities as teachers must suspend lessons to give out the medicines.

Exam period is a poor time for medicine administration.

Teachers' workload increases on the day of medicine administration - they must do the distribution in addition to their primary assignment of teaching.

PROPOSED SOLUTIONS:



The Ministry of Education, School-Based Management Committee (SBMC) and PTA should be involved in the sensitisation of parents.

Seek the consent of parents for at least two weeks before implementation.

Medicine administration should take place within two weeks of the resumption of teaching, when academic activities have not commenced fully.

Teachers assigned to administer medicine to pupils should be free from other responsibilities that day.



TEACHERS: LOGISTIC AND FINANCIAL SUPPORT

CHALLENGE:

Inadequate quality of training which is not detailed enough for teachers to understand all they need to know. In Ogun, some teachers were not trained at all.



Some trainers do not have deeper knowledge about the diseases and the programme and so are unable to cascade training effectively.

Teachers find it challenging to use the reporting tools.

Lack of supervision will create mistakes.

Training venue was not always appropriate for learning and training was not interactive or participatory.

Short notice of training time resulted in many teachers missing the training or arrived late (Ogun).

Nobody from the health sector was available to support medicine administration in the school.

Reporting time is too tight for teachers to do a thorough job.

PROPOSED SOLUTIONS:

Have regular training (once/twice every year).

Include training on how to handle side effects to boost confidence.

Trainers should have good knowledge about the NTD Programme, and preferably be someone with a background in health.

Training on how to use the recording sheet for effective reporting.

Use simple training manuals to guide teachers during implementation. These should specify the types of food the children can eat on the day of administration of medicine.

Supervision should be supportive and not used for discipline. This will motivate teachers to work faster and easier.

A conducive venue with little or no distraction should be selected for the training.

Two weeks' notice should be given ahead of the training day.

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.

The number of days for reporting should be increased to allow adequate time to submit a detailed report.



TEACHERS: LOGISTIC AND FINANCIAL SUPPORT

CHALLENGE:

There is no quality drinking water in schools, so teachers find it difficult to administer medicine to pupils.



Delay in medicine distribution to schools in hard to reach areas. Many schools could not get medicines on time. Teachers visited the medicine dispensary point several times before they could collect medicine for distribution in their school.

Inadequate transportation allowance or delays in receiving payment.

There are no incentives for the effort teachers put into medicine administration.

PROPOSED SOLUTIONS:

School authority should make 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.

Timely provision of the medicines before implementation day, preferably on the day of training.

Transport allowance to be paid by cash and not into a bank account.

Provide incentives such as financial incentives; commendations from head teachers, Ministry of Education and parents; provision of a certificate of participation, and provision of food on 'Teachers' Day' or during festive periods (Christmas and Salah).








FINDINGS FROM FEEDBACK ON IEC MATERIALS WITH TEACHERS AND SCHOOL PUPILS




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




CHANGES IN PRACTICES ASSOCIATED WITH IEC MATERIALS IN GENERAL

- A teacher from a rural area observed some changes in the behaviour of pupils he sensitised. They try to avoid bathing in the river, do not walk with bare feet, and wash fruit before they eat it because they now know that these are ways to contract the disease. 
- Another teacher from the rural area reported that the training he attended has impacted greatly on his health talk, and influences him to ensure he practices cleanliness more than before. 
- Some teachers in both rural and urban areas reported that after sensitisation, school pupils, especially boys who were fond of urinating close to the block of classrooms, stopped. They began to go to the toilet to urinate and are avoiding open defecation because they now know that it is not good. Those who continued urinating close to the classrooms were dragged to the head teacher's office by their peers to be punished. 

- Pupils (both boys and girls) from rural and border areas acknowledged that they used to pick fallen food but henceforth would not do that. 

DIFFICULTY IN CHANGING BEHAVIOUR BASED ON INFORMATION IN THE MATERIAL

- Pupils (both boys and girls) from the rural border community said although it is not possible to avoid the stream, as they do not have other sources of water, they can collect and use medicines distributed in the community. 

HOW CHILDREN RELATE TO IEC MATERIALS

- A secondary school teacher from the rural area says the children were very interested in the storybook 'Bambo has Bilharzia'. The pictures in the book fascinated them and they were enlightened as to the importance of the medicine which did not seem to have any meaning for them during the last treatment rounds.
However, a primary school teacher from a rural area says the pupils cherish the game material most. He said the game has taught them not to defecate in indiscriminate places, and that they also obey instructions to visit the health centre if they experience any ill-health. 

- Teachers from the urban area said the IEC material (i.e. the game) persuaded pupils to accept the medicine. The teachers also said that the IEC materials teach children not to play outside with bare feet. 
- A teacher said he does not like one of the sensitising IEC materials because it shows a male organ which he believes could send the wrong messages to the children.

CHALLENGE USING THE TOOL FOR SENSITISATION

- One of the teachers from the rural area said that because most of the IEC materials are written in the English language it was difficult for some pupils to read and understand perfectly.



DIFFICULT TO UNDERSTAND

- Teachers from the rural area said some of the IEC materials were written only in English which makes it difficult for some pupils to read and understand.
- One of the teachers from urban areas said it is difficult to understand the diagram of the boy holding the bottle of blood, while another teacher said they could not understand the concept of the hijab used in the poster.



MISLEADING

- The teachers from urban areas felt the use of women with hijabs may be interpreted as meaning the hijab-wearing women are more susceptible to STH.



HOW EASY IT IS TO USE THE TOOLS

- Several teachers from rural and urban areas said the IEC materials made it easier to educate the children about schistosomiasis and STH. The pictures and diagram in the comic book and the game caught the attention of children.
- A teacher from the urban area mentioned that the IEC poster on signs and symptoms of schistosomiasis is not easily understood by the pupils. The pupils asked a lot of questions and there is a need to educate them that they could get infected with snail fever through water.



POST SENSITISATION RECOMMENDATION

- Two teachers from the rural area want pupils to be taught with the IEC material every week as they believe the children could effectively spread the news about the diseases and the medicines.
- Teachers from urban areas want copies of the IEC materials to be kept in the library so that children have easy access to them.



METHOD OF COMMUNICATING HEALTH MESSAGES

- Pupils from the migrant and border communities prefer to receive health messages through their teachers on the assembly ground, while some suggested through radio and television so that everybody can hear it irrespective of where they are.

They also suggested that the IEC material (game) should be put on a signpost at a corner adjacent to the market, while others said the game should be taken into schools.

Some girls from the migrant community suggested the use of social media to spread health messages and are calling for PTA meetings to inform their parents.

Boys from the migrant community mentioned announcing it in churches and mosques so that religious leaders can convince their parents.

Boys from urban areas want to receive health messages in the form of stories or movies, while their female counterparts mentioned radio announcements, TV programmes and through comedy.



PEOPLE THAT CAN DO WHAT THE MATERIAL IS SAYING

- Both boys and girls from border and migrant communities said everyone will be able to comply with the instructions on the IEC material (prevention) because it will affect their health.

PEOPLE THAT CANNOT DO WHAT THE MATERIAL IS SAYING

- Boys from the border area said it is the lazy and unconcerned people who would not be able to comply with instructions on the IEC material. Also, the cost of getting treatment might be too much for some which would prevent them from visiting the hospital.

THE IEC MATERIAL THEY LIKE MOST

- Teachers from the rural area said the primary school children liked the game more than the other IEC materials, while the secondary school children prefer the comic.
- Teachers and children from the rural area want a version of the IEC material written in their local language, making it easier to read and understand.
- The children (both male and female) from rural, urban, border and migrant areas said they like the game more than the other IEC materials because it has beautiful pictures and is a combination of fun and learning.



VISUAL ASPECT

- Girls from the border community want an improvement in the quality of printing and the legibility of words written on the games.
- Those from the border community want the cloth belonging to boy in the poster (STH prevention) to be changed to a clean one.

WHAT SHOULD BE ADDED

- A teacher from the urban community suggested adding a picture of a teacher administering the medicine to a child.
- One of the teachers from the urban area wants the poster to show the three tribes in Nigeria, i.e. Yoruba, Hausa and Ibo, instead of women wearing hijabs.
- Girls from the migrant community want the following changes on the STH prevention material: the boy's cloth should be changed, the boy drinking water directly from borehole should use a cup and there should be a separate container for the unwashed vegetables.
- Girls from the urban community want the height measurement for medicine administration added to the poster.



WHAT THEY LIKE ABOUT IT

- Teachers in both rural and urban communities said they like the material on Mectizan and Albendazole.
- Boys and girls in both rural and urban communities said they like the material on Mectizan and Albendazole.



WHAT THEY DON'T LIKE ABOUT IT

- Some teachers in both rural and urban schools do not like the pictures of pupils in hijabs.



EASY TO UNDERSTAND

- Teachers in both contexts said the Yoruba version makes the material easy to understand.
- Teachers in both contexts stated that the pictures on the materials make it easy to understand.
- The simplicity of expression (the language used) makes it easy to understand.



EDUCATIONAL

- 'The image of the girl washing her hands has educated me', said a girl in a rural school.



GIVES HOPE

- A rural boy stated that early treatment helps to prevent severe complications from diseases.



INTERESTING

- Some teachers in both rural and urban communities professed that the storybook 'Bambo has Bilharzia' and its pictures captivate pupils' attentions and make them love to read or listen to the stories.
- Some urban teachers stated that the use of dice to play the 'Schisto and the ladder' game fascinates pupils.
- A teacher in an urban community observed that pupils like the name 'schistosomiasis' and they keep saying it out loud, with some wanting to become medical doctors to eventually treat the disease.



PHYSICAL DIMENSION

- Most teachers in both rural and urban schools stated that the pictures on most materials are bold and colourful enough.
- Some teachers in both rural and urban schools said the writing on the materials is clear enough.
- A group of boys from the rural area said the pictures on IEC materials should be made bigger.






SHOWS TRAINING STEPS

- According to some urban teachers, the fact that training starts from sources/causes of diseases and proceeds to transmission mechanisms, life cycle and treatment options makes it easier for people to comprehend.




DISEASE AWARENESS

- A teacher stated that some girls had symptoms of both schistosomiasis and STH and were very happy to be aware of the likely causes of those symptoms.
- Another teacher in the urban area said that the material gives more knowledge about the signs and symptoms of schistosomiasis and how the disease can be prevented. It is like a storybook to the pupils and they like the pictures. 
- A rural teacher said that the chart creates awareness of bilharzia/schistosomiasis. 
- Two girls said they saw a big stomach, and they understand that if a person swims in fast-moving water he/she can come down with schistosomiasis since the swollen stomach is one among the symptoms.
- A group of rural boys said they can see signs and symptoms of schistosomiasis. 



EPIDEMIOLOGY

- Another group of teachers added that "Schistosomiasis is a water-transmitted disease caused by snails".




PREVENTION

- A teacher in an urban area said people should practice hygiene, most especially those in rural areas where there are fast running rivers. 



SCHISTO & STH RELATED

- An urban girl said the IEC material tells them that they should always wash hands after using the toilet. 
- Some rural boys mentioned that they have learnt not to defecate in open places. 

SIGNS AND SYMPTOMS

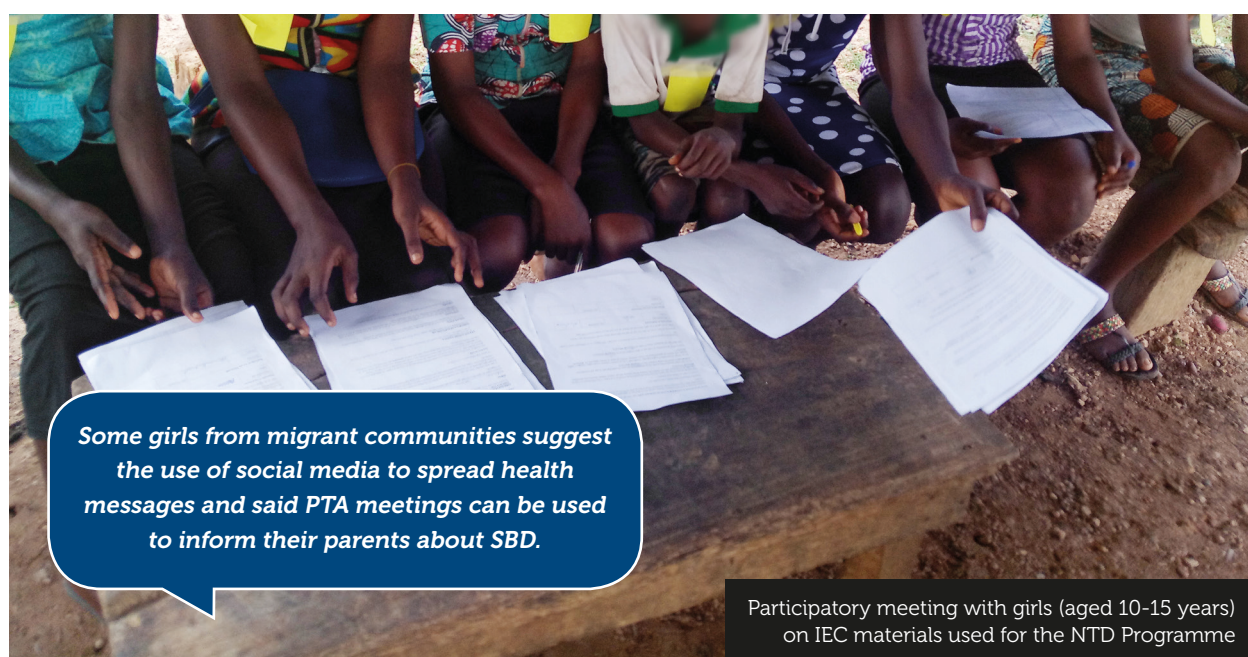
- An urban teacher said when a pupil is always holding his/her stomach and passes bloody urine, one could suspect schisto because those are some of the signs and symptoms. 
- A rural boy listed bloody urine and stomach pain as symptoms of bilharzia. 
- A group of rural children (boys and girls) said a swollen stomach and bloody urine are symptoms of schistosomiasis. 

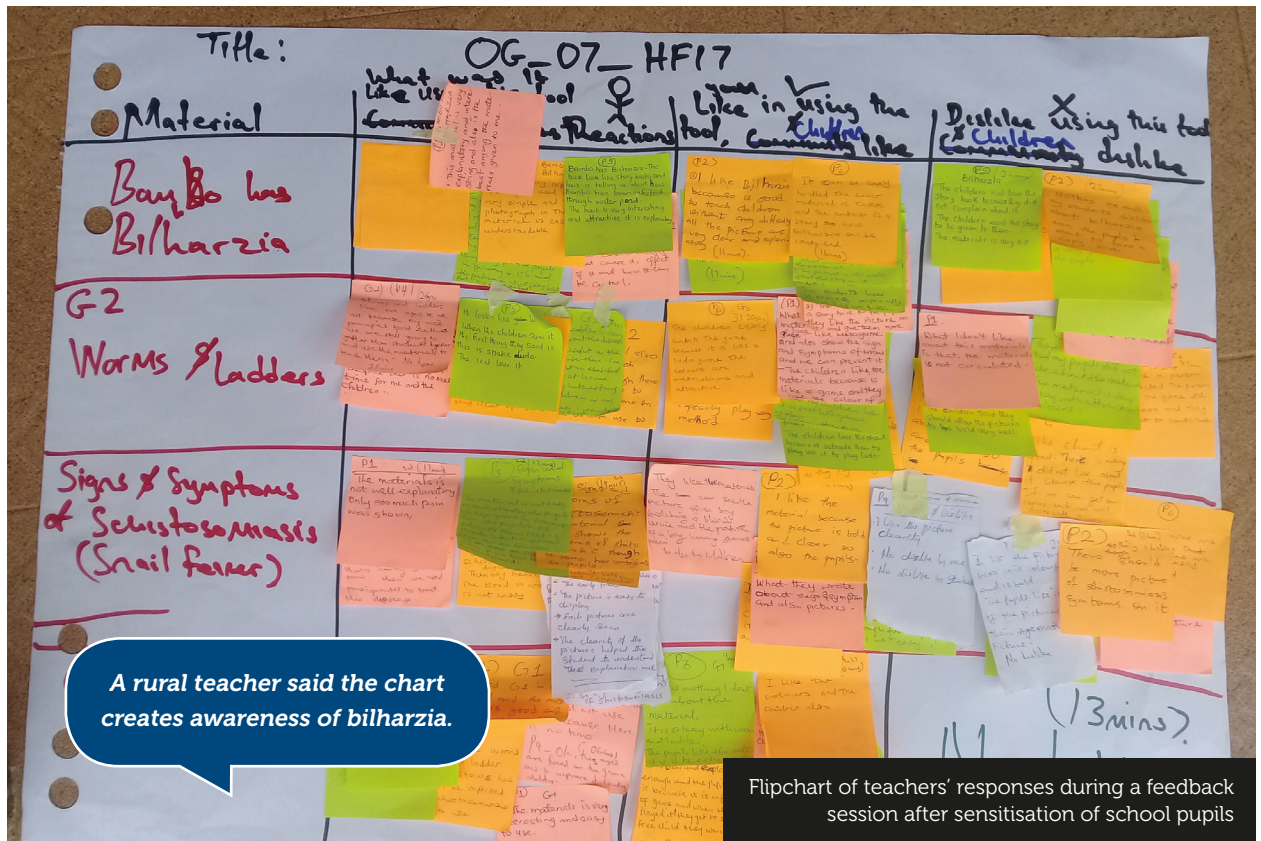
TREATMENT AND MAM

- Some teachers in the urban community said the material says that people should trust the effectiveness of the drug and not be afraid that it will cause any harm to their bodies. 
- Some rural teachers said the message is that one must eat before taking Praziquantel and Albendazole. 

CONCLUSION

The findings are intended to provide policymakers and programme implementers with valuable information on key areas of motivation for teachers who administer deworming medicines during the SBD. It further points to aspects of IEC materials that needs attention for effective sensitisation of both parents and pupils during the programme. Meeting these key areas will go a long way in improving school-based interventions.





OG-07-HF17 FEEDBACK TEACH Post Awareness				
Materials	Boys	Girls		
Bayko has Bilharzia	6	4		
G2 Worm & Ladder	5	5		
Signs & Symptoms of Schistosomiasis	7	3		
Schisto & Ladder	6	4		
Prevent Bilharzia	8	2		
Intestinal Worm Infections	8	2		
Elephantiasis	4	6		
Schistosomiasis	8	2		
Day. OPI	5	5		

The boys and girls said they prefer the game to the other IEC materials because it has beautiful pictures and is a combination of fun and learning.

Flipchart of teachers' responses during a feedback session on school pupils' preferences for IEC materials



COUNTDOWN

Calling time on Neglected Tropical Diseases

In partnership with:

