COUNTDOWN
Calling time on Neglected Tropical Diseases

Working Together-
Developing an integrated intervention manual for skin neglected tropical diseases

Background to study

Many neglected tropical diseases (NTDs) affect the skin, which can lead to long term disability and morbidity if left untreated. Affected people often attend for treatment at health facilities at the later stages of disease once symptoms become severe. Many cases of NTDs are hidden in communities, often due to lack of awareness of the conditions and their associated stigma. Early case detection of skin NTDs is important to minimise the negative health impacts that delays in diagnosis can cause.

The World Health Organization (WHO) recommends an integrated programme approach for the management of skin diseases. This means providing services for all diseases through one programme and delivering activities within existing health systems infrastructure as far as possible. In Nigeria, we have developed a community-based integrated intervention for the early detection, diagnosis, referral, and management of cases of four skin NTDs (Buruli ulcer, hydrocele, leprosy, and lymphatic filariasis). In this blog, we reflect on our collaborations with NTD programme implementers and persons affected by skin NTDs in Ogun and Kaduna States, Nigeria to design this intervention.

Developing the Intervention

We used a participatory action research approach to explore existing mechanisms for integrated management. This involved conducting a literature review alongside a series of participatory meetings with affected persons and frontline health workers. Participatory activities included the use of 'patient pathway' mapping to document existing and potential methods of case detection, referral, diagnosis, and management of skin NTDs (see fig.1). Findings from these activities then informed action planning meetings with community and health system stakeholders from Ogun and Kaduna alongside affected persons to co-design an integrated management system for improving case detection, referral, and treatment of skin NTDs.[1]

Figure 1: Stakeholder meeting in Kaduna using the patient care pathway

During the initial action planning meeting, a working group was established to further develop intervention documents. A series of review meetings in both Kaduna and Ogun States were also conducted throughout the intervention development period. Initial action planning meetings,
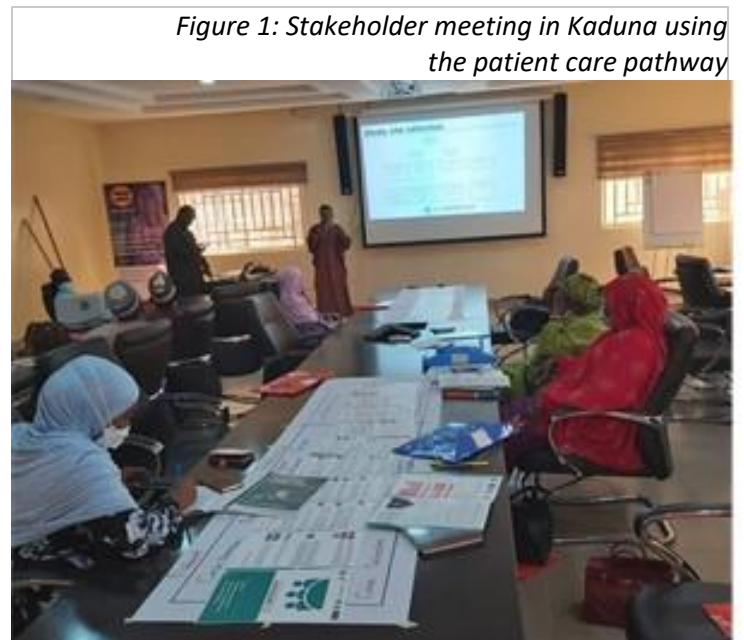
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[1] Our literature review focused on integrated management strategies for NTDs that affect the skin in Sub-Saharan Africa; our findings from the literature review can be viewed here.

establishing a working group and ongoing review meetings enabled us to collaboratively design a new case detection, referral, diagnosis, and management process, drawing from shared knowledge of actors from all levels of the health system. Through this process, we developed an intervention manual for integrated care; this included cascaded training packages for primary health facility staff and community health volunteers as well as designing a referral pathway with referral tools and job aids. A draft version of the manual which is currently undergoing piloting can be found here.
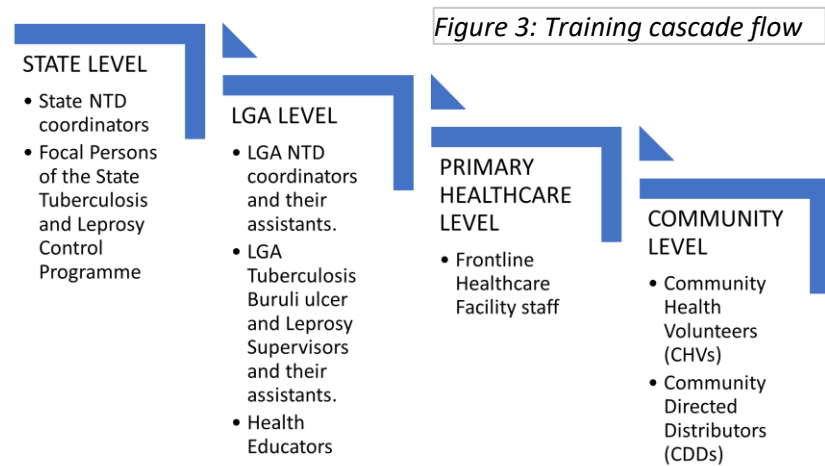
Piloting the training manual

We commenced the roll-out of the intervention manual through a training cascade. Key personnel trained at one level of the health system stepped down the training to the next cadre on how to use the integrated intervention manual (Figure 3).

We incorporated various participatory approaches such as role plays, demonstrations, and case studies in the training manual. This was an essential request of the health workers and affected persons who took part in our initial participatory workshops. Training included the symptoms and management of leprosy, Buruli ulcer, lymphoedema and hydrocele.

Figure 2: Training of frontline healthcare facility staff in Ogun

Figure 3: Training cascade flow

STATE LEVEL
• State NTD coordinators
• Focal Persons of the State Tuberculosis and Leprosy Control Programme

LGA LEVEL
• LGA NTD coordinators and their assistants.
• LGA Tuberculosis Buruli ulcer and Leprosy Supervisors and their assistants.
• Health Educators

PRIMARY HEALTHCARE LEVEL
• Frontline Healthcare Facility staff

COMMUNITY LEVEL
• Community Health Volunteers (CHVs)
• Community Directed Distributors (CDDs)

There were also components on referral, wound care, stigma (adapted from the Guides on Stigma and Mental Wellbeing) and monitoring and supervision. The training across all levels was engaging and interactive. The trainers and trainees engaged freely using both English and the local languages - Hausa in Kaduna and Yoruba in Ogun.

In both Kaduna and Ogun, the stakeholders freely adapted the cascaded training template to the specific operational and situational contexts of the States. We found it exciting to already see this early demonstration of local ownership of the intervention by the stakeholders.

One of the most inspiring moments for us in Ogun was when a health educator sang a special song themed on the integrated referral pathway. This energized the participants and demonstrated the positive reception of the project.

Existing gaps in knowledge were highlighted during the training, where many health workers could not identify some of the skin NTDs before they were trained; this was evident through pre and post training tests that were conducted.

The training aimed to empower health workers with the knowledge and skills to lead to better management and health outcomes of skin NTDs. We are now evaluating the outcomes of the training to assess the impact the intervention manual has had. More updates coming soon.

Figure 4: Training of State implementers in Kaduna