

Increased community sensitisation for mass administration of medicine: Unintentional outcomes of COUNTDOWN participatory action research in Ogun, Nigeria

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Introduction

This blog discusses how participatory community engagement research methods like transect walks, social mapping, IEC material review, problem tree analysis and Focus Group Discussions (FGDs) had the unintentional benefit of increasing knowledge and awareness of the Neglected Tropical Disease (NTD) Programme and Mass Administration of Medicines (MAM) for NTDs.

Community engagement challenges for mass drug administration

The situational analysis conducted prior to the community engagement phase of the research revealed that accessing communities was challenging to the programme implementers due to negative rumours about the safety of the preventive chemotherapy medicines which the programme distributes to the population through MAM. These rumours bred mistrust and generated apprehension.

People either outrightly refused to accept the medicines or deliberately absented themselves during the distribution days which usually spans between five and seven days. In Ogun state, there were reports of physical violence against teachers who were distributing deworming medicines to school-aged children during the 2017 school-based deworming programme. The COUNTDOWN researchers encountered this apprehension while interacting with the communities.

Participatory research methods applied

The COUNTDOWN research in Nigeria was conducted in four Local Government Areas, two of which are in Kaduna state and two in Ogun state. The aim was to identify gaps in the NTD intervention programme and develop corresponding solutions. Mixed methods were deployed to collect data in the community engagement phase of the study. The participatory methods engaged different population subgroups such as men, women, and youths to elicit their perceptions of the programme and recommendations to improve it.



FGD with adult males

Underserved subgroups like persons with disabilities and migrant groups like Fulani similarly took part in identifying problems and solutions. Example participatory research methods included discussions with participants about how to improve availability and acceptability of the MAM programme and related topics. In other instances, problem tree analysis was conducted with persons who were regularly absent during MAM or those who refused to take the medicines in the routine programme.

How research methods and presence of the research team improved knowledge and awareness of NTDs and MAM

The process of sampling and recruiting participants from the communities provided some hidden benefits of the research, namely, increased awareness of the programme through the use of information, education, and communication (IEC) materials like posters, leaflets, and T-shirts branded with sensitisation message about the NTD programme. These IEC materials were used to elicit participants' feedback in relation to their meaning and interpretation by members of communities, to understand potential improvements.

Research interaction in the communities was preceded by a participant information process which ensured that potential participants were updated on the aim and objectives of the research, thereby filling in some knowledge gaps

in the programme. For instance, the collection of participant information was conducted in multiple ways which included the community indigenous languages of Hausa in Kaduna and Yoruba in Ogun. This was supplemented with English where necessary. Posters and leaflets which were displayed for participants had details that cut across disease endemicity, transmission, the risks of the diseases and the importance of taking the medicines. In some cases, some IEC materials added calls for communities to embrace and own the MAM programme.



Community mapping with adult females

Community engagement methods like transect walks, social mapping and FGDs all drew attention of residents on the MAM- related research and latently increased awareness for the programme. In the urban context of the study in Ogun, viewing centres, worship places and the Ojodu Oba festival which is held after the Muslim Ileya festival, were identified as structures and events that can be used to sensitise the community about the MAM programme.

Sensitisation feedback sessions with participants in rural contexts in Ogun revealed that community members identified miscommunications on some pictures used on posters. For instance, the images seem to suggest that certain NTDs such as onchocerciasis are only common among certain ethnic groups. One of such is a picture with

a man wearing a dress commonly identified with Hausa ethnic group. Participants of Yoruba background interpreted the message on the poster to mean only persons of Hausa background can be affected by the disease. Essentially, the process of analysing IEC materials and the messages they convey increased understanding of the NTD message. Similar sessions of feedback highlighted how persons from the community need certain aspects of the messaging to be scrapped, kept or amended to reflect more meaningful messaging that will increase the people's acceptance of the programme.

Ethnographic process in the rural context of the research in Ogun revealed how residents became curious about the presence of persons in their community, leading to inquiry that increased their awareness of the NTD programme. In the urban context, a resident enthused "*your presence made us more sensitised about the medicine distribution.....*".

Conclusion

The entire research process entailed the presence of the COUNTDOWN research team in communities, either to observe sensitisation meetings facilitated by state level implementers or advocacy visits to religious, traditional or political personalities. Other activities the team observed were training of local level implementers and/or medicine distribution.

All this involvement increased the visibility of the NTD programme in the LGAs. It became apparent that the COUNTDOWN project, while conducting its research activities, had indirectly sensitised the community members to voluntarily become NTD champions in their domains. This singular action greatly increased uptake of MAM at the next round of treatment in the study LGAs.



FGD with adult females

The COUNTDOWN project has instigated behavioural change due to the community engagement and participation of diverse groups in the community. This demonstrates the underlying benefits of the COUNTDOWN implementation research and its potential in improving community ownership and acceptability of the NTD programme in Nigeria.