

Project Summary Brief:

Scale up of a 'bottom-up' participatory planning approach for Mass Administration of Medicines in Nigeria

Background to the study

COUNTDOWN Nigeria applied a participatory action research (PAR) approach to improve equity of mass administration of medicines (MAM) and inform Neglected Tropical Disease (NTD) policy through an enhanced community engagement strategy. The Federal, State Ministries of Health and local level implementers were partners throughout the research process conducted in Kaduna and Ogun States. They were part of the PAR cycle as co-researchers and supported the innovation of evidence-based intervention tools such as learning packs, Participatory Guide for Planning equitable (PGP) Mass Administration of Medicine (MAM), planning videos guides, and iterative action planning templates. These tools are to provide the NTD control programme with resources to attain equitable coverage for all eligible population across diverse contexts. At the same time to strengthen the capacity of policy makers and programme implementers for bottom-top inclusive planning and implementation of MAM.

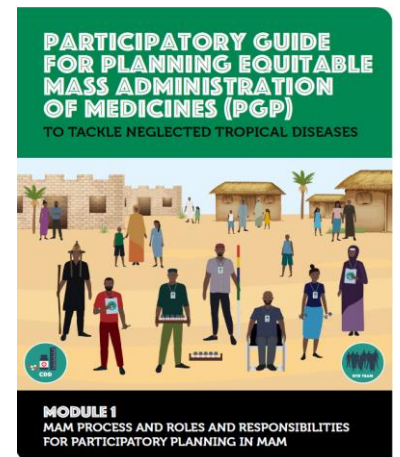


Figure 1: PGP

The scale up phase of the project sustained completion of the innovative tools from evidence collected in the two states. Programme implementers were trained by the COUNTDOWN multidisciplinary research team to initiate a paradigm shift from the conventional top-bottom approach of the NTD programme to a more collaborative and inclusive approach using the innovated tools. The training provided soft skills to enable identification of stakeholders within communities and harness their perspectives in planning and implementation of the MAM programme. The use of the paradigm shift skill sets and the tools provided were evaluated by the research team in a process and outcome evaluation study.

Aim: To develop and evaluate a sustainable approach to scaling up and embedding evidence for participatory planning and context specific implementation of MAM through the use of participatory planning guides and capacity strengthening of NTD implementers.

Methods

Eight LGAs were selected per state based on contexts (urban & rural) and qualitative observation of the scale up process and its outcome was conducted in the 2019 MAM. Additional intervention tools (standard operating procedures and costing tool) were innovated following the successful scale up of the initial ones in 43 LGAs in the two states (23 in Kaduna and 20 in Ogun).

The five-step approach of scale up

Step 1: Creation of intervention tools: Co-production of the innovative tools from evidence collected in the community engagement phase in the two states.

Step 2: Creation of structural frameworks: Working group was created in each state comprising policy makers and programme implementers from state and LGAs with a representative from the Federal level. The group led the scale up process in the two states.

Step 3: Training on the intervention tools: Capacity strengthening training was cascaded on participatory planning to introduce a paradigm shift from the top-bottom approach of the NTD programme to bottom-top approach to allow for wider participation of communities and health system actors.

Step 4: Intervention implementation: The use of the tools was rolled out by the working groups in each state and its LGAs while the research team evaluated the process and outcome.

Step 5: Engagement of key stakeholders and policy makers: Provision of evidence from the process to NTD stakeholders to inform uptake and sustainable use of the PAR approach.

Scale up framework for participatory bottom-up approach

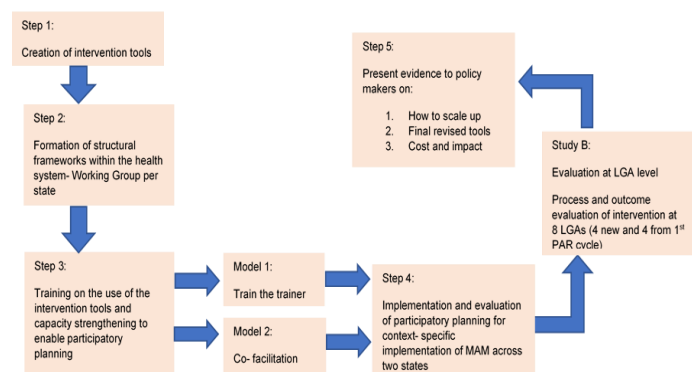


Figure 2: Scale up framework

Results and Findings

- The PAR approach was adopted across LGAs in the two states with a meaningful improvement in terms of outcomes such as therapeutic and geographic coverages. The capacity strengthening component which ensured a paradigm shift to the new inclusive planning and implementation approach included representatives from hitherto marginalised and underserved groups such as persons with disabilities to MAM planning process for the first time in both states.
- There was uptake of roles of MAM supervision by community development committees (CDC) across a number of LGAs. In urban context of the research in Ogun State, the CDC donated items to improve sensitisation such as apron with inscription of key MAM messages e.g safety of the medicines and the need for communities to accept and own the programme.
- Context- specific planning which promotes the idea that MAM implementation should meet local realities has been introduced to the NTD community. This is an important departure from one-size- fits- all approach.
- Other countries with similar intervention structure as Nigeria can share learning and applicability of the research evidence to their programme. Countries in African, Asia and South America may benefit tremendously from the COUNTDOWN resources.

"This PGP has in fact helped a lot in the previous implementation when we started using it. When we compare the previous when this research has not been conducted and when the PGP has not been produced...there are things that during the research we came to understand that if we put that in place we will improve and there are structures that we have not been using then, but due to this research new structures have been identified..."

(State NTD staff, Kaduna)

"I can confirm to you that the PGP, the learning packs and other tools the COUNTDOWN research has produced has improved the NTD programme in my state. That was why I insisted on adopting them for all the endemic LGAs in my state almost immediately. Now, seeing the outcome in terms of contact coverage makes me happy..."

(State NTD programme coordinator, Ogun)

Impacts

- ✓ A PAR approach of 'bottom up' planning of MAM led to expansion of the space to accommodate perspectives and ideas of diverse stakeholders such as groups within communities, frontline health facilities to form teams for the purpose of effectively implementation of MAM.
- ✓ Innovative tools produced by the research such as the learning packs, the PGP, the action planning templates, planning video guide, standard operating procedures and costing tool have become reference materials and resources to support the NTD programme. Efforts are ongoing to adopt them in the Multi- year National Master plan 2021- 2030 in Nigeria. This will serve as a policy towards their sustainable use in the programme.
- ✓ Following use of the PAR approach in urban context of the research in one of the two states, therapeutic coverage increased from 57% in 2015 to 75% and 85% in 2018 and 2019 respectively in the community MAM for onchocerciasis and lymphatic filariasis.
- ✓ The expansion of the supervisory team at the LGA level strengthened collaboration between the state team and supporting NGOs.
- ✓ Equitable accessibility and acceptability of the NTD programme has increased, translating into community ownership and resource mobilisation.
- ✓ The innovative tools present work resources for the programme to be disseminated for uptake by other states in the country and beyond.
- ✓ Increased value for money for programme funders, donors and government agencies in the NTD community