

Scaling up the context-specific, inclusive approaches to planning and implementation of equitable MAM: A case study from Kaduna and Ogun, Nigeria

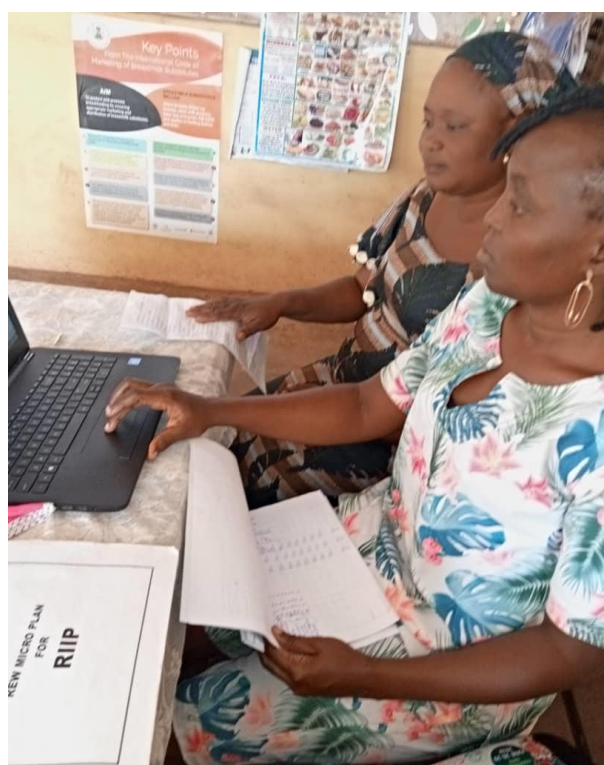
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Introduction

In 2016, the COUNTDOWN consortium conducted a situational analysis to identify challenges to the implementation of mass administration of medicine (MAM) programme for neglected tropical diseases (NTDs). The study was conducted in Kaduna and Ogun states. Different stakeholders in the programme from the Federal and State Ministries of Health, local government NTDs programme implementers and communities were brought together as co-researchers in a participatory action research (PAR) process. The related case study can be found [here](#) and a related COUNTDOWN published paper is [here](#).

The process progressed into the community engagement phase where diverse stakeholders such as male, female and youth groups in communities took part in different evidence-generating activities. Similarly, teachers and pupils in primary schools; frontline health facility staff and representatives of civil society organizations all provided insight to the NTD implementation challenges and proffered ideas on ways to improve it using community structures for community sensitization, advocacy, medicines administration and logistics etc.

Evidence generated from these engagements were synthesised to produce several innovative tools such as the [Participatory Guide for Planning \(PGP\) equitable MAM](#) as a resource to support planning and implementation of the programme in the country. Other tools included learning packs for school-based deworming exercise ([Kaduna](#)) ([Ogun](#)) and for community MAM ([Kaduna](#)) ([Ogun](#)); [participatory planning video guide](#); [NTD programme costing tool](#) and an [iterative action planning template](#) for multi-level and context-specific programme planning e.g microplanning and macroplanning.



Observation of microplanning in Imeko Afon LGA in 2020

Following the initial draft of the tools was a capacity strengthening training for implementers at the local and state levels on the use of the tools. It was conducted collaboratively with partners from the federal ministry of health (FMoH) who had been part of the data collection process. This training, referred to as a 'paradigm shift' process by the COUNTDOWN project, introduced a bottom-up approach of engaging relevant stakeholders to develop action points to address specific implementation needs of target communities. The focus is to improve equity in the distribution of medicines. Following the introduction of the tools to implementers, the research team observed the 2019 MAM cycle and found evidence of increase in community ownership as well as equity. Hence, making a case for these tools to be adopted by the programme across the country and beyond to improve contact coverage for all at risk population.

The participatory approach as recommended by the PGP includes a microplanning meeting at the LGA level using action planning templates developed by the research team and afterwards a macroplanning at the state level. It also involves and engages more stakeholders in the planning process of MAM.

Find below steps describing the scaling up process in both states:

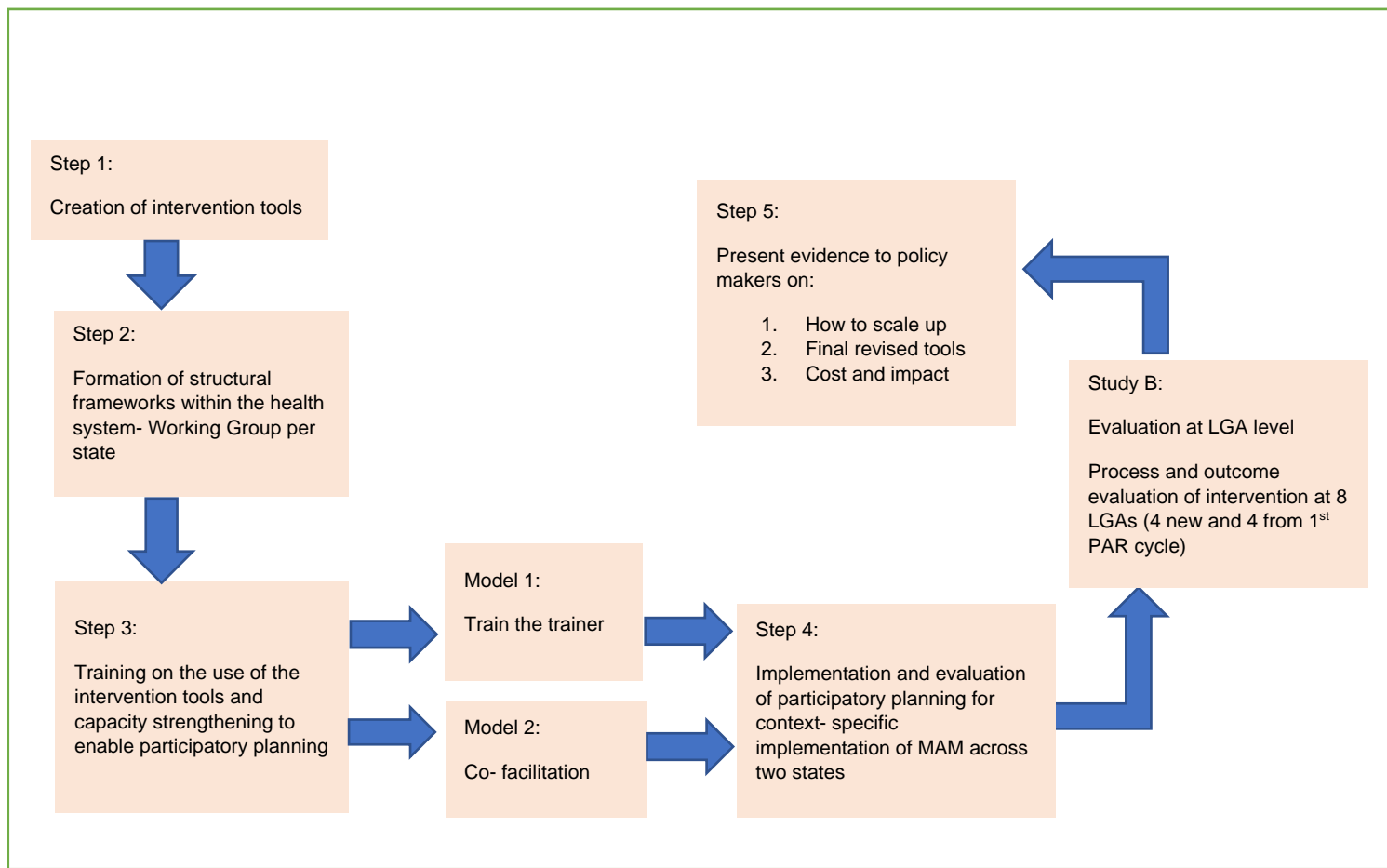


Figure 1- the scale up framework.

To effectively scale up use of the tools developed, some structures were put in place to support the process as outlined in the figure above.

Formation of the Working Group

Two chapters of Working Groups were formed, one in each state with the mandate to review and advise on the structure of the tools being developed by the research. They were also to drive the uptake and ensure the sustainable use of the tools for the NTD programme. Each chapter comprised of Directors of public health, LGA directors of primary health care, state coordinators of the NTD programme, staff of the NTD control unit from state ministries of health, LGA coordinators of NTD programme, social and mobilisation officers at the LGAs with a representative of the Federal Ministry of Health. Others were two members of the state NTD unit who had been part of the COUNTDOWN research team in each state. Members developed terms of reference that defined frequency of meetings, medium etc. In both states, monthly meetings were suggested, however, in Ogun, online platforms such as WhatsApp were added as medium of meeting.

The Capacity Strengthening Paradigm Shift training

Each state adopted a structure of training on the approach, suitable for its context. The states were divided into zones and applied different models of training. In Ogun, a train the trainer model was adopted to cascade the training to the local and state level implementers. The state senatorial demarcation where local government areas are grouped in

three zones namely Abeokuta, Ilaro and Ijebu Ode, was used in clustering training venues for the implementers. Trainers in these zones consisted of members of the state NTD team who had been trained by the COUNTDOWN research team prior to the paradigm shift training in what was called “Train the trainer” method. In Kaduna, the state was also divided into three senatorial zones, whereby co-researchers as a team went to each zone to train at different days. This was done to strengthen capacity for them to efficiently train others to uptake the tools and adopt the participatory approach to planning MAM. The participants were LNTDs, Health Educators/Local Government NTD coordinators and Monitoring and Evaluation officers (M&E).



Paradigm shift training in Ijebu Ode

Use of tools as guides to plan MAM (E.g the microplanning templates, the PGP, the learning packs)

The [PGP](#), [learning packs](#) as well as the planning templates were used for stakeholders’ mapping and wider community engagement in 2019 MAM. The planning [video guide](#) was also applied in the process leading to improved therapeutic and contact coverage in the MAM cycle that year.

For instance, in Ijebu Ode and Imeko Afon LGAs which represented urban and rural contexts of the research in Ogun, there was increase in therapeutic coverage from 75% in 2018 to 85% in 2019 and 72% in 2018 and 75% in 2019 respectively (source: 2019 Ogun state NTD review meeting report). In addition to increased coverage there was increased application of participatory engagement skills for implementers across the two states generally. In Kaduna, there was increase in advocacy and sensitization to communities by stakeholders who have not been part of the program before.

Intervention, implementation and evaluation

The tools were rolled out in the 2019 MAM in each state. This was in the 20 LGAs in Ogun and 23 LGAs in Kaduna following the Capacity strengthening paradigm shift training. While the tools and the use of a participatory approach

to planning and implementation were being applied in both states by the programme implementers, the research team conducted process and outcome evaluation. Evidence from the evaluation was synthesized to produce more tools such as the costing tool and standard operating procedure document to support the use of the participatory approach in new states that might want to improve their NTD programme delivery.

The six tools developed from the research, namely; the [PGP document](#), the [PGP video guide](#), the [learning packs \(for community MAM and school- based deworming\)](#), the [action planning template](#), the [scale up SOP](#) and [costing tool](#) were all showcased to programme implementers from the LGA, state and federal levels, policy makers and NTD programme donors to adopt as standard tools for the programme. Most importantly, both tools and approach are being targeted for inclusion in the national multi- year NTD master plan for 2021- 2030 towards attaining goal three of the sustainable development goal “Ensuring healthy lives and promoting wellbeing for all at all ages”.



Unveiling of tools by Commissioner for Health, Ogun state