

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 and State Ministries of Health and local level implementers were partners and co-researchers throughout the research process conducted in Kaduna and Ogun States. The research partnership produced evidence-based intervention tools such as learning packs, A Participatory Guide for Planning Equitable (PGP) Mass Administration of Medicine (MAM), training videos, a costing tool and action planning templates. These tools can be used to guide the NTD control programme to attain more equitable MAM coverage for all eligible population groups across diverse contexts. At the same time the tools can be used to strengthen the capacity of policy makers and programme implementers for bottom-top inclusive planning and implementation of MAM.

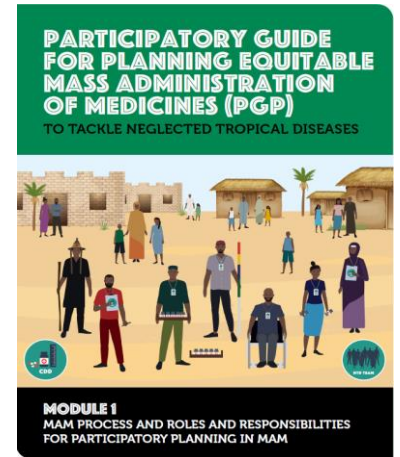


Figure 1: PGP

The scale up phase of the project enabled testing, review and completion of the intervention 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 NTD programme planning 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 and standard operating procedures were produced.

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).

Ethnography- Researchers were paired and imbedded in sampled communities to observe the impact of the intervention tools on the MAM programme. The team observed how each MAM activity such as: selection and recruitment of CDDs, the training of CDDs; community sensitisation and mobilisation; medicine distribution; monitoring and supervision were influenced by the tools.

Action logs- NTD programme implementers previously engaged in the first phases of the PAR cycle per state participated; one State level implementer, one LGA Coordinator per LGA, LNTD Assistant, Social Mobilisation officers and Monitoring and Evaluation Officers. They recorded context-specific changes to the MAM process and participated in interviews with the researchers to share experiences of the scale up process.

Community feedback- Persons in communities within catchment areas such as health facilities participated in focus group discussions (FGDs), In-depth interviews (IDIs) and Problem Tree Analysis (PTA). They were selected based on criteria of sex, age bracket etc to assess how the concluded MAM was different from the previous and if the PGP informed those changes.

MAM review meetings: This was conducted in each state to provide details of activities/ processes that worked well and evaluate if certain changes were informed by the introduction of the PGP and other tools to support planning and implementation of the programme.

Costing: Activity-based costing was conducted to quantify the costs of scaling the 'bottom-up' participatory planning approach being innovated for Mass Administration of Medicines in Nigeria across different context of the NTD programme.

Results and Findings

- The PAR approach was adopted across LGAs in the two states with an improvement in therapeutic and geographic coverages in most. The capacity strengthening component prompted a paradigm shift to a new more inclusive planning and implementation process which included representatives from 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 that promotes the idea that MAM implementation should consider 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 implementer Kaduna)

"The PGP offered guidance on developing action plans at both micro and macro level of planning MAM for onchocerciasis and Lymphatic filariasis (LF) and the learning packs have helped the LGA team to understand the community structures and their roles as well as potential roles in the NTD program among others. Again, the PGP helped the NTD team understand the relevance of stakeholders' engagement which resulted into acceptance of MAM at community level".

(State NTD implementer 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 in the state where the research was conducted. It may helpful to consider adopting 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