Engaging NTD Programs, CDDs & Communities to Improve Coverage

Session Date: Friday, October 26

Session Time: 1:00pm – 4:00pm

Session Location: Bacchus, 8th Floor

Session Description: This session built on challenges that have been posed in previous years' COR-NTD sessions and provides results that relate to some of these key operational research questions. Specifically, we addressed improving performance and motivation of CDDs, increasing participation for urban MDA, and the design of social mobilization for community engagement within the context of the triple drug regimen for LF (IDA). We presented lessons learned from the implementation of novel approaches field tested in different contexts in three countries (urban Haiti, urban and rural Côte d'Ivoire, IDA rollout in rural / urban Kenya).

The second half of the session focused on interactive group work that centred on three themes:
1) Re-orientation of program strategies to engage for IDA rollout;
2) Digital tools for engagement – opportunities and barriers; and
3) Special considerations for engaging to improve coverage in urban areas.

Session Chairs: Margaret Gyapong, University of Health and Allied Sciences
Deborah A McFarland, Rollins School of Public Health, Emory University

Session Rapporteur: Tara Brant

KEY DISCUSSION POINTS

This session explored many of the challenges elimination programs face when implementing mass drug administration (MDA) and highlighted the importance of engaging communities and key community stakeholders (e.g., community drug distributors, or CDDs) for a successful MDA campaign. The presentations included lessons learned from the implementation of novel approaches in Kenya, Côte d'Ivoire, and Haiti. The presenters discussed the difference between rural and urban communities and the importance of tailoring program interventions based on the community setting.

Prof. Margaret Gyapong (University of Health and Allied Sciences): "Setting the stage on the key role of NTD programs as drivers for change"

- Monetary incentives are not always the best incentive, and incentives that cannot be sustained should not be introduced.
- Supportive supervision is important to build CDD success.
- Community health workers are often engaged in many different activities, and there are competing interests in the communities as well as at the program level.
- There are systems and structures within communities that have been in place for years and program managers that know their health systems. Listening and learning from these

systems and key figures ensures sustainability, creates ownership, and contributes to success.
- www.iCHORD.org: improving community health outcomes through research and dialogue

Dr. Mary Amuyunzu-Nyamongo (African Institute for Health and Development): "Social mobilization planning from a community lens: engaging communities for the new intervention of triple drug therapy (IDA) for lymphatic filariasis in Kenya"

- Key themes from formative research were used to inform a new social mobilization strategy to meet the 80% drug coverage target for IDA.
- Results of formative research indicated a low knowledge of LF in Lamu and Jomvu despite multiple rounds of MDA.
- In Kenya, the systematic non-compliers are generally men, 12-24 years old; college educated, and work in private enterprises.
- A higher proportion of non-compliers live in the urban area and community members report that in urban area the CDD did not spend a lot of time with people when giving the drugs.
- Community members need more information on LF including general knowledge of the disease and information on side effects and safety in order to prevent negative perceptions and misconceptions such as the MDA being a forced method of family planning and cause of infertility.
- Social mobilization messages were drafted, pre-tested, and modified before implementation.
- Programs must invest in social mobilization in order to understand the needs of the community so that messages can be tailored and targeted accordingly.
- Programs should look outside of the traditional communication channels and explore new innovative forms of communication.

Dr. Adam Mama Djima (MOH NTD Program Côte d'Ivoire): "Interventions to sustain the motivation and enhance the performance of community drug distributors: experiences from Côte d'Ivoire"

- Phase I surveys informed interventions to improve CDD performance through augmented training, social accountability, feedback and supervision during MDA, and digital tools in Phase II.
- The objective of Phase II was to sustain the gains of active CDDs by enhancing their performance through interventions at the individual, community and primary, health care center levels to reach NTD elimination and control goals.
- This study was conducted in an urban setting (Abidjan) and rural setting (N'zi Iffou).
- The CDDs were trained on a new digital tool (discussed in following presentation), and a communication diagram to assist with communication within the community.
- Social accountability was achieved by three-part workshops for community leaders in both study locations.
- Community leaders of both locations made commitments during the workshop.
- A list of encouraging SMS messages that supervisors could send to the CDDs they were supervising was given to the supervisors.
- The rapid assessment of coverage using the Supervisor's Coverage tool indicated adequate coverage in 26 of the 35 supervision areas. High coverage was contributed to the involvement of village leaders during distribution and sensitization, and good overall social mobilization during the campaign.

- Augmented CDD training and provision of communication tools are important for information exchange an improving community compliance.
- Systems of social accountability are important to improve CDD-community relationships and support for MDA.
- Using SMS messaging during MDA can be useful for improving feedback between CDDs and supervisors.

Dr. Alison Krentel (Bruyère Research Institute/ University of Ottawa): "Using digital tools to support MDA programs"

- A digital tool (pdf document) was developed based on results from Phase 1 of the study in Abidjan (urban) and N'zi iffou (rural) that highlighted the need for novel interventions to enhance the performance of CDDs.
- A Pdf document is easy to download in areas with low bandwidth, low cost to develop, and can still include engaging photos and information for the CDD.
- The tool was primarily developed for CDDs and was promoted during CDD training.
- An assessment of the usefulness of the tool indicated the tool was more useful in Abidjan (urban) and that CDDs were more likely to have heard about it in Abidjan.
- Community members' perception about the information they received prior to treatment and their perception on if the CDDs had enough information about the disease and MDA improved in both sites, but improvements were greater in the urban setting.
- Urban CDDs may have greater access to the tool than CDDs in rural settings, but in rural settings supervisors and frontline health workers may have better access.
- The digital tool was successful and indicates digital tools can be an inexpensive way to get information to CDDs, frontline health workers, and others supporting MDA.

Caitlin Worrell, MPH (CDC) on behalf of Dr. Jean Frantz Lemoine (MOH NTD Program Haiti): "Reimagining MDA in a low coverage urban area to engage communities for improved participation and compliance: experiences from Port-au-Prince, Haiti"

- Declining drug coverage during MDA in the urban setting of metropolitan Port-au-Prince (PaP) indicated the need for a new urban strategy.
- Microplanning was carried out in two phases in the five communes receiving MDA in PaP.
    - Phase I included micromapping of the community leaders' coverage zone boundaries and the 2017 distribution post sites.
    - Phase II included 2-day workshops to bring together MDA stakeholders to review previous years' performance, discuss the new urban strategy, communicate roles and responsibilities, and create zone-specific social mobilization plans.
- Phase I helped to identify coverage zone issues and allowed the community leaders and promoters to negotiate and harmonize coverage zone boundaries.
- Microplanning workshops helped improve communication and engagement with MDA staff and increased ownership and performance during MDA.
- Retrospective pre-testing indicated increases in the workshop participants' knowledge of their past performance, understanding of their coverage zone boundaries, understanding of their roles and responsibilities, and sense of engagement in MDA planning.
- Coverage during MDA increased to ≥65% in all five urban communes.
- Feedback, bi-directional channels of communication, and a sense of engagement/empowerment are critical to program success.

KNOWLEDGE GAPS IDENTIFIED

During the second half of the session, participants worked in small groups to discuss three key thematic issues that were raised in the presentations. Each small group identified knowledge gaps and proposed questions related to the three key themes:

1. Re-orientation of program strategies to engage for IDA rollout
    - What is the best approach to mobilizing the community so they can begin the two-year IDA poised for high coverage?
        - What might be barriers to the change?
        - What can be done to facilitate the change?
    - What are the drivers that promote and inhibit community participation in the MDA (e.g., the number of pills and side effects)? Based on these drivers, the program delivery strategy can defined.

2. Special considerations for engaging to improve coverage in urban areas
    - Identify appropriate communication strategies in increasing urban engagement in MDA. (e.g., In urban areas people are busy so you need appropriate methodology to engage them, so what is the appropriate method?)
    - What is the ideal message and who are the ideal messengers to increase coverage in (perceived?) low risk populations? (e.g., rich population, students and professionals)

3. Digital tools for engagement – opportunities and barriers
    - What would be the cost benefit ratio for developing and app for mobile phones and what would be the impact on equity? (Consideration needed for whom this would be targeted towards. e.g., CDDs or frontline health workers)
    - How to determine community access to and utilization of digital tools (e.g., standard phone vs smartphone)? Many CDDs have basic mobile phones and not smart phones. We need to understand reasons they use their phone.

RECOMMENDED NEXT STEPS

The knowledge gaps and questions identified during the small group discussions were presented and discussed among all participants. Based on this discussion, three operational research questions were agreed upon as next steps for the NTD community:

1. What are the drivers that promote and/or inhibit community participation in the MDA and what are the best approaches to achieving high coverage with IDA?
2. What are the appropriate communication strategies to increase urban engagement for MDA including those in perceived low risk populations (e.g. rich population, students and professionals)?
3. What will be the need and cost benefit ratio for developing an app for mobile phones (for use by either CDDs and frontline health workers) and the impact on equity?