



## ENVISION Technical Brief Series

# Mobilizing Communities for Mass Drug Administration:

## Lessons from Using the Social Mobilization NTD Toolkit in Five Countries

### CONTEXT

Mass drug administration (MDA) is an intervention that addresses certain neglected tropical diseases (NTDs). Because people targeted for treatment as part of an MDA need to receive and ingest the treatment, they need to be informed, persuaded, and know how (and where) to receive treatment. Consequently, a strong social mobilization and communication component is a critical element of any MDA program.

**MASS DRUG  
ADMINISTRATION  
(MDA)**



### BACKGROUND

This brief describes how NTD programs in Ethiopia, Cameroon, Guinea, Nigeria, and Uganda applied a social mobilization NTD toolkit to review, rationalize, and realign behavior change materials and strategies to ensure successful MDA.

**SOCIAL  
MOBILIZATION**





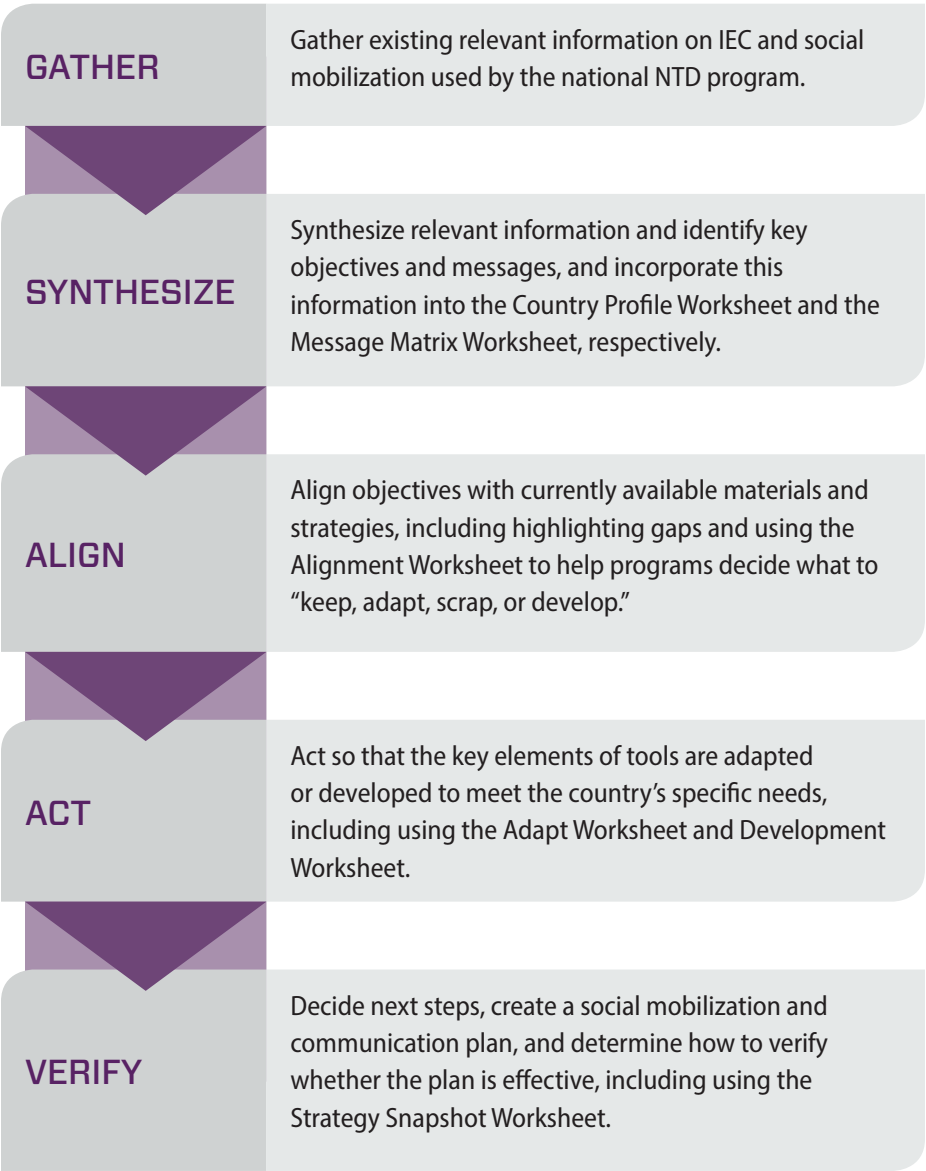
## TECHNICAL APPROACH

In 2016, the IEC Social Mobilization NTD Toolkit was designed to identify opportunities to more effectively use limited resources. The toolkit was first used in Uganda and Ethiopia and these experiences were shared via webinars in English and French. In 2017, the toolkit was used in Cameroon, Guinea, and Nigeria.

This brief provides lessons learned in these countries after using the toolkit. In each country the toolkit was applied using an expert-led introductory workshop that took place at the national level over a 2- to 5-day period. Workshops were facilitated in coordination with Ministries of Health by Sightsavers, a partner on the USAID-funded ENVISION project led by RTI International and supported by Helen Keller International.

### Social Mobilization NTD Toolkit

The toolkit is designed to support the planning of the information, education, and communication (IEC) and social mobilization components of national NTD programs. Using worksheets, it follows a 5-step process to help participants facilitate a collaborative review of current practices and learn to design and develop improved materials and activities:



#### IN FOCUS: Uganda

Although Uganda has an NTD social mobilization strategy, it was never operationalized. The planning workshop identified gaps between materials, strategy, and field reports. The country’s program leaders created a simplified action plan resulting in the alignment of unaddressed strategy and communication issues, the development of new materials and interpersonal strategies, and a revised logical framework and monitoring plan.

#### IN FOCUS: Nigeria

A workshop report was provided to Nigeria’s National NTDs Steering Committee, which adopted a requirement for states and partners to have IEC and behavior change materials approved by the Federal Ministry of Health NTD Program.

## LESSONS LEARNED

To most effectively use the toolkit, applying the following lessons can help other countries improve their MDA.

- ◆ **CONVENE MINISTRY-LED WORKSHOPS WITH KEY STAKEHOLDERS.**  
This workshop works best when it is led by a Ministry of Health and includes key stakeholders, such as national-, state/district-, and field-level representatives; partners with those who work closely with the NTD programs and understand field implementation; and includes the Ministry of Health communications officer.
- ◆ **MEET IN ADVANCE.**  
Bringing the core facilitation team together in the workshop helps set clear expectations and ensure that members are in agreement. Core teams also need sufficient time to compile existing materials, develop relevant formative research, and review up-to-date coverage reports.
- ◆ **INCLUDE FRONT LINE WORKERS.**  
Having personnel implementing programs in the field attend the workshop is essential to validate or debunk programmatic assumptions. For example, a strategy may not always translate successfully to deployment. In Nigeria, for instance, the job aids and flip charts produced for use by community drug distributors (CDDs) during MDA activities were most often used by health workers at fixed-point facilities but not by CDDs during house-to-house visits because the materials were too technical for most CDDs and too bulky to practically carry as part of distribution activities.
- ◆ **DON’T GET TOO TECHNICAL.**  
NTD programs are often led by scientists and medical doctors who prefer that materials focus on disease transmission and pathology, and that materials be included as part of the planning exercises. During the workshops, however, focusing on identifying challenges and the broader messages can help facilitate adapting and developing more appropriate communication.
- ◆ **PLAN ENOUGH TIME.**  
Allowing a full week for the planning exercise in Nigeria, for example, gave the team time to fully explore the key challenges, categorize these challenges, and outline challenges specific to urban settings.
- ◆ **ORGANIZE MATERIALS.**  
Large NTD programs can benefit from creating a database of materials to assist with the “Gather” phase of the toolkit. For example, because of the high volume of materials to review in Nigeria (over 130 materials), the team adapted the tools and created a coded database to manage the review process. A prefilled Excel template allowed for visual subanalysis by disease and highlighted specific gaps.
- ◆ **KNOW THE BUDGET.**  
Having complete and current budget and expenditure information about social mobilization activities from all partners strengthens the planning and prioritization process. Working with partners to categorize budgets helps national NTD programs understand how much is being spent on the materials and social mobilization activities. This activity may require more time because information is not always readily available. For example, despite varying definitions and availability across budgets and partners, the planning teams predefined budget categories in Cameroon and Guinea, which helped provide percentage estimates of total budgets for discussion.
- ◆ **RECOGNIZE DISAGREEMENT.**  
Sometimes consensus is not possible and the process should not be bogged down by always trying to reach agreement. However, if disagreements persist, the Ministry of Health NTD program should provide leadership for resolution.



#### IN FOCUS: Ethiopia

The toolkit was piloted nationally in Ethiopia, where the NTD program faced coverage challenges in their MDA for onchocerciasis and lymphatic filariasis and uptake of surgeries for trachoma. The IEC materials being used were outdated, leading to additional challenges because of unclear messages and images. After using this guide, materials for two regions are being revised and the Ethiopia Federal Ministry of Health is working with partners to standardize clear and consistent messages used nationally.



## RESULTS

Key challenges identified in the five countries are shown in Figure 1, with each country reflecting a unique mix of challenges. The use of the toolkit resulted in developing a social mobilization NTD plan tailored to the specific context of each country.

CHALLENGE	CAMEROON	ETHIOPIA	GUINEA	NIGERIA	UGANDA
Absenteeism	◆				
CDD motivation	◆			◆	
Community participation				◆	
Importance of MDA		◆			
Fear of side effects	◆	◆			◆
Rumors		◆	◆		
Training			◆		
Visibility			◆		
Misinformation				◆	

Several themes emerged across multiple countries, such as the fear of side effects, the impact of rumors, and CDD motivation. National NTD programs may benefit from sharing access to materials on these issues.

A lack of NTD branding and identity was another common theme across all the countries and was highlighted for development. For instance, Guinea, Nigeria, Cameroon, and Ethiopia proposed to standardize or create national NTD program identities.

## WHAT YOU CAN DO

Are you ready to design effective social mobilization strategies and communication materials for MDA? Get started by downloading the IEC and Social Mobilization NTD Toolkit:

[Download the IEC and Social Mobilization NTD Toolkit](#)

Visit [www.ntdenvision.org](http://www.ntdenvision.org) to access the toolkit and more social mobilization resources, including a webinar on how to use the toolkit.

## KEY TAKEAWAYS

The most significant impact of using the toolkit was a closer alignment between current challenges identified by national NTD programs and the messages, materials, and activities used to address them.

As a result of the introductory workshops, national programs have

- ◆ discontinued the use of some materials, creating greater efficiency;
- ◆ adapted other materials; and
- ◆ generated new products to fill gaps, such as the lack of communication materials to address fear of the medicine and side effects.

Overall, using this guide in the workshops resulted in materials better designed to fit their specific purpose.

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