World Health Organization

IMPACTinACTION

No. 4, Sept. 2024

WASH and NTD Collaborations that Work

Mass Drug Administrations (MDAs): an opportunity for community engagement and social behaviour change

Mass drug administration (MDA) is a campaign strategy in which all people in an area are given treatment regardless of their disease status. This strategy has been used over the past few decades extensively as part of global efforts to control and eliminate neglected tropical diseases, particularly those that are preventable through this type of treatment and for which drugs are available.

Integrating health education with deworming in rural Axum, Tigray, in northern Ethiopia. Credit: NALA/ Adi Maoz.

These diseases include lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, and trachoma. MDA often takes place in schools and communities, where treatment is given by teachers or volunteers, called community drug distributors (CDDs), who are trained by the programme. Usually, CDDs are selected by the community, and they tend to live and work in the areas where they deliver treatment.

Due to their scale and reach, as well as their deployment of local teams, MDAs can be an opportunity to reach large parts of a country's population with key information, and to mobilise community action for disease prevention. Additionally, social and behaviour change activities can improve the quality and uptake of MDA campaigns.

Current experience of integration

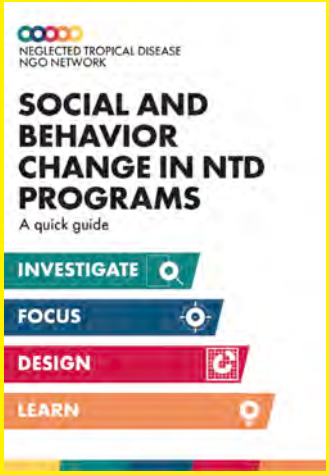
In Ethiopia, SBC integration was undertaken to increase the quality and reach of the MDA for schistosomiasis and soil-transmitted helminths. A review assessed previous MDA campaigns to recommend the optimal methods for expanding the MDA to women of reproductive age and others in the community and noted that steps were sometimes skipped during MDAs. For example, the deworming team did not always ask the screening questions or check that people swallowed the pills.

This inattention to proper administration may have resulted in more side effects, potentially leading to rumours and increased fear about the drugs. To address this issue, the team designed a Deworming Steps Banner to be displayed at MDA distribution points. The

Achieving good quality integration of SBC into MDAs

Integration of SBC into MDAs should be treated as one potential intervention within a comprehensive and well-informed SBC strategy. The new *Quick Guide to social and behaviour change* recommends the following steps:

1. **INVESTIGATE:** Like all good quality SBC approaches, the integrated activities should be carefully designed to respond to the programme context, and take into account the target group's knowledge, skills, motivation, and resources. It should not be just an opportunity to communicate information to participants.
2. **FOCUS:** There is no 'one-size fits all' intervention. Effective health behaviour change interventions focus on addressing the specific behaviours most directly linked to the health and disease outcomes of interest and the determinants of these behaviours.
3. **DESIGN:** Addressing knowledge isn't enough, and it rarely drives behaviour change. A programme is more likely to be effective if the interventions are designed for or adapted to the specific context and the needs of the target population.
4. **LEARN:** Ongoing reflection on what is working and what isn't, allows you to adapt the programme as it progresses. Monitoring, learning, evaluation and adaptation can also be viewed as a motivating tool where implementers can see a programme's vision be realized over time.



"Impact in Action" is a series showcasing successful collaborations between WASH (Water, Sanitation, and Hygiene) initiatives and Neglected Tropical Disease (NTD) programmes. Curated by the NNN WASH Working Group in partnership with WHO, this series brings together insightful case studies from around the globe. Each story highlights innovative strategies and tangible outcomes resulting from integrating WASH practices with NTD control and elimination efforts. View more case studies and download WASH and health working together: a 'how-to' guide for neglected tropical disease programmes, second edition.

Deworming Steps Banner proved to be an effective tool for increasing people's awareness and comfort during drug administration and for teaching about prevention methods in a visual and clear way. There were also benefits to the deworming teams as a reference and teaching aid.

In Kenya, promotion of safe water was integrated into school-based deworming activities. A comparison of results between integrated delivery and deworming-only activities found that while school-based deworming was already highly effective, and adding promotion of safe water created substantial additional benefits to helminth reduction.

In Uganda, challenges to elimination of trachoma in the rural Karamoja region led the Trachoma Elimination Programme, supported through the Act to End programme, to focus on increased participation of household members in high burden villages in MDA uptake, and promotion key personal and & environmental hygiene. This was done through social mobilization activities in 140 villages in four districts including Moroto, Amudat, Nakapiripirit and Nabilatuk, reaching 15,926 households.

Social mobilization activities include community dialogues and follow-ups; VSC meetings and follow-ups to promote adoption of clean household behaviours and practices; radio talk shows conducted to address the myths and barriers to increased uptake of hygiene behaviours and MDA uptake; spot messages on hygiene and MDA broadcast on 3 radio stations; coordination meetings convened by district, MOH and partners attended; and routine MEAL activities conducted to monitor, evaluate and document lessons and this included HH surveys, field quality monitoring visits, reflection meetings, data collection and entry, and DQA.

The design of the activities included continued identification, and action on, barriers to MDA update and behaviour change. Ongoing learning also influenced the scale and timing of activities, to ensure maximum reach and participation.

In Nigeria's Imo State, implementers used BCC integration to address cultural misconceptions about the causes NTDs and the MDA drugs themselves, which caused challenges to disease prevention efforts. Training of drug distributors included promotion of good hygiene practices and uptake of healthcare services for NTD-related morbidity, as well as general information about the diseases and their causes. In Zamfara state, the NTD control programme incorporated WASH BCC into MDAs, as well as to engage traditional leaders and local phone-in radio and TV programmes, for improving the reach and quality of disease control efforts through trusted and comprehensive information.

Above: MDA in Nanyidik village in Moroto, northeastern Uganda, on 31 Janaury 2024. Credit: Moses Echodu. Below: Village and Sanitation Committee Meeting in Lousugu village, Nabilatuk district, northeastern Uganda. Credit: Owilli Emmanuel.

Key lessons from integration

- The addition of BCC content can help improve the capacity and performance of health teams, especially when done in a comprehensive way and in response to the communities' own reality and context.
- Integration increases interest and trust in treatment campaigns, and thereby improves the quality and uptake of MDAs
- Efforts should focus on reaching all people, including at home in remote areas where access to public services is difficult, to ensure MDAs and BCC efforts leave no one behind.

Acknowledgements: Ethiopia: NALA Foundation; Kenya: Evidence Action; Uganda: Act to End East: Ministry of Health, Uganda; USAID; Save the Children, RTI; Nigeria: Imo State: Parasitology and Public Health Society of Nigeria; Zamfara State: Sightsavers.

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