



Mass Drug Administration in Insecure Contexts: Challenges and Solutions for Campaign Implementation in Bosso and Diffa districts in Diffa region, Niger

- Aichatou Alfari¹, Hamadou Sita², Fatimata Alambey¹, Youssouf Yaye², Mounkaila Isoufou², Benoit Dembele³, Steven D. Reid⁴,
- Angela Weaver⁴, Nadia Ben Meriem⁴, Stephanie Palmer⁵, Jennifer Magalong⁵, Sidikou Sambo², and Mohamed Yattara².

1. Ministry of Health, Niamey, Niger, 2. Helen Keller International, Niamey, Niger, 3. Helen Keller International, Regional Office for Africa, Dakar, Senegal, 4. Helen Keller International, New York, USA, 5. Family Health International, Washington DC, USA

#1639

Background

Despite progress in Niger to eliminate trachoma as a public health problem, insecurity is a challenge to achieve the elimination targets. Since 2015, the health districts (HDs) of Diffa and Bosso (Diffa region) have experienced growing insecurity due to terrorist groups such as Boko Haram in the border area between Niger and Nigeria, impacting the Diffa region of Niger and the Yobe and Borno states in Nigeria. These two HDs have persistent trachomatous inflammation – follicular (TF) (at least two trachoma impact surveys [TIS] with TF ≥5% among children 1-9 years). The most recent TIS was conducted in 2019, with TF 11.5%, warranting three more rounds of MDA. This ongoing insecurity, since 2015, has resulted in internal and external population displacement, creating a challenging context for mass drug administration (MDA) implementation. Population displacement makes it difficult to know the true target population for treatment, leading to insufficient quantities of Zithromax requested for MDA. In addition, MDA implementation is difficult due to restrictions placed on community drug distributors: motorcycles are prohibited, working hours are restricted, and access to certain areas is limited.

To address these challenges, the national NTD program (NTDP) in Niger developed and adapted several strategies to improve MDA coverage and quality in insecure areas.



Supervisors' Coverage Tool was used to identify areas for mop-up

Specific Aim
Develop and adapt strategies to improve the coverage and quality of mass drug administration for trachoma in Niger's insecure areas.

Methodology

With support from USAID's Act to End NTDs | West program, several strategies were adapted to improve MDA coverage and quality.

Before MDA

- The NTDP mapped the new internally displaced sites, including villages and towns where displaced populations lived. This helped the NTDP discern the true target population and drug quantities required.
- Drug distributors were recruited from local communities to increase acceptance and participation in the MDA. While this strategy is not specific to Diffa, due to the insecure context, non-locals may not be accepted in these areas and could be exposed to risks.

During MDA

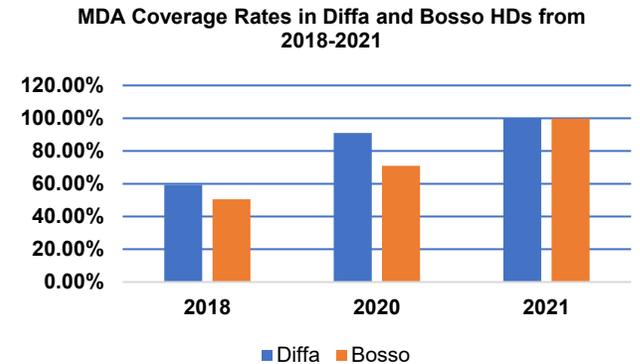
- The NTDP increased the number of days for MDA, allowing sufficient time to conduct quality drug distribution.
- A mobile strategy was used to improve distribution quality in hard-to-reach areas. Due to government restrictions on motorcycle use in the region, the NTDP opted for rental vehicles. Mobile teams traveling in vehicles were better able to reach remote villages, camps for displaced persons, and nomadic communities to increase MDA coverage.
- Throughout the MDA, drugs and supplies were provided to distribution sites on a daily basis to minimize the risk of attacks and wastage.
- Local supervisors were recruited to strengthen outreach. Rather than using non-local supervisors, local supervisors better understand the context and are more likely to be accepted by their communities.
- The supervisor's coverage tool was used by all supervisors to identify areas requiring mop-up to improve program coverage.
- A WhatsApp group was created to conduct daily debriefings and facilitate communication between supervisors.
- The regional directorate of public health coordinated security measures between the MDA teams, the defense forces, and the regional governates to ensure the safety of all involved.

ACKNOWLEDGEMENTS

The study was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of the Act to End NTDs | West Program, led by FHI 360 in partnership with Helen Keller International, under Cooperative Agreement No. 7200AA18CA00011 and do not necessarily reflect the views of USAID or the United States Government.

Results

Following the implementation of these new strategies, MDA coverage increased in Diffa and Bosso HDs from 59.3% and 50.5% in 2018 to 91% and 71% in 2020, and 100.2% and 99.8% in 2021, respectively.



Conclusion

Successful mass distribution in insecure areas requires that dynamic, multisectoral strategies are developed and adapted to the context and each stage of implementation during the campaign. Since the deployment of these strategies, MDA coverage increased, which will be critical for passing future trachoma impact and surveillance surveys needed to achieve the elimination of trachoma as a public health problem.

Additional work is planned to account for the internally displaced population living among targeted communities to better understand the true population and ensure all targeted populations are reached in future MDA campaigns.



USAID
FROM THE AMERICAN PEOPLE

Act to End
NTDs
WEST

fhi360
THE SCIENCE OF IMPROVING LIVES

HELEN KELLER INTL