



The Use of Responsive Feedback Mechanism (RFM) as an Intentional and Systematic Feedback for Improving the Quality of Social and Behaviour Change (SBC) Interventions and Enhancing Learning.

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Title of the paper

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Abstract

The Responsive Feedback Mechanism (RFM) incorporates feedback, enhances learning, and engagement to promote social and behavioural change systematically, to improve program implementation (David A. et al, 2022). It is a methodology that supports the practices of learning and adaptive thinking; it calls for timely assessments, provide actionable feedback to implementers to correct and achieve intended outcomes.

The Accelerate Social and Behaviour Change (SBC) project is implemented through interventions promoting healthy hygiene and sanitation practices amongst at-risk populations in support of trachoma elimination. The two key behaviours promoted are hand and face washing, and the adoption/use of latrines

Four phases of RFM were built into the project design. The first phase was a formative assessment to document learnings against which subsequent phases would be reviewed. Specific activities conducted were mapping and identification of Imams, soap vendors, and schools. The RFM utilized a qualitative inquiry using Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs) to obtain information from the target audience. The study sought to explore the following:

- Identify Imams, vendors, and schools that are willing to participate in the intervention.
- Understand the community's perception of hygiene.
- Identify specific platforms religious leaders (Imams) use in engaging community members.

Introduction and background/rationale

According to WHO 2022 *factsheet*, trachoma is predominant in Africa, Asia, and the Middle East's poorest and most rural areas. This disease is caused by Chlamydia trachomatous bacterium infection. It spreads through personal contact and by flies that have been in contact with discharge from the eyes or nose of an infected person. The transmission of trachoma is exacerbated by poor hygiene and sanitation practices, crowded households, and inadequate access to water.

On the Accelerate trachoma elimination programme, Sightsavers and partners work alongside endemic countries to help strengthen healthcare systems so progress continues in the long term. The aim of the Accelerate Project's SBC intervention is to accelerate goals in trachoma prevention in selected communities, as part of contributions to the global elimination of blinding trachoma as a public health problem in Nigeria through the delivery of WHO-endorsed SAFE strategies (Mathew, J.B. 2007). The strategy comprises four components:

- 1) Surgery to correct trichiasis.
- 2) Antibiotics to treat active disease.
- 3) Facial cleanliness to reduce transmission.
- 4) Environmental improvement to control determinants.

The key features for stopping trachoma transmission incorporated in the SBC intervention are Facial cleanliness and Environmental sanitation, the 'F' & 'E' components of the SAFE strategy (Emerson, P. et al 2006).

The Nigeria Federal Ministry of Health (FMOH) identified four interventions that can be delivered to promote healthy hygiene and sanitation practices in support of trachoma elimination and other NTD control programs. These interventions are:

- Clean, Beautiful, and Strong: Hand + Face hygiene (soap vendors providing hygiene-related information to community members)
- Imams of Tomorrow (Imams delivering messages to the community and their congregation on the importance of hygiene and stopping open defecation through the use and adoption of latrines)
- Qazami Tales (school-based intervention on hygiene with children aged 7 to 12 years in conventional or Islamic schools)
- Upgrade Your Life (radio program on hand/face hygiene and latrine building)

Sightsavers is working with the Centre for Communication and Social Impact to support the FMOH in rolling out the four interventions across 18 trachoma-endemic local government areas (LGAs) from four states; Jigawa (2 LGAs), Katsina (2 LGAs), Sokoto (2 LGAs), and Yobe (12 LGAs) states.

Method/approach

Study design

The study took a participatory social research approach using a qualitative inquiry to elicit feedback from direct and indirect beneficiaries through FGDs and IDIs in the four intervention states. The first phase of the study involved the identification and engagement of Imams, soap vendors, and schools.

FGD participants were women, youths (male & female), and children (male and female), with eight respondents in each homogenous group while IDIs were conducted with Imams.

Data collection

All interviews were facilitated in the Hausa language by a team of researchers consisting of a facilitator and notetaker. The sessions were recorded, and notes were taken to complement the recordings. Discussion guides to facilitate interview sessions were designed in English and translated into Hausa.

Study location

Interviews were conducted in semi-urban and rural locations in Jigawa, Katsina, Katsina, and Yobe. The people in these focal communities are predominantly Muslims.

Data management and analysis

All audio recordings were translated and transcribed verbatim into the English language. Thematic analysis was conducted on the transcripts to identify themes that addressed the study objectives.

Ethical considerations

Consent and assent forms were administered to respondents before each session; the parents/guardians signed for the children who participated in the study.

Results/Findings

Perception

Findings showed that hygiene is perceived as a good and admirable practice that improves the quality of life of those who observe it, however, practice is low among the community members. Feedback from respondents' knowledge was categorized into the following themes; personal hygiene, food hygiene, cleanliness of the environment, and a sense of purity of heart. One of the Imams in Yobe State opined that general cleanliness is good.

"It's good to keep the environment and body clean... washing clothes, taking a bath... regularly brush teeth. Especially toilets, which should be covered and cleaned frequently to avoid being in contact with some worms and germs that contaminate our water, and foods and spread diseases" **IDI Imam, Jakusko, Yobe**

Respondents are aware of the importance of hygiene and believe that a clean environment is important to the lives of everyone in the community; a major fallout of which is the spread of germs and diseases.

They further affirmed that mothers are caregivers in the home and therefore are responsible for environmental cleanliness. The cleanliness of a child is considered a mother's responsibility from birth, while other adult females (mother's in-laws, grandmas, older siblings, and aunts) assist

"Taking care of your children and your house to look clean and tidy that's environment hygienic environment" **FGD Women, Jibiya, Katsina**

"My mother washes and bathes me since it is her duty to keep us clean" **FGD Male Children, Bade, Yobe**

The IDI respondents across the LGAs discussed the importance of cleanliness, as they explained the relationship between cleanliness and religion with specific examples that speak of God's purity, and that God expects nothing less than purity of heart and cleanliness from His followers.

"The prophet Muhammad (S A W) says; "adduhuru shadarun minal Imaan", meaning that purification is half of the Faith. Thus, if faith should be divided into two, purification will take

half. And also, prophet Muhammad S A W said "annazafatu minal imann" meaning hygiene is part of the faith; as most Ibadat are subjected to proper physical purification and hygiene. Thus, in Islam, hygiene is an essential factor a Muslim must adhere to. Hence, Islam as a religion welcomes purification, hygiene and the state of being healthy" **IDI Imam, Jibiya, Katsina**

Latrine use

Findings from Sokoto and Yobe states revealed that those who do not practice latrine use are more than those who do, while in Jigawa and Katsina states, more community members are using latrines, although at varying degrees. For instance, nomadic non-latrine users in Katsina who live in the borders/outskirts of the towns are embracing the use of latrines. This is a result of the latrine being built as an intervention driven by the village head and enforcement mechanisms to promote use thus eradicating the culture of open defecation.

Barriers to the use of latrine

Different respondents expressed their thoughts on what they believed were the causes of open defecation and the lack of use of latrines; these are; poverty, socio-cultural and religious beliefs, illiteracy, insufficient space in the house, negligence by male spouses, preference for open defecation, lack of latrines by temporal dwellers living in the outskirts of the communities, and difficulty in evacuating latrines that are full.

Motivations for the use of latrines

The convenience of using a latrine within the household, Islam support for cleanliness, the privacy latrine provides for its users, sensitization by health workers and volunteers are what motivated respondents to use a latrine. In addition to these, the current trend for younger couples to have latrines in their new home also serves as a motivation for the youth to adopt latrine practices.

Discussion

All the respondents believe that Islam places a high premium on hygiene since Muslim religious tenets include observing ablution (washing of hands, mouth, face, feet, and delicate areas) five times a day. In all four states, the Imams are respected and trusted as authorities who uphold the tenets of Islam.

The Imams are crucial in ensuring that the SBC component of the Imam of tomorrow intervention area reaches the target audience at the community level by promoting hygiene and the use/building of latrines in their sermons and other community activities like weddings and naming ceremonies, which would encourage people to improve their personal and environmental hygiene.

"Muslims have respect for the Imam, and they are keen on doing what God tells them to do. The Imam using portions of the Quran to relay the significance of the use of latrine to their religion and life is a motivation for Muslim faithful to use latrines" **FGD Female Youth, Jakusko Yobe**

It is generally perceived that women are responsible for the cleanliness of their household and children, even in situations where parents are employed. However, the role of maintaining hygiene and cleanliness should be shared by both genders (male and female parents) and efforts to advocate for co-parenting hygiene practices should be amplified.

Conclusions

Cleanliness refers to the purification of the body and the inner man; both of which are important for Muslims (Abdula. A, 2020). The Muslim religious tenets include observing ablution (washing of hands, mouth, face, feet, and delicate areas) five times a day for purification.

The SBC interventions will bridge the gap between knowledge and practice as the Imams who are respected and trusted as authorities in their communities share hygiene information. The messages on improved hygiene will be disseminated to the congregation during sermons and other community activities such as weddings and naming ceremonies which would lead to the elimination of trachoma and other NTD control programs.

The engagement of both men and women through community-focused activities that discuss personal hygiene and environmental sanitation will ensure that no one is left behind in the elimination of trachoma.

References

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