

# EQUIPPING YOUTH FOR A TOMORROW FREE FROM SUPER-GERMS

A Report on DRASA's Antimicrobial Resistance Education and Behavioral Change Program

**Antimicrobial Resistance School Program 2022** 



## **ACKNOWLEDGEMENTS**

## **Project Sponsor**



## **Project Partners**



LAGOS STATE MINISTRY OF EDUCATION



OSUN STATE MINISTRY OF EDUCATION





## **AMRSCH22 in Numbers**



891

Number of Student Ambassadors

Months: January - June, 2022

30
Number of

Schools

Number of Lessons Taught

Locations: Lagos and Ogun

15
Number of Youth
Trainers



### **About DRASA**

Dr. Ameyo Stella Adadevoh (DRASA) Health Trust is a public health nonprofit established in memory of the doctor who identified and contained the first case of Ebola in Nigeria, saving countless lives, but lost her life in the process. Tasked with preserving her legacy, DRASA is unwavering in our commitment to preventing the spread of disease and protecting health.

Our model is centered on building a network of Health Champions who take responsibility for the health of those around them and are actively participating in solving public health challenges. It is an inclusive, people-centered approach to preventing illness, improving healthy behaviors, and ensuring safer, healthier, and more resilient communities. We have implemented solutions to strengthen health systems in varied contexts – from teaching hospitals and conflict-ridden land borders to secondary schools and remote primary health care centers.

#### Our core program areas are:

- Antimicrobial Resistance (AMR)
- Community Health & Hygiene (CHH)
- Health Security & Emergency Preparedness (HS)
- Infection Prevention & Control (IPC)



## What Is the Big Deal About Antimicrobial Resistance?



Antimicrobial resistance (AMR) is a huge global concern. It happens when the germs that make us sick become resistant to the medications we have to treat them. Imagine a world where common infections become untreatable, where minor wounds, surgeries, and simple infections become life-threatening because the bacteria, viruses, and other microorganisms that cause them are resistant. That is the potential future we face if we do not address AMR urgently.

Misuse of antimicrobial drugs like antibiotics and antimalarials in healthcare and agriculture accelerates this process, creating "supergerms" that defy treatment. This jeopardizes our ability to control diseases and prevent illness, impacting public health and greatly increasing healthcare costs. Combating AMR demands responsible antimicrobial use, innovation in drug development, prevention of infections, and global cooperation. AMR is a threat to modern medicine and our collective well-being and this is why, as an organization, we are committed to initiatives that reduce this burden.



## **About Our AMR School Program**

Based on the success and lessons learned in the first phases of our AMR School Program from 2017 to 2021, we commenced a new phase in 2022, scaling from 10 schools in one state (Lagos) to 30 secondary school schools in two states (Osun and Lagos) in Nigeria in partnership with the World Health Organization (WHO) African Regional Office and Nigeria Country Office.

This program focused on educating, changing behaviors, and equipping youth in Lagos and Osun states as key AMR stakeholders who represent the current and future generations of antimicrobial users and leaders.

The goal was to establish bi-weekly Health and Hygiene Clubs in each school and develop student members of the Clubs who were called DRASA Ambassadors into champions who are promoting healthy practices and preventing AMR in their schools, homes, and communities.

Through these Clubs, we equipped our student Ambassadors to combat AMR effectively within their circles of influence through interactive lessons, activities, projects, and assignments using innovative methods such as dramas, debates, music, poetry, artwork, essays, and inter-school competitions. Their role as Ambassadors was to educate and drive behavior change among those around them to prevent the spread of infections, ensure effective treatment when infected, avoid misuse and overuse of antimicrobial drugs, and thus reduce the prevalence of AMR.





# **Project Implementation Activities**



- Training of Trainers
- Stakeholder Engagement



• Bi-Weekly Club Meetings

• Endline Evaluation







Supervisory Visits





### **Milestones**

## January: Training of Trainers:

Youth Trainers were recruited from the local community and underwent a comprehensive onboarding training process—virtually as well as face-to-face in Lagos and Osun states. This training equipped them with the information and skills needed to deliver the curriculum effectively. Their academic backgrounds in life sciences, human health, and animal health; their previous experiences in engaging adolescents and youth, and their passion and dedication to AMR and public health were part of the selection criteria for joining the team.

## January-February: Stakeholder Engagement:

Before initiating activities in schools, DRASA engaged with all relevant stakeholders, from state Ministries of Education to school administrators and teachers, to introduce the program and establish the framework for implementation.





### **Milestones**

#### **■ February-March: Baseline Assessment:**

An initial assessment measured the knowledge, attitude, and practices of Ambassadors (students) regarding AMR, personal hygiene, and related topics. This assessment revealed that their knowledge scores in the areas of personal hygiene (including proper times and methods for hand hygiene, cough etiquette/respiratory hygiene, etc.), food safety, AMR, sexual health, and menstrual health and hygiene were 33.5%, illustrating that our Ambassadors had limited knowledge about these topics.



## March-July: Bi-Weekly Club Meetings:

All Youth Trainers used a participatory style to engage the Ambassadors during Club meetings. This included culturally relevant innovations in teaching aids such as teach-back demonstrations, drama, dance, fine art and comic drawings, and peer-to-peer group work to help the Ambassadors better understand what was being taught while guiding them to complete the activities and assignments that accompanied each lesson. Topics for each Club meeting included an introduction to microbes, hygiene theory, handwashing, AMR, food safety, environmental sanitation, sexually transmitted infections, and menstrual health and hygiene, among others.





### **Milestones**

### March-June: Supervisory Visits:

14 supervisory visits were conducted in a selection of schools in Lagos and Osun to evaluate program implementation. The supervisory team, composed of DRASA staff and alumni student Ambassadors from previous years who have since graduated from secondary school, visited 10 schools in Lagos and 4 schools in Osun. The purpose was to assess the effectiveness of the Youth Trainers, connect with school authorities, monitor Ambassador engagement, and inspire Ambassadors by showcasing what the Club has done for former Ambassadors who were part of the supervisory teams. These visits aimed to ensure the success of the Health and Hygiene Club activities and promote behavioral change practices among students to combat AMR.

## July: Endline Evaluation:

At the end of the program, the initial assessment was administered again to assess improvement in knowledge and reported behaviors. The results showed a significant (161%) increase in Ambassadors' knowledge about AMR and related topics compared to baseline.





# **Spotlight Moments In Pictures**





**Supergerm Comic Illustration** 





**School Assembly Presentations** 





**Moments with Former Ambassadors** 





#### Results, Successes, and Lessons Learned

The project witnessed remarkable success. Ambassadors became more knowledgeable about AMR and how to prevent it and also reported their impact, playing out the role of Ambassadors by influencing their friends, families, and neighbors to adopt better health and hygiene practices such as seeking professional medical advice and avoiding self-medication, handwashing, completing drug dosages, not sharing medication, and washing fruits and vegetables properly. Some even expressed aspirations to start organizations dedicated to promoting health and hygiene.

#### **Results in Numbers**

• Knowledge score increased from 33.5% at baseline to 87.3% at endline—a 161% percent increase



• 891 Ambassadors reached 8,332 persons within their circles of influence about AMR and other topics taught—an average of 9 people each reached by each Ambassador





**Reached 8,323 persons** 

Average of 9 people each



## **Results in Numbers (cont'd)**

• 891 Ambassadors conducted 1,366 independent activities outside the Club such as teaching the rest of the school at the assembly ground, encouraging their parents and friends not to self-medicate, and speaking to their church congregations about hygiene and infectious disease prevention practices to influence the health practices of those around them





### **Success Stories**

- ☑ A female Ambassador shared what she had learned from the Club and is now teaching others about antimicrobial resistance; thus, "I learned that if we take drugs when we don't need them, they won't work when we need them."
- A female student said that after she talked to her family about handwashing, their hand hygiene changed. Also, since the Youth Trainer had taught Ambassadors that it was good to wash fruits and vegetables in salt water for about 2 minutes or so because of worms, especially some vegetables, the Ambassador reported that her mother now washes vegetables and fruits with salt water. When asked about how DRASA has influenced her life choices, she mentioned that she wants to set up an organization to do the work DRASA is doing. She wants the organization to talk to young students in different places about hand hygiene and menstrual hygiene.
- A male Ambassador stated that within this family there has been improvement in their knowledge and practices to prevent AMR. He mentioned that he was able to teach them about important health and hygiene practices and prevent one of his brothers from taking antibiotics for malaria, telling him that antibiotics are only to be used for diseases caused by bacteria and also that he should no longer use drugs, except with a doctor's prescription.
- A female Ambassador said that after she talked to her family about handwashing, their hand hygiene has changed. The Ambassador also reported that her mother now washes vegetables and fruits with salt water. When asked about how DRASA has influenced her life choices, she mentioned that she wants to set up an organization to do the work DRASA is doing. She wants the organization to talk to young students in different places about hand hygiene and menstrual hygiene.



#### **Success Stories**

A female Ambassador said she wanted to become a nurse and that the teaching from DRASA reinforced her decision and made her more confident with her ambition. The best part of the Club was sharing what she learned by talking to adults. She found out that even adults do not know a lot of the things they were being taught at the Club so she had a strong sense of pride in talking to and educating adults around her.





#### **Testimonials**

When Ambassadors were asked, Do you think that the health and hygiene of members of your family have improved since you started talking to them?

"Yes, before my mom liked self-medication and did not like us completing our drug dosage, but ever since I told her about supergerms and AMR, she now visits the doctor and has now made it compulsory for us to complete our drug dosage of drugs."

"There has been improvement. I have been able to teach them about important health and hygiene practices. I was able to prevent one of my brothers from taking antibiotics for malaria, telling him that antibiotics are only to be used for diseases caused by bacteria and also no longer use drugs except with a doctor's prescription."

"My school initially didn't have any handwashing facility; then DRASA came and gave Veronica buckets and regular buckets; it triggered the school, so the school went on to provide more handwashing 'equipment' for the students."

When teachers were asked, Have you noticed a change in the general health and hygiene in school?

"I noticed that previously the students used to fall sick during the term. However, since we started the Health and Hygiene Club and we taught the students about health and hygiene practices, it has reduced."



In conclusion, the AMR School Program in Nigeria, led by DRASA Health Trust, played a critical role in educating and empowering youth to combat AMR. By equipping these young Ambassadors with knowledge and skills, we created a ripple effect, positively impacting their communities at large and contributing to a healthier future for Nigeria.

## **Our Next Steps**

The AMR School Program has been piloted and scaled over five years. The curriculum has been refined and updated based on lessons learned and findings from each phase of the program. Now, we are working on two initiatives:

- To scale the program to reach more secondary schools across Nigeria so that more youth can join Health and Hygiene Clubs, embrace the challenge of AMR, and innovate solutions to address it while also learning to be Health Champions in their schools, homes, and communities.
- To institutionalize the AMR curriculum we have created by ensuring it is taught in every secondary school across the country.



## **More Moments In Pictures**



























## **More Moments In Pictures**

























