Community-Directed Treatment With Ivermectin (CDTI)

A Practical Guide for Trainers of Community-Directed Distributors

Remember:
CDTI
belongs
to the
community
and the
health services

African Programme for
Onchocerciasis Control,
World Health Organization
(APOC/WHO)
1998

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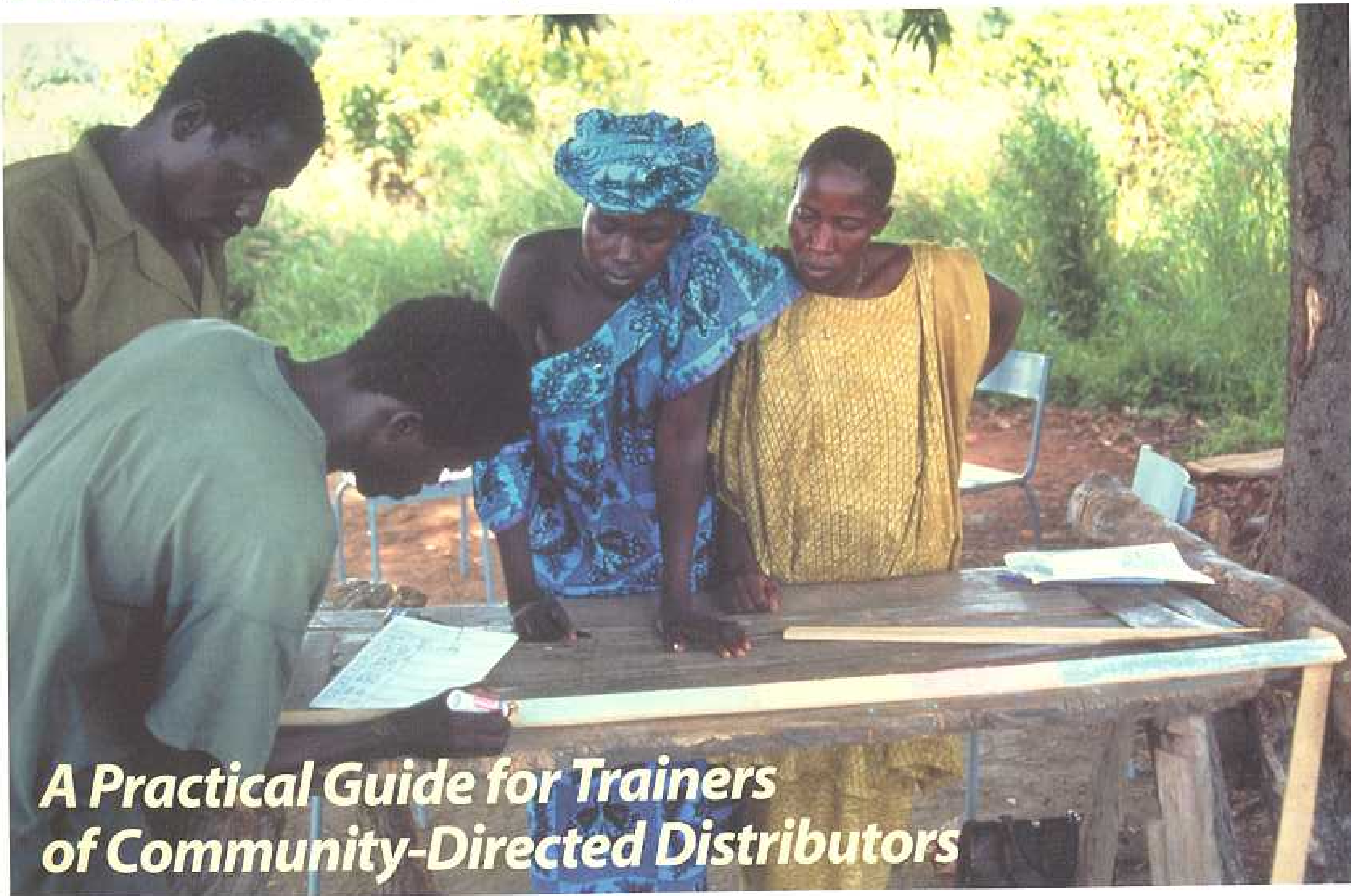

A Practical Guide for Trainers of Community-Directed Distributors

This manual has been produced through an extensive collaborative effort between the Task Force on Onchocerciasis Operational Research of the Special Programme for Research and Training in Tropical Diseases (TDR), the African Programme for Onchocerciasis Control (APOC), many researchers and specialist contributors, and thousands of individuals in disease endemic communities in Africa.

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Task Force members and APOC staff then reviewed the results and compiled a multimedia training package comprising a Video Training Guide and this manual.

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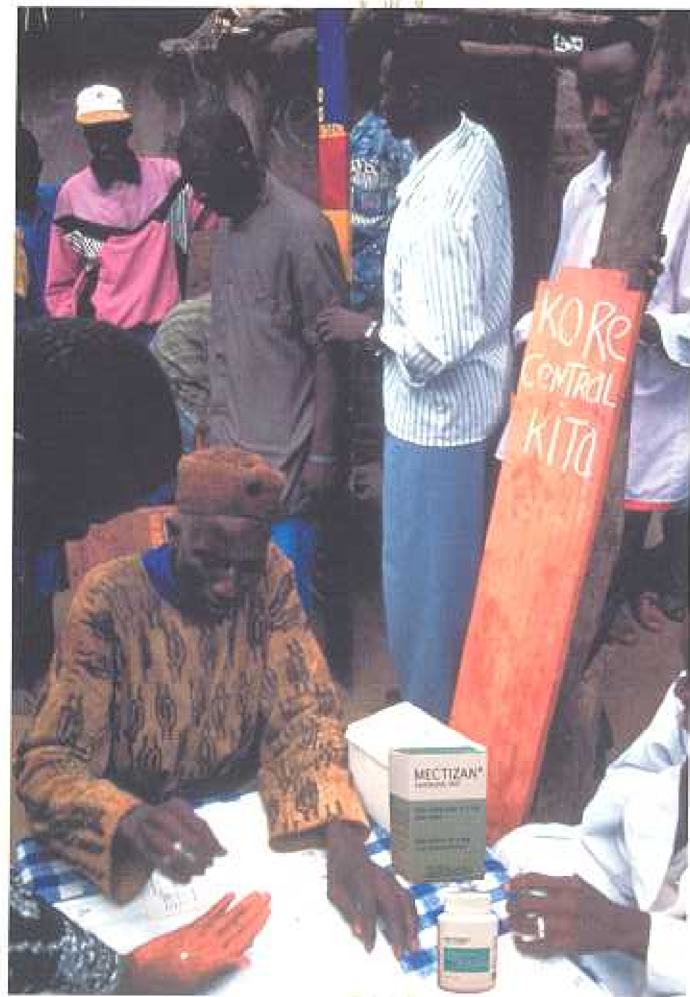
Rationale

The objective of the African Programme for Onchocerciasis Control (APOC) is to establish, by the year 2007, effective and self-sustainable community-based ivermectin treatment throughout the endemic areas, and, if possible, to eliminate the blackfly vector and hence the disease, by using environmentally-safe vector control methods in selected foci.



To achieve the APOC objective, each Community-Directed Treatment with ivermectin (CDTI) project must be designed to become self-sustaining. CDTI systems must be able to function without the need for APOC, or support from other partners, within five years of the distribution commencing.

N.B. Community-Directed Treatment with ivermectin has an alternate abbreviation – ComDTI

Why Community-Directed Distribution of Ivermectin?

Ivermectin has so far been distributed to African communities where river blindness (onchocerciasis) is endemic through the combined efforts of non-governmental development organisations (NGDOs) and national governments. Millions of community members in thousands of villages need such treatment once or twice a year for many years. Most remote villages severely affected by river blindness are very difficult to reach, and the villagers have not been able to benefit from the drug. Controlling river blindness with ivermectin is not easy. It needs a lot of time and resources are scarce.

Can communities take over this task, given some initial training and support? Can they be responsible for distributing ivermectin to their own members, and report adequately on the distribution?

A multi-country research study organized by the Onchocerciasis Operational Research Task Force of the Special Programme for Research and Training in Tropical Diseases (TDR) based at the World Health Organization (WHO) in Geneva, in cooperation with the African Programme for Onchocerciasis Control (APOC) in Ouagadougou, has shown that distribution of ivermectin, in the form of Mectizan® tablets, is best when coordinated by the affected communities themselves.

The study concluded that distributors selected by the communities with support from their communities are able to:

- carry out the distribution of Mectizan tablets very efficiently;
- give the correct dosage;
- exclude those who should not be treated;
- report on the distribution.

APOC has adopted the CDTI approach for establishing sustainable ivermectin distribution in all endemic countries.

The coverage rate for treatment is very high. But the community-directed distributors (CDDs) must receive adequate training and support to carry out this job. Community members are more motivated to take treatment when their own people have the responsibility for, and control over, distribution of the drugs.

The reporting of the distribution is done with a simple **notebook** provided by the community or pictorial reporting form (see Annex 2). The pictorial form can be used by CDDs who cannot read and write. Reporting by distributors for both programme – and community-designed distributions was poor and needs to be strengthened during training.

The CDTI system will enable health workers to spend more of their time on other pressing tasks. After initial training of the CDDs, only very limited time is needed to follow up the community-directed treatments.

This manual can be used with or without the CDTI video training guide. The manual and video complement each other and training will be easier and more comprehensive if both are used together. As video players and electricity may not always be available, the manual is structured to be adequate for a trainer's use in the absence of video facilities.

Part I gives an overview of the partnerships in CDTI and the objective of the manual.

This part is useful for everyone, but is specifically meant for the project manager to provide a quick overview.

Part II is a detailed overview of planning and implementation of the training programme for the CDDs.

This part is aimed at the trainer and the PHC or Health Service worker.

Who is the manual for?

This manual has been produced for use by the team which will introduce **Community-Directed Treatment with Ivermectin (CDTI),** and train the **Community-Directed Distributors (CDDs)** to distribute the drugs and record the distribution in a notebook, or on the pictorial form. In this manual, we refer to them as the *"Facilitation Team"*. The facilitation team should consist of a trainer, a health worker and any other member of the National Onchocerciasis Task Force (NOTF).

The Trainer

Will be responsible for training the CDDs. In the set-up of the National Onchocerciasis Control Programme (NOCP), he/she is not necessarily a permanent member of the facilitation team. In small districts, well qualified trainers may not be stationed full time, and may have to be called in just to carry out the training. In some communities the health worker, if knowledgeable about the process of CDTI, should be the trainer.

The PHC/Health Worker

Will be responsible for contacting the communities, for assisting the trainer in the planning and implementation, training CDDs (or actually train CDDs), monitoring and supervision, and for follow-up contact with the communities for the management of severe adverse reactions. The PHC/health worker is the "permanent" contact person with the communities.

(In this manual we do not differentiate or describe the various health systems in countries participating in the African Programme for Onchocerciasis Control (APOC). Since systems other than Primary Health Care exist, we refer to the health staff from the PHC and other systems simply as "the health worker").

We wish to emphasize the vital role of the Health System and the need to involve health staff in the planning and implementation of Community-Directed Treatment projects.

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Part I

Partners and Objectives of CDTI

Who needs to be involved in the CDTI partnership

The essential partners are:

- the affected community
- the health service
- the non-governmental developmental organizations (NGDOs)
- the external donors

All partners need to be involved and work together harmoniously to make CDTI a success.

Partners should always remember that the CDTI project belongs to the community and the health services.

Other partners are helping them within a given period to establish distribution, recording, management of severe adverse reactions and reporting systems; after which the health service and the community should take over the long-term running of activities.

Notes

Responsibilities of the partners

- Procurement and availability of ivermectin.
- Timely delivery of ivermectin to the central point.
- Provide appropriate information on CDTI and the need for its long-term sustainment.
- Emphasize the need for community long-term commitment to ivermectin distribution. Promote ownership of CDTI.
- Explain the nature of the tasks of ivermectin distributors so that communities can make informed decisions.
- Provide relevant health education to each target village.
- Train distributors selected by the community.
- Train health personnel to provide minimum and regular supervision to CDDs.
- Provide health personnel and CDDs with additional training in the monitoring and supervision of ivermectin treatment in *Loa loa* endemic areas.

Objective of the manual

To help the facilitation team with the process of approaching the community, training CDDs on the procedure for distributing ivermectin, supervision, referrals, record keeping and reporting, as a means of building sustainable partnerships between the community and the health service.

Specific objectives

Notes

To guide the facilitation team on how to:

- Build partnerships between the affected community, the health facility nearest to them and other external partners.
- Inform and educate the community.
- Train distributors selected by the community.
- Train health staff on effective monitoring and supervision of community distribution of ivermectin.
- Use information and experiences obtained to improve distribution of ivermectin to other communities.

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CONTROL
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Part II

Community-Directed Treatment with Ivermectin

The process through which CDTI is best established incorporates five basic components:

- **Approaching the health service**
  (To build a partnership between an affected community and health service personnel in the health post nearest to the community)
- **Approaching the community**
- **Training distributor selected by the community**
- **Distribution of ivermectin by the community** (supervision/monitoring)
- **Recording and reporting back to the health service**

The following section is written for the trainer and the health service worker.

It provides advice and guidance on the best ways to establish successful and sustainable Community-Directed Treatment with ivermectin in communities affected by onchocerciasis.

It describes in detail how to carry out and monitor the various tasks involved in the overall process.

Notes

Approaching the Health Service

It is important to sensitize health service staff at all levels especially at the level of the district and in the health post in the community or nearest to it, before paying the first visit to the community. It is also important to train health staff at the most peripheral health facilities to assume the following CDTI activities as part of their scheduled tasks.

CDTI activities which need to be carried out by the health staff include:

- Storage of adequate numbers of ivermectin tablets for the first treatment, based on an estimate of population to be covered prior to the initial training of CDDs, and subsequently based on census figures.
- Storage of ivermectin at the health facility nearest to the community
- Linking the facilitation team with the community
- Assisting with the training of community-directed distributors
- Supervision of the ivermectin distribution exercise
- Management of cases of severe reaction and referral, if necessary, of these cases to health centres better able to handle them
- Record keeping and reporting to the district level

Training and retraining health staff should be done yearly. They should be made familiar with signs and symptoms which should be considered, both mild and severe, and how to deal with cases.

Having sensitized the health workers at the district and health post levels, it is essential that they be part of the facilitation team. One or two of them should always be with the trainer when visiting the community and during training of distributors, if the trainer is not the health worker.

NOTE

It is important to organize training for health workers on all steps in ivermectin distribution, particularly:

- **management of minor and severe adverse reactions**
- **supervision of ivermectin distribution**

Approaching the Community

Notes

The way and manner the facilitation team approach the community will strongly influence the success of the CDTI. Communities are not used to being entrusted by the health authorities with the responsibility of distributing drugs. They may meet the team with scepticism at first. The ability to assure them that the health authorities have confidence in their capability to manage the distribution of ivermectin will promote cooperation of community members.

The health worker should be responsible for making the first contact with the communities selected by the onchocerciasis control programme for treatment based on the results of the Rapid Epidemiological Mapping (REMO). He/she through a key informant should meet with the chief or village head to briefly explain the programme and to ask for an appointment to come back with other external partners to provide more information about the programme to community leaders and the community.

NOTE

Experience from other programmes show that winning the confidence of communities requires *several* visits to the communities.

Notes

Meeting with community Leaders

It is very important that the facilitation team is not late to this and subsequent meetings. Every visit involves an initial paying of respects to the chief. Traditional and cultural beliefs and rules of the community should be closely respected and adhered to. It is also important for team members to give thought to the way they are dressed when the community is approached. For example, traditional dress should be worn where appropriate, and women should wear little or no cosmetic make-up and the minimum of jewellery. Following are other suggestions of what the facilitation team **should not do** when approaching communities.

NOTE

What NOT to do when approaching communities

- don't go to the village with too many vehicles
- don't present yourself as being rich
- don't bypass the local authority
- don't impose yourself, your ideas
- don't promise payment for CDDs

Notes

At the first meeting with the chief and community leaders, please give an overview of the programme in clear and concise terms. Explain carefully and clearly:

- **that the drug is free; it should never be sold or paid for**
- **who will be given the drug and who will not, and why**
- **what is expected of the community, and what the community will gain**
- **that the community should design its own distribution system.**

Then request that the community select a distribution system they are most comfortable with and that will best suit their needs.

Explain carefully the detailed tasks of distributors and that it is the responsibility of the community to decide how many distributors will be needed and to select community members who are trusted, reliable and will remain in the community, as distributors; that **the community is free to increase the number of (or change) distributors before the next training or retraining.** The distributors will be given training and will then distribute the drugs in the community, and report on the distribution to the health authorities.

Invite people to comment and ask questions. Patiently respond to the comments and answer all the questions during the community meeting.

NOTE

You may be able to tell from this first meeting if a community will not readily accept implementation of CDTI. In that case, the facilitation team may have failed to study the power structure in the community before approaching the leaders. The team should schedule additional meetings with the community leaders, preferably with new facilitators. Obtain advice from other influential persons in the community before making the additional visits.

Notes

If asked for how many years should ivermectin be taken, be patient and explain that it is necessary to continue to take the drug until a better drug for fighting the disease is available. At the end of the meeting the team should request the chief and leaders for a date to meet with the entire community. Women and children should be encouraged to attend.

Participating in the village meeting

At this meeting, the facilitation team is introduced to the community by the chief. They should give an overview of the programme, *and repeat all the points presented to the chiefs and elders* to the community gathering. At the gathering, the team should take time and inform the community about the disease. Please do not assume that they are not capable of understanding. Use the local names of the blackfly vector and of the disease in your presentation.

To conclude the health education and information session with the community, the facilitation team should summarize the following:

- What is expected of the community as a partner: list all the responsibilities as given in *Annex 1*.
- What the community will gain.
- That the drug is free; who should take it and who should not, and why.
- Emphasize that the community must select distributors from within their own ranks, who are most reliable, stable and less mobile.
- That the community is responsible for design of the distribution.
- Give a *detailed description* of the tasks of the distributors; and explain that they will be trained before they begin their functions.

Notes

- Emphasize the need to do a census in the community once a year prior to distribution or at least before the first distribution of the drug.
- The need for the community to organize collection of drugs from the nearest health centre on an annual basis *(be sure to stress that the community must cover the cost of collecting the drug).*
- It is very important to reinforce that the community must bear the responsibility for several years.
- The programme: the need to work as partner with the health service.
- The disease.
- The drug should be taken yearly for several years.
- Dosage determination/exclusion criteria.
- Recording and Reporting back to the health service.

Ask the community meeting to allow the distributors to carry out a census, and provide the reasons for it and its usefulness. The CDDs will be taught how to record census figures during training in the next section. Where the community has no literate person, suggest the use of symbolic things to represent men, women and the children.

NOTE

It is important to explain the differences between previous programmes and CDTI. The facilitation team must stress that, contrary to other programmes, in the CDTI approach the community has the authority to design and implement distribution of ivermectin distribution according to its own particular needs. Community ownership of the project is of primary importance.

Notes

Selection of Community-Directed Distributors (CDDs)

The people who will be trained as distributors are villagers who have been selected by their communities to carry out the task of distributing ivermectin to other members in their community.

At least three persons should be selected by each community of 250 persons so that there would be two CDDs at any given time to give treatment. Many villages will select 3-5 persons, depending on the size of the village and the strategy the village has designed for distributing the drug.

As many CDDs as possible should be trained in each community to reduce the workload on the current CDDs.

All of the selected CDDs will be held in high esteem and respected by the communities they represent. The manner in which other people (e.g. the health worker and the trainer) speak and relate to them will be of major interest to the community. They expect that outsiders treat them with the same respect as the villagers.

SUMMARY POINTS

- **Contacting the community: whom to meet and what information to give during the first meeting.**
- **Participating in the village meeting: what information to give.**
- **Selection of (male and female) distributors.**
- **Distribution system.**
- **Answer questions raised by community members.**
- **Ask the community to conduct census before the first treatment.**

Training community-directed distributors

Planning the training programme

Training the Community Directed Distributors (CDDs) is a crucial activity, and if it goes wrong, the CDTI may not succeed in that community. You should find out how many CDDs are selected by each village to be able to plan the training in an optimal way, and to avoid having too many participants in one course.

The Community-Directed Distributors: What can you expect?

Experience has shown that most communities will, from their ranks, select as CDDs individuals who are able to read and know how to add and write figures and a few will have some form of education. This training has been designed on the assumption that some CDDs will be illiterate. Plan the training methods to be simple and with clear messages.

Do not ask for their educational background before or during training: this would only stress that you place importance on the educational level, even if you say you don't. If it is important to know who is illiterate, it will become clear to you during the training.

In some communities, CDDs may be illiterate persons. In this case, the facilitation team has to adopt the use of the pictorial form for training *(Annex 2)*.

Notes

Notes

Trainers: Male or Female?

When selecting trainers, it is important to include both men and women, where possible.

To make both male or female CDDs feel comfortable during the training, a mixed team of trainers is also preferable.

EXAMPLE

A village pre-selected four distributors (two male and two female), planning to wait and see what would be the composition of the training team before making their final selection. On realizing that of the five-member training team only two were males, they quickly called the female "stand-by" CDDs to participate in the training. The composition of the training team had given an important message to the villagers.

The team should be prepared to train male and female CDDs together. Experience has shown that a mixed team of CDDs is preferable, as there are certain issues (e.g. pregnancy) that women are reluctant to talk to men outside the family about. This should be discussed with the villagers during the community meeting. If it is not discussed, experience has shown that communities will often select only male CDDs. It is important to encourage the inclusion of women as distributors in communities with literate and illiterate distributors.

How many trainers are needed?

It is suggested to have one trainer per five participants, i.e. for 10 participants you need two trainers. You should not have more than 15 participants in a course like this, as the main purpose is to ensure that everybody is gaining and practising the necessary skills. This requires that trainers are able to observe and give feedback to every participant – which is very difficult to do with a large group.

Notes

Arranging time for the training of CDDs

The health worker returns to the village to meet the CDDs and agree on a time and venue for the training. He/she also collects the results of the census. Where possible, the date and venue for training is agreed upon during the meeting with community members.

Procedure for choosing training site

Reach agreement with the community leadership and distributors on a date, time and venue for the training

When training is to take place in the village, the choice of venue is important. The choice should be made by the community. In most cases it would be either:

- the compound of the village head, or
- a neutral place, e.g. a village centre, village square, school compound, dispensary, under a tree, etc.

Do not alter (or challenge) the power equation in the village by accepting to use someone else's (other than the chief's) compound, or a church or a mosque, except if the choice is made (unsolicited) by the village head.

EXAMPLE

A wealthy trader member of the community with a large concrete veranda invited the team leader over to his compound soon after the team had paid homage to the chief. The trader brought out benches and a table for the team to use. The team members were excited and shifted to his house. The chief was upset but did not explain why, and from then on he consciously avoided the team and was always on the farm whenever the team came to his village. The team only realized their indiscretion three months later.

Thus, it is important to stick with the village chief and neutral venues. If you need assistance, the chief will provide it. The chief knows you are his guests, and it is disrespectful if you show that he is incapable of meeting your needs.

Notes

Training Site: where is the best place?

There are two main choices of training site:

Training in the village:

This method can be used if the village has chosen three or more CDDs and you wish to train distributors in their village. The advantage is that the CDDs will feel at home, they will be more at ease and therefore able to learn better. Training a small number of CDDs means they will all get more attention from the trainer, and therefore gain the skills quicker.

Another advantage is that the villagers will observe the training (some may take part), and may therefore become more interested and also more willing to take part in the distribution. *This will also help take away the "mystery" of the training. It will be very obvious what the CDDs will be trained to do. The CDDs will not be able to claim that they have learnt to be "doctors" and therefore perform medical tasks beyond the distribution of ivermectin.*

Training in the village also cuts down on cost for the organizers as well as the villagers. The villagers do not have to travel, and the organizers do not have to arrange for people to stay overnight, and to pay for a training site. If the project can afford it, it is advisable to provide lunch (prepared locally by the community but paid for by either the community or the project) to the group during training. Care must be taken not to institutionalize this as a rule. Avoid paying money to participants in lieu of feeding

Notes

The disadvantage of training in the village is that this method requires more time – it will take between half and one day to train a group of 3-5 CDDs in a village.

Training several CDDs in a central location or a village

The advantage of this method is that it can save time, e.g. if one trains 10 -15 CDDs in one course of one and a half to two days.

It is suggested to only use this method if:

- The villages have selected less than three CDDs per village and many villages are involved,
- Training has to be done within a limited period of time,
- The villages agree to meet at the suggested village or suggest a venue where they would like to meet,
- The distance to the central point from any of the participating villages is less than five kilometres.

If these conditions are not present, it is better to train the CDDs in their own villages.

If training is to be held in a central place, it is useful to remember that the CDDs may not be used to formal training in classrooms or offices. It is often better to chose an informal place – e.g. under a tree, or to take the school benches to the lawn or space outside the classroom.

EXAMPLE

Four villages were asked to send their CDDs to a 5th particular village (chosen because it was the largest and most central of the villages that were to attend the training). None of the CDDs from the four villages showed up. The team later found that the chosen village is "junior" to the other four – they would rather gather in one obscure place which is in fact the "senior" village.

Notes

Training Materials: What do you need?

Materials

Take enough materials with you to the training venue. It is usually safe to take at least three or four extra sets of materials for a course of 10-15 participants. Make a list of the required items and their quantity and make a final check of the list the evening before the training.

Assemble the materials in a carton or small box.

You will need:

- A simple notebook (available in the village)
- Pictorial form – sample to be supplied by APOC
- Pencil
- Pencil sharpener
- Eraser
- Chalk (preferably coloured)
- Knife or saw (for making marks)
- Marker (for shading/marking tablets on the measuring stick)
- Tape (two metres long)
- Stick (two metres long)

Remember to ask the participants to bring with them a stick which is longer than themselves and a notebook for practising.

CDDs should use a simple notebook or a register affordable by the communities for recording and reporting. The notebook should contain the following information:

for each household to be treated

- census number of the household
- name of household head (male or female)
- names of all household members

for every individual in each household

- NAME
- AGE
- SEX (male or female)
- HEIGHT (expressed by the number of tablets given)

Distributors should also be taught what to record for each community/village treated;

for each community treated

- number of tablets collected by the community
- number of tablets used
- number of tablets lost/ unaccounted for

Notes

Training contents: what will they learn?

The contents of the training include:

- The disease, its public and socioeconomic importance, and the community's perception of the disease
- Ivermectin as treatment for a long time
- Dosage determination – how to measure and determine dosage
- Persons who will not be treated – how to recognize them
- Possible reactions after treatment – how to counsel and/or refer
- Reporting on treatment, defaulters, absentees, excluded persons and cases of severe adverse reactions, using the notebook. The pictorial reporting form is used for distributors who cannot read or write.

Through discussions and questions, share with the participants the cause, signs and symptoms of onchocerciasis common in their respective communities. The trainer should list signs and symptoms such as: unrelenting itching, visual impairment, blindness, ugly skin lesions – different types of rashes, leopard skin and nodules. The use of posters, vignettes or pictures to do this will be useful.

WHO/TDR

Ask participants for individual stories and use the stories to check whether they understand the symptoms. Allow them to share experiences of the consequences of the people and communities affected with onchocerciasis. Use the stories to emphasize the need for them to take Mectizan tablets for several years in order not to expose their children – and children's children – to the same conditions.

Explain carefully the cause of onchocerciasis. Always use the local name of the blackfly, the disease and the symptoms during training. Show the picture of the fly and, if possible, real blackflies.

Notes

As a next step, it is often useful to use true or false statement- type questions on causes and symptoms to check how far you have been understood by participants. These questions should be prepared before the training session. Use pictures as illustrations.

Similarly, the health worker in the facilitation team should discuss in detail the use of Mectizan in the treatment of the disease and in the prevention of blindness, itching and severe skin disease.

Allow participants time to share individual experiences on the effect of the drug, its benefits and the perceptions of community members about the drug. During the discussion, you will have the opportunity to deal with community fears on side-effects of the drug. The health worker in the team should reassure them (as during the community meeting) that the minor side-effects disappear after one or two days. Details on the handling of mild and severe reactions will be discussed later.

The community should be given the possibility of designing their own way of recording and reporting their activities. It is important not to demand too much detailed information from the community. Also, explain clearly how the information they provide will in turn benefit the community, and be fed back to them.

Using measuring sticks for dosage determination may be unacceptable in some communities. Therefore, each facilitation team should develop acceptable measuring tools, e.g. the use of a marked wall is acceptable to most communities.

Notes

Training methods: how will you teach?

Training people to gain skills is different from teaching basic knowledge. The CDDs need mostly skills to carry out CDTI. They also need some knowledge.

In this project, you are training people who are not used to learning in school or in a course. They are used to learning from practical examples, from people showing them how something works, or from discovering themselves what is the best way of doing something. If you use these methods – in training terms called "demonstration" and "problem-solving method" – your participants will most likely be able to follow your course well.

You should keep these rules in mind:

Physical setting

- Use a place that is familiar and comfortable to the CDDs, e.g. under a tree in the school compound, in the village square or in the compound of the village chief.
- Sit in a circular arrangement, and put a bench or a table at the side (see picture).
- Make sure there is enough room for people to work in groups.

Notes

EXAMPLE

We stopped using classrooms a long time ago. We noticed that people unused to a classroom situation spend a lot of time looking at the various things in the class. If there are unfamiliar things, their attention will be on these, and not on what the trainer says.

Process of training

Begin with what people are familiar with. Do not suddenly introduce ideas that may be strange to participants.

Make sure all participants have practised and are comfortable with one skill before you introduce the next one.

Be patient with all participants, especially those who may be slow to understand.

Invite participants to ask questions. Explain that CDDs need time and practice to master the new skills, and that it is common that people ask questions. The CDDs should get the message that if they are slow to understand, it is OK – they are not "stupid" and the trainer will not regard them as being stupid. Be generous with words of encouragement.

It is advisable to avoid writing. Remember, many of your trainees will not be able read and write VERY well.

Give feedback often, and be generous. Ensure participants that they are doing OK. Do not treat them as schoolchildren whom you have to correct if they make a small mistake. Skills training is "learning through doing".

Trainers' behaviour

Show respect to "your" CDDs. Many well trained people treat villagers as if they are not very intelligent. The way the trainer feels about villagers will influence the training. Nobody learns well from a trainer who looks down on them. The success of the CDTI depends on the confidence and skills of the CDDs.

Notes

Steps to follow in the training

The following steps describe a logical sequence of activities in training the CDDs.

It is important to remember that the CDDs are not likely to be used to training programmes of this kind, and will need frequent breaks. These are not indicated in this manual, since the time used for a step will vary according to the number of trainees on any given occasion. Thus, you need to be aware of the need to take breaks when people feel tired. (You will often notice this through signs of lack of concentration e.g. by people becoming quiet and not participating so much in the activities or getting restless and easily distracted.)

For a group of less than five CDDs, training should take 1-2 days.
For 10-15 CDDs or more you will need 2-3 days.

1) Introduction to the training

When you are meeting the selected CDDs at the training venue, spend some time before the official training starts to talk informally with them. **The opening statement in the formal programme is important.** As an example:

"You are welcome to ...(village). For the next three hours we will talk about the disease that causes blindness and skin diseases among people in this area. We will talk about how members of our community will be treated with ivermectin, a medicine that will prevent them from becoming blind or developing ugly and disfiguring lesions. I know the disease has different names in different communities. In ...(village/district) they call it.... I am interested to know what you call it here?

Wait for response and follow up with a lively discussion.

Notes

2) *Encourage the discussion*

You should act as a facilitator, and invite people to give their opinions, their questions, their ideas. Give every participant the opportunity to make a contribution to the discussion

It is very important that you do not interrupt unnecessarily, or make any negative comments or judgments about what participants say, even if it is "wrong" in your opinion.

In this first discussion, you set the "tone "for the whole course. If the participants feel that their opinions and ideas are valued, their questions are welcomed, and they are not judged negatively for their contributions – then they will feel free to participate throughout the training. (See Annex 3 – about being a good facilitator.)

The topics to be covered in the discussion should be mainly:

- How important is the disease in the community?
- Who are mostly affected by the disease?
- How do people treat the disease? Are there any local remedies?
- Have they heard about ivermectin? What have they heard about this drug?
- How to conduct an accurate census?

Box 1 Census Procedure

The first task in any village is to conduct a census of the entire population, broken down into residents present, residents absent and nonresident. It is advisable, where the CDD is literate, that he or she should conduct the census.

The items required to conduct a census consist of:

- a table
- a chair
- some ballpoint pens
- a notebook (preferably with a hard cover)

NOTE

An interpreter, preferably the CDD, will be needed to help the census officer or the nurse from the health centre cope with any language problems and distinguish indigenous from non-indigenous persons. This will be necessary if the person conducting the census comes from outside the community.

All families that reside in the village are included in the census.

Recording Census Data

On the first page of the census notebook, provide the following information concerning the administrative division:

- Name of State
- Name of Community
- Name of village
- Name of section/ward
- Date of census
- Household identification number

Each family unit is allocated a minimum of two pages in the census notebook. Three pages may be allocated if the number of members in the family exceeds the amount of space available on two pages, and the distributor may use as many pages as necessary per family. Always leave room for new/additional family members (see Note 5.5)

For each family, the body of each page of the census notebook should consist of 6 columns, to be filled in as follows:

1) First column – write the serial number 1,2,3,4,5, etc.
2) Second column – Write the name of the person. In the first line, write the name of the head of the family and in the next line, the name of the first wife, followed in successive lines by those of her children in order of decreasing age (i.e. the oldest first). Then, following these names, the next line should show the name of any second wife, her children, etc. Everybody sharing the household's daily meal (e.g. nephew, grandchild, widow, etc.) should be counted as members of the family in the census notebook.

EXAMPLE

1) Egwutonu Sebastine (head of family)

2) Egwutonu Ego (wife 1)

3) Oldest child of wife 1

4) Next oldest child of wife 1

(and so on, until the youngest child of wife 1 is entered in the census notebook). Then, the next line should contain the name of wife 2, if any second wife exists, followed by her children. When the wives and their children have been entered, the names of other relatives living in the household (such as nephews, nieces, grandsons, granddaughters, widows, widowers, or father or mother of the head of household) should be entered.

3) Third column – Sex (use M for males and F for females)

NOTE

A person's name does not necessarily reveal his or her sex and errors are frequently made in this regard. Always ask whether a child is a girl or boy.

4) Fourth Column – Age. If a birth certificate or identity paper is available, record the age indicated. If not, estimate by reference to a person of the same generation who does have one. Otherwise, ask the person his or her age and take the average between his reply and the census taker's guess.

In many communities age can be fairly accurately estimated by relating an individual's birth to important historical events in the society, e.g. the death of a monarch or ascension of a village head, commissioning of a school or a well – the dates of which are generally well known.

5) Fifth column – Observations. The names of family members who are absent during the census exercise are important to record.

   Specific mention should be made particularly of:

   a) any member of the family who is temporarily absent from the village
   b) migrants who have come into the village

NOTE

On a second, and all subsequent censuses, new registrations should be made to include:

- children born since the first census was completed
- women newly married into a family and coming from another village
- any family members overlooked when compiling the first census

This information should be recorded on a separate page.

NOTE

Distributors who cannot read or write should be asked by the facilitation team during training to make sure that, every year they count the number of people in the village to be treated.

Notes

3) Teach them how to take and record an accurate census

It is very important to instruct the CDDs about the need to do a census before the first treatment. To be able to calculate the number of tablets needed, it is necessary to have an idea about how many people live in the community. Everybody should be counted – including pregnant women and children.

It is important to teach the CDDs how to calculate the number of 3 mg tablets to order. There are 2 steps:

1) Calculate **Total Population** = everybody normally living in the village or community, including pregnant and lactating women, children and sick people
2) Calculate **Number of tablets to order** = **Total Population** multiplied by 2.2

TAKING THE CENSUS CORRECTLY IS VERY IMPORTANT

Ask the community meeting to carry out such a census, and provide the reasons for it and its usefulness. *It is best if they are allowed to say how and who should do it.* This is the preferred method for APOC CDTI. Where the community has no literate person, suggest the use of symbolic things to represent men, women and children. The community will probably have other suggestions as well. When the health worker returns, the village chief should inform him/her about the outcome of the census.

The facilitation team needs to check the census figure from the community against other "officially estimated" population figures. Even if the census is wrong (overestimated), it can be adjusted for the next distribution when the team has assessed the records from the treatment.

One good technique is to build on what they say, reinforce it, and add other facts. For example, if someone says the disease is caused by an insect, you can emphasize that the person is right, and add that it is a small black fly that causes river blindness.

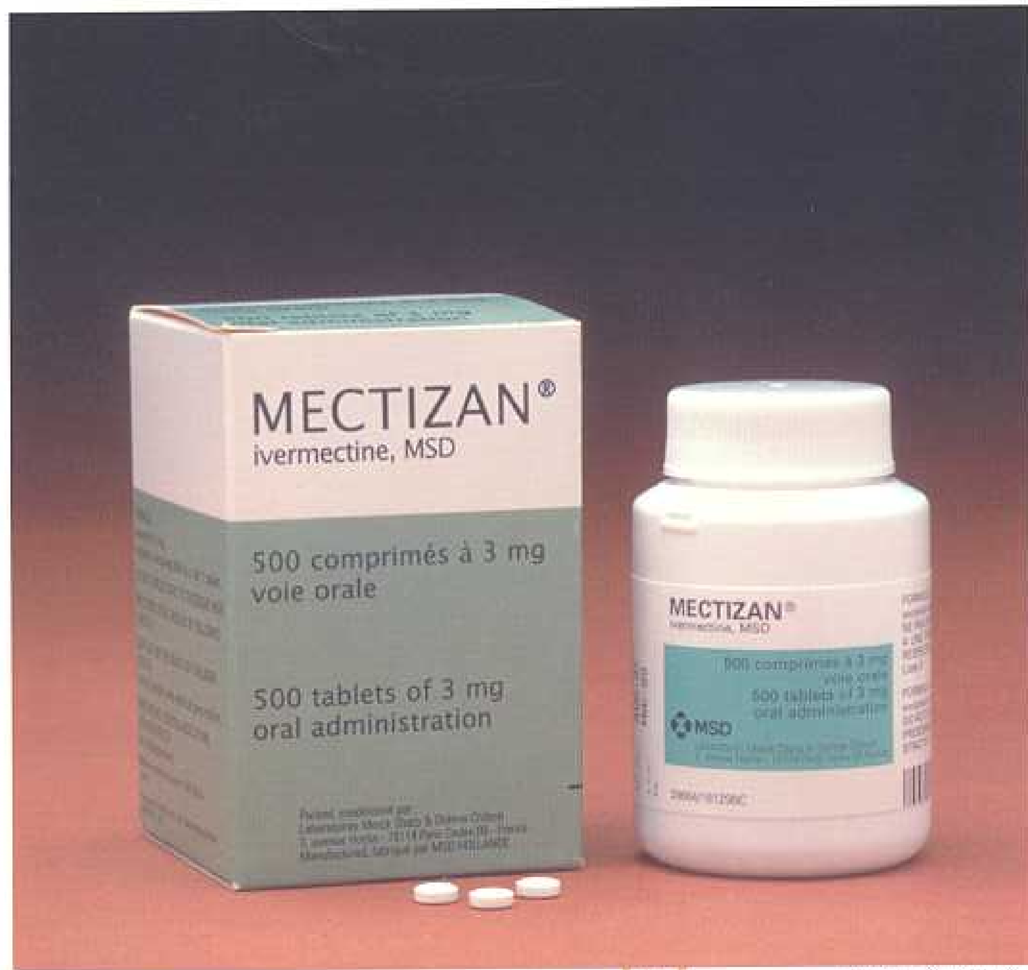
4) *Show them the drug*

Let each of the CDDs have some of the tablets.

Explain that it will be given to them free of charge, and how it will be distributed.

EXAMPLE

"This drug will be given to you free of charge. It will be available at the central store (or wherever it is decided in your district). Representatives from every village will go to the store to collect the drugs for their community. During our last visit to your community, we discussed how your community will be responsible for deciding how you will distribute the drugs. You will collect the drugs assigned to you, and distribute them to the members of your community who meet the criteria for taking the drug. Today, we will learn how to decide who will get the drug, how many tablets they will get, and who will NOT get the drug."



MERCK & CO. INC./SCOTT

Notes

5) Pause, let them look at the drug

Invite them to ask questions about what has happened so far. If they ask questions about issues you will deal with later, give a brief answer, and explain you will be dealing with this later. *If you were using the larger tablets before and have now changed to 3 mg tablets, explain the reason for the change. The manufacturer, Merck & Co. decided to change and make 3 mg tablets to make distribution easier, removing the need to break tablets, and so reduce the loss of tablets due to breakage.*

6) Dosage depends on height

Explain that the dosage of the drug depends on a person's height. In some communities, measurement of height with a stick is associated with death. Marking a wall may be acceptable. Ask the CDDs: What should we use for determining the height of people?

NOTE

Whereas weight was previously used to determine the dose for treatment, this has been replaced by the use of height measurement. Therefore, weighing scales are no longer required.

7) Wait for suggestions

Explain the measuring options which can be used for determining those to be treated, such as standing against a wall or a tree, or against a stick. Ask what they think will be the best method for the distribution system they have chosen for their community (i.e. if they have chosen **central point distribution**, or **house-to-house**). Discuss advantages of the different methods.

Notes

8) *Ask one of the participants to assist you*

to mark a stick or the wall, using your tape measure and marker. Marks should be at 90 cm, 120 cm, 141 cm and 159 cm.

(Remember to bring an unmarked stick to the training! Ask the CDDs to bring a stick taller than themselves to the training.)

9) *Explain to the participants*

"The marks on the wall (or stick) represent heights. This one (the lowest, 90 cm, shows the height a person must be before they can be given the drug. Anyone who does not reach this height should not be given the drug".

Describe the number of tablets a person gets at each mark:

- Less than 90 cm : No tablet
- 90 – 119 cm : Half a tablet
- 120 – 139 cm : One tablet
- 140 – 159 cm : One and a half tablets
- More than 159 cm : Two tablets

Draw symbols of tablets between the marks to remind the CDDs of how many tablets should be given for each height.

IMPORTANT NOTE

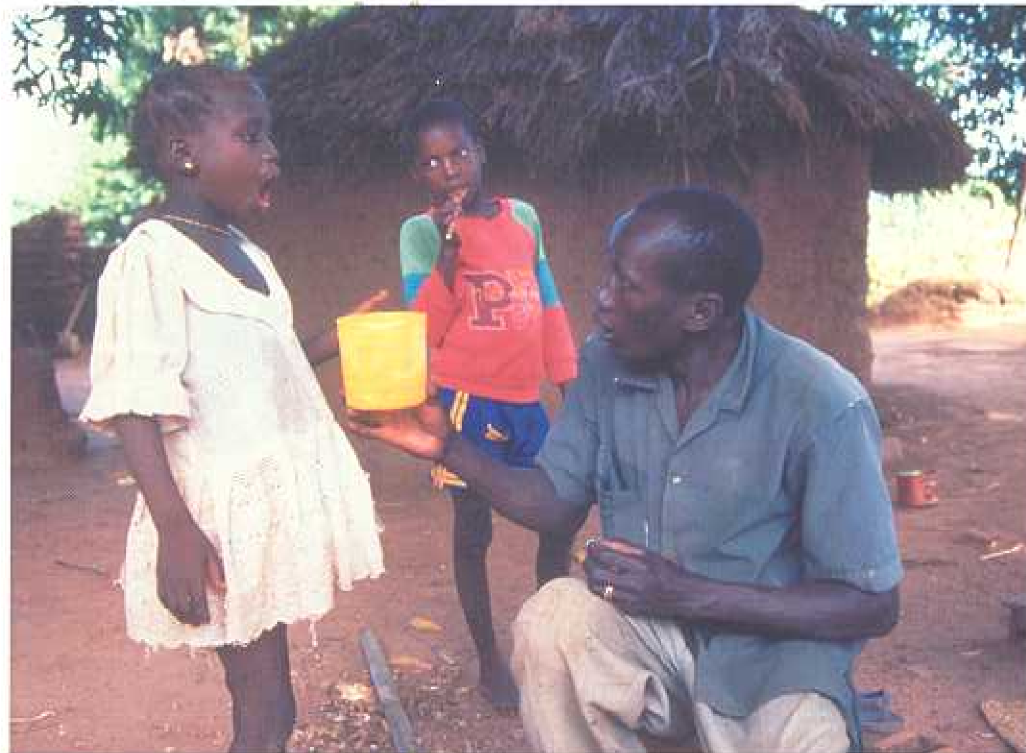
If the 3 mg Mectizan tablet has been introduced in your country, the number of tablets a person is given based on his or her height as follows:

- Less than 90 cm : No tablet
- 90 – 119 cm : One tablet
- 120 – 139 cm : Two tablets
- 140 – 159 cm : Three tablets
- More than 159 cm : Four tablets

Notes

10) Lean against the scale and ask how many tablets you should get

If somebody gives a wrong answer, do not say he/she is wrong, but ask if other participants have different suggestions. Let the group come to an agreement about how many tablets you should be given.



11) Make sure that tablets are swallowed

Explain: After determining the number of tablets the person is to be given, they should be given the tablets and some water, and asked to take the tablets ***in front of the CDD, who should ensure they are actually swallowed.***

12) Let all participants take turns

to measure how many tablets they should get. Ask one person to stand at the wall or stick, and another to tell how many tablets he or she should be given. Then repeat the procedure with another participant, until everybody has been measured.

13) When you are satisfied that everybody has understood and is able

to determine dosage by height, it is time for the participants to make their own measuring tool. Ask them to use their own ideas to make symbols on the stick to indicate 1, 2 or more tablets, etc., on the corresponding spaces on the stick (see photograph of sample in this manual).

(This session will usually be a lively one with a lot of activity. If you have snacks available, this is a good time to stop and share them with participants.)

14) Explain the need to record the treatment

Emphasize the importance of the community knowing how many of its members have received tablets and that the health authorities need to know how many people have been treated so that they can plan the project effectively.

15) Copy on paper

Give participants blank sheets of paper and pencils. Ask them to work in pairs, with one person measuring and one person writing down the numbers of tablets that they would give to patients on the paper. Use other people in the group, yourself, and any bystanders as 'test cases' to be measured.

16) Guide each person gently

Remember that for some of the participants, this may be the first time that they are handling paper and pencil again after several years. Show each person how to enter the numbers on paper against their different names.

Notes

17) *Praise them for their efforts*

saying, for example, that they are learning faster than you had expected, and that theirs is one of the best groups you have worked with. When training such a group, it is very important to let them know – as often as possible – that you think they are doing fine and to encourage them at every opportunity. This will enable them to continue learning without being worried about what you think about their "performance". Their attention will stay on the task, not on being worried!

Explain: "Your village/community will provide you with the notebook for recording and the drugs for your village will be collected by the person or persons assigned by the village leaders to do so".

18) *Repeat the exercise*

When the participants have finished the first task: ask them to repeat the exercise, with the other person in the pair doing the recording (if the first practice was carried out by only one of the pair). Ask them to choose the number of people to be treated with different dosages, and record this in the notebook or on the pictorial form.

19) *Some community members will not be treated (exclusion criteria)*

Explain that there are some people who should not be treated with ivermectin. Show them the pictures of a lactating mother, a sick person, and a child under 90 cm height. Also, a person on travel outside the village will not be able to take the medicine, and neither will a person refusing treatment.

Ask participants how they will determine:

a) If a mother has a baby younger than one week old

b) If a person is too sick to be treated

c) If a child is too small to be treated

Discuss the responses, and what CDDs would do to ensure that these people are not treated. Agree on guidelines for how to determine these categories.

Box 2 Pregnancy

In many cultures, men outside the family cannot ask women if they are pregnant. If there is a woman CDD, this is not a problem.

In some communities, the problem has been dealt with by giving general information in a meeting to the whole community.

Pregnant women had then been asked not to come to the distribution point (when there is a central point). For house-to-house distribution, general information given to the whole family before starting to measure individuals will also give the women a chance to "just disappear", without the CDD having to ask them directly.

NOTE

While pregnancy is not considered a specific contraindication to treatment, it is advisable to withhold treatment from pregnant women until at least one week after childbirth.

Notes

BACKGROUND: *ON SICK PEOPLE*

People who are too sick to come to a central distribution point themselves, should not be treated. (Exception: a person with injuries, such as a broken leg, who needs help to walk, can be safely treated).

It is important to explain to the sick people that they will be given the medicine as soon as they are well.

NOTE

The participants should come up with their own definition; and the trainer should guide them towards guidelines close to the one presented above.

BACKGROUND: *ON SMALL CHILDREN*

Children under 90 cm tall should NOT be treated. They should be measured again during the next main distribution of ivermectin in the community.

20) *Some will be treated later*

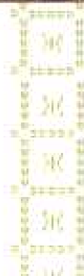
Explain that some of these people will be treated later:

- the sick person when he/she is well again
- anyone away from the village at the time of distribution; when he/she returns to the village.

Ask participants what happens to the child who is less than 90 cm tall. Why will he/she not be treated?

Explain that after the main distribution is finished, the CDD will reserve some tablets *(for an additional period)* to be given to those absentees who return for treatment after some time. Explain that this distribution should also be recorded in the notebook used for recording of the main distribution.

The notebook is to be given to the health authorities soon after the one month waiting time mentioned above.



Notes

Recording and reporting back to the Health Service

- This is a **very important** activity in CDTI. The results of this will be the basis for health authorities to make their statistics, and decide how many tablets the community should be given for the next distribution.
- If the CDDs manage this activity well, the community – as well as the health authorities – will gain confidence that the distribution and the recording can be managed by the communities themselves.
- In a pair of CDDs working together in this exercise, one of them will usually have more education/experience in writing than the other. The more experienced one will usually take charge of the first part of the exercise. It is very important that the less experienced one also gets a chance to write in the notebook. Usually, he/she will not do this unless specifically asked to do so. Thus, it is important that you explain the need for everybody to practice completing the notebook.

Sum up the exercise by stressing the **importance of recording**. Ask if there are any questions.

Ask participants what they think is the purpose of such a reporting system. In addition to their points, the discussion should centre around:

- The need of the community to know how many of its members have received treatment.
- The need of the health authorities to know how many community members have been treated, so they can plan how to continue the project.
- The need of the health authorities for information to know if the disease is slowly going to disappear. This will only happen if everybody in the communities who should take the medicine, is actually taking it.

Practice recording in the notebook

Ask participants to practice recording in the notebook to show people who are not to be treated. Give then a practical task to be carried out in pairs. For example:

"At a central distribution point, you registered 5 women, 10 men, 2 very sick people, 11 children under 90 cm, and you were also informed by one family that their three sons were absent. How will you record this?"

Go around to the pairs and observe how they are doing. Guide and assist where necessary. DO NOT do the recording FOR them, but encourage them to solve the problem themselves.

Remember that distributors are volunteering their time. Ask for the minimum of information. ***Devote at least half a day to training distributors how to record. Individual attention is very important.***

Distributors should be asked to record the following for each household:

- census number of the household
- for each member of the household, record only:
  name, age, sex, number of tablets given, date.

Notes

Identify and manage severe and non-severe side-effects

Ask the participants to name all the possible side-effects they have seen, heard about or would envisage. Inform them about the correct and incorrect ones. Demonstrate and mimic the various side-effects. Ask participants to look at the pictures (if you have any with you) of possible severe side-effects of taking ivermectin,

- e.g. difficulties with breathing, and dizziness (cannot walk or stand by oneself).

Explain the following:

- "This medicine is very safe, but a few people can get sick after taking the tablets. This person (show a picture of someone) has difficulties breathing. The other person feels so giddy she cannot stand or walk himself/herself (show a picture). It will be very useful if the trainer can demonstrate the symptoms. It is very unlikely that anyone will have these reactions. However, if it happens, what do you think you should do?

Discuss the problem with the participants. The conclusion of the discussion should be that CDDs should get hold of the nurse or health worker immediately; or if there is transport, the person should be referred to the nearest health facility.

Explain that the tablets may also cause other non-severe reactions (**mild side-effects**), like itching, swelling, and body-ache. These reactions are often seen as signs that the medicine really works. They will disappear after a few (1-3) days, and are not dangerous. You can advise people to take paracetamol or any other pain reliever for the body-ache if necessary.

Notes

NOTE

Review treatment for each side-effect (mild or severe).

It is important that the CDDs inform people of the possible severe side-effects of the medicine at the time of the distribution. The CDDs need to give people they are treating the following information about possible side-effects:

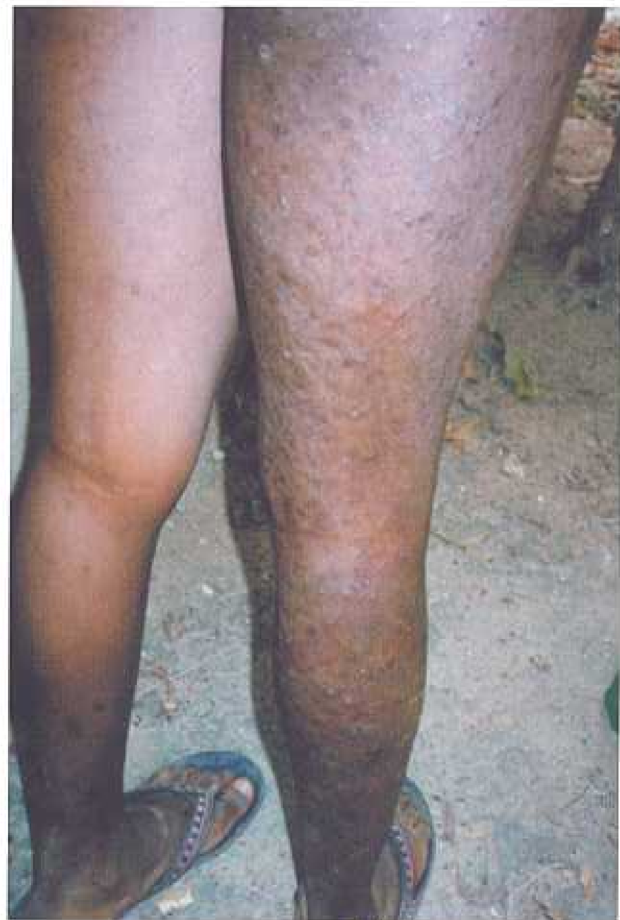
a) The drug is safe. Most people will not feel any problems.

b) If you feel any problems, talk to your CDD, who will advise you on what to do.

c) If you have trouble breathing, feel very dizzy or generally unwell, send someone to inform the CDD immediately.

The health worker should explain that staff at the health facility will treat and record all cases of severe side-effects. Explain that the CDDs may wish to record the number of persons who were reported with severe reactions in their community; that the non-severe (mild)reactions, like itching, swelling, body-ache etc., do not have to be recorded on the form or in the notebook. *It is the responsibility of the health staff to keep records on cases of severe reaction referred to them.* The health worker should be equipped to treat other health problems and advised on them during distribution.

The CDDs should also be informed how best to reach help for cases that need attention outside the working hours of the health staff. This is important in areas where the health staff live outside the premises of the health centre.



WHO/TDR/NGOUMOU

Benefits of ivermectin

Some people may also tell you that the medicine caused them to expel worms. This is a very common beneficial outcome of treatment.

In areas where distribution has been ongoing, encourage discussions related to previous experience on what the drug can and cannot do.

Teach the distributors to explain carefully that **ivermectin has beneficial effects** on the following problems caused by onchocerciasis:

- eye disease
- some early skin disease
- itching

Also, if asked by the community, CDDs should explain that **ivermectin does not reverse blindness or hanging groin or advanced stages of depigmentation and "sowda".**

Use of pictures by CDDs as health education tools

If the project has prepared pictures for health education, you can leave these with the CDDs for the period of treatment. Explain that the pictures can also be used in health education of members of the community.

For example, when explaining about severe side-effects, the CDD can show the pictures to the community members, and tell them to send someone to see him or her if they have these reactions. In addition, the CDD should demonstrate these reactions instead of using the pictures. Demonstration is very effective when done well. It can also be used in the training course, in addition to the pictures.

Similarly, sick people (or their families) can be shown a picture of a sick man not getting medicine, and the same man receiving the tablets when he is well. Discussing these pictures with the sick person and/or the family can help encourage them to report to the CDD for treatment when they are well again.

Notes

A person who is refusing to take the tablets can be shown a picture where a man refuses the tablets, and later comes back to receive them. The person refusing to be treated can then be assured that if he/she changes his/her mind, they can be given the treatment later.

The CDD should keep the notebook in his or her house, and use the pictures to discuss the distribution of ivermectin with community members who come to ask questions about the disease and the treatment.

Practice treating a household

and recording the results in the notebook, **as a role-play**. Each participant should take turn at being "The CDD" (or two can work in a pair, which is often the case in practice). The others should assign roles to themselves as men, women, the sick and children.

During the role-play, you should observe the following:

- Does the CDD follow the correct sequence of activity?
- Does the CDD ask the right questions?
- Does the CDD measure the person and determine the dosage correctly?
- Does the CDD record correctly in the notebook?
- Does the CDD inform correctly about possible side-effects?
- Is the CDD friendly and helpful?

Notes

Discuss each role-play along the following guidelines:

- First, ask the CDD (or CDDs) what they thought about their performance: was there anything they thought they should have done in a different way?
- Secondly, ask the group what they thought: what did the CDD(s) do well, and what could he/she/they improve on?
- Thirdly, you as a trainer should comment on positive points and what you think they should improve on (if the points have not been picked up already).

Training method

It is important to comment on the positive points first, and then the negatives ones. This practice makes participants more open to learning from what they did wrong.

If you have a big group of participants, it may not be possible to let everybody practice. If you do have the time, it is very useful to get as much practice as possible, for as many people as possible. This is when you discover if your training has been successful.

Summarize results

Explain that a treatment summary form, pictorial form or a notebook should be used for recording the results of the distribution in each community. It is the responsibility of the health worker or supervisor of the CDDs to complete the treatment summary or calculations where the CDD is unable to do so.

In order for an accurate summary to be produced, certain basic information needs to be available. This consists of the following.

Census data, which should be collected before the first treatment, including:

- total number of target communities
- total number of households in the target communities
- total population of the target communities

Notes

The summary treatment record should include, at a minimum, the following:

- number of tablets collected
- number of tablets used
- number of people treated
- severe reactions (referrals)
- mode of distribution

Summarize the day

Summarize briefly what you have done during the first, second, and maybe the third day, and ask if the CDDs have any more questions. Do this in steps, i.e. summarize a small section at a time; and then ask if there are any questions. Then go on to summarize the next step, and ask for questions. You should prepare the steps of the summary before the course (and if necessary adjust them during the course).

Ask at the end if there is anything the CDDs are worried about, and would like to discuss before they go back to their communities.

Supervision

Minimum supervision by the health workers is required in all Community-Directed Treatments. The supervisor's task is to assess the distribution exercise afterwards, the distributors work, and to gather information on cases of severe reaction after taking the drug. In particular, the supervisor should review the entries in the notebooks to ascertain if the distributor has kept to correct dosages and observed the exclusion criteria.

Supervision is the responsibility of the personnel of the health service.

Notes

Tasks for trainee CDDs

- *Practice at home*

  Give each participant a notebook or two recording forms for practising at home.

- *Carry out a census*

  CDDs should carry out a complete census of the community and pass the results to the health workers at the earliest opportunity. A copy of the census data should be kept at the home of the community chief/leader.

- *Train two more people in the community*

  Encourage the CDDs to train at least two other people in the community on how to distribute ivermectin. This is important to ensure continuity in the project. If any of the CDDs trained in the first year should leave the village, or become sick, for the next distribution, the distribution would be disrupted if there was no trained substitute CDD.

- *Coordinate collection of tablets*

  CDDs should be asked to organize, within their communities, the following:

  – how they will collect the drug and what means of transport will be used

  – when they will make the first collection

  – how they will inform the facilitation team that they are ready to make the first collection

In certain circumstances, where communities are remote or there are transportation difficulties, it is possible that it would be beneficial for the facilitation team to distribute ivermectin to the CDDs directly after the training, if a census has been carried out prior to the arrival of the team.

- *Giving the notebook or recording form to the health team*

The CDDs and the facilitation team should agree on when to give the completed notebook or recording form to the health worker at the health post from which the community will collect the drug. The form should be submitted as soon as possible after the main distribution.

Another alternative is for the health worker to collect the forms during his/her next routine visit to the community. If the date for the next visit is known, the CDD should be informed and asked to stay and hand in the community recording forms.

A new copy of the form or the notebook should be used to record the treatment of people coming back from travel, people who were sick and got well, and women who were in the first week of lactation during the distribution. The CDDs and the health worker should also agree on how long the period for "after-treatment" should be, and when the treatment summary form or notebook should be submitted, preferably not more than one month after treatment.

Follow-up on the distribution

If the CDDs are insecure about carrying out community distribution, the health worker or any member of the facilitation team can, at the end of the training, make him/herself available to attend the first part of the distribution (only at the invitation of the CDDs). This task should be presented as assessing and discussing the effectiveness of the training. The health worker (and/or the trainer) could attend a few distribution sessions in the communities to observe where the CDDs have problems. They should discuss these problems with the CDDs, and get suggestions on how to improve the training course for the next group of CDDs.

If a member of the facilitation team does attend the distribution, he/she needs to be very sensitive to his/her role. The CDDs are in charge, and the visitor is an observer who should not interfere in the distribution while it is going on. It is better to arrange for a break, where the health worker/or team member gives feedback: comment on the positive aspects first, and then on the aspects that should be improved. Be constructive, not critical. Be discrete.

If the trainer interferes unduly and, for example, openly corrects the CDDs dosage or information during the distribution, the CDD will lose face, and it will be difficult for the CDD to continue to carry out the job with the respect and the confidence of the community members. (The facilitation team member should also keep in mind that if the CDDs do not carry out the distribution well, it is most likely because the training course was not good enough).

Notes

Notes

The team member should look at his/her task as evaluating the effectiveness and appropriateness of the training programme, **not** the intelligence of the CDDs.

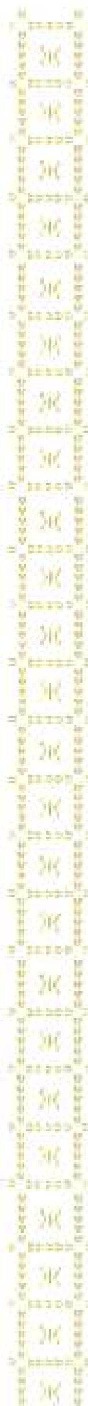
Notebooks

There should be three notebooks or forms for recording all data relating to ivermectin distribution.

- Notebook/Form 1:
  for recording census data (to be retained by community/village chief)
- Notebook/Form 2:
  for recording actual distribution of ivermectin tablets by CDDs (to be kept by CDD)
- Notebook/Form 2a:
  copy of Notebook/Form 2 (to be retained by health care staff)
- Treatment Summary Notebook
  (to be completed and retained by district health care staff)

Annex 1: Responsibilities of the Community

- Selection of distributors
- Collection of ivermectin from the health facility (e.g. health post, health centre, central collection point)
- Storage and safety of ivermectin
- Decision on the mode of distribution
- Directing ivermectin distribution within the community
- Decisions about incentives/compensation: decides whether or not distributors should receive incentives and covers all costs on incentives for distributors
- Record-keeping (distribution, non-eligibles, absentees, defaulters)
- Sending records/reports back to ivermectin collection point.



Notes

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Annex 2: The Pictorial Form

The pictorial form is for use in training distributors who cannot write or read but have been chosen by their communities. To train with pictorial forms, the facilitation team may arrange to spend more days than usually required with trainees who are fully literate.

The National Onchocerciasis Task Force may wish to develop pictorial forms with pictures more suitable for their communities.

Study the form with the participants

Give each participant a pictorial form and ask them to study it. After some time, explain that many people find it difficult to see what some of the pictures are meant to show. Ask if they have any questions about the pictures.

NOTE

Do not ask them to interpret the pictures, as this may feel like you are "testing their intelligence". If they are wrong, you will have to say so, and this can create an unpleasant situation. When you ask if they have any questions about the pictures, you leave it up to them to ask, and you may find out which pictures are difficult to understand (for some). This gives you an opportunity to explain these pictures very thoroughly when you go through the form.

Explain the pictures and the symbols on the form, one by one

Ask after explanations of each picture or symbol if there are questions. For some of the pictures you could ask if the people in the picture look like the community members where the CDDs come from. (Such a question will often bring out reservations or questions people have, which they may not bring out as an answer to a direct question.)

Recording dosage

Demonstrate how to record the different dosages on the pictorial form. Ask if there are many questions.

Let the participants practice in pairs how to fill in the form

Give them a specific task, e.g.

> *"you have treated 12 people with 4 tablets each, 9 people with 2 tablets each, and 10 people with 1 tablet each. How will you mark this on the pictorial form?"*

NOTE

Participants may forget the numbers you ask them to deal with. Give each pair a piece of paper with the numbers, which you should prepare before the course, or during a break. (The actual number you ask them to mark is not important, only that they have a set of numbers as a real task for the first practice.)

Move from one pair to another to work with them. Pay special attention to how they mark with the strokes against the appropriate dosages, and how they keep the marks within the boxes.

Notes

Training methods

When you help people, do not do the job FOR them, i.e. do not take over and just show them that you know how to do it and they don't. Encourage them to manage by themselves; ask if they have any problems, and how they feel they can solve them. Ask them to look at your model form if they need to (you should leave this form on a table or make copies available to all of them during this exercise).

This is difficult to do, and it takes time. Also, the result will not be as "PERFECT" as if you had interfered and shown them what to do. However, it is a more effective way of training people to gain skills. When the CDDs experience that they are able to manage filling out the forms by themselves (even if it is not perfect!), and that you TRUST that they are able to do the job, they will be very motivated. Your task as a trainer is to make sure they will be able to carry out their job with confidence when they are alone in their community without the possibility of asking you for advice.

Explain the need to record the treatment

For every person treated, the CDD has to make a line stroke on the floor or ground (e.g. with a twig) and ask them to practice making marks on the floor first. When they are doing this well, give them an arbitrary figure of e.g. 3 people, 5 people or 8 people treated, and ask them to make marks. Check the entry made.

BACKGROUND

The reason for asking them to draw on the floor or ground before drawing on paper, is that most non-literate community members are used to this method. When they count, they often draw on the ground.

Using their *familiar* system is a good "bridge" to using an *unfamiliar* system of marking the notebook, and will help make them confident that they can use the pictorial form– even if they are not used to handling paper.

Notes

Annex 3: A Good Facilitator

SHOULD:

- ✔ Establish a good physical setting, and create a good atmosphere in the group before starting
- ✔ Manage the group: encourage people to talk, and make sure everybody gets the chance to speak (subdue the dominators, encourage the silent ones, etc.)
- ✔ Build on people's responses, follow up questions, get to the "bottom" of an issue
- ✔ Listen to what people are saying, checking that she/he has understood by summarising what has been said
- ✔ Check that all participants are able to understand
- ✔ Be aware of nonverbal messages
- ✔ Use open-ended questions
- ✔ Give examples from your own experience where appropriate
- ✔ Acknowledge contributions, and reinforce good points either verbally or non-verbally

SHOULD NOT:

- ✘ Judge participants for what they are saying (either verbally or non-verbally)
- ✘ Interrupt participants
- ✘ Display his/her own opinion
- ✘ Encourage or accept power displays from participants (e.g. a nurse interrupting a cleaner)
- ✘ Show disrespect for anybody in the group
- ✘ Ignore anybody in the group

When observing a facilitator at work, you could use this checklist as a tool to determine whether or not she/he is doing a good enough job.

Summary of steps in Community-Directed Treatment with Ivermectin (CDTI)

STEP 1 Health worker pays a visit to community chief; secures appointment date for a meeting between CDTI facilitation team and community leaders. (It is advisable for the health worker to obtain an estimate from the district office of the population likely to be covered by the CDTI project, so that the required number of tablets will be available when the community decides to implement CDTI).

STEP 2 *Meeting of community chief/leaders and the facilitation team.* Set date for meeting with entire community.

STEP 3 *Meeting of facilitation team and entire community.* Selection of CDDs may be take place at this meeting.

STEP 4 *Allow community time to select distributors (CDDs)* from their own rank based on their own criteria. Community informs health worker and trainer (facilitation team) about *community's preferred date for training CDDs.*

STEP 4a If the facilitation team has information on the total population figure of the community, it should take an estimated number of tablets likely to be required for distribution to the community on the day of training.

STEP 5 Training of CDDs.

STEP 5a In cases where the facilitation team does deliver tablets during the training session, CDDs should begin distributing ivermectin as soon as possible after completing their training.

STEP 6 CDDs conduct census, record in notebook, and keep a copy in home of village/community leader.

STEP 7 Community decides on month and dates of ivermectin distribution.

STEP 8 CDD informs health worker/facilitation team about chosen date of distribution. If possible, CDD should collect ivermectin during the same meeting.

STEP 9 If the ivermectin has not already been collected, CDDs should collect ivermectin tablets from the health post on a date previously agreed with health workers.

STEP 10 Distribution of ivermectin by CDDs.

STEP 11 CDDs monitor adverse reactions, treat cases of minor reactions where possible, and refer cases of severe adverse reactions to nearest health facility.

STEP 12 Complete the treatment record notebooks/forms and return a copy to the post from which ivermectin is collected.

STEP 12a CDDs keep ivermectin tablets and treat, at a later date, those community members who did not receive treatment due to absenteeism, sickness, etc., making careful note of any such treatment.

STEP 12b Health worker during any future visit to the village monitors the CDDs' treatment record notebooks and updates the health post record accordingly.

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