

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL (APOC)

COMMUNITY SELF-MONITORING OF IVERMECTIN TREATMENT

A facilitator's guide

For Supervisors of Community-Directed Treatment with Ivermectin (CDTI)



Community Self-Monitoring (CSM) is a community-driven activity and should be promoted as such.

FOREWORD

The successful introduction of the Community-directed treatment with ivermectin (CDTI) approach as the main strategy for the control of onchocerciasis in the African region has been universally hailed as one of the most important legacies of the African Programme for Onchocerciasis Control (APOC). Onchocerciasis-endemic communities in the most remote end-of-the-road, and beyond, areas of the continent have demonstrated that if suitably empowered, they could and would effectively take charge of their health programmes. The concept underlying CDTI has now been extended to the all embracing one of community-directed interventions (CDI), so as to incorporate a diverse range of other community-based health care programmes such as, Vitamin A supplementation and the control of schistosomiasis, malaria, tuberculosis and lymphatic filariasis.

Furthermore, it has been clearly demonstrated, through operational research studies co-sponsored by APOC and the Onchocerciasis Operational Research Task Force of the Special Programme for Research and Training in Tropical Diseases (TDR), that onchocerciasis-endemic communities are capable of effectively monitoring their CDTI programmes, a task that hitherto has been the responsibility of staff of the supervisory frontline health facility. Thus the frontier of community ownership of their health care has once again been further extended. This process is referred to as community self-monitoring (CSM). There is every indication that, like CDTI, CSM would be readily adaptable to other CDIs.

This Guide is meant for use by health staff engaged in building the capacity of communities to enable them establish community self-monitoring.

APOC Management acknowledges the immense contributions of several persons and groups who have made this initiative possible. The teams of TDR/APOC sponsored scientists; the communities and their leaders without whose co-operation and understanding the relevant studies would not have been successfully conducted. In particular, Management wishes to place on record the contributions of Professor Oladele Akogun of the University of Yola, Nigeria to the early draft of the Guide, and Professor Oladele Kale of the University of Ibadan, first Chairman of the Technical Consultative Committee (TCC) of APOC, who accepted to closely follow and amend the work of the graphic artist and who also shared with the Management of APOC the editorial responsibility for the publication. Mr. John Nwagboso of Jamea Ventures, Ibadan, Nigeria, provided the graphic illustrations.

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This guide is for
District level staff in charge of CDTI
and
other Community-Directed Interventions



Planning and adequate preparation is a key to effective community self-monitoring

Community self-monitoring is a community-driven activity and should be promoted as such.

Health personnel in a facilitation exercise planning for CSM



THIS GUIDE WILL BE USEFUL TO:

1. *Guide the community to monitor and discuss its ivermectin treatment activities.*
Community self-monitoring what it is:

Community self-monitoring (CSM) is the process by which the community is empowered to oversee and monitor the performance of CDTI (or any community-based health intervention programme), with a view to ensuring that the programme is being executed in the way intended. It encourages the community to take full charge and make appropriate modifications as may be deemed necessary, on the basis of feedback from the reports of monitors. This Guide outlines the essential components of CSM, including planning, reporting and purposeful interactions with the community.

Regular interaction between health staff and the community is an opportunity for providing solutions to unforeseen problems as soon as they arise.



Health personnel speaking at a meeting with a group of members of the community and their leaders

Dialogue

Health worker: Attendance at our health education meetings continue to be good, but there were still too many absentees during the last ivermectin distribution. How can we improve on this?

Community member: During the last distribution, one CDD fell ill and another went to work in the city. We have already selected replacements for them and will ensure that there is no shortage of distributors next time. As for absentees, we shall try to ensure that all those who are eligible for treatment remain in the village and take the drug, on drug distribution days, in future.



2. Evaluate how well the community meeting exercise was done

Evaluation of the monitoring exercise, which is based on analysis of the report of monitors, is the key to understanding what needs to be done to improve programme performance.

For effective monitoring there is a need for frequent interactions with the community at every available opportunity so as to provide a feedback on the progress of the programme and allow members of the community to express opinions and make suggestions for improvement.



Four village monitors, with pencil and paper, in front of a hut, interrupt their meeting to talk to another member of their community passing by.

Dialogue

Village monitor: All eligible persons in your household missed treatment last year because you were absent from the village at the time and none of your people came forward to collect the drug. We hope this will not occur this year.

Community member: No it won't. I have arranged for my most senior wife to take charge whenever I am not around. And my neighbour and I have agreed to look after each other's family if either of us is not around during the CDTI. Besides, one of my daughters has been selected to be a CDD and I plan to be around for the ivermectin distribution this year.

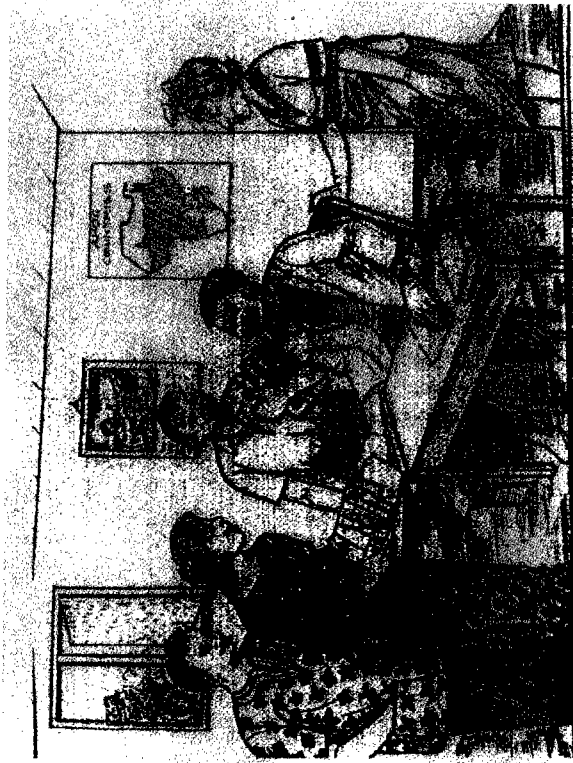
Village monitor: That is very good news. I will remember to mention this at the next meeting of monitors with the health officer. Have a nice day.

3. *Stress the importance of obtaining reports of treatment exercises for use by the Health Office.*

Good monitoring practices include the submission of all reports on time

All programmes depend for their effectiveness on well-kept reports that are submitted on time. Obtain reports of the last treatment exercise in the community from the monitors; review them with the monitors concerned before passing them on to the Health Office.

All persons directly involved with CDTI, in particular the monitors, should be encouraged to keep and submit their reports on time to enable rational decisions to be taken based on these reports and other sources.



Health personnel receiving reports from the monitors

Dialogue

Monitor: Here is the report from my community. Over 75% of persons received treatment with ivermectin. There were no serious side-effects and the CDDs were very well supported by their people. The people cooperated very well.

Health worker: Thank you. I will take time to read the report carefully, then we will all meet to consider the important points from all your reports. You did quite well as usual. I am sure the Chief would be very pleased at the way you all have performed creditably this year. Keep it up.

4. Provide regular feedback by discussing findings of the monitoring exercise with the community

Community participation and feeling of ownership are considerably enhanced by providing regular feedback to the community. The interest and compliance of members of the community with treatment in CDTI is more readily sustained through this means. Therefore always provide feedback at every available opportunity to the community in both formal and informal discussion sessions.

Be tactful in criticizing any shortcomings and generous in commending good efforts.

Ask for suggestions from the community on how to improve overall performance. Take note of their comments and, together with the community, use these in subsequent programme planning exercises. Indicate to the community how their previous suggestions have been used in subsequent exercises.



Dialogue

Health worker: Since you have noted that the work is too much for one CDD and I agree with you, what do you intend to do about it?

A villager: We have decided to select two more persons to be CDDs, a man and a woman, who, we hope, you will train for the job before the next distribution.

Health personnel discussing with the community the findings of the previous self-monitoring exercise.



5. Promote the use of Community Self-Monitoring in other programmes, which have built-in community participation

It is important to bear in mind the potential value and use of the CDTI Guide for other projects Always co-operate with other programmes operating in the area, which have built-in community participation.

Interest in the CDTI process may be shown by people engaged in projects in other sectors like family planning, malaria, TB, leprosy, schistosomiasis and lymphatic filariasis control. Copies of the CDTI self-monitoring Guide should be made available to such persons on request. Such interests provide valuable opportunity to promote the integration of the various programmes at community level.



Dialogue

Woman I too would like to have a copy of the CDTI Community Self-Monitoring Guide to adapt for my own disease control project please.

CDTI Officer: Of course.

Here you are. I hope you will all find it useful. Don't forget the village health committee meeting that has been scheduled for this weekend.

Staff involved in other sectors, such as malaria control, family planning etc. may request copies of the CSM Guide for use in their own programmes.

Characteristics of Community self-monitoring

1. When should it be done?

A community self-monitoring exercise should hold within 3 months of completion of ivermectin (Mectizan[®]) treatment. If the meeting is held within this period (3 months of treatment), most people in the community will remember how the distribution was conducted and provide accurate response to the monitors' questions.

2. What indicators should be included in the monitoring?

The indicators that should be included are those decided upon by the community at their meetings. Adjustments to these indicators would normally take place from time to time.

3. Who should be the monitor?

Anyone may be selected as a monitor by the community provided that:

- (i) There are on average four monitors per community of 500 persons and, ideally
- (ii) There is a fair, if not equal, representation of the sexes among those selected.

4. Should there be a report?

Yes, there should be a *written* report from the monitors to be submitted to the Health Office as soon as possible after all the necessary information have been collected.

The report may be in the local language. Do not insist that the report be typed. Keep the reports in labeled files for ease of access and reference in future.

5. Getting monitoring reports in on time and using them to improve performance

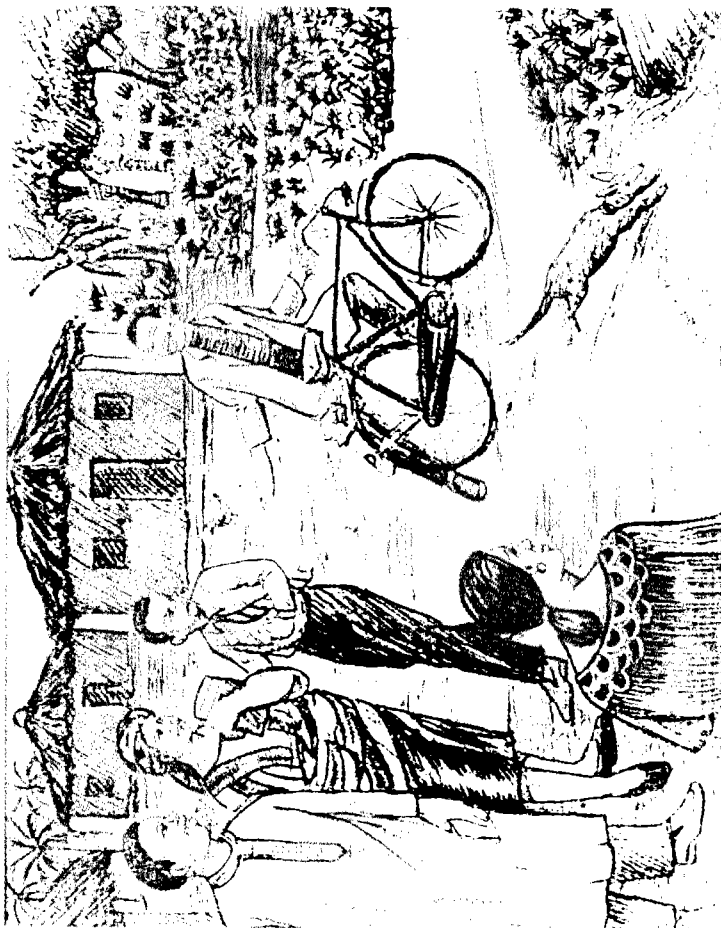
You may consider giving special commendation awards to the monitor who submits the best report and on time.

6. Should there be a meeting after the monitors have collected and recorded the information?

Yes, there should be a meeting of the community to discuss the information collected by the monitors. This would provide an opportunity for a feedback and direct interaction with the community.

CATER-COMMUNITY COOPERATION

Cooperation between neighbouring communities is a desirable feature of community self-monitoring and programme enhancement. It affords an opportunity for comparing notes and learning from one another's experience. It helps to foster and promote mutual cooperation.



Facilitator (with bicycle) on his way to attend a neighbouring community health development meeting.

Dialogue

Facilitator: I am off to the next village to present our CDTI Community Self-Monitoring report at the monthly neighbourhood community health development meeting. Is anyone willing to come along?

Community member: Not today thank you. Take care. We shall expect you to give us a feedback when you return.

Facilitator: I sure will. See you later.

What and How to Prepare for Community Self-Monitoring

STEP 1

1. Identify the community which will be facilitated. Five communities are suggested per facilitator for effectiveness.
2. Send message to the community informing them of your intention to visit
3. On arrival:
 - Choose a mutually convenient day and time
 - Mention those who should be present at the meeting (village chief/head, community leaders, religious leaders, the CDDs, Community secretary, leaders of community-based organisations, teachers, leader of market women etc.)
4. Obtain information about the performance of the community in the previous distribution exercise before the meeting, such as:
 - Number of people in the village
 - Number of people in the village that were treated
 - Number of people in the village that were absent or refused treatment
 - Reasons for absence and refusal of treatment during distribution
 - Number and sex of active CDDs
 - Nature of community support for the CDDs in particular and the programme in general



Obtain information about the community through interviews with community members.

Make sure that you have all the information needed on the community.



STEP 3

3.3.3.3. *Community Leader and Representatives of Community Organisations (CBO)*

(Including the village chief, other community dignitaries and leaders of religious and social groups, CBOs and others selected by the community).

1. As much as possible make sure that the community leaders, including those earlier listed, attend the meeting.
2. Briefly commend them for their effort to get rid of onchocerciasis in the area and their support for the distribution exercise.

3. Discuss:

- The level of awareness and acceptance of the programme by the community.
- The need to assess how well the community performed during the most recent distribution exercise, as compared to its neighbours and previous distributions in the community.
- The responsibility of the community to ensure that individuals comply with treatment, which would thus be reflected in the overall performance/compliance of the community.
- The benefit of CDTI to the health of every member of the community directly or indirectly and the overall health, productivity and development status of the entire community.

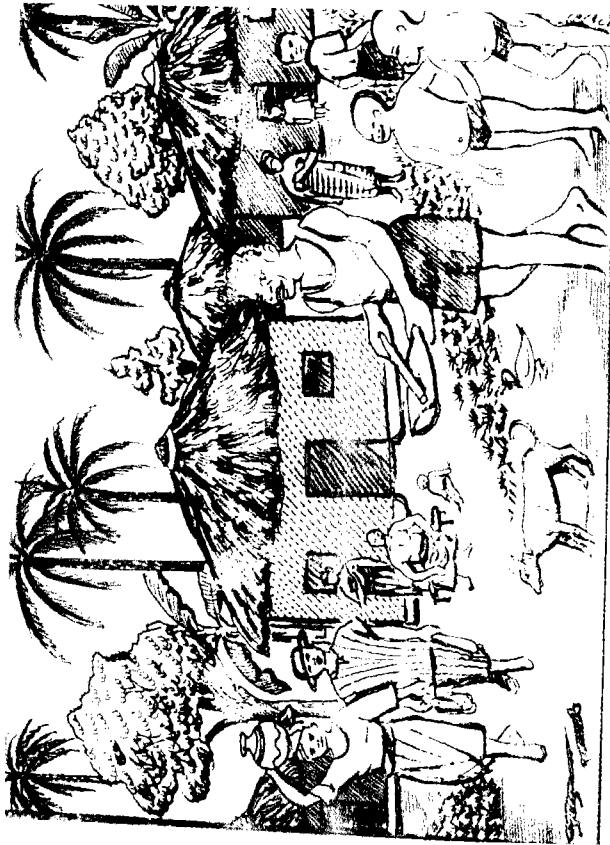


Figure 3. The community leader and representatives of community organisations at the meeting.



The success of community self-monitoring depends on adequate information exchange between monitors/facilitators and the populace

1. Mention that it is necessary to understand how satisfactorily or unsatisfactorily the last distribution exercise was conducted.
2. Explain that the best way to assess how well things are done is for them to review the treatment exercise themselves.
3. A community meeting is necessary (i) to review their performance and determine what methods to use for doing so; (ii) to discuss the previous ivermectin treatment and (iii) to prepare for the next exercise.
4. Emphasize that the entire community should be encouraged to come for the meeting.
5. Agree on a day when the meeting will hold.

It is often useful to have special meetings with representatives of various interest groups such as religious/social leaders, community chiefs and elders, market women leaders, teachers etc. as this would enhance the dissemination of relevant information through credible and trusted sources, and promote



Community leaders and representatives of the people at a

Dialogue

Health Worker: We will appreciate if you could inform members of your groups about the arrangements we have just discussed for the next CDTI exercise. Please bring back to our next meeting their opinions and suggestions so that these could be incorporated into the plans for the monitoring exercise.

A Leader: Thank you, we will do so. Meanwhile we have already received nominations for two additional monitors, one man and one woman, so as to make the work load of the present set of monitors less arduous. The new nominees have been told to meet you for briefing after this meeting.



STEP 3

Facilitate a Community Meeting

1. Arrive early on the agreed day
2. While waiting for the meeting to start, assist the community to draw up an agenda that conforms to the way they normally conduct such meetings. For example:
 - A community member opens with an introduction that includes reasons for the meeting.
 - Another community member introduces the facilitator (yourself) and those who have accompanied the facilitator (you) from the District/Local Government office.
 - A community leader leads discussion on the process of carrying out the community monitoring and review exercise.
 - Any other issue the community may wish to include in the agenda for discussion

Although the agenda need not be written, you may wish to consider having it so.

3. Get the community to select one of its members to take notes of the discussion.
4. During the meeting
 - Allow the community members to introduce the topic and agenda of the meeting
 - It is generally preferable to wait to be invited by them to speak before doing so.

Listen attentively, advise and help the community members of the meeting.
Remember that the meeting is theirs.



STEP 4

Explain the need to review the treatment exercise

1. Greet and commend community leaders and members for the effort to wipe out onchocerciasis from their community
2. Remind the community that it is not enough that an individual has received and swallowed the drug. It is also important to ensure that all eligible members of the family and neighbours have done so too.
3. Find out if the community members know why self-monitoring is necessary
4. Explain that it is not necessary for you or any one from outside the community to come and find out these things before they do so themselves. They can collect information that will help to find out how well they did in the last treatment exercise and how they can improve in subsequent exercises.

Allow the community to discuss and decide the indicators of interest to them.

5. Ask if there are other indicators besides the ones just mentioned by them
If they do not mention any other of the following indicators, ask them to consider the need to obtain information on:
 - How many people live in the village (every one should be counted)
 - How many people received the tablets
 - How many people refused the tablets or were absent during treatment.

Take note of the indicators that have been selected by the community

6. Suggest that they select from among their members, from both sexes, those who would act as monitors of the treatment exercise and help organise this type of meeting to discuss ways of improving performance.



7. Selected monitors will assist the community to:
- Collect information on the indicators they had included above
 - Arrange a community meeting (like this one) to discuss the findings of the moderators and to take decisions on how to make the next treatment exercise better
 - Report to the health office about the information they obtained and inform the community to keep a hard copy.



A community meeting with people listening in rapt attention to the facilitator.

Dialogue

Facilitator: I believe your representatives have reported back to you on our deliberations on the reports of the monitors. From these reports, on the last distribution exercise, it is clear that a few changes will need to be made to ensure better performance. This includes better support for the distributors and arrangements for ensuring that ivermectin is collected promptly from the health post. Any useful suggestions would be welcome on these or any other topics that any of you may wish to bring up.

Villager: We appreciate what you have been doing for us, but when can we expect the next supply of ivermectin? Most of my troublesome itching has stopped since I first took the drug two years ago. I am keen to take them again.

Facilitator: Am pleased to hear that. The decision on when it is best to distribute ivermectin is yours. My duty is to inform the health post so that the drug can be available in time for the next distribution dates you agree on.



8. Ask a member of the community to summarise the main points of the message (you may provide hints on the information they need to collect, how many monitors they selected, what reviewers will do etc.) Encourage as many people as possible to participate in the discussion.



Facilitator standing in the background while a community member addresses the community.

Dialogue

Community Leader: I suggest that we recruit an additional woman distributor to look after women's interests. Also, that we provide additional support for all distributors. I will donate one bicycle for the new CDD, and two padlocks for the store.

A villager: I suggest that CDDs should be exempted from the school levies recently introduced by the community.

Many voices: Good idea. We agree.

9. Give them time to reflect on the discussion and to select monitors. They should inform you when they have decided.
10. Thank them for their attention and useful contributions and their attendance at the meeting. Remind them of the date of the next meeting.
11. Leave the meeting while they deliberate among themselves, but remain near enough for them to recall you if and when they want you back.

It is important for monitors to find out specifically why eligible individuals did not receive treatment. Such information can usually be reliably obtained from heads of households or their spouses.



STEP 4

Hold a brief meeting with the monitors before leaving the village

1. Thank them for accepting to be monitors
 - Mention the importance of their role in CDTI and other programmes
 - Repeat, with emphasis, the messages you gave to the community
2. Explain that the responsibility of the monitors is to:
 - Collect the information required by the community, and include these with those to be passed on to the Health Office
3. Arrange a community meeting to discuss:
 - Their findings
 - What the community will do to ensure that all the eligible persons receive treatment
 - Support that the CDDs will need to enable them to do their work (e.g retraining, someone to record or help with accounting for the use of tablets)
 - A plan for the next treatment exercise
 - The provision of a copy of a written report containing all the information to the Health Office.

Community members to keep a copy of the CSM report in the village

4. Request that they give you the date they will carry out the monitoring meeting for you to attend. Remind them that they must first collect the information required before the community can hold a review meeting.

STEP 6

Attendance at the community (feedback) meeting

1. Arrive early. Do not interfere with any of the arrangements already made.
2. Remain in the background during the meeting.
3. Take notes as the discussion proceeds.

Record the following, using, as guide, the form in Appendix 1.

Population of the village

Number of people treated

Number of people reported to have been absent

Number of people said to have refused

Note their plan for addressing the problem of coverage, participation of members and looking after the interest of the CDDs.



A community feedback meeting in session

Encourage and commend good record keeping and performance by monitors

Check to make sure that they have copies of their reports in the community notebook or file. (This would be needed for making comparison of performance between years.)

Collect their reports as they are, for the District/Local Government Office.

4. Complete your record form using the information in the reports.
5. If requested to speak, commend their performance and enjoin them to carry out their plans to improve coverage and ensure increased community participation.
6. Advise them to bring up outstanding issues requiring inputs from other partners(e.g. at stakeholders meeting, if it

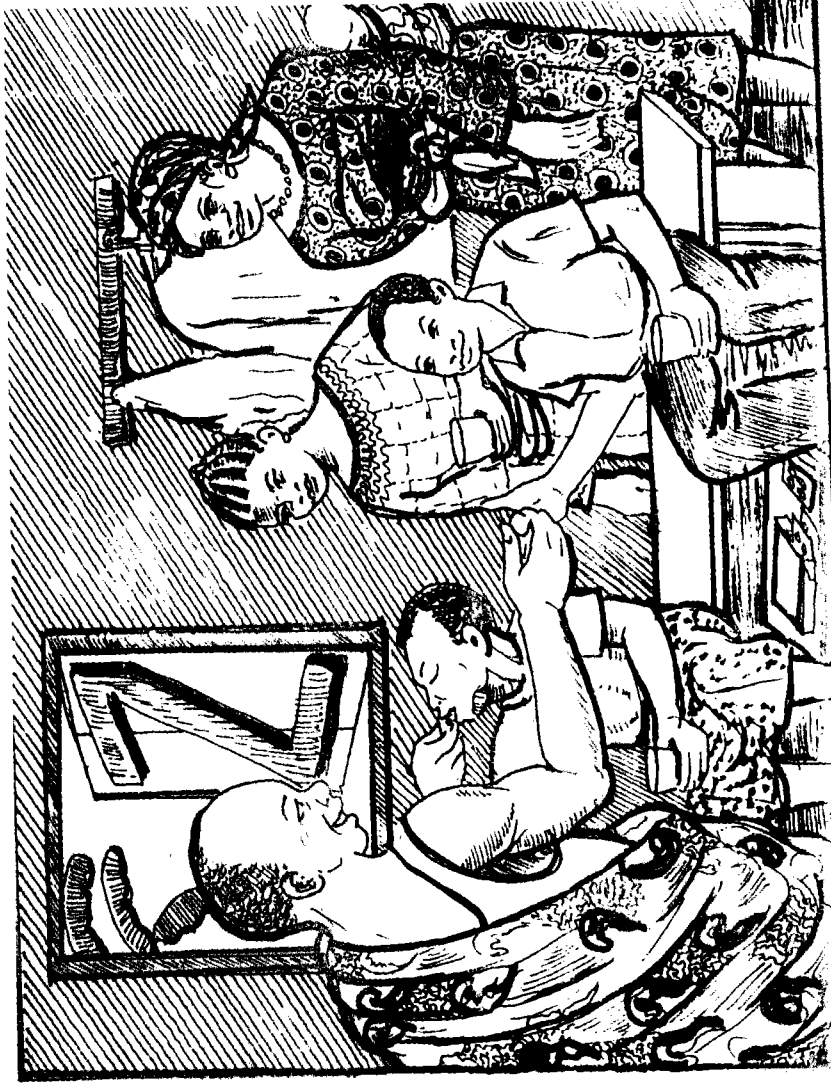
Dialogue:

Facilitator: We are very pleased with the success of the monitoring exercise. The credit goes to you all and the team spirit with which you worked. We hope further improvement would be made next year.

A monitor: Thank you. We are happy to have been of use to the community and will be pleased to continue next year.



Facilitator thanks the community monitors for a job well done



Distribution of ivermectin in a family setting

Community Self-Reporting Form

Appendix 1

State/Region..... Date

District/LGA.....

Name of Community

Name(s) of Monitor(s)

.....

.....

Indicators	Number	$\% = \frac{\text{Number}}{\text{Population}} \times 100$
Population is number of people in the village (to know the population the community needs to count everybody in all the households)		Not applicable
Number of people who received ivermectin, and swallowed it. (Treatment Coverage)		
Number of people who were absent during the distribution of ivermectin (Absentees)		
Number of people who refused treatment (i.e. did not want to take the tablets) (Refusals)		
Number of people denied treatment because of illness, lactation etc.		
Number of CDDs		Not applicable

HOW TO IMPLEMENT COMMUNITY SELF-MONITORING			
STEPS	ACTIVITY	WHO WILL BE RESPONSIBLE FOR THE TASK?	WHEN WILL THE TASK BE COMPLETED?
1.	<ul style="list-style-type: none"> ❖ Hold a planning meeting with District Health Management Team (DHMT) and ONCHO coordinators. ❖ Develop a plan of implementation of CSM for each approved project. 	<p>Project onchocerciasis Managers (MoH & NGDO) including district onchocerciasis coordinators.</p>	<p>Three (3) months before the distribution of ivermectin (Mectizan®.)</p>
2.	<ul style="list-style-type: none"> ❖ Hold a planning meeting with Frontline Health Facility (FLHF)/sub-district staff. ❖ Develop with HA staff a Plan of implementation of CSM. ❖ Training Frontline Health Facility/sub-district staff on facilitating behaviour. ❖ Determine proportion of communities in which CSM will be initiated each year. (Optional: only for projects with many communities) 	<p>District Health Management team and FLHF staff.</p>	<p>Two months prior to distribution of ivermectin</p>
3.	<ul style="list-style-type: none"> ❖ Before you visit the community, gather information about the community's last treatment coverage and performance. ❖ Arrange a visit to community 	<p>Frontline Health Facility/Sub-district Personnel.</p> <p>District Health Management team and FLHF personnel that</p>	<p>Within two months after completion of ivermectin treatment.</p>



STEPS	ACTIVITY	WHO WILL BE RESPONSIBLE FOR THE TASK?	WHEN WILL THE TASK BE COMPLETED?
❖ ❖	<p>Hold a meeting with community leaders and representatives of CBOs. If any other group (religious and/or social) express interest, meet them and advise on their role in the CSM.</p>		
4.	<p>Facilitate a community meeting: - Always begin with commendation; - Find out if community members know why CSM is important and what the community and individuals will gain; - Allow community members to discuss and decide the indicators; - Allow them to choose the monitors.</p>	<p>FLHF personnel. There should be spot supervision by District Oncho coordinators. FLHF personnel shout NOT direct the community Meeting They should take a <u>back seat</u></p>	<p>Within two months after completion of ivermectin Treatment.</p>
5.	<p>Meeting with monitors</p>	<p>FLHF personnel (Supervision by District Oncho coordinators)</p>	<p>About two months after completion of ivermectin treatment</p>
6.	<p>Find out the date the community will carry out the CSM. Before leaving the community arrange a meeting with monitors/moderators to discuss their findings. Explain to monitors how to write reports Monitors/moderators should be asked to write simple reports and in a language of</p>	<p>FLHF personnel and community selected monitors. FLHF personnel</p>	<p>CSM should take place not later than 3 months after mass treatment. You should not wait for ALL absentees/refusals to receive treatment before initiating CSM.</p>

STEPS	ACTIVITY	WHO WILL BE RESPONSIBLE FOR THIS?	WHEN WILL THE TASK BE COMPLETED?
	Request to be informed about the date the community will hold a feedback or stakeholders' meeting. Remind monitors they should collect the information and prepare a simple report before the date of the community's feedback or stakeholders' meeting.	FLHF personnel and monitors	As soon as the monitors complete the work
8.	Community holds CSM - Decides on what information monitors should collect; - Decides on the number of monitors to undertake the task; - Select monitors; - Agree on the date to hold the feedback or stakeholders' meeting.	Community chief, Community leaders and monitors	Not later than 3 months after ivermectin Distribution
9.	Attend the community feedback or stakeholders' meeting.	FLHF personnel Optional for District staff.	After CSM has been carried out by the community
10.	- <i>Challenge:</i> There are several communities, hence FLHF staff cannot be present at all the community feedback meetings. Determine what proportion of the health staff should attend.	FLHF personnel	NOTF to decide

Feedback meeting is a meeting by the community involving only the community leaders and members.
Stakeholders' meeting is one attended by frontline health facility staff and the community leaders and members.



HOW TO USE THE RESULTS OF CSM EXERCISE

1. Every year, discussion on CSM should be an agenda item of the Local Government/District Health Management Team and the State/Provincial/Regional Health management meetings after mass distribution of ivermectin.
2. At these meetings review the objectives set out for implementing CSM.
3. Were the objectives achieved in each District? If not, identify the causes and discuss possible solutions. *Prepare a plan to address the problems and agree on deadlines of implementation.*
4. For communities that carried out CSM, ask each LGA/district team to summarize the reports of the monitors.
5. The presentation of the LGA/district team should include a table similar to that in the Guide on CSM.
6. Compare treatment figures, absentee, and refusals rates reported by monitors with that in the CDD registers.
7. Appraise your performance and those of the communities.
8. Collectively determine which districts need more attention in the next treatment cycle.
9. Discuss data management and presentation.
10. Report projects performances at NOTF review meetings. Collate data of all LGAs/Districts and prepare a summary for each project's Annual Technical Report to the TCC and other partners.
11. **Use the CDTI community self-monitoring also for other health interventions such as vitamin A supplementation and Immunization programmes.**



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