

AFRICAN PROGRAMME FOR ONCHOCERCIASIS CONTROL



INDEPENDENT PARTICIPATORY MONITORING OF CDTI PROJECTS

GUIDELINES AND INSTRUMENTS

October 2002

GUIDELINES

1. MEETING WITH PERMANENT SECRETARY, WHO REPRESENTATIVE IN THE COUNTRY, AND CHAIR OF NOTF

Brief the WR on the mission

Fix date for debriefing session with WR

Fix date with Permanent Secretary or Director of Disease Control or Chair of the NOTF (which ever is applicable), preferably before proceeding for field visits. Give executive summary of the report during the debriefing.

If the project is in its fourth or fifth year, debrief WR, Permanent Secretary or Director of Disease Control, NOTF Chair, on the evaluation findings and whether or not actions have been taken.

1b. DEBRIEFING MEETING WITH PROJECT MANAGEMENT TEAM

Fix date for debriefing Project Management team

The meeting will be attended by the Director of Disease Control/Health Services, National Onchocerciasis Coordinator (where applicable), Project Coordinator and Team members. During the meeting it is advisable that the Project Coordinator be the one to take the minutes.

Debrief the District/LGA administration of findings of the monitoring exercise.

2. MEETING WITH NATIONAL COORDINATOR & NGDO PARTNER (Hqs).

Discuss objectives, modalities for selection of site, local guides and field activities.

Plan field activities.

Discuss logistics and other needs of the monitoring team

For third, fourth and fifth year projects; in debriefing draw attention to recommendations in previous monitoring and evaluation exercises.

3. MEETING BETWEEN EXTERNAL AND INTERNAL MONITORS

- Train monitors on instruments, data collection procedures and analysis (2 days)
- Develop Plan for field activities.
- Develop a template for data entry.
- Qualitative data, draw attention to narratives from FGDs that will be included in the report.

4. MEETING WITH PROJECT TEAM AT STATE / DISTRICT LEVEL

Discuss objective, selection of site and field activities.

Select villages to be visited.

Monitors should be allowed 2 days in the district to select and train local guides (SEE SECTION B)

Select local guides who are capable of working in the selected villages

Train local guides to understand the instruments (especially concepts like **mode** and **time** of distribution, **community perception** of CDTI, **community role** in CDTI, the concept and responsibilities of the health system)

Plan to send advance messages to selected villages. It is advisable to inform communities not more than three days prior to arrival of the team

Discuss logistics and other needs of the monitoring team

The monitors should, as soon as training of local guides has commenced, share out responsibilities among themselves, in order to save time.

METHODOLOGY

Sample Selection

A minimum of 30 villages must be selected by random sampling based on the Rapid Epidemiological Mapping for Onchocerciasis (REMO)). Please ensure that villages selected are spread across a minimum of 3 endemic Sub – Counties/LGAs/ Health Sub-Districts which are randomly selected within the project area.

Data Collection

A. Monitors

There will be a total of 7 monitors made up of two external, four internal and one community members. One of the internal monitors will be an NGDO or Project Coordinator whose project is not being monitored. The NGDO monitor cannot monitor their counterpart NGDO project in another country. Both external and internal (except community member) monitors will be involved in data analysis and report writing.

B. Local Guides

Each team will work with two local guides, one from the project and the other from the community. Please note the community member is an official members of the monitoring team should participate in conducting interviews for the household survey. Where necessary a project implementer can be required to act as the local guide in another project area.

C. Checklist of Instruments and sample sizes

<i>Instruments</i>	<i>Sample</i>
1. Village leader Interview Questionnaire	30
2. FGDs Guide	6
3. Community Meeting Guide	4
4. CDD Interview Questionnaire	30
5. Household Survey	30
6. Health Personnel Interview Questionnaire	6 or more
7. Interview Guide for Policy Makers/WR	as applicable

Seven instruments must be administered:

1. Key informant interview of village leader.

This instrument is to be administered to the village head or a representative of the village head. The head can ask another person to assist with the interview and to even have a say during the interview. Do not refuse. Most of the questions are structured. **Circle appropriate codes.** Do not prompt the responses; rather allow the respondent to answer while you circle the appropriate option to the respondent's answer. Listen to the chief and choose among the items provided. If he says something different select 'Other' and write the actual response in the space provided.

2. Group discussions guide among community members

Conduct focus group discussions for women in six villages, one of which will be targeted at minorities (settlers, non-indigenes, pastoralists, women in seclusion, etc). The six villages where the group discussions will be conducted must be purposively selected to represent geo – ethnic considerations.

Ideally, each of the selected villages must be informed that the group discussions will only be for women before the monitoring team arrives in the village.

Arrange for a comfortable place that offers some privacy and enough places to sit. Each group must consist of 6-8 people.

3. Community Meetings

Community meetings should be conducted in 4 villages that are purposively selected also to take care of geo-ethnic considerations. The 4 villages selected must not be among those where group discussions are conducted.

The recommended community meeting should have *at least* 30 community members (15 women and 15 men). This is to emphasize the need for attendance of a substantial number of both men and women.

Planning/Preparation

The day and time for the meeting should be determined in consultation with community members.

The community leader should be informed that all community members (men, women and youths) should attend this meeting. Therefore, the decision on the convenient day and time for the meeting should be made in consultation with community members in order to allow all sections of the community to attend.

Location of the meeting

Community meetings should not be held near the roadsides and trading centres nor in order to minimise the number of persons from other communities that would attend the meeting. In some places community meetings may not be conducted on market, funeral and other ceremonial days to enable most community members to attend.

Facilitating the meeting

- The team should arrive before the agreed time
- Make use of the participatory approach.
- Request the community members to select 2 men and 2 women to assist in counting responses to questions related to issues like :
 - total number of men and women in attendance
 - treated,
 - received health education,
 - participated in selection of CDDs
 - decided on the period of distribution
 - supported the CDDs, and
 - those that will continue taking ivermectin.
- Community members and visitors should be seated separated so that data is collected only from those who reside in the selected community.
- A good facilitator should be assigned the task of facilitating discussions after the community leader or his representative has made the introductions and invited the team to talk to his/her community members.
- The CDDs, health workers and other key persons involved in the CDTI should be assigned the task of recording minutes. This makes them feel appreciated, but it also prevents them from interfering with certain responses they do not like.
- It should be made clear before the meeting begins that **the objective is not to find fault** with what has been done but to improve the overall CDTI implementation process. Participants should therefore be encouraged to freely express themselves during the meeting. All contributions are welcome.
- The facilitator should purposively encourage women, youth, and other disadvantaged individuals or groups to participate in the discussions. Sometimes it may be necessary for the CDDs or the community leader to give explanation on certain relevant issues as deemed appropriate.
- The facilitator should encourage exchange of views among community members without losing control of the meeting.
- After administering the question guide, the facilitator should allow the community members and visitors to ask questions. It is important that a key person who has been involved in the project implementation is available to answer relevant questions.

- After, the facilitator should thank community members for their contributions and then hand over the meeting to the Community leader for closing.

4. In-depth interview of CDD

This tool should be administered in all villages. Where a village has more than two CDDs, at least two should be interviewed. The in-depth interview is to be administered in the same manner as the key informant interview. At the end of the interview ask the distributor to get his tools: measuring stick, registers and remaining drugs. When a question requires multiple responses, do not forget to circle each appropriate response code.

5. Household Survey

This instrument must be administered in all the thirty (30) villages. A minimum of 10 households should be surveyed in each village. In a village with less than 10 households, survey all households. Otherwise, select the household in such a way that all the different parts of the village are adequately represented. Every member of the household should answer the questions. First, get from the head of household (male or female) or his representative the names of all members of the household. The head of household or any member of the household can answer for members who are absent and for the children.

If, in the absence of household head, the wife refuses to respond, go to the next household. Similarly, if there is no respondent in a selected household, go to the next household. For each person put the code corresponding to the answer in the required column. To ensure fair representation of women and girls among interviewees, it is advisable to include women as members of monitoring teams.

Cross-checking accuracy of dosage

In a minimum of 5 villages, efforts must be made to crosscheck accuracy of dosage. This will be achieved by taking heights of 5 randomly selected individuals and comparing the ideal number of tablets with the actual number of tablets given by the CDD.

Household Members participation

In addition to the tasks earlier mentioned, use the household members participation section of the Household survey to collect information from the household head, two women and a youth of either sex.

6. Questionnaire for health personnel

This questionnaire is administered on **any health worker in the area who is directly involved in CDTI programme i.e. the health staff nearest to the village**. The number of health personnel to be interviewed depends on the situation on the ground. A minimum of 6 health personnel who are supervisors of CDDs should be interviewed within the project area. After the interview ask the health personnel for the documents used for CDTI activities.

7. Interview guide for policy-makers/ WHO representative/ Programme Managers

This interview is administered on Co-ordinators, Programme managers, representatives of NGOs involved in CDTI, Ministry of Health policymakers (e.g. chair of NOTF) and the WHO representative in the country. Where appropriate, documents such as registers should be requested before the formal interview so that information can be extracted for the report

Treatment Register

In addition to the instruments, treatment registers must be examined to obtain relevant information on:

- Total population
- Number of children under 5 years of age
- Number of people 5 years and above treated
- Number of refusals
- Number of absentees
- Number of ineligible

- Evidence of Up-date of census records

Also, the treatment registers should be examined for accuracy of recording. Avoid collecting information from the summary page.

D. Information for Trainers

This guide is to provide some instructions for using the different monitoring instruments. The trainer should begin by discussing the APOC philosophy and the CDTI process and describing what is expected of programme implementers. The trainer should explain in very clear terms the meaning of certain concepts in the local language assisted by the internal monitor:

1. **CDTI**: the process of entering the community, the role of the community in design and implementation, (the difference between CDTI and CBTI should be discussed).
2. **Time of distribution**: the season or the month
3. **First distribution**: note that distribution may have been on-going in the area using other methods. First distribution refers to the first time the community will use CDTI approach
4. **Last distribution**: this refers to the most recent distribution of ivermectin within the community. It does not refer to the last time the individual was treated but the last time the entire community had their general distribution
5. **Mode of distribution**: this refers to the method of getting the drug to every individual within the community e.g. central point, house-to-house or a mix central and house-to-house.

It is very important that the trainees have a general understanding in the local language of other terms that are frequently used by the community (e.g. Oncho programme, Mectizan /Ivermectin tablets).

At the beginning the trainer should briefly explain the objectives of the monitoring exercise and the importance of collecting accurate data. The trainer should ensure that the trainees practice interviewing and note-taking during the training period. Every participant should take part in role-play and in learning to use the various instruments. Trainer should demonstrate how to CIRCLE the appropriate responses, especially the multiple responses.

It should be emphasised that the interviewers and group discussion facilitators should not be in a hurry even if there is some delay at the beginning of the exercise. They should take time to listen carefully to the responses and to probe or repeat the questions when they are not well understood by the respondent.

E. Other Issues

To avoid delay, it is recommended that the team send an advance notice (not more than three days before arrival) to the village head so that all the persons needed would be around when the team arrives in the village. Be on time if you have made an appointment. Do not delay or change the appointment without giving any information to the community.

The team should feel free to utilise funds approved for report preparation or contingency for data entry and analysis.

F. Reporting Format for Independent Monitoring Team

EXECUTIVE SUMMARY

INTRODUCTION

- Brief background of the Country and Project including the NGDO Involved in the project
- Indicate extent to which the recommendations of previous monitoring and evaluation exercises were implemented.

- Terms of Reference

METHODOLOGY

- Sampling
- Selection of villages
- Instruments
- Limitations
- Data Analysis

RESULTS

- Community participation and programme ownership
- Mectizan supply, collection and distribution
- Coverage
- Work CDDs
- Health Education/Mobilisation/Sensitisation
- Gender Issues and Minority groups/non-indigenous
- Training, monitoring and supervision
- Integration
- Partnership
- Resources

Community-self monitoring (**Indicate whether the project initiated community-self monitoring and how many communities are doing community self-monitoring**).

IMPORTANT: Qualitative information collected during community meetings and focus group discussions must be used to reinforce the quantitative data in the final report.

DISCUSSION AND CONCLUSIONS

According to indicators comparing findings with CDTI expectations, and drawing lessons learnt.

RECOMMENDATIONS

ANNEX

1. List of indicators
2. List of Instruments
3. Guidelines
4. Other attachments including graphs, charts, histograms, maps
5. Debriefing sessions with NOTFs and Country WRs

INDICATORS FOR INDEPENDENT MONITORING

1.0 Community participation and ownership

- 1.1 Proportion and number of target communities, which decided on the period, or method of treatment.
- 1.2 Proportion and number of target communities where the “community” selected their own CDD.
- 1.3 Proportion and number of target communities where all segments of the community including minorities that are involved in implementation.

1.4 Proportion and number of communities where community members carry out mobilisation, distribution and reporting.

1.5 Proportion and number of target communities which collected ivermectin from collection point/the health centre.

2.0 Mectizan Supply, Collection and Distribution

2.1 Proportion and number of communities/projects that experienced late supply or shortage of ivermectin.

3.0 Coverage

3.1 Proportion and number of refusals two months after distribution

3.2 Proportion and number of absentees that were later treated

3.3 Proportion and number of at-risk villages treated

3.4 Proportion and number of persons 5 years and above who receive ivermectin.

4.0 Work of CDDs

4.1 Proportion and number of communities where CDDs were changed by the community after treatment

4.2 Proportion and number of CDDs with measuring device for height

4.3 Proportion and number of communities with accurate treatment registers

4.4 Proportion and number of CDDs who had stopped carrying out CDTI activities

5.0 Health Education , Mobilisation and Sensitization

5.1 Proportion and number of communities which received education about importance of extended ivermectin treatment

5.2 Proportion and number of district/LGA policy makers who have been sensitized on CDTI

5.3 Proportion and number of community leaders that have been mobilized for CDTI activities

5.4 Proportion and number of community leaders that are involved in mobilisation /health education / supervision for CDTI activities

6.0 Training, Monitoring and Supervision

6.1 Proportion and number of communities with trained CDDs

6.2 Proportion and number of communities whose nearest health facilities have “severe adverse reaction” records

6.3 Proportion and number of target communities that were supervised/monitored during the last Mectizan distribution

7.0 Integration

- 7.1 Proportion and number health programmes which have adopted CDTI approach to the health services
- 7.2 Proportion and number of districts/LGAs that have CDTI integrated into annual plans/budgets
- 7.3 Proportion and number of health workers who combine CDTI with other health activities.
- 7.4 Proportion and number of target communities which undertook integrated community self monitoring

8.0 Gender Issues and Minority groups

- 8.1 Proportion and number of communities where there are female CDDs.
- 8.2 Proportion and number of health workers who are females
- 8.3 Proportion and number of communities that recognised that females could be CDDs.
- 8.4 Proportion and number of women that attend health education meetings.
- 8.5 Proportion and number of women who were treated during the last distribution
- 8.6 Proportion and number of health workers who participated in selecting the CDD
- 8.7 Proportion and number of women who participated in deciding the day of distribution

9.0 Partnership with NGDOs, CBOs, Districts, sub-counties or health sub-districts

- 9.1 Proportion and number of local partners, NGDOs and CBO providing technical support (training, health education, etc) at different levels
- 9.2 Proportion and number of partners/NGDOs participating in routine planning and budgeting of CDTI activities.
- 9.3 Proportion and number of partners/NGDOs carrying out advocacy for CDTI activities

10.0 Contribution of resources (finances and others) by partners.

- 10.1 Proportion and number of communities that support their CDDs.
- 10.2 Proportion and number of partners that contribute cash to CDTI implementation.
- 10.3 Proportion and number of NGDOs/Government Organisations that contributed to finances of the CDTI

KEY INFORMANT INTERVIEW: Community Leader

*This instrument is to be administered on the village head or a representative of the village head. The village head can ask another person to assist and to even have a say during the interview. Do not refuse. Most of the questions are structured. **Circle appropriate codes.** Do not prompt the responses; rather allow the respondent to answer while you circle the appropriate option to the respondent's answer. Listen to the chief and choose among the items provided. If he says something different select 'Other' and write the actual response in the space provided.*

Village Name : _____ **Village Code:** _____

Sub-county/LGA _____ **District/State:** _____ **Country:** _____

Month and year of last distribution _____

1. Please tell us about any programme concerning onchocerciasis treatment in this village? (PROBE FOR THE FOLLOWING ISSUES)

- who brought the idea of the onchocerciasis programme to this village?

-when did the person(s) come to talk with you about onchocerciasis?

-Did the person(s) meet with you and other village leaders first?

- Did they ask for you to arrange a meeting?

- what did they tell you about community responsibility

a) Community participation and ownership;

2. How was the time (month/season) for distribution decided?

1. at a village meeting
2. village elders meeting
3. village chief/leader
4. health worker
5. village health committee
6. village committee meeting
7. other (specify) _____

3. What mode of distribution was decided?

1. house-to-house
2. central place (specify) _____
3. both house-to-house and central place
4. other (specify) _____

4. How was the mode of distribution decided?

1. at a village meeting
2. village elders meeting
3. village chief/leader
4. health worker
5. village health committee
6. village committee meeting
7. other (specify) _____

5. How were the persons (CDDs) selected to do the work?

1. at a village meeting

2. village elders meeting
3. village chief/leader
4. Health worker
5. village health committee
6. village committee meeting
7. other (specify) _____

6. Why did you choose these person(s)?

7. Have you changed any of your CDDs?

1. Yes 2. No 3. Don't know

8. If yes to Q7, why?

9. How many persons have stopped working as CDDs in your community on their own accord?

10. Was there any community decision on how the drug should be collected from a collection point?

1. Yes 2. No 3. Don't know

b) Mectizan supply (collection and distribution)

11. Did any member of the community collect the drug from a collection point?

1. Yes 2. No 3. Don't know

12. If no to Q11, why? _____

13. Did you get the drug the first time you went to collect it? (late supply)

1. Yes 2. No

Please explain _____

14. Did you experience shortage of drugs during the last distribution?

1. Yes 2. No 3. Don't know

15. If yes to Q14, how was the problem solved? _____

c) Coverage

16. Does the community have a treatment register?

1. Yes 2. No 3. Don't know

17. If yes to Q16, where is the register kept? _____

18. Was the census of your village undertaken?

1. Yes 2. No 3. Don't know

19. If yes to Q18, at what period was the census or census update done?

1. Before distribution 2. During distribution 3. After distribution 4. I don't know

20. Do more people take the drug now than last year?

1. Yes 2. No. 3. I don't know

21. Are there more refusals now than last year?

1. Yes. 2. No. 3. I don't know

22. Are there more absentees now than last year?

1. Yes. 2. No. 3. I don't know

d) Contribution of resources (finances and others) by partners.

23. What contribution did your community make in order to support this programme?

24. How was the CDDs supported?

25. Where do you go to collect ivermectin _____

26. What mode of transport is used to collect Ivermectin from the collection point?

1. Motor Vehicle 2. Bicycle 3. Walking 4. Other Means (specify)

27. How long does it take (in hours/minutes) to get there (using the mode indicated earlier)?

e) Gender Issues and Minority groups:

28. How many persons (CDDs) in this village distribute the drug.

29. How many are male CDDs? _____ How many are female CDDs? _____

30. Are there people in this community who are not involved in the distribution exercise.

1. Yes 2.No 3. Don't know

31. If 'Yes' to Q30, please explain _____

32. What time of the day do you normal hold general community meetings? _____

33. Do women in this community attend general community meetings?

1. Yes 2. No

34. If yes to Q33, do they participate in the discussions? _____

35. If no, to Q33, please explain

HEALTH EDUCATION, MOBILIZATION & SENSITISATION

36. Have you (the community) received education on the importance of taking ivermectin/mectizan/ Oncho tablet annually for several years?

1. Yes 2. No 3. Don't know/Can't remember

37. If yes to Q36, ask: When did you receive the education? (circle all that apply)

1. During the first meeting
2. Before the first distribution
3. During distribution
4. Soon after distribution

38. If yes to Q36, what were you told? (Probe for:

- A. annual treatment for several years _____
B. benefits _____
C. community responsibility _____

39. How were you involved in mobilisation/health education?

WORK OF CDD

40. How well have the CDDs done the work?

1. well 2. fair 3. poor

(Explain) _____

Training, Monitoring and Supervision

41. Have the CDDs received any training?

1. Yes 2. No 3. Don't know/ cannot remember

42. Who trained the CDDs?

1. Health staff
2. Village health committee member
2. NGO partner
3. Community member/chief
4. Other (specify) _____

43. If yes to Qn41., when did they receive training?

1. Before the first distribution
2. During distribution
3. Soon after the first distribution
4. Don't know/Can't remember

44. Do you supervise CDDs in your community ?

1. Yes 2. No

Integration

45. Are the CDDs in this community involved in other health activities?

1. Yes 2. No

46. If yes, what other type of health activities? _____

47. Was it the community that selected them for these other health activities

1. Yes 2. No.

48. If no to Q45, why? _____

49. Do other health programmes offer health education to your community members
1. Yes 2. No.

50. What other health programmes can be tackled in the same way Ivermectin is being distributed in your community? _____

51. Is there anything you will like to tell/ask us? _____

IN-DEPTH INTERVIEW OF THE CDD

To be administered in all villages. Interview 2 CDDs per village if there are more than one CDDs Preference should be given to female CDDs where present. Ask the distributor to let you see his tools: measuring devise, registers, remaining drug if it is the case. When a question requires multiple responses, remember to put a circle around each applicable response code. Probe where appropriate.

Name of Village _____ Village code: ____ Subcounty/LGA: _____

District/State _____

Name of CDD _____ Sex: 1. Female 2. Male

Main Occupation: _____

Month and year of first CDTI distribution in the village ____ / ____

Month and year of last CDTI distribution in the village ____ / ____

COMMUNITY PARTICIPATION AND OWNERSHIP

Introduction: *Please tell me about how the last distribution of ivermectin was carried out in this community*

1. How was the time (month/season) for distribution decided?

1. at a community meeting
2. community elders' meeting
3. community chief/leader
4. health worker
5. community health committee
6. community committee meeting
7. other (specify) _____

2. What mode of distribution was decided?

1. house-to-house
2. central place (specify) _____
3. Both house-to-house and central place
4. other (specify) _____

3. How was the mode of distribution decided?

1. at a community meeting
2. community elders' meeting
3. community chief/leader
4. health worker
5. community health committee
6. community committee meeting
7. other (specify) _____

4. How were you selected to do the work?

1. at a community meeting
2. community elders' meeting

3. community chief/leader
4. health worker
5. community health committee
6. community committee meeting
7. other (specify) _____

5. Has any CDD been changed after the first distribution?

1. Yes
2. No
3. Don't know

6. If yes to Q5, Why was the CDD (s) changed? _____

7. How many persons have stopped working as CDDs in your community? _____

8. What are the reasons for stopping work _____

WORK OF CDD

9. Which categories of people would you not give the tablets (PLEASE CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|---|--------|-------|
| 1. Individuals below 5 years of age/ below 90cm | 1. Yes | 2. No |
| 2. Pregnant women | 1. Yes | 2. No |
| 3. Women who delivered less than one week before distribution | 1. Yes | 2. No |
| 4. Sick individuals | 1. Yes | 2. No |
| 5. Visitors | 1. Yes | 2. No |
| 6. Other (specify) _____ | | |

10. How do you ensure that these categories of people eventually receive treatment? _____

11. Do you have drugs to take care of minor side effects?

1. Yes
2. No

12. If no to Q11, please explain _____

13. Do you have problems with record keeping?

1. Yes
2. No

14. Are you willing to continue as a CDD?

1. Yes
2. No

Please explain _____

15. Is measuring device for height present?

1. Yes, seen
2. Yes, but not seen (Explain) _____
3. No, Explain _____

16. How do you use it? _____

17. Is treatment register present?

1. Yes, seen
2. Yes, but not seen (Explain) _____
3. No, explain _____

18. If Q17 is "Yes, seen" EXAMINE TREATMENT REGISTER AND OBTAIN THE FOLLOWING INFORMATION ON:

1. Total population _____
2. Age composition of people: Below 5 years _____
5 years and above _____
3. Sex composition of the population: Male _____ Female _____
4. Number of persons treated _____ Male _____ Female _____
5. Number of persons under-5 years who received treatment _____
6. Number of refusals _____
7. Number absent during last treatment _____
8. Number with severe side effects _____
9. Number of tablets received _____
10. Number of tablets used _____
11. Number of tablets left in the drug kit _____

MECTIZAN SUPPLY (COLLECTION AND DISTRIBUTION)

19. Did any member of the community collect the drug from a collection point during the last distribution?

1. Yes
2. No
3. Don't know

20. If "no" to Q19, why?

21. Where is the collection point? _____

22. Did you experience late supply of drugs during the last distribution?

1. Yes
2. No

Please explain _____

23. How do you normally determine the quantity of drugs required by the community?

1. Census/registration record
2. Previous treatment records
3. By counting the number of households
4. Other (specify) _____

24. Did you experience shortage of drugs during the last distribution?

1. Yes
2. No

25. If yes, please explain _____

26. How do you determine the number of tablets to give to an individual? (CIRCLE YES OR NO FOR EACH RESPONSE)

1. Take height measurement
1. Yes
2. No

- | | | |
|--------------------------|--------|-------|
| 2. Use weight | 1. Yes | 2. No |
| 3. Visual observation | 1. Yes | 2. No |
| 4. Age | 1. Yes | 2. No |
| 5. Other (specify) _____ | | |

27. How long do you normally keep the tablets in the community? _____

28. How many days did you take to complete the last distribution? _____

29. Where do you normally keep the tablets? _____

COVERAGE

30. What do you do about individuals who are absent during normal distribution period?

31. What do you do about individuals who refuse treatment?

32. Were women who were pregnant during distribution period treated after delivery
1. Yes 2. No 3. Can't remember

HEALTH EDUCATION, MOBILIZATION & SENSITISATION

33. Have you received education on the importance of taking ivermectin tablets annually for several years?
1. Yes 2. No 3. Can't remember

34. If yes, what were you told?

35. Did you provide the community with education on ivermectin treatment?
1. Yes 2. No

36. If yes to Q35, when did you provide the education to the community? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|----------------------------------|--------|-------|
| 1. During the first meeting | 1. Yes | 2. No |
| 2. Before the first distribution | 1. Yes | 2. No |
| 3. During distribution | 1. Yes | 2. No |
| 4. Soon after distribution | 1. Yes | 2. No |
| 5. Other (specify) _____ | | |

37. If yes to Q35, what did you tell the community? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|---|--------|-------|
| 1. Taking ivermectin annually for several years | 1. Yes | 2. No |
| 2. Benefits of treatment | 1. Yes | 2. No |
| 3. Community responsibility | 1. Yes | 2. No |
| 4. Side effects | 1. Yes | 2. No |
| 5. Other (specify) _____ | | |

TRAINING, MONITORING AND SUPERVISION

38. Did you receive any training on how to treat community members?

1. Yes 2. No

39. If Yes to Q38, when did you receive training? _____

40. Who trained you? (CIRCLE ALL THAT APPLY

1. Health personnel/Oncho coordinator
 2. NGDO staff (specify) _____
 3. Another CDD
 4. Other (specify) _____

41. How long did the training last?

- 1st training _____
 2nd training _____
 Last training _____

42. How many CDDs were trained together (size of the group)?

- 1st training ____
 Last training _____

43. Where was the venue of the last training?

1. Within the community
 2. Outside the community
 3. Healthcare facility/hospital
 4. Other (specify) _____

44. Was the venue of training near to your community?

1. Yes 2. No

45. What were you taught during training about onchocerciasis (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|--|--------|-------|
| 1. Cause | 1. Yes | 2. No |
| 2. Symptoms | 1. Yes | 2. No |
| 3. Socio-economic importance | 1. Yes | 2. No |
| 4. Community mobilisation and education | 1. Yes | 2. No |
| 5. Ivermectin as treatment for a long time | 1. Yes | 2. No |
| 6. Other (specify) _____ | | |

46. What were you taught about the drug? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|---|--------|-------|
| 1. Duration of treatment | 1. Yes | 2. No |
| 2. Coverage of distribution | 1. Yes | 2. No |
| 3. Dosage determination by measuring height | 1. Yes | 2. No |
| 4. Expiration of drug after removing container seal | 1. Yes | 2. No |
| 5. Treatment of absentees and refusals | 1. Yes | 2. No |
| 6. Side effects (counseling and referral) | 1. Yes | 2. No |
| 7. Exclusion criteria | 1. Yes | 2. No |

- | | | |
|---------------------------|--------|-------|
| 8. Record keeping | 1. Yes | 2. No |
| 9. Census | 1. Yes | 2. No |
| 10. Other (specify) _____ | | |

47. What were you taught about reporting? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|------------------------------------|--------|-------|
| 1. Number of persons treated | 1. Yes | 2. No |
| 2. Number of refusals | 1. Yes | 2. No |
| 3. Number of absentees | 1. Yes | 2. No |
| 4. Number of excluded persons | 1. Yes | 2. No |
| 5. Number with severe side effects | 1. Yes | 2. No |
| 6. Other (specify) _____ | | |

48. What other health issues were addressed during the training? _____

49. Have you been trained on other health issues?

1. Yes 2. No 3. Don't know

50. If 'Yes', please specify _____

51. Have you ever been supervised?

1. Yes 2. No 3. Don't know

52. If yes to Q51, who supervised you ? (IF NAME WAS MENTIONED, PLEASE ASK FOR IDENTITY/POSITION/STATUS OF THE PERSON)

1. Health staff
2. Village health committee member
3. NGO partner
4. Community member/chief
5. Other (specify) _____

53. What did the supervisor do? (CIRCLE ALL THAT APPLY)

1. Checked the ivermectin inventory
2. Checked the records/treatment register
3. Collated the reports
4. Advised on the treatment of absentees
5. other (specify) _____

54. At what occasions were you supervised? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|----------------------------|--------|-------|
| 1. Before distribution | 1. Yes | 2. No |
| 2. During distribution | 1. Yes | 2. No |
| 3. Soon after distribution | 1. Yes | 2. No |

CONTRIBUTION OF RESOURCES (FINANCES AND OTHERS) BY PARTNERS.

55. What kind of support do you receive from the community? (CIRCLE ALL THAT APPLY)

1. Transportation for drug collection
2. Incentives (specify) _____
3. Other (specify) _____

GENDER ISSUES AND COMMUNITY GROUPS

56. How many female CDDs do you have in this community?
57. If there are no female CDDs, please explain _____

INTEGRATION AND PARTNERSHIP WITH OTHER ACTORS

58. Are there Community Based Organisations or Social Clubs/Age Grades that support the drug distribution in this community?
 1. Yes 2. No 3. Don't know
59. If 'Yes' to Q58, what do they do?
 1. Mobilisation
 2. Support for CDD
 3. Supervision
 4. Transport to collect Mectizan
 5. Others _____ (Please specify)
60. Are you involved in other health care or community development programmes?
 1. Yes 2. No 3. Don't know
61. If 'Yes', which programme _____
62. How do you feel this programme may be sustained for a long period

63. How does the community respond to the CDTI exercise.

64. What are the challenges to your work

65. What should be done to improve the programme?

66. Is there anything else you would like to talk to me about regarding your work as CDD?

QUESTIONNAIRE FOR FRONT LINE HEALTH PERSONNEL

*This questionnaire should be administered on **any health worker located nearest to the village who is involved in CDTI** programme. A minimum of 6 health personnel should be interviewed. Examine documents (summary sheets, inventory, training manuals) and make notes.*

LGA/Sub-county: _____ State/District _____ Country _____

Name of health personnel _____ Sex: 1. Male 2. Female

No. of Oncho. Villages _____ No. of CDDs in villages covered _____

How many Male CDDs _____ How many Female CDDs _____

Position: _____ Qualification: _____

Health Education, Mobilisation and Sensitisation

1. Did you receive any general orientation on CDTI?

1. Yes 2. No

2. Please tell us what you know about the CDTI programme with respect to:
Community responsibility (Probe community involvement in CDTI activities)

3. Were there initial meetings with the communities where CDTI was introduced?

1. Yes 2. No

4. If yes to Q3, what role did the health staff play in arranging the first meeting? (CIRCLE ALL THAT APPLY)

1. Facilitated the meeting
2. Met with village leader to arrange for the meeting
3. Other (specify) _____

5. Who led the facilitating team to the community?

1. Health staff
2. Government administrative staff (non-health)
3. NGDO staff
4. Other (specify) _____
5. Nobody

6. Were the communities (where you worked) educated on the importance of treatment with ivermectin tablets?

1. Yes 2. No 3. Don't know

7. If yes to Q6, what were they told? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|--------------------------------------|--------|-------|
| 1. Annual treatment for several year | 1. Yes | 2. No |
| 2. Benefits of treatment | 1. Yes | 2. No |
| 3. Community responsibility | 1. Yes | 2. No |
| 4. Others (specify) _____ | | |

Mectizan supply (collection and distribution)

8. Was there been any delays in collecting ivermectin by the community during last distribution?

1. Yes 2. No

9. If yes to Q8, please explain _____

10. What constraints have you experienced in getting the drug? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|--------------------------|--------|-------|
| 1. None | 1. Yes | 2. No |
| 2. Transport problem | 1. Yes | 2. No |
| 3. Inadequate supply | 1. Yes | 2. No |
| 4. Delay in supply | 1. Yes | 2. No |
| 5. Other (specify) _____ | | |

11. How do you estimate the quantity of drug required?

1. Not responsible
2. Number used during last treatment
3. Based on requests from the CDDs
4. Total population (with the formula)
5. Other (specify) _____

12. Do you have facility for storage of ivermectin?

1. Yes 2. No 3. Don't know

13. Have you experienced loss of tablets due to pilferage?

1. Yes 2. No 3. Don't know

14. How long do you normally keep the tablets for the community? _____

Coverage

15. Are all the villages eligible for treatment receiving Mectizan? Probe for proportion of villages covered.

16. What percentage of the eligible population is receiving Mectizan? Probe for trends for the last three years.

Training, Monitoring and Supervision

Training

17. Did you receive training on how to train CDDs?

1. Yes 2. No

18. If yes to Q17, how long? _____

19. List the main topics covered

20. Were you taught how severe side effects should be managed?

1. Yes 2. No

21. Were CDDs in the communities (where you worked) trained for the CDTI programme?

1. Yes 2. No 3. Don't know

22. If yes to Q21, did you participate in the training of CDDs?

1. Yes 2. No

23. If yes to Q21, how long did this training session last? Initial training _____
Retraining _____

24. Did the training address other health issues ?

1. Yes 2. No 3. Don't know

25. If 'Yes' to Q24, what were those issues _____

26. Was the training targeted?

1. Yes 2. No 3. Don't know

27. If Yes to Q26, please explain _____

Supervision/Monitoring

28.. Who supervised the CDDs (CIRCLE ALL THAT APPLY)

1. Not supervised
2. Village head
3. Village health committee member
4. health personnel
5. Other (Specify) _____

29. If supervised, how many CDDs did you supervise during the last distribution? _____

30. If not supervised, why? _____

31. At which occasions did you visit the CDD? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|------------------------|--------|-------|
| 1. Before distribution | 1. Yes | 2. No |
| 2. During distribution | 1. Yes | 2. No |

3. Soon after distribution 1. Yes 2. No
4. Other (specify) _____

32. What tasks do you carry out during your visit to the CDD? (CIRCLE YES OR NO FOR EACH RESPONSE)

1. Collection of unused drugs after distribution 1. Yes 2. No
2. Review of records 1. Yes 2. No
3. Management of side effects 1. Yes 2. No
4. Supervision of drug distribution 1. Yes 2. No
5. Other (specify) _____

33. What constraints do you have in supervising the CDD? (CIRCLE YES OR NO FOR EACH RESPONSE)

1. No constraints 1. Yes 2. No
2. Inadequate/lack of means of transport/fuel 1. Yes 2. No
3. Too much work 1. Yes 2. No
4. Inadequate/lack of supervision allowance 1. Yes 2. No
5. Inaccessibility 1. Yes 2. No
6. Other (specify) _____

34. Do you have treatment summaries for communities (where you are working)?

1. Yes, seen
2. Yes, but not seen (Explain) _____
3. No, explain _____

35. If Q34 is "Yes, seen" EXAMINE TREATMENT SUMMARIES AND OBTAIN THE FOLLOWING INFORMATION ON:

1. Total population _____
2. Age composition of people: Below 5 years _____
5 years and above _____
3. Sex composition Male _____ Female _____
4. Number of persons treated _____ Male _____ Female _____
5. Number of persons under-5 years who received treatment _____
6. Number of refusals _____
7. Number absent during last treatment _____
8. Number with severe side effects _____
9. Number of tablets received _____
10. Number of tablets used _____
11. Number of tablets remaining _____

Work of CDDs

36. How many persons have stopped working as CDDs in your area? _____

37. How do CDDs normally determine the quantity of drugs required by the community?

1. Census/registration record
2. Previous treatment records
3. By counting the number of households
4. Other (specify) _____

38. How do CDDs determine the number of tablets to give to an individual? (CIRCLE YES OR NO FOR EACH RESPONSE)

- | | | |
|----------------------------|--------|-------|
| 1. Take height measurement | 1. Yes | 2. No |
| 2. Use weight | 1. Yes | 2. No |
| 3. Visual observation | 1. Yes | 2. No |
| 4. Age | 1. Yes | 2. No |
| 5. Other (specify)_____ | | |

39. What do CDDs do about individuals who are absent during normal distribution period?

40. What is done about individuals who refuse treatment?

41. Do you have drugs to take care of minor side effects?

1. Yes, seen 2. Yes but not seen 3. No

Integration

42. What other health activities do you combine with Oncho Control Programme activities (PROBE FOR HEALTH ACTIVITY IN THE CDTI COMMUNITIES)?

Gender and Minority groups

43. How many health staff are involved in CDTI within your area?

44. How many Male Staff _____ How many Female Staff _____

45. To what extent are women and other minority groups involved in CDTI activities

Contribution of resources by partners

46. Are there other partners contributing to CDTI activities in your area? (Probe for other organisations e.g. CBOs, that are involved in CDTI activities)

47. What kind of contributions do they make towards CDTI activities? Probe for financial, human and material resources.

Partnership with NGDOs and other actors

48. What have been the benefits of working with other local partners?

49. What have been the constraints of working with other local partners?

50. What do you think should be done to improve the programme?

51. Please tell me how you intend to improve the following activities

a) Training of many CDDs to reduce their workload

b) Participation of the community (support to CDD, treatment of ALL the eligible members of the community)

c) Health education

52. Is there anything else you would like to discuss with me about CDTI in this area?

GROUP DISCUSSION GUIDE AMONG COMMUNITY MEMBERS

In six villages conduct five group discussions for women and one for minority groups (women) With the permission of the village-head ask the CDD to arrange a comfortable place that offers some privacy and enough space to sit. Each group must consist of 6-8 people. The group discussion must be tape-recorded

At the end of the session, play back the tape for a few minutes to be sure that the discussion was properly recorded. Label the cassette/Notes (Name of the community, the group identity, date). Make copious notes for use in the analysis.

(a) Community participation and ownership:

1. Please tell us what you know about the onchocerciasis treatment programme (PLEASE PROBE FOR THE FOLLOWING ISSUES.)
 - i) The person(s) who brought the idea of the onchocerciasis programme to this community
 - ii) The time when the person(s) came to talk with you about onchocerciasis
 - iii) Whether there was a community meeting at that time. Probe for issues that were discussed at the meeting
 - Ownership of the programme
 - Objectives of the programme (key elements)
 - Expectation from the programme
 - Responsibility of the community
2. Please describe how the community took decision on the time (month/season) and mode of distribution. PLEASE PROBE FOR:
 - Persons involved in decision-making
 - How the decision was made
 - Time of distribution
 - Why the time was chosen
 - Method of distribution
 - Why the method of distribution was chosen
3. Please describe how the community took decision on the persons responsible for distributing the drugs to community members. PLEASE PROBE FOR:
 - Persons involved in decision-making
 - Who will be responsible for distribution
 - How the persons were selected
 - Why the persons were selected
 - Method of drug collection
4. What changes have been made in the way the drug is distributed in this community? PROBE FOR
 - Type of change
 - Persons that brought the change

- Change in CDD (number, sex)

5. How will the community ensure that all its members receive the tablets every year for several years? Probe for
- Arrangements in place,
 - Constraints envisaged,
 - Motivation to continue taking the drugs

b) Gender issues and community groups

6. How many people among those gathered here attended the last health education meeting? Probe for:
- Number of meetings held last year
 - Conveniences of the meeting time and place
 - Issues discussed at the meeting
 - Suggestions to encourage female attendance and participation at meetings

7. How many of you would like to be CDDs? Probe for
- Acceptance of the idea of female CDDs by the community
 - Constraints that may hinder interest of female in the CDD work
 - How the work may be made appealing to females

(b) Mectizan supply (collection and distribution):

8. How is the drug normally brought into the community and distributed to community members? PROBE FOR:
- Point of collection
 - Person responsible for bringing it to the community,
 - Person responsible for distribution within the community
 - Mode of distribution
 - When was the drug swallowed
9. How convenient is the time and mode of distribution and person distributing to women in this community? PROBE For
- Timeliness of supply to the community
 - Adequacy of supply
 - treatment of women especially those who were ineligible at time of distribution

(c) Coverage

10. Which people who were not treated during the last distribution? Probe for:
- Treatment of women,
 - children and
 - minorities (non-indigenes)
 - What were the reasons for not being treated?
11. Ask participants to comment on the willingness of people to continue with the treatment next year? Probe for:
- Reasons for continuing treatment

- Constraints to continuing treatment

(d) Contribution of resources (finances and others) by partners.

12. How do you support the CDD? Probe for:

- Incentives in cash or in kind
- Provision of means of transport
- Mobilization of community
- Ensuring compliance

Integration

13. Are your CDDs involved in other health/development activities? Probe for:

- Type of health activities

14. Who selected them (CDDs) to participate in those activities?

19. What do you think about the CDDs participation in other health activities?

20. How does their participation in other activities affect CDTI activities?

21. Ask the women to suggest what changes should be made to ensure their full participation.

GUIDE FOR CONDUCTING COMMUNITY MEETINGS

Meetings should be held in 4 communities where Group Discussions will not be held. It is important to ensure that both sexes are well represented in the meeting. The minimum for conducting a community meeting is 30 people who are residents of that community. For details on how to conduct community meetings, see the guide.

1. Attendance: Number of women _____ (at least 13 years old).
Number of men _____ (at least 13 years old). Total in attendance _____
Number of women who were treated _____ Number of men who were treated _____
- 2.. Please tell what happened after swallowing the ivermectin/Mectizan/Oncho tablets.
(issues to follow up on are: side reactions and management, benefits, why some were not treated, whether those who experienced side effects or were absent came for treatment next time).
3. What method/center was used in distributing tablets in this village? Was it convenient for everyone? Were you part of the decision to select the place/method? *(at every stage, count the number of males /females responding to each question. Insist on a show of hands. Ask why some did not participate? Ask how in future everybody's participation would be assured- **do not lose sight of the women and other minorities**).* **Facilitators should not be the provider of solutions rather should be the ones seeking their own solutions.**
4. Who distributed the tablets? How was he/she selected? Were you part of that selection? *(at every stage, count the number of males /females responding to each question. Insist on a show of hands).* For those who did not take part, what was the reason?
5. Are there things in the distribution exercise that you would like to be done differently?
*(The facilitator/or the Projector Co-ordinator can come in to take them through all the stages so that they can identify which ones they were satisfied with and those they were not satisfied with- e.g. mobilisation, notice of day and time of distribution, convenience of treatment centre/method, person distributing, duration of distribution, **follow up on treatment of absentees, refusals, the sick and pregnant**).*
6. How many of you did attend health education *(Insist on a show of hands at this stage from both males and females)*? For those who did not attend health education what do you know about this disease and how it is treated? For those who attended health education, what did you learn? For those who attended health education, where did you attend health education? *(Was this place, day and time convenient? What suggestions would you like regarding place, day and time?)*
7. How many of you would like to be CDDs *(no. of males and no. of females)*? How do you support your CDD (s)? **(Ask the CDDs to tell the gathering what he does and where he needs support?)** Do you think having more CDDs is a good thing? If yes why? ***(For the facilitator: Note that being a CDD is not a for a few people, every family may have a trained person who can fulfil the role of a CDD. Mention this to the meeting.)***
8. At this point, ask the community members to raise any questions they have. It is important that those related with the project implementation be answered by the project co-ordinator. The facilitators may answer questions, which are related with this exercise. The community leader and the CDDs should be called upon to respond to questions that involve intra-community issues. After this, the facilitator should thank the people and hand over the meeting to the community leader for closure.
9. At the end of the meeting, the facilitator should sit with the community leader, all the distributors and the project co-ordinator. The facilitator should provide a piece of paper and pencil to the

community leader or one of the CDDs to sketch the village map. They should all agree that this sketch is a fair representation of their community. Then ask them to add on the sketch their community's structure (which group- kinship, tribe etc stays where), treatment centres, and homes of the CDDs and the chief. Ask them to locate the center where health education takes place. Ask them to indicate the area where the homes of most refusals and absentees are located. *(This information can be linked with what has been mentioned in the meeting and later compared with quantitative information.)*

INTERVIEW GUIDE FOR POLICY-MAKERS/ WHO REPRESENTATIVE /PROGRAMME MANAGERS/ COORDINATORS

This interview is administered on Co-ordinators, Programme managers, representatives of NGOs involved in CDTI, Ministry of health policymakers and the WHO representative in the country. It is similar to the interview of health personnel. Documents such as registers should be requested before the formal interview so that information can be extracted for the report

SECTION A: PROGRAMME MANAGERS/ ONCHO COORDINATORS

(a) Community participation and ownership

1. Please explain how communities are involved in CDTI? Probe for process of getting communities to take responsibility, decision-making and ownership.

(b) Mectizan supply (collection and distribution)

2. Please explain process of receiving ivermectin.

PROBE FOR:

- a. Timeliness of supply
 - If there are any delays, at what level do they occur and why?
- b. Adequacy of the quantity received/shortage
 - In case of shortages, at what level are they experienced and why?
- c. Process of collection and storage
 - Ask for how it is done and if they are any constraints they experience at the different levels of collection and storage (storage, transport, etc)
- d. Distribution to communities (opportunities and constraints)
In case of constraints, how are they managed?
- e. Pilferage

(c) Coverage

3. **EXTRACT INFORMATION ON THE FOLLOWING** (relate to the level of operation e.g. State and LGA)
 - a. Total Population _____
 - b. Number of villages in the area _____
 - c. Number of villages with summary forms _____
 - d. Number of villages treated _____
 - e. Number with severe side effects _____
 - f. Evidence of report update (check annual returns after distribution)
 1. Updated
 2. Not updated

(d) Contribution of resources (finances and others) by partners.

4. FUNDING: Please probe for

- a. Delays in endorsement of letters of agreement
Why? _____
- b. Timeliness in receiving funds
 - In case of delays at what level do they occur and why?
- c. Disbursement of funds
 - Are funds released for CDTI activities?
 - Are funds released on time? If not, at what level are the delays and why?
 - Is counter funding being done as stipulated in the letter of agreement? Please explain your answer.
- d. Adequacy of previous budget
 - If not adequate, why and for what activities?
- e. Fund administration:
 - Are financial reports submitted in time?
 - If not why?
- f. Comment on the timeliness of feedback from APOC headquarters on financial reports

(e) Gender Issues and community groups

5. Please can you tell me about the women involved in CDTI?

Probe:

- The responsibilities of females in CDTI activities.
- Opportunities and constraints

SECTION B: MOH POLICY MAKERS (Permanent Secretary/Director Disease Control)

6. Do you have a national Plan for the control of onchocerciasis (Probe for the importance attached to onchocerciasis control)
7. What kind of support do you provide for Onchocerciasis control activities (PROBE FOR FINANCIAL INPUT)
8. Ask about the extent to which CDTI been integrated into other health programmes?
9. What post APOC plan is in place to sustain the CDTI activities?
10. Ask whether there is anything else about the CDTI programme that they would like to discuss.

HOUSEHOLD SURVEY FORM

Instructions to the monitor - the following questions should be answered by every member of the household. (1) Ask the head of the household or his/her representative to list the names of all the members of the household. (2) Ask each household member and record the answer in the appropriate column. select 5 persons in three communities treated by a particular cdd (not more than 1 per household) determine the accuracy of number of tablets given. if accurate code as "1" but if not accurate code as "0"

For those not selected, leave blank and do not code.

Community Name _____ Community code _____ Month of last treatment _____ Household ID No. _____ CDD's name _____

COMMUNITY: NAMES of household members	Sex M=1 F=2	Age	QUESTION 1	IF YES TO QUESTION 1					IF NO TO QUEST. 1		QUESTION 2	Accuracy of number of tablets
			During the last general treatment, did you receive tablets? Y=1 N=2	How many tablets were you given	What color were they? White=1 Other=2	Did You swallow the tablets? Y=1 N=2	How did it affect you?*	If unwell within two days, what did you do?***	Why did you not receive the tablets at that time?***	Have you taken these tablets since then? Y=1 N=2	Did you take the tablets the year before the last distribution? Y=1 N=2	Is the number of tablets given by CDD correct by the height of the person? Correct =1 Incorrect= 0

***codes:**

dose= 0
 not treated =00, swelling=05,
 no reaction=01, nausea/vomiting=06,
 itching=02, many reactions=07,
 dizziness=03 feeling better=08,
 headache=04, others=88,
 no response= 99

****code:** nothing=1,

modern medicine=2
 traditional medicine=3
 others=4

*****code:** child<5=1,

absent=2
 pregnant=3
 refusal=4
 not informed=5
 sick=6
 others=7

******code:** incorrect

correct dose = 1

b) Household Participation survey.

Instructions: Interview household head, two women, a young person of either sex less than 20 years old.

Names	Sex	Age	Did you attend health education? Y=1 N=0	Did you participate in deciding on the location of treatment? Y=1 N=0	Did you participate in deciding on the mode of treatment? Y=1 N=0	Did you participate in deciding on the time of distribution? Y=1 N=0	Did you participate in the selection of the distributor? Y= 1 N= 0	How did you compensate the CDD who treated you? Y= 1 N= 0

CONTRIBUTORS

NAMES	ADDRESS
Prof. Oladele B. AKOGUN	Parasite & Tropical Health Research, Department of Biological Sciences Federal University of Technology, Yola, Nigeria – Tel: (234) 75 626467 – E-mail: akogunb@skannet.com or akoguno@hotmail.com
Dr. Sebastian Olikira BAINÉ	Makerere University, Institute of Public Health, P. O. Box 7072, Kampala, Uganda – Tel: (256-41) 532-207 or (256) 71 925-861 (Mobile) - E-mail sobaine@yahoo.co.uk or sbaine@iph.ac.ug
Mr. Paul BUKULUKI	Makerere University, Department of Social Work and Social Administration, P. O. Box 7062 Kampala, Uganda – Tel: (256-41) 534-114 or (256) 77 462-100 – E-mail: pbukuluki@hotmail.com
Prof. Oladele O. KALE	Department of EMSEH, Faculty of Public Health, College of Medicine, University College Hospital, Ibadan, Nigeria – Tel/Fax: (234) 2 8100397 – Mobile: 234 (0) 8022912224 – E-mail: ookale@skannet.com or ookale@yahoo.com
Dr. Raphael B. M. KALINGA	Head of Vector Borne Diseases and District Health Services Decentralisation, Ministry of Health, P. O. Box 9083 Dar-es-Salaam, Tanzania – Tel: (255) 22-2124500 or (255) 741-400230 – Fax: (255) 22-2123676 – E-mail: rkalinga@2000yahoo.com or rkalinga@moh.go.tz
Dr. Moses KATABARWA	Country Representative, The Carter Center, Global 2000 River Blindness Program, P. O. Box 12027, Kampala, Uganda – Tel: (256-41) 251-025 or (256-41) 345-183 – Fax: (256-41) 349-139 – E-mail: rvbprg@starcom.co.ug or mkataba03@hotmail.com
Dr. Joseph OKEIBUNOR	Department of Sociology/Anthropology, University of Nigeria, Nsukka, Enugu State, Nigeria – Tel: (234) 42 771169 – E-mail: epseelon@aol.com or jokeibunor@yahoo.com
Mr. Chukwu OKORONKWO	National Onchocerciasis Control Programme, Federal Ministry of Health, Room 915, Federal Secretariat, Phase II, Ikoyi – Lagos, Nigeria – Tel: (234) 1 4821285 – E-mail: chukoro_Christ@yahoo.co.uk

NAMES	ADDRESS
Prof. Detlef PROZESKY	Faculty of Health Sciences, P. O. Box 667 Pretoria 0001, South Africa – Tel: 27-12-354-1147 – Fax: 27-12-3541758 – Email: prozesky@medic.up.ac.za
Dr. Eleuther TARIMO	Consultant, c/o WHO Office, P. O. Box 33277 Dar-es-Salaam, Tanzania – Tel: (255) 22 2775891 or (255) 742 605025 – Fax: (255) 22 271720 – E-mail: eleuther@ud.co.tz
Dr. Uche AMAZIGO	Chief of the Sustainable Drug Distribution Unit, African Programme for Onchocerciasis Control (APOC), 01 BP 549 Ouagadougou 01, Burkina Faso – Tel: (226) 34.29.53 or (226) 34.29.59 – Fax: (226) 34.28.75 – E-mail: amazigouv@oncho.oms.bf