

TRACHOMA SAFE STRATEGY SERIES:

Antibiotics



Zithromax[®] Mass Drug Administration Trainers Guide

ICTC International Coalition
for Trachoma Control

Acknowledgements

Need

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Front cover: Photo: International Trachoma Initiative

Foreword

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Introduction

More and more countries are completing their epidemiological mapping of trachoma in suspected endemic districts and are preparing to distribute Zithromax® in those districts where the prevalence of “trachomatous inflammation – follicular” (TF) is above 5% among children aged 1-9 years. Mass drug administration (MDA) is normally at the district level and targets the whole population with Zithromax® tablets to those 5 years old and above; Zithromax® suspension for children between 6 months and 5 years of age; and tetracycline eye ointment 1% for infants up to 6 months old.

The measure of a successful MDA is the appropriate distribution of the correct form and dosage of Zithromax® according to age and height achieving 100% geographic coverage within the district and at least 80% of the target population. The MDA will require district level teams to achieve the target coverage with the number of teams being determined by the geographic size and size of population of the target district. Composition of the team should include distributors (number depending on the target population to reach), recorders, and those to manage the flow of people seeking treatment. To assure the safe and appropriate administration of Zithromax® each team should have a designated team leader. Similarly there should be a group leader overseeing 3-5 groups of teams, visiting them during the MDA to support their efforts, troubleshoot and resolve any problems and provide supportive supervision to ensure success. If logistics allow, group leaders should visit distribution teams every 2-3 days. The more frequently a group leader can visit a distribution team the better the results will be.

This document is a facilitator’s guide to conduct a workshop to train both group and team leaders in the requisite knowledge and skills to be an effective team leader to support Zithromax® MDA and to meet the objectives and goals of the national trachoma or NTD plan. The training process presented here could easily be adapted for integrated MDAs only needing to add the specific content for each individual drug package.

The topics covered in this workshop include: overview of trachoma and the SAFE strategy; the trachoma situation in the country and target province; overview of Zithromax® and target groups for MDA; administration of Zithromax® (tablets and suspension) and tetracycline eye ointment, the correct completion of the recording form; supportive supervision skills; social mobilization and managing refusals. The workshop is designed for 2.5 – 3 days with the expectation that the participants will return to their home base to train other leaders.

It is anticipated that the MDA registers will have been prepared prior to the start of the training programme.

This guide is designed to be participatory and to reflect adult learning principles. However, it is not meant to be prescriptive and those with experience in training should feel free to adapt as the local situation requires. Following each provincial level training, the national NTD or trachoma coordinator should follow up with the facilitators to determine preferred practices within the training to disseminate to other provinces and districts.

This same guide can be used to train distributors as well by simply omitting those sessions that are only relevant to team leaders.



Photo: International Trachoma Initiative

Sample Agenda

Day 1

Session #	Time	Topic	Facilitator
1	9:00	Introduction	
2	9:45	Expectations	
	10:15	Tea Break	
3	10:30	Agenda and Learning Objectives	
4	11:00	Norms	
5	11:20	Pre-Test	
6	12:00	Overview of Trachoma and SAFE Strategy	
	13:00	Lunch	
7	14:00	Overview of National and Local Trachoma Situation	
8	14:30	Introduction to Zithromax®	
9	15:15	Target Groups for Zithromax®	
10	15:45	Achieving the Optimal Coverage	
	16:05	Tea Break	
11	16:20	Community Sensitization and Mobilization	
	17:30	End of Day	

Day 2

Session #	Time	Topic	Facilitator
12	9:00	Determining the Appropriate Dose	
13	10:00	Preparing Pediatric Oral Solution (POS)	
	11:00`	Tea Break	
14	11:15	Side Effects and Serious Adverse Events (SAEs)	
15	11:45	Tetracycline Eye Ointment (TEO)	
16	12:15	Record Keeping	
	13:00	Lunch	
17	14:00	Reporting Results	
18	14:30	Dealing with Refusers	
19	15:30	Role of the Team Leader	
	16:00	Tea Break	
19	16:15	Role of the Team Leader (continued)	
	16:45	End of Day	

Day 3

Session #	Time	Topic	Facilitator
20	9:00	Field Practicum	
21	12:00	MDA Logistics	
	13:00	End of Workshop	



Photo: International Trachoma Initiative

Workshop Materials Needed

- 2-3 Flip charts and markers (most sessions)
- 1 Laptop computer and projector (most sessions)
- 1 Bottle of Zithromax® (Session 9)
- 1 Dose Poles for every 3-4 participants (Session 12)
- 1 Pediatric Oral Suspension (POS) bottles, measuring cups, water for every 2 participants (Session 13)
- Tubes of tetracycline eye ointment (TEO) (1 tube for each participant) (Session 15)

PowerPoint Presentations

- Learning Objectives and Agenda (Session 3)
- Overview of Trachoma and SAFE Strategy (Session 6)
- Overview of National and Local Trachoma Situation (Session 7)

Handouts

- Pre-test (session 5)
- Instructions for mixing the pediatric oral suspension (Session 13)
- Blank recording forms as will be used during MDA (Session 16)
- Recording form that has been filled out but in which 5-8 errors have been made (1 copy for each of the participants) (Session 16)
- List of supervisor responsibilities and supervisory checklist (Session 19)

Training Sessions

Session 1: Introductions

Session Summary: This introductory session is critical as it sets the tone for the workshop. As this entire workshop is designed to be **participatory** and embrace adult learning principles, this session should communicate to the participants this approach. As with any training activity there should be an objective to it. Using an interactive approach requiring the participants to get up and move about reinforces the concepts of accountability, participation, and safety; concepts that will be discussed later in the day. There are many such “ice-breaking” activities and the one below is only a suggestion.

Objectives:

1. To demonstrate this is a participatory workshop and establish the expectation of full participation from each learner.
2. To demonstrate that the participants are responsible for their learning and the facilitator is there to facilitate the learning but not impose it.
3. To allow the participants and facilitator to interact and to get to know one another creating a sense of community and safety within the learning environment.

Duration: 45 minutes

Materials: Flip chart and markers

Handouts: None

Training Procedure:

1. Ask the participants to form a circle that also includes the facilitator.
2. The facilitator tells the participants that each person will start by announcing their name accompanied by a gesture. (Hands raised above head, a dance step, a jump, etc.).
3. The next person must say the name of the first person, replicate the gesture, state his/her own name accompanied by a different gesture.
4. The third person must say the names and replicate the gestures of each of the people before and then add his/her name and unique gesture.
5. This is continued all the way around to the last person who needs to remember everyone’s names and gestures.
6. Following this activity, the facilitator asks the participants to comment on the value of such an activity writing their responses on flip chart.
7. Some responses to bring up are: allow participants to become acquainted; to develop a sense of community; help relax people; set a climate of participation and “instant involvement” of all; to demonstrate that the facilitator is part of the group and not a leader or lecturer; to provide the facilitator with a sense of the group that will help as the workshop proceeds; helps reduce anxiety of trainer.

Session 2: Expectations

Session Summary: Participants attend workshops with a variety of expectations as to the nature of the workshop and as to what they will gain from their participation. These expectations may be different from the intentions of the organizers and if not discussed at the beginning of the workshop may cause confusion, dissatisfaction and in the end hinder the learning process. This and the following session provide an opportunity to identify those expectations and reconcile them if possible with the workshop objectives and if not possible address the reasons why the expectation(s) cannot be met.

Objectives:

1. To determine the expectations the participants have in attending the workshop and their learning needs in terms of trachoma and supervision.
2. To establish a pattern of group work for the workshop.
3. To discuss this activity and its role in workshop facilitation.

Duration: 30 minutes

Materials: Flip chart and markers

Handouts: None

Training Procedure:

1. Ask each participant to write down 3 expectations they have for attending the workshop. By expectations we mean what the participant hopes to learn or achieve by attending the workshop.
2. After 5 minutes, randomly divide the participants into groups of 4-5.
3. Ask each group to nominate a facilitator and a secretary.
4. Ask the members to share their expectations with each of the other group members.
5. Based on each individual's expectations, each group should then develop a joint list of 3-4 four expectations that represents a group consensus of priority needs.
6. After returning to plenary, the groups are asked to present their work.
7. To save time, after one or two presentations the facilitator may ask if the remaining groups have any additional expectations not already mentioned and list them on the flip chart paper.
8. The facilitator should then advise the participants that the next session will include the objectives of the workshop and a comparison will be made between the expectations of the participants and the intention of the workshop.

Session 3: Agenda and Learning Objectives

Session Summary: This is a continuation of the previous session in which the agenda and the learning objectives are presented and a discussion is held as to whether expectations that stray from the design of the workshop can be met or if not to explain why.

Objectives:

1. To present the intentions of the workshop design and the objectives it hopes to achieve.
2. To ensure that participants' expectations are managed within the parameters of the workshop (either incorporated or explained why they cannot be).

Duration: 30 minutes

Materials: PowerPoint presentation of agenda and learning objectives

Handouts: Agendas with objectives listed

Training Procedure:

1. Present the learning objectives for the workshop acknowledging those expectations that do not conform. The objectives are as follows:

By the end of the workshop, participants will be able to:

- a. State the target (eligible) populations for Zithromax® (tablet and POS) distribution;
 - b. State the target coverage for Zithromax®;
 - c. Demonstrate the correct use of the dose pole to determine dosage;
 - d. Demonstrate the correct preparation of POS;
 - e. State the procedure for discarding materials (bottles, wasted/spoiled drugs, etc.);
 - f. State the various side effects that may result from Zithromax®;
 - g. Describe the proper procedures for managing SAEs;
 - h. Describe and demonstrate how to fill out the recording form;
 - i. Demonstrate adequate knowledge of trachoma and interpersonal communication skills to effectively deal with refusers;
 - j. Demonstrate reporting procedures;
 - k. Understand the role of supervisors.
2. Present the agenda to illustrate the steps that will be taken to achieve the objectives.
 3. Indicate where some of the expectations might be met or at least partially addressed.
 4. If there are expectations that cannot be met, indicate them explaining why.
 5. Ask the participants if they have any questions.

Session 4: Norms

Session Summary: This session is to establish behaviours that the participants agree will be necessary to have a successful and productive workshop. Such norms may include: a) listening to one another and not interrupting; b) respecting other people's opinions; c) turning off cell phones; d) being on-time, etc. As the development of teams will be important for successful MDA, establishing norms within the workshop will provide an opportunity to discuss norms of a distribution team.

Objectives:

1. To set the ground rules for behaviours during the workshop.
2. To discuss the importance of establishing norms in any group activity whether it be the workshop itself or the teams of distributors.
3. To reflect on what norms might be essential for a team of distributors.

Duration: 20 minutes

Materials: Flip chart and markers

Handouts: None

Training Procedure:

1. Ask the participants what norms are (behaviors/rules that they all agree on).
2. Brainstorm with the participants what they feel are the necessary norms for this to be a successful workshop (answers may include: not speaking at the same time, respect for others opinions, no side conversations; turn off cell phones, no smoking, etc.).
3. Write the responses on the flip chart.
4. Ensure that all participants are in agreement.
5. Post the flip chart on a wall of the training room to be referred to if needed.
6. Ask the participants what purpose this activity serves.
7. Ask the participants what they feel would be appropriate norms for a team of distributors, noting down their responses on flip chart paper.

Session 5: Pre-test

Session Summary: This session further establishes the participatory nature of the workshop and defines trachoma as the context of the rest of the training. This pre-test is not truly a test but a way to have the participants interact with each other and share knowledge.

Objectives:

1. To introduce trachoma and the various facets of control to the participants.
2. To develop an understanding among the facilitators of the knowledge level of the participants.

Duration: 50 minutes

Materials: Flip chart and markers

Handouts: Pre-test (test questions may be prepared on flip chart paper beforehand)

Training Procedure:

1. Pass out the pre-test to each individual. If the test is prepared on flip chart paper, ask each participant to take out a piece of paper and pen and post the test on the easel.
2. Ask each participant to answer the questions to the best of their ability.
3. After 5 minutes, divide the participants into groups of three.
4. Instruct each group to take the test as a group sharing their individual answers to the test.
5. After 10 minutes, bring the participants back together.
6. For each test question, ask for their responses and write the answers on flip chart paper.
7. After all the different responses for one question have been written down, discuss with the participants the answers indicating which are correct elaborating as necessary.
8. Proceed in this manner with the rest of the questions.
9. Let the participants know there will be a presentation on trachoma and if they have any questions they can be addressed then.

Pre-test

1. What are 3 major risk factors for trachoma?

2. Name 3 of the 5 grades in the WHO simplified trachoma grading scheme.

3. Name the 4 components of the SAFE strategy.

4. What is the antibiotic mostly used to treat trachoma during Mass Drug Administration?

5. Who is eligible to be treated for trachoma?

6. What is trichiasis?

Session 6: Overview of Trachoma and the SAFE Strategy

Session Summary: This session presents the basic facts of trachoma and the WHO endorsed SAFE strategy (Surgery, Antibiotics, Face-washing, Environmental Change) to provide further context for the training workshop.

Objectives:

1. To provide the participants with basic information concerning trachoma and SAFE.
2. To provide the overall context for the upcoming mass drug administration with Zithromax®.

Duration: 50 minutes

Materials: PowerPoint presentation and large laminated pictures of people with trichiasis, pictures of poor hygiene, flies on faces

Handouts: None

Training Procedure:

1. Present the PowerPoint or hand out the pictures and have people, in small groups discuss each picture and how it reflects trachoma.
2. During the presentation refer to the pre-test and the answers given by the participants to the questions.
3. Following the presentation (or even during it) invite questions from the participants.

Session 7: Overview of National/Provincial Trachoma Situation

Session Summary: This session is to provide the context to how trachoma affects *[Country]* in general and *[Province/District]* specifically explaining in greater detail the rationale of the MDA through presentation of the *[Province's]* data.

Objectives:

1. To inform the participants of the trachoma situation in the country as is currently known.
2. To provide the participants with the data from baseline surveys and if available impact assessments.
3. To discuss the implications of the data in terms of MDA with Zithromax®.

Duration: 30 minutes

Materials: Presentation on the National and Local Trachoma Situation in *[Country/Province/District]*

Handouts: None

Training Procedure:

1. Present the provincial level data from target provinces.
2. Explain that normally trachoma surveys are conducted at the district level. Remind the participants (if already presented) that when prevalence >30%, five years of treatment with Zithromax® is required before doing an impact study.

Session 8: Introduction to Zithromax®

Session Summary: This session emphasizes that for the majority of the population Zithromax® is the antibiotic in the A of the SAFE strategy as recommended by both WHO and the national Ministry of Health. Tetracycline eye ointment (TEO) is used for children under 6 months of age and will be discussed later. This session picks up on the need for MDA introduced in the previous session and serves to present the participants with essential facts concerning the drug Zithromax® (azithromycin).

Objective: By the end of this session, participants will be able to state:

- a. That the drug is a donation by Pfizer which is managed by the International Trachoma Initiative (ITI);
- b. That Zithromax® is a broad spectrum antibiotic and managed-use is essential to avoid possible development of resistance;
- c. The drug is valued at approximately 20 USD/adult dose (4 tablets) to illustrate they are managing a valuable commodity;
- d. That for trachoma elimination purposes, the drug is distributed 1 x year;
- e. The drug comes in 2 forms – tablets and pediatric oral suspension (POS);
- f. The possible side effects of the drug;
- g. That diversion of drug to the marketplace or to other health services would lead to discontinuation of donation (and reprimand).

Duration: 45 minutes

Materials: Flip chart and marker

Handouts: None

Training Procedure:

1. Brainstorm with the participants what they know about Zithromax®;
2. Write the responses on the flip chart paper;
3. If the basic information listed in the objectives session are not mentioned, pose questions such as “What type of drug is Zithromax®?” (antibiotic); How many times a year is it distributed to control/eliminate trachoma? (once a year); etc.
4. Go back through the responses correcting those that may be wrong and providing additional information to the others as needed.
5. Sum up the main points.

Session 9: Target Groups

Session Summary: This session introduces the participants to one of the critical elements of MDA – identify which target groups are eligible be treated with Zithromax®, and what form of the drug should be used for each group. The dosage of Zithromax® as determined by height will be discussed in a later session. Also to be discussed in this session are groups excluded from taking Zithromax®. Some of these points may have been raised during the brainstorming that led off the previous session. The trainer should consult with the Ministry of Health prior to the training to understand what the policy is for treating pregnant women.

Objectives: By the end of this session, the participants will be able to:

1. Identify the various target groups eligible to be treated with Zithromax®:
 - a. All adults and children older than five years receive tablets – Adults always get four tablets while the number of tablets given to children depends on height;
 - b. 6 months to 5 years receive POS – amount depending on height (length) (An older child less than 15 kg may also receive POS);
 - c. 0-6 months receive tetracycline eye ointment – the mother to receive 2 tubes and treat child’s eyes twice a day for 6 weeks.
2. Name the formulation of Zithromax® (or TEO) appropriate for the various age groups.
3. State the exclusion criteria for Zithromax® treatment (can vary by country) and how individuals who cannot receive Zithromax® will be treated.

Duration: 30 minutes

Materials: Flip chart and marker

Handouts: None (if desired, a list of the target groups could be printed up for the participants).

Training Procedure:

1. If any reference was made to target groups during the last session, use that to start off.
2. If not ask the participants if they know who is eligible to receive Zithromax®.
3. Write down any response on the flip chart.
4. After there are no more answers, on a new sheet of paper write 6 months and above and indicate that this is the eligible population.
5. Then on the paper, write 6 months – 5 years and inform the participants that this age group receives POS.
6. Inform the participants that this is liquid and the amount is determined by height (or length) of child and will be discussed later on in the workshop.
7. Then write 5 years and older and inform them that this age group receives tablets – the number being dependent on the height of the individual. (Height is often used as a proxy to weight, which is what is normally used to determine dosages. Weighing people during an MDA however is not practical so like other NTD drugs, height is used). For POS, the measuring and the dosing will be discussed later.
8. Ask the participants what age group is then not eligible for treatment with Zithromax® (0-6 months).
9. Ask the participants if that means that this age group receives no treatment at all.
10. If no one provides the correct response, let them know that this group receives TEO and thus the whole population should be offered treatment with either Zithromax® (POS or tablets) or TEO.
11. Ask the group specifically about pregnant women and the country policy about giving Zithromax® to this group (policies vary).

Session 10: Achieving Optimal Coverage for a Successful Program

Session Summary: As with any infectious disease control program, achieving a certain level of program coverage and maintaining that coverage is essential for the program to succeed. This session is to inform the supervisors of the coverage needed for success. The optimal program coverage is 100%. 80% coverage is the lowest acceptable level of coverage. In preparing for this session, it will be necessary to verify that 80% conforms with the national target. It will be the critical role of the supervisor to ensure optimal coverage rates are achieved each year of distribution. The supervisors' role in achieving this coverage will be discussed later in the workshop. The other aspect to coverage is geographic coverage which should be 100% of all endemic districts.

Learning Objectives: At the end of this session, participants will be able to:

1. State the optimal coverage rate for a successful MDA of Zithromax®.
2. State what they will do if the coverage targets are not met (understand the concept of accountability).

Duration: 20 minutes

Materials: Flip chart and paper

Handouts: None

Training Procedure:

1. Ask the participants what is meant by coverage rate. (There are generally two types of coverage: epidemiological = # treated/total population, and; program = #treated/ eligible population. In the case of trachoma if TEO is being used, these are the same).
2. Ask the participants if they know what the optimal coverage rate for trachoma is.
3. If they are not able to answer, inform the participants that according to the drug donation program (International Trachoma Initiative) the optimal program coverage is 100%. 80% coverage is the lowest acceptable level of coverage.
4. What is the population and why does it matter?
 - Administrative population estimates are usually calculated from a periodic census (once every 10 years or so) and multiplied by the national growth rate. Since the population growth rate is an average for the country it will be a little low for many districts and a little high for others. A local census of each district and log books is always more accurate than the national projection.
5. Including vulnerable and marginalized people in the distribution.
 - Ask whether there are groups of people who may not be included in the population estimate (there may be migrant workers, herders, students in boarding school, soldiers or people with disabilities). Discuss whether these people should be included (remember that the ideal target is 100% of the population).
6. Inform the participants that their role in ensuring this level of coverage is reached will be discussed later.
7. As a side note, let the participants know that ITI provides enough Zithromax® to reach 100% of the eligible population 6 months and older.
8. Ask the participants what are the recommended actions if coverage levels are not achieved (get them to focus on reporting this first, identifying the reasons, and possible ways to improve).
9. Ask if there are any questions regarding coverage and respond as needed.

Session 11: Community Sensitization and Mobilization

Session Summary: In order to achieve high coverage as described in the previous session, the target communities must be a) aware of the effort and, b) informed about the importance to the point that they participate in the MDA. Preliminary notice of MDA may be given 4-6 weeks before the actual distribution with more intense mobilization efforts the two weeks prior. The objective of community mobilization within an infectious disease program is to ensure that not only the individual participates but that person also is an advocate to their family, peers and other community members to also accept Zithromax® annually.

Objectives:

1. To determine the most important information that communities will need to know to ensure they participate in the MDA.
2. To identify the challenges and their solutions to effectively mobilizing communities.
3. To discuss the supervisors' role in social mobilization.

Duration: 70 minutes

Materials: Flip chart and paper

Handouts: None

Training Procedure:

1. Ask the participants what social mobilization means to them.
2. Write responses on the flip chart seeking discussion on each point.
3. Ask the participants why social mobilization is important referencing the previous section if not forthcoming from the participants.
4. Divide the participants into groups of 4-5 providing each group with flip chart paper and markers.
5. Ask each group to appoint a recorder and presenter.
6. Instruct each group to identify other experiences with social mobilization for similar programs such as other NTDs, vitamin A supplements, etc. identifying the success factors as well as the challenges.
7. Ask the groups to list what information is important for communities to know to ensure their participation:
 - a. Basics of trachoma?
 - b. Reason for MDA?
 - c. Safety/potential side effects?
 - d. Dates of MDA?
 - e. Other aspects of SAFE ?
8. Ask the participants who within the community will be able to influence people to participate such as a priest or imam, teacher, etc.
9. Ask them to further discuss what steps need to be taken to assure success with trachoma MDA.
10. Each group should also list 3-5 roles that they as supervisors will need to play.
11. After 30 minutes, bring everyone back together asking one group to present their findings.
12. After each group presents, discuss their decisions and if there is agreement with their work.
13. Conclude the session by summarizing the main points.

Session 12: Determining the Appropriate Dose

Session Summary: This session will ensure that the participants have the necessary skills to accurately determine the appropriate dosage of Zithromax® (tablets or POS) through the accurate use of the dose pole. Ideally, the participants should be provided the opportunity to practice the use of the dose pole. As measuring height of young children often poses more of a challenge than measuring height in older children or adults, the organizers should arrange with a pre-primary school or clinic where children aged 6 months to 5 years can be found. When using height and age as two cut off points to determine dosage, distributors may be confronted with the situation of deciding the correct treatment for a child who is younger than 5 but taller than the cut-off point on the dose pole, or a child older than 5 but shorter than the cut-off point. The key message here is: if there is any doubt, use the suspension. The other key message as noted below is that if a child resists taking either POS or the Zithromax® tablets, the child should not be forced. Forcing a child to take medicine may result in the child's injury or death.

Objectives:

By the end of this session, participants will be able to:

1. Accurately determine the correct dosage whether tablets or POS through the use of the dose pole.
2. Understand that no child should be forcibly given POS or tablets.

Duration: 60 minutes

Materials: Dose poles

Handouts: None

Training Procedure:

1. Remind the participants that height is the measure for Zithromax® tablets and Zithromax® POS.
2. Inform them that the height is measured using a “dose – pole.”
3. Show the participants the dose pole for Zithromax® tablets indicating the lines marking height and where the number of tablets are marked.
4. Inform the participants that when using the pole:
 - a. It must be held vertically;
 - b. The person must stand as straight as possible (noting that some may physically not be able to);
 - c. If the country uses a paper or tape measuring instrument, it must be hung from the wall or tree (**must be stable and not from a swinging branch**) – do not try to measure with a loose tape.
5. Display the dose pole (or tape) for POS indicating the lines marking height and where the number of milliliters required are marked.
6. Discuss with the participants the potential problems of measuring young or disabled children and how they might be resolved. Some of the problems might include fear, not able to stand straight, moving too much, etc. (younger children (ages 2 years and younger) often lift their heads up when the mother attempts to have them stand up).
7. **EMPHASIZE TO THE PARTICIPANTS THAT NO CHILD SHOULD BE FORCIBLY ADMINISTERED ZITHROMAX®.**
8. Ask the participants what they would do if a child is reported to be older than 5 years but whose height is below the cutoff line on the dose pole or conversely, a child younger than 5 years old but is taller than the cut-off line for POS. Advise the participants that if there is any doubt, dose the child with POS.
9. Allow the participants to examine the poles.
10. Ask the participants to measure one another.
11. Ask if the participants have any questions.

Session 13: Preparing Paediatric Oral Suspension

Session Summary: For children between 6 months and 5 years of age, POS is provided recognizing that younger children have difficulties swallowing the tablets that older children and adults receive. The administration of POS requires a number of steps to ensure that children receive the correct dose. This session is to ensure that the supervisors are able to mix the POS and have the knowledge and skills to train those at the district level. One of the critical factors in this is having potable water to mix the suspension in.

Objectives:

By the end of this session, the participants should be able to:

1. Demonstrate the correct steps for mixing the POS.
2. Demonstrate to correct administration to a child.
3. Describe the management of POS after it has been administered.

Duration: 60 minutes

Materials: POS bottles, measuring cups, water,

Handouts: Written instructions for mixing POS

Training Procedure:

1. Introduce the session by asking the participants what age group receives POS (remembering that not only it is for 6 months – 5 year olds but also older children weighing less than 15 kg or older children having difficulty swallowing the tablets).
2. Demonstrate the preparation of POS emphasizing the importance of using safe drinking water while describing each step as it is performed. Start by explaining that the POS comes as a powder that needs to be reconstituted:
 - a. Need to have potable water available (be prepared to discuss where the participants will access potable water in their districts (may need to transport water in some locations);
 - b. Shake bottle before opening to loosen powder (hold bottle in one hand and hit it against the palm of the other – look at the base of the POS bottle to ensure the powder is not stuck);
 - c. **With the bottle upright again, squeeze** and turn security cap (Note: this will need to be practiced as many are unfamiliar with security caps);
 - d. Mix powder with 5 ml water, reclose and shake again;
 - e. Add additional 10 ml of water;
 - f. The 15 ml water + powder = 30 ml of POS.
3. Distribute POS bottles to each person or pairs of participants.
4. Ask one participant to come up front and go through the steps describing each.
5. Ask the participants to practice mixing and measuring out various doses.
6. Again ask someone to come up and perform the various steps asking the others if the person is doing it correctly.
7. If there is time, role play about a “fussy child.”
8. Discuss with the participants the following points concerning management of the POS after it has been prepared:
 - a. Keep reconstituted POS out of sunlight. If bottles are not finished at end of day mark date and use first the following day;
 - b. Any POS older than 10 days should be discarded.
9. Review with the participants how dosage with POS is determined. Review that if there is any doubt about age or height, provide the child with POS.
10. Ask the participants if they have any questions and once those questions have been addressed, close the session.

Session 14: Side Effects and Serious Adverse Events (SAEs)

Session Summary: With any drug there is always the possibility of side effects. This session is to brief the participants on what side effects might be expected and what steps need to be taken. It also addresses what to do if there are any Serious Adverse Events (SAEs) defined as reactions leading to death, hospitalization or disability. Though SAEs are generally thought of a physiological reaction to the drug, it can also be the result of choking on the tablets. Cases have been reported of children refusing or physically resisting to swallow the tablets and being forced to do so by either the distributor or the parents. Two approaches are to be discussed with the participants: 1) No one should be physically forced to take Zithromax®; 2) *If the distributor feels that the child will be able to take POS more safely than tablets, POS should be used, regardless of whether the child is older or taller than the usual cut-offs.*

Objectives:

1. To inform the participants of the side effects that Zithromax® might provoke.
2. To discuss actions that need to be taken as dictated by the national trachoma or NTD program.

Duration: 30 minutes

Materials: None

Handouts: Steps to take if an SAE is identified

Training Procedure:

1. Ask the participants if they have heard of any of the side effects that Zithromax® may cause (or other antibiotics).
2. Inform the participants that the drug is generally well-tolerated but as with any drug there is a risk (about 1 in 10 people will experience some mild stomach complaint—this can be reduced significantly by advising people to eat prior to taking Zithromax®).
3. Most side effects are upset stomachs which can be mitigated if the communities are informed to eat something prior to the MDA.
4. If people experience discomfort, they or their family members should be encouraged to take the treatment anyway as the discomfort is less serious than the potential results of trachoma.
5. Ask the participants what they should do in the case of a child that resists taking the medicine from the distributor. Sometimes a child will take the medicine if it is the parent or guardian that provides it to him/her. There are occasions where this may not work. In these circumstances, ask the parent to take the child aside and wait for them to calm down and try again. POS may be offered to the child even if older or taller than the cut off. If this does not succeed, either administer TEO or simply skip the child. Under no circumstances should anyone be forced to take the treatment.
6. Inform the participants that any severe adverse events (resulting in death, hospitalization) need to be reported immediately though this is a very rare. Discuss with the participants what the country requires for reporting SAEs.

Session 15: Tetracycline Eye Ointment

Session Summary: Children < 6 months of age do not receive Zithromax® but instead should receive tetracycline eye ointment. The child should receive treatment with the mother or guardian paying close attention as to how to continue treating the child. If the situation allows, ask the guardian to demonstrate the application. Each mother or guardian with a child < 6 months of age should receive two tubes with the instructions to treat the child 2 x day in both eyes for the next 6 weeks or until the tubes are finished. Pregnant women may also receive tetracycline ointment depending on the country policy. In preparing this session make sure that TEO is within the policy of the Ministry of Health and that it is available for MDA.

Objectives:

1. State the groups that should receive TEO.
2. Demonstrate the correct administration of tetracycline eye ointment.
3. Clearly provide instructions as what a mother/guardian needs to do at home with TEO.

Duration: 45 minutes

Materials: Tubes of tetracycline and laminated pictures of an eyelid being pulled down and TEO being applied

Handouts: None

Training Procedure:

1. Review with the participants the groups to receive TEO as part of MDA.
2. Inform the participants that both of the child's eyes need to be treated during the MDA which also demonstrates to the mother/guardian how to do apply the ointment. Have individuals use the pictures to describe the process for applying TEO.
3. Further inform the participants that for each child < 6 months, the mother/guardian should be given two tubes to take home and instructed to administer the ointment twice a day until it's all finished.
4. Ask a volunteer to come to the front and demonstrate the application of the eye ointment describing each step.
5. Divide the participants into 4 providing each group with a tube of TEO.
6. Have the participants apply TEO to each other both so they can practice application and so they can have the experience of being treated with TEO.
7. Discuss with the participants how the TEO felt.

Session 16: Record Keeping

Session Summary: Ensuring accurate recording of each treatment administered is essential both to measure coverage, track progress towards trachoma elimination and as an important part of supply chain management and the forecasting of drugs needed for the following year's MDA. In this session the facilitator, using the national reporting form for Zithromax®, should prepare a form purposely making 6-8 errors. These errors may be calculation errors, inconsistent information, information that appears in the wrong column, information written illegibly. The idea is to develop critical analytical skills in reviewing completed forms.

Objectives:

By the end of this session, the participants will be able to:

1. Name and describe the various indicators to be collected on the recording form.
2. Recognize and correct errors on a test sheet.
3. Be able to correctly complete a recording form.

Duration: 45 minutes

Materials: Computer projector

Handouts: Recording form; recording form with errors (1 for each participant)

Training Procedure:

1. Project the recording form.
2. Ask the participants what the importance of recording the various pieces of information discussing coverage, progress towards 2020 and drug management.
3. Discuss each individual column.
4. Divide the group into pairs.
5. Distribute the prepared form with errors to each pair of participants.
6. Ask the pairs to circle the errors and to make the necessary correction.
7. Ask the participants if they have any questions.

Session 17: Reporting Results

Session Summary: This session complements the previous session by reviewing with the participants the system for reporting results. As each country has their own system both in the flow of information and technology (paper, mobile technology, etc), the details of this session will need to be prepared locally. The critical factor in this session is the knowledge of the participants of their role in making sure the data **are** reported accurately and appropriately.

Objectives:

1. To review with the participants the reporting system for MDA data and particularly their role.
2. To anticipate any problems.

Duration: 30 minutes

Materials: PowerPoint slide of flow chart showing the movement of the data up and down the system

Handouts: Optional: the flow chart

Training Procedure:

1. Present the flow chart for reporting the results of the MDA.
2. Ask the participants what their role is in ensuring the data **flow** according to the plan.
3. Ask the participants what obstacles they foresee and write these on the flip chart paper.
4. Brainstorm with the participants how these obstacles will be minimized so the data reaches where they need to be.

Session 18: Dealing with Refusals

Session Summary: One challenge NTD programs face are those individuals who refuse treatment. This may be for a variety of reasons; reasons we should try to understand and counter if possible. Often it is from misunderstanding of the program which is why it is important that all involved must understand the context in which Zithromax® is being distributed and be able to explain clearly to the communities. This session will explore why people may refuse and provide an opportunity through role play to try to change their minds. Though we want to minimize the number of people refusing to accept treatment, no one should be forced or shamed into doing so.

Objectives:

1. To identify possible reasons people may refuse to comply with treatment with Zithromax®.
2. To discuss strategies to increase compliance with the MDA among refusers. These may include:
 - a. Determining the exact reason why the person is reluctant;
 - b. Enlisting a community leader to speak with the person;
 - c. Having a person that just took the drug, speak with the individual.

Duration: 60 minutes

Materials: None

Handouts: None

Training Procedure:

1. Introduce the topic of people refusing treatment.
2. Ask the participants if they have confronted this either in LF MDA or other health campaigns.
3. Brainstorm with the participants the various reasons that people refuse treatment writing the responses on flip chart paper.
4. After the possible reasons are listed, brainstorm with the participants how the different reasons may be addressed.
5. Using the various reasons, organize 2-3 role plays with one person playing the role of a community member refusing treatment for one or more of the reasons listed during the brainstorm and the other person trying to convince the person to take treatment.
6. Discuss each role play with the participants to identify ways to improve the approaches taken by the health worker.

Session 19: Role of the Team Leader

Session Summary: This session is premised on the idea that working in a team fosters better performance and in the case of MDA safe and effective distribution of Zithromax®. The participants in this training are those designated to be team leaders and thus this session is designed to identify their various responsibilities as team leader. Particular focus is on supportive supervision as it is recognized that supervision is one of the most important aspects of mass drug administration. The characteristics of supportive supervision are: problem solving; 2-way communication; monitoring performance towards goals and performance improvement. This session is to ensure that all the supervisors are clear on their various responsibilities before, during and after the MDA.

Objectives: By the end of this session, the participants should be able to:

1. Define supportive supervision.
2. State the various responsibilities they have been assigned.
3. Anticipate various problems they may encounter and describe possible ways to address these problems.

Duration: 60 minutes

Materials: Flip chart

Handouts: List of supervisor responsibilities, supervisory checklist

Training Procedure:

1. Divide the participants into groups of 3-4.
2. Ask the groups to list the characteristics they associate with the term “supportive supervision.”
3. After 15 minutes, return to plenary and ask one group to present.
4. Ask the other groups to add anything to the list that the first group did not name.
5. The facilitator should ask the groups for clarifications or examples of the various characteristics named.
6. Ask the participants to define their roles as team leaders based on the characteristics of supportive supervision, writing the responses on flip chart paper.
7. Ensure that everyone is in agreement with the list.
8. Ask the participants what problems they might anticipate encountering and for each problem discuss what actions might be required.

Session 20: Practicum

Session Summary: It is imperative that prior to the MDA, the participants practice the skills of organizing an MDA, measuring community members, determining the dose and mixing the POS, and recording the treatment. It is recommended that a public place be selected such as a market or a school to best reflect the real conditions of an MDA and to have people of different ages (and heights) participate. If for some reason this is not practical and there are sufficient people near or working at the training venue, enlist their participation. To have full benefit of this session, it is recommended to NOT just have participants measuring other participants. To most effectively practice use vitamin tablets and fill empty POS bottles with a powdered drink mix to reconstitute and provide to children. The practice of accurately mixing the POS may be simulated by emptying several POS bottles and substituting drink mix. Do not use Zithromax® during the practicum. Prior planning may also be needed in terms of transportation of participants, contact with a school and local Ministry of Education office, etc.

Objectives:

1. To practice the various skills needed for Zithromax® MDA under real life conditions.
2. To identify the potential challenges of Zithromax® MDA when working with target population and their solutions.

Duration: 3 hours

Materials: Dose poles, registry forms, pens, clipboards, empty vials of POS with powdered drink mix, sugar pills or other non-pharmaceutical substitutes for Zithromax® tablets

Handouts: None

Training Procedure:

1. Before going to the practicum site, convene the participants to form teams, gather necessary supplies, and discuss any logistics associated with the activity.
2. Discuss the roles of the team members. Generally there will need to be a person to measure, one to provide the correct dosage of POS or tablets, and one to record. In the practicum, it will be helpful to have one person to play the role of supervisor to observe and take notes on the process. Every team member should take turns practicing each task.
3. It is recommended that each team “treat” 20-25 people.
4. The facilitator should circulate among the groups during the practicum to observe and answer any questions that might arise.
5. After each team has seen 20-25 people reconvene in the training room to discuss the practicum.
6. Ask the participants to share their observations noting them on flip chart paper.
7. Ask the participants what challenges they faced again noting the challenges on flip chart paper.
8. Ask the participants what can be done to mitigate the challenges encountered.
9. Ask the participants that during their time of observation of the other team members, what they would discuss with the participants were they the supervisors.

Session 21: MDA Logistics

Session Summary: This session is to review with the participants the various logistics they will need to be aware of for the MDA. The logistics may include when and where drugs will be delivered; when and where the various materials (dose poles, recording forms, registries, etc.) will be delivered; training of the distributors; etc. The facilitator will need to prepare a list of the various logistics to be discussed with the participants. This session should also be used to answer any remaining questions or address any concerns the participants may have regarding the MDA.

Objectives:

1. To ensure that the participants are aware of all the necessary logistics in preparation for the MDA.
2. To address any remaining issues or questions the participants have in regards to the safe and effective distribution of Zithromax®.

Duration: 60 minutes

Materials: Flip chart and markers; flip chart with the various logistics listed

Handouts: None

Training Procedure:

1. Review the list of logistics that the participants should be aware of.
2. Ask the participants what obstacles they anticipate listing them on the flip chart paper.
3. Discuss how these obstacles may be overcome and what troubleshooting strategies they may employ.
4. Ask the participants if they have any questions/concerns about the overall MDA.
5. Address these concerns ensuring that everyone will leave the workshop confident in what they need to do.

International Coalition for Trachoma Control (ICTC)

VISION:

Global Elimination of blinding Trachoma by 2020.

MISSION:

To act as a catalyst for the implementation of the SAFE strategy in support of endemic countries' trachoma control programs.

ICTC has a highly committed and professional multi-stakeholder membership, including Non-Governmental Development Organizations, donors, private sector organizations and research/academic institutions that demonstrate a commitment to GET 2020 and the WHO-endorsed SAFE strategy.

ICTC members at time of publication:



ICTC observers at time of publication:



ICTC International Coalition for Trachoma Control

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