Acknowledgements

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Views represented are the preferred practices of the coalition and not necessarily the official views of individual member organisations or agencies.
Foreword

This manual is a facilitator’s guide to conduct a workshop to train supervisors for the distribution of Zithromax® as part of a Mass Drug Administration (MDA) programme for trachoma elimination.

This guide is part of a series of preferred practices manuals for trachoma elimination programme implementation recommended by the International Coalition for Trachoma Control. It is essential reading for all those programme managers, implementing partners, implementers and students who wish to maximize efficiency in their Mass Drug Administration programmes. The importance of effective leadership and supervision as underpinnings of the success of these programmes cannot be overstated.
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Background

The objective of this training module is to introduce and promote the concept of *supportive supervision* for effective and efficient mass drug administration (MDA) for PCT-NTDs within national NTD control programmes. Evidence indicates that one of the critical factors affecting both the safety of Mass Drug Administration (MDA) as well as attaining optimal coverage with appropriate drugs is the lack of adequate supervision. Often, supervision provided within many health systems is a traditional top-down approach in which the supervisor plays the role of “policeman” with the objective of evaluating an individual’s performance. As often is the case, this approach to supervision provides little or no follow-up, problem solving, or any attempt at performance improvement. This manual advocates not only for increased supervision but a shift to what is referred to as “supportive supervision” with the ultimate aim of improving the outcomes of PCT-NTD control programmes.

The tenets of this supportive approach place the supervisor as an integral part of a team of distributors which, rather than playing an evaluation role, becomes a mentor to the distributors. The focus then shifts to performance improvement, problem solving and troubleshooting. If there is one single statement by a supervisor that encapsulates this concept it is: “How can I help you do your job better?” The main objectives of visits to the work sites are to ensure that the distributors are able to perform their duties as needed, that the communities receive quality services, that the organization and management of the NTD MDAs is effective and
efficient, and that the appropriate minimum coverage as prescribed for the various chemotherapies is achieved.

The training presented here is for three days, recognizing the time constraints of most Ministry of Health personnel and the expense that training incurs. The target audience for this training are those who are to supervise MDAs. It is suggested that the supervisors chosen for the programme have the basic knowledge of relevant PCT-NTDs and the distribution of control drugs and have had experience with MDA for NTDs. However, this manual does review many of these aspects, including age groups, dosing, use of the dose pole, etc. and so should be useful for any programme regardless of experience of the participants. This manual also includes a session dedicated to helping national programmes develop and adopt specific supervision strategies. If supervision strategies have already been adopted, this session can be deleted. Aside from the programmatic part of MDA, it will be helpful if the selected supervisors are well-versed in the other components of MDA including logistics, record keeping/reporting and trouble shooting.

This manual focuses specifically on trachoma but is relevant and easily adapted to other NTDs and MDA programmes. In adapting it for other diseases, the time of sessions will need to be adjusted according to the number of diseases. This is mentioned in the session summaries as well.

The World Health Organization (WHO) in its manual on supervision for immunization refers to the 3 R’s for an effective supportive supervision system:

1. **R**ight people as supervisors – trained supervisors with updated information and skills
2. **R**ight tools for supervisors – checklists, forms for recommendations, training aids, etc.
3. **R**ight resources allocated for supervision – ensuring supervisors have transport, receive per diems, and have time allocated for their job.

The training will directly address the first two “Rs” and, though this workshop will not enable the national programme to secure the necessary resources that a supervision system requires, it will help identify what those resources might be and ways to secure them.

### Training Objectives

The objective of the training is to develop a cadre of trained supervisors overseeing MDA for NTD using appropriate control drugs to:

- Assure the safe delivery of PCT drugs according to age groups and required formulation of the drug;
- To assure that optimal coverage of at least 80% of the population in targeted communities is attained;
- Ensure high quality reporting (including of severe adverse events, if indicated).

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

- State the critical aspects of MDA with appropriate PCT drugs including target groups, dosage for each group, the correct use of the dose pole and the target coverage;
- Define supportive supervision;
- List various issues that may affect performance of health workers;
- Define the critical roles a supervisor plays in assuring quality MDA with appropriate PCT drugs;
- Understand how to prevent the possibility of precipitating a severe adverse event by over-enthusiastic teams or parents;
- Demonstrate skills in interpersonal counseling, team building and training;
- Demonstrate overall knowledge of supervisor checklists for distributors and auxiliary personnel;
- Demonstrate an understanding of efficiency and effectiveness in MDA organization and management and problem-solving approaches to poor coverage;
- Understand basic district and health center supply chain management of NTD control drugs.
# Training Programme Agenda

The proposed training agenda can be revised based upon the experience and skills of the supervisors as well as the status of national supervision strategies. Trainers should review the agenda and revise, as needed. The agenda below is for a three-day period. If extra time is available, an agenda over four days is included in the annexes ([Annex A](#)).

<table>
<thead>
<tr>
<th>Session #</th>
<th>Time</th>
<th>Session Topic</th>
<th>Facilitator</th>
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<td><strong>Day 1</strong></td>
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<tr>
<td>1</td>
<td>8:00-8:15</td>
<td>Registration</td>
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<tr>
<td>2</td>
<td>8:15-8:45</td>
<td>SWOT: Current Supervisory Practices (Review of Group Work)</td>
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<td>3</td>
<td>8:45-9:45</td>
<td>MDA Supply Chain Management</td>
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<td>4</td>
<td>9:45-10:15</td>
<td>Introduction to Supportive Supervision</td>
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<td>5</td>
<td>10:15-11:00</td>
<td>Overview of Trachoma and the SAFE Strategy</td>
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<td>6</td>
<td>11:00-11:30</td>
<td>Break</td>
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<td>7</td>
<td>11:30-12:00</td>
<td>Overview of National/Provincial Trachoma (and/or Other PCT-NTD) Situation</td>
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<td>8</td>
<td>12:00-12:30</td>
<td>Introduction to Zithromax®</td>
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<td>9</td>
<td>12:30-13:00</td>
<td>Target Groups</td>
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<td>10</td>
<td>13:00-14:00</td>
<td>Lunch</td>
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<td>11</td>
<td>14:00-14:45</td>
<td>Preventing, Managing and Reporting Severe Adverse Events</td>
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<td>12</td>
<td>14:45-15:15</td>
<td>Achieving Optimal Coverage for a Successful Programme</td>
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<td>13</td>
<td>15:15-15:45</td>
<td>Break</td>
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<td>14</td>
<td>15:45-16:15</td>
<td>Preferred Practices for MDA Using the Example of Zithromax® MDA</td>
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<td>15</td>
<td>16:15-17:00</td>
<td>SWOT: Current Supervisory Practices (Small Group)</td>
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<td>17:00</td>
<td>End of Day</td>
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<td><strong>Day 2</strong></td>
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<tr>
<td>16</td>
<td>8:00-8:15</td>
<td>Review of Day 1</td>
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<td>8:15-8:45</td>
<td>SWOT: Current Supervisory Practices (Review of Group Work)</td>
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<td>MDA Supply Chain Management</td>
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<td>Introduction to Supportive Supervision</td>
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<td>10:45-11:15</td>
<td>Break</td>
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<td>11:15-12:15</td>
<td>Supportive Supervision and MDA</td>
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<td>12:15-13:00</td>
<td>Performance Improvement and Supervision</td>
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<td>Role of Supervisor in Assuring Quality MDA</td>
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<td>Break</td>
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<td>16:00-17:00</td>
<td>Supervisory Skills Needed for MDA</td>
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<tr>
<td>27</td>
<td>17:00</td>
<td>END OF DAY</td>
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### Planning for the Training

Planning for the training should be carried out sufficiently in advance to have all of the necessary supplies and materials ready. Ideally, the training should be held just before the start of MDA distribution so the supervisors can immediately put their skills to work; and the instructor(s) can observe them. Supervisors should have a copy of various PCT-NTD MDA related material, including copies of the Zithromax® MDA Preferred Practice Manual, the Zithromax® Management Guide, the National Handbook for Managing Adverse Events following MDA and Serious Adverse Events. Supervisors should also have copies of all data collection and reporting forms and contact details of those responsible for reporting any serious adverse events.

If possible, the trainers should arrange to join each of the supervisors for one-half day to observe their supervision of the teams.
Day 1

Session 1: Introductions and Expectations

**Session Summary:** This session allows participants to get to know one another. At the very minimum, names, positions, experience in relevant PCT-NTDs and MDA should be shared. It is recommended that an icebreaker be used to demonstrate the participative nature of the workshop and to break down the barriers of formality. There are any number of such activities to choose from and the facilitator has the discretion to choose one s/he is most comfortable with.

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 demonstrate this is a participatory workshop and expects 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.
4. To determine the expectations that the participants have in attending the workshop and their learning needs in terms of training (and relevant PCT-NTDs).
5. To establish a pattern of group work for the workshop.

**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 one by one person will start by announcing their name and place of work.
3. The next person must say the name of the first person and his/her place of work then state his/her own name and place of work.
4. The third person must say the names and places of work of each of the people before and then add his/her name and place of work.
5. This is continued all the way around to the last person who needs to remember everyone’s names and places of work.
6. As a large group the facilitator will ask the participants what they hope to learn from the workshop, writing the responses on poster paper.
Session 2: 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 workshop design and objectives.
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: Word document with agenda and learning objectives (Annex A)

Handouts: Agenda with objectives listed

Training Procedure:
1. Present the learning objectives for the workshop acknowledging those expectations that do not conform.
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 3: Overview of Trachoma and the SAFE Strategy

Session Summary: This session presents the key elements of trachoma and the WHO endorsed SAFE strategy (Surgery, Antibiotics, Facial cleanliness, and Environmental improvement) to provide further context for the training workshop. If other NTDs are to be included in this workshop, budget the time accordingly to ensure that the participants all have the necessary knowledge of the other diseases and the key strategic elements to control and eliminate them.

Objective: To provide the participants with basic information concerning trachoma and SAFE and other PCT-NTDs and their control strategies as appropriate.

Duration: 45 minutes

Materials: PowerPoint presentation on SAFE strategy. (Annex B)

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 and interventions to eliminate trachoma.
2. Following the presentation (or even during it) invite questions from the participants.
Session 4: Overview of National/Provincial Trachoma (and/or Other PCT-NTDs) Situation

Session Summary: This session is to provide the context to how trachoma and/or other relevant PCT-NTDs affect [Country] in general and [Province/District] specifically explaining in greater detail the rationale of the MDA through presentation of the [Province’s] data. If other diseases are to be discussed in addition to trachoma, extend the time as needed to provide the needed comprehensive context for the workshop. Prior to the workshop, contact the necessary national disease coordinators to prepare the presentations.

Objectives:
1. To inform the participants of the trachoma and/or other PCT-NTDs 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® or other relevant control drugs.

Duration: 30 minutes

Materials: Presentation on the national and/or local trachoma and/or PCT-NTDs; Situation in [Country/Province/District]

Handouts: None

Training Procedure:
1. Present the provincial-level data from target provinces/districts.
2. Explain how and at what administrative level surveys are conducted. For example, normally trachoma surveys are conducted at the district level. Remind the participants of WHO guidelines for the duration of MDA given the prevalence of TF in children age 1-9 years.
Session 5: Introduction to Zithromax®

Session Summary: This session presents critical information on Zithromax® (and tetracycline eye ointment) introduced in Session 3 as the antibiotic in the A of the SAFE strategy as recommended by WHO. If other drugs are to be discussed, please add the necessary time to the recommended duration below.

Objective: By the end of this session, participants will be able to state what the nature of individual PCT drugs, their formulations, indication/contraindication and their dosages are. Regarding Zithromax®:

a. The drug is a donation by Pfizer which is managed by the International Trachoma Initiative (ITI);

b. Zithromax® is a broad-spectrum antibiotic and managed-use is essential to reduce possible development of resistance;

c. That for the control and elimination, the drug is distributed 1 x year;

d. The drug comes in 2 forms – tablets and powder for oral suspension (POS);

e. The tablets are oval and bright pink, with Pfizer written on one side and “Zith” imprinted on the other;

f. The bottle labels are a unique and distinctive purple, with writing in English and in French. The label states “Donated for treatment of trachoma only;”

g. The possible side effects of the drug;

i. Zithromax® is well tolerated with a very low incidence of serious side effects;

ii. Communities undergoing treatment should be informed in advance that some people will have mild reactions such as nausea, stomachaches, and diarrhea;

iii. Encourage families to eat a meal prior to treatment, as this helps reduce stomach upset;

iv. Individuals who experience mild side effects should be reassured that their symptoms do not mean they should not take Zithromax® in subsequent treatment rounds;

h. That diversion of drug to the marketplace or to other health services could lead to discontinuation of the donation, and reprimand.

Duration: 30 minutes

Materials: Flip chart and marker

Handouts: None

Training Procedure:

1. Brainstorm with the participants what they know about Zithromax® (using information in the learning objectives, above).

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 of 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 6: Target Groups

**Session Summary:** This session introduces the participants to one of the critical elements of MDA and that is who is to receive Zithromax®, and what form of the drug. The dosage of drugs as determined by height will be discussed in a later session. Also to be discussed in this session is the issue of groups excluded from taking Zithromax®. Some of these points may have been raised during the brainstorming that led off the previous session.

**Objective:** 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 individuals older than six months should be offered a single oral dose of Zithromax®.

2. Name the formulation of Zithromax® (or TEO) appropriate for the various age groups:
   a. Powder for Oral Suspension (POS):
      i. All children aged 6 months to 7 years (regardless of height) and all individuals under 120 centimeters (regardless of age) should be offered Zithromax® Powder for Oral Suspension (POS), at a dose determined by their height;
      ii. Individuals with difficulties swallowing tablets or uncomfortable taking tablets should be offered Zithromax® POS at a dose determined by their height;
      iii. Even if the child is older than 7 years and tall enough to be given a tablet, if there is any concern that the child may have trouble swallowing the tablet, POS should be provided.
   b. Tablets:
      i. Individuals over 120 centimeters AND over 7 years of age should be offered Zithromax® tablets at a dose determined by their height.
   c. Pregnant women, according to research and current medical practice, may safely take Zithromax®. If they decline, they should be offered tetracycline eye ointment (TEO).

**Duration:** 30 minutes

**Materials:** Flip chart and marker

**Handouts:** Annex C – Zithromax® dosing guidelines
Session 6: Target Groups (continued)

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 UNDER 120 CENTIMETERS (regardless of age) and inform the participants that this group receives POS at a dose determined by their height.
6. Write on the flip chart paper 6 MONTHS – 7 YEARS and inform the participants that this age group receives POS even if a child is over 120 centimeters in height.
7. 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.
8. Then write 7 YEARS AND OLDER AND OVER 120 CENTIMETERS 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.
9. Ask the participants what age group is then not eligible for treatment with Zithromax® (0-6 months).
10. Ask the participants if that means that this age group receives no treatment at all.
11. 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.
12. Ask the group specifically about pregnant women and the country policy about giving Zithromax® to this group (policies vary).
13. Present the following table either on flip chart or on a PowerPoint slide:

<table>
<thead>
<tr>
<th>MDA Participant</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children 0-6 months</td>
<td>Tetracycline Eye Ointment (TEO)</td>
</tr>
<tr>
<td>All children aged 6 months to 7 years (regardless of height) and all individuals under 120 centimeters (regardless of age) should be offered Zithromax® Powder for Oral Suspension (POS).</td>
<td>Powder for Oral Suspension (POS; dosage according to height)</td>
</tr>
<tr>
<td>Individuals taller than 120cm and over 7 years</td>
<td>Tablets (dosage according to height)</td>
</tr>
</tbody>
</table>
Session 7: Preventing, Managing and Reporting Severe Adverse Events

Session Summary: All drugs may result in side events and for Zithromax® these are mostly limited to gastro-intestinal discomfort, such as: nausea, diarrhea, vomiting; or abdominal discomfort. However, there have been incidences of serious adverse events (SAE); a SAE is defined as a condition that results in death, hospitalization or permanent disability. SAEs can be prevented and/or managed and need to be reported through the prescribed national system as well as the prescribed international system. A quick response to SAEs can save lives and can also save an MDA programme from negative publicity which in turn can lower coverage rates with increased refusals. This session looks at what can be done to prevent SAEs in the first place; how to manage those SAE’s that do occur and to assure that the supervisors know the protocol for reporting SAEs. SAEs may occur during the treatment of children, for example, with Zithromax® tablets who have difficulties swallowing the tablets. This can be compounded by health workers or parents insisting on the children to swallow the tablets leading to the possibility of choking. A person should never be forced to take the drug and if there are difficulties swallowing, suspension is a viable option as is just skipping the child and moving on to the next person. Other people may have a medical reaction to the drug. Training of distributors of Zithromax® and the health personnel of the given catchment area is essential and needs to include the various SAEs, the procedure for managing the condition and the necessary steps to report the SAE. SAEs need to be reported throughout the health system and eventually to the drug company that has donated the product as well as WHO. The facilitator should be familiar with the national policies governing SAEs.

Objectives:
1. To differentiate between AEs and SAEs.
2. To discuss the various causes of SAEs and the steps to avoid them where possible.
3. To discuss the signs of an SAE.
4. To review the national procedure for management of SAEs.
5. To review the steps to report any SAEs.

Duration: 1 hour

Materials: Flip chart and marker

Handouts: If available: the reporting procedure of the country

Training Procedure:
1. Write the letters SAE on the flip chart asking the participant what they stand for (Severe Adverse Events).
2. Ask the participants what SAEs are and discuss the difference between SAEs and AEs with SAEs being much more serious that cause death, disability or require hospitalization.
3. Ask the participants what AEs can be expected from Zithromax® noting the response on the flip chart.
4. Ask the participants how these AEs are managed again writing the responses on the flip chart.
5. Ask the participants what SAEs they have encountered or heard of resulting from Zithromax®.
6. Ask the participants what the causes of the SAE are.
7. Facilitate a discussion on the administration of Zithromax® tablets to children noting down their responses. Most important to bring out is that a) children should not be forced to take tablets by either the distributor or parents; b) as an option they can be given suspension; or, c) they are not given anything, recording refused.
8. Discuss with the participants that not all SAEs can be prevented asking them what medical steps they are required to take if an SAE is detected noting the steps down if correct. If the steps named are not the correct steps make sure everyone is aware of what they are.
9. Similarly, ask the participants what they are required to do to report the SAEs.
Session 8: Achieving Optimal Coverage for a Successful Programme

Session Summary: As with any infectious disease control programme, achieving a certain level of programme coverage and maintaining that coverage is essential for the programme to succeed. This session is to inform the supervisors of the coverage needed for success. Population coverage is the number of people treated (with either Zithromax® or TEO) divided by the total number of residents of the endemic district. The optimal programme coverage is 100%. 80% coverage is the lowest acceptable level of coverage. 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.

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: 30 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; programme = #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 the optimal programme 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 the recommended actions are 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 9: Preferred Practices for MDA Using the Example of Zithromax® MDA

Session Summary: This session presents the current knowledge of how to achieve the most effective MDA with Zithromax®. It is based on evidence collected from a variety of countries and looks at such issues as communication, integration, record-keeping, and micro-planning. The focus of the session is on preferred practices that need to be considered during planning for MDA.

Objectives:
1. To provide the global context for national and/or regional planning.
2. To introduce the current evidence and research concerning effective and efficient MDA with Zithromax®.
3. To introduce or reinforce areas that supervisors should be aware of in order to provide quality supervision.

Duration: 45 minutes

Materials: Computer and projector; presentation of MDA preferred practices

Handouts: Participants should be provided a copy of the MDA Preferred Practices, if available

Training Procedure:
1. Present the findings from the MDA Preferred Practices project (see Annex D for presentation).
2. The facilitator should use this time to assess the knowledge and critical thinking of the participants by asking questions. Specific questions which could be included are:
   a. Why is micro-planning important?
   b. Why is it important that we clearly define roles and responsibilities of team members?
   c. Why is the use of Zithromax®/NTD registers important for assessing coverage?

Session 10: SWOT: Current Supervisory Practices (Small Group)

Session Summary: This session divides the participants into groups to conduct an analysis of the current supervision using the SWOT format (Strengths, Weaknesses, Opportunities, and Threats). This session will then set the context for introducing the concept of supportive supervision in the next session. Note that on the illustrative agenda, conducting the SWOT is the last session on Day 1 and the presentations of each group begins Day 2. If only limited time is available, concentrate on strengths and weaknesses.

Objective: To analyse the current situation of MDA supervision for trachoma elimination.

Duration: 45 minutes

Materials: Laptop computers for each group to document their findings or flip chart paper and markers

Handouts: None

Training Procedure:
1. Ensure that the participants know what a SWOT is answering any questions that may arise.
2. Divide the participants into groups of 5-6 ensuring that each group has a computer to record the discussions on or flip chart paper and markers.
3. Ask each group to identify 3-4 points for each of the 4 components of a SWOT (you may want two groups to focus on strengths and weaknesses and two groups to focus on opportunities and threats).
Session 1: SWOT: Current Supervisory Practices (Review of Group Work)

Session Summary: This session includes presentations of each group from Day 1. If only limited time is available, concentrate on strengths and weaknesses.

Objective: To analyse the current situation of supervision of MDA with Zithromax®.

Duration: 30 minutes

Materials: None

Handouts: None

Training Procedure:
1. Ask the groups to present their findings. Following each presentation, invite comments, questions, and discussion.
2. After the last group’s presentation, the facilitator should identify the common themes and areas where the group is in agreement and where more discussion might be needed.

Photo: International Trachoma Initiative
Session 2: MDA Supply Chain Management

Session Summary: This session introduces a general overview of the concept of supply chain management and the key processes that should be monitored and supervised in districts and health centers for a successful MDA.

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

1. Understand the concept of the right product, in the right quantity, at the right place in the right time.
2. Assess if there’s enough Zithromax® to treat targeted population.
3. Understand the importance of having a process to count Zithromax® leftovers.

Duration: 60 minutes

Materials: None

Handouts: Zithromax® Quantification Formula

Training Procedure:

1. Ask the participants if they know what supply chain management is. Write down on flip chart and discuss answers.

2. On the flip chart, write down that supply chain management is, in a simplistic way, the management of the flow of goods and services from product origin, to product beneficiaries, and the reverse flow of unused product. Remind participants that the word “flow” implies movement.

3. Ask the group about which “goods/products” flow should be well managed in an MDA? Explain that in a MDA the Zithromax® and all MDA supplies (ex: dosing poles, registries, fuel, pens, etc.) flow should be well monitored by supervision.

4. Ask the participants what services should be monitored. Explain that in a MDA one of the major services to be monitored is transportation (vehicles, driver, and fuel) for drug delivery.

5. Ask participants what is the main objective of a MDA supply chain management. Let participants think and discuss within the group about its importance. Write on a flip chart, that the purpose of having an effective MDA supply chain is:

“**To have the right materials (drugs and supplies) at the right quantity, at the right place at right time**”.

6. Ask participants what it means to have the right materials. Write down the answers. Explain that right materials are the Zithromax® and all important MDA supplies in proper conditions.

Supervisors should look for:

- **Zithromax® integrity**: Zithromax® POS and Tabs stored at a health center or district medical store should be in good condition. Zithromax® POS and Tabs should be sealed and within expiration date. Open bottles of Zithromax® tabs should also be indicated that they are opened. Check if overall state of opened bottles is fine. If you see that bottle condition seems inappropriate (the product could have been exposed to water or extreme heat), ask the local inventory manager to remove this bottle from the available stock. Damaged or expired goods should not be part of MDA supplies.

- **Dosing poles integrity**: make sure that the dosing poles are not deformed and that the height marks and tabs counts are visible for the distributor.

- **Overall quality of supplies**: for the distribution team should also be checked by a supervisor.
Session 2: MDA Supply Chain Management (continued)

7. Ask the participants what happens when there is not enough Zithromax® to treat the targeted population. Explain that high coverage also depends on available Zithromax® at the right quantity at the right place (distribution points). All MDA materials should be available in sufficient quantity to treat the target population, and supervisors can check and have an estimate if there’s enough Zithromax® using the formula projected on the slide. On a flip chart, run an example with the group.

\[
Number \ of \ bottles \ of \ POS = \frac{(targeted \ population \times \ 7.5)}{30}
\]

\[
Number \ of \ bottles \ of \ Tablets \ (500 \ count) = \frac{(targeted \ population \times \ 3)}{500}
\]

Supervisors should be able to count and check if the available inventory will be sufficient to treat the targeted population. The local programme manager should be notified if drugs or other supplies shortages or high surplus are identified by supervision.

8. Discuss with participants what it means to have the right drugs and materials at the right time. Ask the participants when they estimate it is the right time for drugs to arrive? How many days/weeks/months in advance is it necessary to have the drugs ready for distribution?

9. Point out to participants that MDAs can have different distribution strategies. For each distribution strategy or local context there can be a different arrival date for the supplies. Managing the date for receiving or dispatching supplies and drugs is also strategic to MDA success. Supervisors should also check if drugs and supplies are being shipped or will be received according to the set time for MDA preparation.

10. Introduce last session topic explaining that you will talk about MDA leftovers and its importance for the programme success and future MDAs.

11. Ask and discuss with the participants what happens to the Zithromax® left over after MDA is over.

12. Explain that after MDA is over all leftovers should be physically separated, organized and identified into the following categories:
   - Zithromax® POS – Closed bottle
   - Zithromax® Tabs 500 count – Closed bottle
   - Zithromax® Tabs – Opened bottles – Indicate that bottle is opened with a black marker, and write the date on the lid.
   - Damaged Zithromax®
   - Empty bottles / Waste
   - Open bottles of Zithromax® tabs should not be counted or combined. Count each opened bottle as half a bottle.

13. Explain that Zithromax® left overs should be sent to a secured storage place where it can be kept in good storage conditions until next round of MDA in 12 months or so. Remind participants about the high cost of the drugs and how future shipments depend on reliable data about left over inventory in the country, so it is important that the leftovers are organized, counted and well kept in appropriate storage conditions.

14. Tell participants that there should be processes and procedures in place to instruct about post MDA inventory counting and waste management.

15. Wrap up the session pointing out that the supervisors should check drugs and supplies integrity, verify if available inventory will meet MDA needs, and check about dates that drugs and supplies will be received at the district store or health facility. With these 3 aspects under control, supervisors will assure to have the right drugs/supplies, in the right quantity at the right time. As the final part of the MDA supply chain cycle, MDA leftovers should be counted and stored in a secure storage facility until the next MDA supply chain cycle begins.
Session 3: Introduction to Supportive Supervision

Session Summary: This session introduces the concept of supportive supervision relying on the participants to develop a definition. As facilitator, there are a number of key principles to interject if missing in the participants considerations or as complements to what the participants present. These ideas include supportive supervision is for problem solving, mentoring, logistical support, quality assurance, to motivate, and to monitor progress towards targets.

Objective: To define supportive supervision and its key principles

Duration: 60 minutes

Materials: None

Handouts: Strategies for Supportive Supervision (Annex E)

Training Procedure:

1. Ask each participant to list 5 characteristics of what supportive supervision means to them. Advise that they have 5 minutes to do this.

2. After 5 minutes, have the participants form groups of three. Based on each individual’s list, each group is to prioritize the various characteristics making one group list of the 5 most important aspects of supportive supervision. Allow 15 minutes for this exercise.

3. If time permits, join the various groups of three into 2 large groups and ask each group to repeat the process of coming to consensus of the priority characteristics of supportive supervision and using those characteristics to develop a definition. Allow 20 minutes for this.

4. Have all the participants come back to plenary and ask each group to present their definition.

5. Facilitate a discussion on the two definitions to arrive at one common one.

6. Ask the participants how this definition differs from a more traditional approach.

7. Put the phrase “How can I help you do your job better?” on the flipchart and ask participants how this encapsulates the concept of “supportive supervision”. You can ask them what are the key words in this statement.
Session 4: Supportive Supervision and MDA

Session Summary: This session builds upon the definition developed in the previous session and looks at how the various concepts can be applied to MDA for trachoma elimination programmes. Results from the SWOT conducted earlier should also be revisited during the discussion.

Objective: To begin applying the concepts of supportive supervision to the supervision of MDA

Duration: 60 minutes

Materials: Flip chart and marker; if time allows: prepared flip charts with the key points from the SWOT

Handouts: Definition of supportive supervision arrived at in previous session

Training Procedure:
1. Review the definition of supportive supervision.
2. Ask the participants if they had any further thoughts and ideas to refine the definition.
3. Facilitate a discussion of how the definition could be applied to their work as a supervisor of MDA writing responses on flip chart paper.
4. During the discussion, refer to the various points brought up in the SWOT of supervision that was conducted on Day 1.
5. Summarize how supervision should be supportive of MDA. The summary should include concepts such as:
   a. Accountability for good coverage;
   b. Problem solving when things go wrong;
   c. Team building;
   d. Helping the team members do better;
   c. Checking the accuracy of register.
6. Hand out a copy of the “Strategies for supportive supervision for Zithromax® MDA” sheet. Instructions depend upon whether national supervision strategies have been adopted or not:
   • If there are no national “supportive supervision for Zithromax® MDA strategies” ask the participants to read through the list and be ready to suggest strategies in the afternoon session.
   • If there are national strategies these should be included on the sheet. The participants should be asked to review them for discussion in the afternoon session.

Session 5: Performance Improvement and Supervision

Session Summary: There are a number of issues that may impact the performance of those being supervised and thus the effectiveness of the programme. Among these factors are: receiving feedback on performance; having the necessary tools and infrastructure to perform to standard; understanding the role expected of them; possessing the knowledge and skills necessary; having the motivation and incentives to perform as expected; and receiving overall organizational support to do the job. In this session these very factors will be identified and discussed within the framework of a supervisor’s responsibilities.

Objectives:
1. To identify various factors that impact on work performance.
2. To identify the role of a supervisor in managing those factors.

Duration: 45 minutes

Materials: Flip chart and paper; PowerPoint slideshow of USAID's Performance Improvement (Annex F)

Handouts: None necessary though handouts of the slide show could be provided

Training Procedure:
1. Review the definition of supportive supervision.
2. Ask the participants if they had any further thoughts and ideas to refine the definition.
3. Facilitate a discussion of how the definition could be applied to their work as a supervisor of MDA writing responses on flip chart paper.
4. During the discussion, refer to the various points brought up in the SWOT of supervision that was conducted on Day 1.
5. Summarize how supervision should be supportive of MDA. The summary should include concepts such as:
   a. Accountability for good coverage;
   b. Problem solving when things go wrong;
   c. Team building;
   d. Helping the team members do better;
   c. Checking the accuracy of register.
6. Hand out a copy of the “Strategies for supportive supervision for Zithromax® MDA” sheet. Instructions depend upon whether national supervision strategies have been adopted or not:
   • If there are no national “supportive supervision for Zithromax® MDA strategies” ask the participants to read through the list and be ready to suggest strategies in the afternoon session.
   • If there are national strategies these should be included on the sheet. The participants should be asked to review them for discussion in the afternoon session.
**Session 6: Role of a Supervisor in Assuring Quality MDA**

**Session Summary:** Building upon the two previous sessions (Performance Improvement and Preferred Practices for MDA), this session looks at the specifics of supervising MDA and begins the task of developing a supervisory checklist and supervisory strategy.

**Objectives:**
1. To identify the various aspects during MDA that a supervisor will need to focus on to be able to assure the necessary productivity and quality of the distribution of Zithromax®.
2. To develop a draft supervisory checklist for MDA.
3. Draft supervisory strategies (or review existing strategies).

**Duration:** 90 minutes

**Materials:** Flip chart paper

**Handouts:** None

**Training Procedure:**
1. Outline the various components that make up MDA (mobilization, counseling refusers, use of dose pole, correct preparation and administration of POS, Zithromax® tablets; TEO, record keeping, and reporting).
2. Break the participants into 5-6 groups, each group having one or two components. Instruct each group to create a checklist for that component, identifying the key points of their specific group that they, as supervisors, would need to focus on.
3. Have the individual groups present their work providing time for comments and discussion after.
4. If available, hand out a copy of the national MDA supervisory checklist to confirm their responses and add any new items.
5. Break participants into 3 groups and have them brainstorm the most appropriate and practical strategies for each of the 3 subject areas on the supervisory strategy sheet.
6. Have participants present back, discuss and reach consensus.

**Session 7: Supervisory Skills Needed for MDA**

**Session Summary:** Using the discussion above, the purpose of this session is to identify and prioritize the skills supervisors need to master to more effectively do their job. These skills should include: communication; team building; providing constructive feedback; mentoring and training. These skills will be addressed in more detail later on in the workshop.

**Objective:** To identify and prioritize the skills needed to be effective supervisors.

**Duration:** 60 minutes

**Materials:** Flip chart and markers

**Handouts:** None

**Training Procedure:**
1. Ask the participants that based on the principles of supportive supervision and the requirements of an MDA programme, what the necessary skills a supervisor needs to assure optimal coverage with Zithromax®.
2. Write the responses on flip chart paper and prompting the participants for other ideas such as those above if not mentioned.
3. Ask the participants to prioritize these skills from their perspective of supervision and their experience with MDA in their district/province/country listing the priorities on the flip chart.
Day 3

Session 1: Skills Development – Communication

**Session Summary:** This session is to introduce the various components of effective communication including: active listening; verbal communication and encouragement; paraphrasing and clarification; and, appropriate questioning. Practice of the components is provided through role plays with the participants providing feedback. A summary of key points about each component is found in the annex.

**Objective:** To discuss and practice effective communication as a critical part of supervision.

**Duration:** 60 minutes

**Materials:** Flip chart paper with four components written on it

**Handouts:** Role play assignments

**Training Procedure:**
1. Briefly review (and define) with the participants the 4 components:
   a. Active listening;
   b. Verbal communication and encouragement;
   c. Paraphrasing and clarification;
   d. Appropriate questioning.
2. Divide the participants into 4 groups – one for each component.
3. Ask each group to discuss in more detail the importance of each component and particularly as it relates to supervision.
4. After 15 minutes, ask each group to develop a role play scenario that is based on a situation they might encounter as a supervisor and that demonstrates the group’s component. Instructors should have available some role play situations to give to each group, if needed.
5. Provide each group with 15 minutes to prepare;
6. One by one have each group present their role play;
7. Following each role play facilitate a review of the role play. The observers may state their views by saying “I thought that xxxxxxx really demonstrated well the idea of active listening/verbal communication, etc. by doing xxxxxxx. Observers can also state their criticism by saying “Next time you might want to try/say xxxxxxx to more effectively demonstrate active listening/verbal communication, etc.
8. Finish up the session by summarizing the positive points from the role plays and noting that these four components are all interrelated.
Session 2: Skills Development – Team Building

Session Summary: The distribution of Zithromax® should be viewed as a team effort. For an effective team, the supervisor must assume the role of a team leader and work to develop the sense of teamwork among the staff on the team. This session explores the dynamics of groups with team building framed as one of a supervisor’s responsibilities.

Objectives:
1. To demonstrate and foster a discussion on group dynamics, and team work.
2. To discuss the importance of team work in relation to effective MDA supervision.

Duration: 60 minutes

Materials: 10-12 sheets of paper for each group; 1 pair of scissors for each group

Handouts: None

Training Procedure:
1. Divide the participants into groups of 6-8 and in each group appoint 2 people to act as observers.
2. On the flip chart draw a cross.
3. Instruct the groups that their task is to end up with a cross. They are only allowed to make one cut and that cut must be straight.
4. Hand out to each observer their instructions (these are found at the end of this session) giving them a couple of minutes to read through them.
5. Distribute the paper and one pair of scissors to each group putting the material in the middle of the table. Do not give them to one individual.
6. Allow the groups 15-20 minutes. If one group finishes early, allow the other groups to continue remembering the purpose of this activity is to observe how groups work together.
7. After the allotted time, ask the group that finished first to demonstrate the solution (the solution follows the instructions to the observers).
8. Ask the participants what they felt the point of the activity was (to create a situation where group dynamics are needed to solve a common problem).
9. Ask the observers what their finding were in observing the groups.
10. Ask the participants what in this exercise would be applicable to their role as a supervisor. Key concepts include: working together to achieve a shared objective; different people need to assume different tasks; if one person is not engaged the team suffers, etc.
Instructions for Observers of Scissor and Paper Task:
1. Was the group motivated to solve the problem? What was the indication of motivation or lack of motivation?
2. How did the group organize itself to carry out the activity?
3. Was there a leader? If so how was the leader selected?
4. Was the leadership accepted by the group?
5. What aspects of the group dynamics facilitated solving the problem?
6. What aspects of the group dynamics made solving the problem more difficult?

Solution for Scissor and Paper Task
1. Starting with piece of paper, fold the top left corner down to the mid-line of the paper:
2. Fold the right corner to the half-way point:
3. Fold the paper in half:
4. Cut along dotted line:

Adapted from: 100 Training Games – Gary Kroenhart
**Session 3: Training and Mentoring**

**Session Summary:** Another important facet of supervision is making sure that the supervisees have the knowledge and skills necessary to effectively fulfil their roles within the MDA programme. This may be done either through training or on-going mentoring. This session reviews the basics of adult education and applying those principles to skills development and maintenance. The four tenets of adult education are as follows:

1. Adults want to see the relevance of what is being taught to their own situation. They learn in order to solve perceived problems.

2. Adults are practical and goal-oriented and learn best when the material is directly applicable to their needs.

3. Adult education needs to be grounded in the learners’ experiences. Learning is facilitated when the new knowledge and skills are built upon the learner’s foundation of knowledge and life experiences.

4. Adults learn best when in a supportive non-competitive environment and where they do not feel as if they are being tested. They must be both physically and psychologically comfortable.

**Objective:** To provide a framework of adult education for the supervisors to ensure that they can effectively train and mentor their supervisees.

**Duration:** 30 minutes

**Materials:** Flip chart paper with the 4 tenets of adult education

**Handouts:** None

**Training Procedure:**

1. Briefly present the 4 tenets of adult education.

2. Divide the participants into 4 groups with each group assigned one of the tenets.

3. Ask the groups to create a scenario in which they as supervisors need to either train or mentor one of their supervisees and demonstrate how they would apply their given tenet to the situation.

4. After 20 minutes bring the participants back together and ask each group to present.

5. Following each group’s presentation facilitate a discussion concerning their interpretation of the tenet.

6. Close the session by asking the participants how this is applicable to their overall job as a supervisor.
Session 4: Organizing an Effective and Efficient MDA

Session Summary: Organizing an effective and efficient Zithromax® MDA can be challenging; some health workers have minimal experience with planning time and resources, logistics and problem solving. While the training of distributors includes aspects of organizing an effective and efficient MDA it is likely that supervisors will need to provide significant reinforcement. Starting the team off with an effective and efficient MDA model will be helpful in gaining an appreciation of the best approaches to efficiency. The focus of this session will be on helping the supervisors to reiterate MDA planning as well as focus distributor actions on the concepts of effectiveness (high coverage) and efficiency (without expending excess resources).

Objectives:
1. To provide the supervisors with the planning skills necessary for them to support effectiveness and efficiency in MDA.
2. To provide the supervisors with key steps in supervising MDA.

Duration: 45 minutes

Materials: Poster board to record responses

Handouts: None

Training Procedure:
1. Ask the supervisors what is meant by the terms “effective MDA” and “efficient MDA”. Note down key concepts on the board (ensure that the discussion addresses personnel, money, supplies, time).
2. Brainstorm with the participants to develop a draft diagram entitled “Steps in organizing MDA”.
3. Form the participants into 2-4 groups and ask them to review/refine the list of steps/activities.
4. After a few minutes, have the groups report back and capture their suggestions.
5. Walk through the steps with the group and ask how they will help ensure that MDA is effective and efficient.
6. Close the session by asking the participants how this is applicable to their overall job as a supervisor.

Session 5: Recording and Reporting

Session Summary: Supervisors have a responsibility to ensure that information that is collected regarding MDA is accurate and complete and is reported using the correct systems and to the appropriate individuals. The session will focus on aspects of accuracy, completeness, and reporting.

Objectives:
The supervisors will:
1. Understand all of the information to be collected, why it is to be collected, and how it is to be collected.
2. Be able to review record forms to quickly assess accuracy and completeness.
3. Be able to ascertain if information is flowing as required.

Duration: 45 minutes

Materials: None

Handouts: Examples of country recording forms

Training Procedure:
1. The MDA recording form will be handed out to all participants.
2. In a large group discussion format each item on the form will be reviewed one at a time asking participants to [a] describe the item, [b] mention why it is important, and [c] how they will ensure accuracy and completeness.
3. The participants will be asked to list how they will confirm that the reporting mechanisms have been followed correctly.
Annex A: Agenda and Learning Objectives

Training of Trainers for Supportive Supervision – MDA with Zithromax®

The objective of the training is to develop a cadre of trained trainers of supervisors overseeing MDA for NTD using appropriate control drugs to:

1. Establish a culture of supportive supervision within NTD programmes.
2. Develop a system of performance improvement that emphasizes:
   a. The safe delivery of Zithromax® according to age group and required formulation of the drug;
   b. Aiming to reach 100% of the eligible population in targeted communities;
   c. High quality reporting (including of severe adverse events, if indicated).

Though the focus of the workshop will be on the distribution of Zithromax, it is expected that the learning will be applicable to other NTD programmes. The last half day will look at transferring the knowledge and skills to the supervision of TT.

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

1. Define supportive supervision.
2. State the critical aspects of MDA with Zithromax® including target groups, dosage for each group, the correct use of the dose pole and the target coverage.
3. List various issues that may affect performance of health workers.
4. Define the critical roles a supervisor plays in assuring quality MDA with Zithromax®.
5. Understand how to prevent the possibility of precipitating a severe adverse event particularly among children by over-enthusiastic distribution teams or parents.
6. Demonstrate skills in interpersonal counseling, team building and training.
7. Demonstrate overall knowledge of supervisor checklists for distributors and auxiliary personnel.
8. Demonstrate an understanding of efficiency and effectiveness in MDA organization and management and problem-solving approaches to poor coverage.
9. Understand basic district and health center supply chain management of NTD control drugs.
10. Train others in supportive supervision for MDA with Zithromax®.

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<tr>
<th>Component</th>
<th>Time</th>
<th>Activity</th>
<th>Facilitator</th>
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<tbody>
<tr>
<td><strong>Day 1</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Introduction</strong></td>
<td>0:900</td>
<td>Introductions</td>
<td>Everyone</td>
</tr>
<tr>
<td></td>
<td>10:00</td>
<td>Expectations – Agenda and Objectives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11:00</td>
<td>Norms</td>
<td></td>
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<tr>
<td></td>
<td>11:15</td>
<td>Coffee/Tea</td>
<td></td>
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<tr>
<td></td>
<td>11:45</td>
<td>Principles of Adult Learning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13:00</td>
<td>Lunch</td>
<td></td>
</tr>
<tr>
<td><strong>Training of Trainers</strong></td>
<td>14:00</td>
<td>Key Concepts of Training</td>
<td></td>
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<tr>
<td></td>
<td>15:00</td>
<td>Planning a Training</td>
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<td></td>
<td>15:45</td>
<td>Coffee/Tea</td>
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<td></td>
<td>16:00</td>
<td>Designing a Training Session</td>
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<td></td>
<td>17:00</td>
<td>End of Day</td>
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</tr>
<tr>
<td>Component</td>
<td>Time</td>
<td>Activity</td>
<td>Facilitator</td>
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<tr>
<td><strong>Day 2</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Zithromax®</td>
<td>9:00</td>
<td>Review of Day 1</td>
<td></td>
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<tr>
<td></td>
<td>9:30</td>
<td>Zithromax® Pre-test</td>
<td></td>
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<tr>
<td></td>
<td>10:30</td>
<td>Overview of Zithromax®</td>
<td></td>
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<tr>
<td></td>
<td>11:00</td>
<td>Supply Chain of Zithromax®</td>
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<tr>
<td></td>
<td>11:30</td>
<td><strong>Coffee/Tea</strong></td>
<td></td>
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<tr>
<td></td>
<td>12:00</td>
<td>Target Groups for MDA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12:30</td>
<td>Achieving Optimal Coverage with Zithromax®</td>
<td></td>
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<tr>
<td></td>
<td>13:00</td>
<td><strong>Lunch</strong></td>
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<td></td>
<td>14:00</td>
<td>Preventing, Managing and Reporting Severe Adverse Events</td>
<td></td>
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<td></td>
<td>14:45</td>
<td>Preferred Practices for MDA with Zithromax®</td>
<td></td>
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<tr>
<td></td>
<td>15:30</td>
<td><strong>Coffee/Tea</strong></td>
<td></td>
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<tr>
<td></td>
<td>16:00</td>
<td>Overview of Current Supervision Practices</td>
<td></td>
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<tr>
<td></td>
<td>17:15</td>
<td><strong>End of Day</strong></td>
<td></td>
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<tr>
<td><strong>Day 3</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supportive Supervision</td>
<td>9:00</td>
<td>Review of Day 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9:30</td>
<td>Overview of Current Supervision Practices</td>
<td></td>
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<td></td>
<td>11:00</td>
<td><strong>Coffee/Tea</strong></td>
<td></td>
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<tr>
<td></td>
<td>11:30</td>
<td>Introduction to Supportive Supervision</td>
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<tr>
<td></td>
<td>12:15</td>
<td>Supportive Supervision and MDA</td>
<td></td>
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<td></td>
<td>13:00</td>
<td><strong>Lunch</strong></td>
<td></td>
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<tr>
<td></td>
<td>14:00</td>
<td>Performance Improvement and Supervision</td>
<td></td>
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<tr>
<td></td>
<td>15:00</td>
<td>Role of Supervisor in MDA</td>
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<td></td>
<td>16:00</td>
<td>Supervisory Skills</td>
<td></td>
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<td></td>
<td>17:00</td>
<td><strong>End of Day</strong></td>
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<tr>
<td><strong>Day 4</strong></td>
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<td></td>
</tr>
<tr>
<td>Supportive Supervision</td>
<td>9:00</td>
<td>Review of Day 3</td>
<td></td>
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<tr>
<td></td>
<td>9:30</td>
<td>Skills building: Communication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10:30</td>
<td>Skills building: Team Building</td>
<td></td>
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<tr>
<td></td>
<td>11:15</td>
<td><strong>Coffee/Tea</strong></td>
<td></td>
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<tr>
<td></td>
<td>11:45</td>
<td>Mentoring</td>
<td></td>
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<tr>
<td></td>
<td>12:30</td>
<td>Organization of MDA</td>
<td></td>
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<tr>
<td></td>
<td>13:00</td>
<td><strong>Lunch</strong></td>
<td></td>
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<tr>
<td></td>
<td>14:00</td>
<td>Record keeping and reporting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15:00</td>
<td><strong>Close of Workshop</strong></td>
<td></td>
</tr>
</tbody>
</table>
Annex B: Review of SAFE Strategy PowerPoint

For an updated version of this presentation please contact admin@kcco.net.

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**REVIEW OF TRACHOMA AND THE SAFE STRATEGY**

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**TRACHOMA**

- An infectious disease of the eye caused by *Chlamydia trachomatis*
- The commonest infectious cause of blindness in the world
- Transmission is mainly from child to child and child to mother or caretaker
- Through hands, cloths, towels and flies
GLOBAL PROBLEM

WHO estimates:

- 157.7 million people live in trachoma endemic areas - Source: [WHO Weekly Epidemiological Record, 29 June 2018](https://www.who.int/wer/2018/06/wer_2018_28_29/en/)
- 43 countries are known to require interventions for trachoma and it is responsible for the blindness or visual impairment of about 1.9 million people - Source: [GET2020 database as at 17 April 2018](https://www.who.int/neglected_diseases/trachoma/get2020)
- In 2017, 231,447 people received surgery for trachomatous trichiasis, and 83.5 million people were treated with antibiotics. Source: [WHO Weekly Epidemiological Record, 29 June 2018](https://www.who.int/wer/2018/06/wer_2018_28_29/en/)

UNDERLYING DETERMINANTS of TRACHOMA

- Poverty
- Lack of education especially among women
- Lack of access to safe water
- Low level of water and sanitation coverage
- Obstacles limiting access to health care
SAFE Strategy

Slide 6

SURGERY  FACE WASHING

ANTIBIOTICS  ENVIRONMENTAL IMPROVEMENT

Slide 7

GLOBAL TRACHOMA PROGRAM

Program of ELIMINATION

2 criteria for elimination:

- Unmanaged trachomatous trichiasis < 1 case/1000 (0.1%)

- TF < 5% among children age 1-9 years

Slide 8
STRATEGIES TO ELIMINATE TRACHOMA AS A PUBLIC HEALTH PROBLEM

TF: Mass treatment with Zithromax and tetracycline eye ointment

TT: Management of trachomatous trichiasis (surgery or, as appropriate, epilation) through outreach services

F and E: Coordination with WASH partners
  • Inclusion of face-washing with hand-washing
  • Identify where WASH activities are taking place in endemic districts
Annex C: Zithromax® Dosing Guidelines

Height- and Age-Based Dosing for Zithromax® POS and Tablets

July 2018

**Infants under 6 months: TEO**
(tetracycline eye ointment)

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Dosing (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 138</td>
<td>25 ml</td>
</tr>
<tr>
<td>130-138</td>
<td>19 ml</td>
</tr>
<tr>
<td>122-130</td>
<td>16 ml</td>
</tr>
<tr>
<td>110-122</td>
<td>14 ml</td>
</tr>
<tr>
<td>98-110</td>
<td>12 ml</td>
</tr>
<tr>
<td>87-98</td>
<td>10 ml</td>
</tr>
<tr>
<td>76-87</td>
<td>8 ml</td>
</tr>
<tr>
<td>65-76</td>
<td>6 ml</td>
</tr>
<tr>
<td>54-65</td>
<td>4 ml</td>
</tr>
<tr>
<td>50-54</td>
<td>2 ml</td>
</tr>
</tbody>
</table>

**POS (Powder for Oral Suspension)**

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Dosing (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 138</td>
<td>25 ml</td>
</tr>
<tr>
<td>130-138</td>
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</tr>
<tr>
<td>122-130</td>
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<tr>
<td>65-76</td>
<td>6 ml</td>
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<tr>
<td>54-65</td>
<td>4 ml</td>
</tr>
<tr>
<td>50-54</td>
<td>2 ml</td>
</tr>
</tbody>
</table>

**Children aged 6 months to 7 years receiving POS**

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Dosing (ml)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 130-138</td>
<td>16 ml</td>
</tr>
<tr>
<td>&gt; 122-130</td>
<td>14 ml</td>
</tr>
<tr>
<td>&gt; 110-122</td>
<td>12 ml</td>
</tr>
<tr>
<td>&gt; 98-110</td>
<td>10 ml</td>
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<tr>
<td>&gt; 87-98</td>
<td>8 ml</td>
</tr>
<tr>
<td>&gt; 76-87</td>
<td>6 ml</td>
</tr>
<tr>
<td>&gt; 65-76</td>
<td>4 ml</td>
</tr>
<tr>
<td>&gt; 54-65</td>
<td>2 ml</td>
</tr>
</tbody>
</table>

**Tablets**

<table>
<thead>
<tr>
<th>Height (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt; 138</td>
</tr>
</tbody>
</table>

**Children aged 7 to 15 years receiving tablets**

<table>
<thead>
<tr>
<th>Height (cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>120 - 138</td>
</tr>
</tbody>
</table>

**≥ 15 years: 4 tablets**

*Note: Even if the individual is older than 7 years and tall enough to be given a tablet, if there is any concern that he/she may have trouble swallowing a tablet, POS should be provided.*
**GOAL**

ZERO SERIOUS ADVERSE EVENTS DUE TO CHOKING

---

**GOAL**

BETTER MANAGING TREATMENTS TO CHILDREN

---

**Zithromax® Dosing Guidelines**

July 2018

### DOSING BY POPULATION GROUP FOR TRACHOMA MDAs

<table>
<thead>
<tr>
<th>MDA Target group</th>
<th>Formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 0-6 months</td>
<td>Tetracycline Eye Ointment (TEO)</td>
</tr>
<tr>
<td>Children aged 6 months to 7 years (regardless of height)</td>
<td>Powder for Oral Suspension (POS) dosed according to height</td>
</tr>
<tr>
<td>Individuals under 120 cm (regardless of age)</td>
<td>Powder for Oral Suspension (POS) dosed according to height</td>
</tr>
<tr>
<td>Individuals with difficulties swallowing tablets or uncomfortable taking tablets</td>
<td>Tablets dosed according to height</td>
</tr>
<tr>
<td>Individuals taller than 120 cm and between the ages of 7 and 15 years</td>
<td>Tablets dosed according to height</td>
</tr>
<tr>
<td>Individuals 15 years and older</td>
<td>Dose of 4 tablets</td>
</tr>
</tbody>
</table>

### TREATING CHILDREN WITH ZITHROMAX®

No child should ever be forced to take Zithromax®.

Distribution sites can be intimidating for children. If the child is uncooperative or anxious, the parent or guardian is the correct person to administer Zithromax® to the child to reduce the child’s anxiety.

If the child is uncooperative or anxious, the distributor should instruct the parent to take the child to a quieter location to calmly administer the dose, within view of the distributor.

While administering Zithromax® to a child, NEVER hold the child’s nose closed, shake the child, or force the head backwards to force the child to swallow.

If the child resists, the distributor should register the child as having refused and move on to the next person in line.

Even if the child is older than 7 years of age and tall enough to be given a tablet, if there is any concern that the child may have trouble swallowing the tablet, POS should be provided.
Annex D: Preferred Practices for Zithromax® MDA PowerPoint

For an updated version of this presentation please contact admin@kcco.net.

Preferred Practices for Zithromax MDA

The approach...
- Issues/challenges
  - Practices from the field that address the issues
- Identify supplementary material
  - Avoid duplication
- Preferred practices NOT “written in stone”
  - As programmes mature, situations change
  - As experience grows, new ideas emerge
  - As technology changes, new approaches possible

National coordination
Preferred practices:
1. Invest resources in national coordination
2. Have a strong NTTF (includes partners)
3. Budget based on practical national and county plans
4. Strong coordination between NTD and eye care
5. For integration, need drugs in country at the same time
6. Coordination and planning need to be context specific
   - Integrated NTD coordination
Section 2: Integration

**Preferred practices:**
1. Integrate activities as programme mature
2. Build on existing programmes
3. Do not overwhelm the health system
4. Build on the lessons from CDDs (but often context specific)
5. Must have strong supervision

Section 3: Communication & building trust

1. Investment in advocacy essential
2. Have a strong advocacy plan
3. Scale up advocacy plan throughout the country
4. Have strategy to deal with “bad press”
5. Launch (campaign) to get/maintain support
6. Use media & local leaders according to needs

Section 4: Micro-planning

**Preferred practices**
- Plan timetables carefully
- Plan drug movement
- Manage cash at local level
- Plan organization of distribution strategy
- Plan for determining coverage (and steps if coverage low)
- Link micro-planning with post MDA review

Section 4: Micro-planning

**Preferred practices**
- Micro-planning for efficiency and effectiveness
- Micro-planning done annually
- Use standardized tools
- Engage stakeholders in micro-planning
- Make micro-planning transparent
- Link micro-planning to accountability

Section 5: Training

**Preferred practices:**
1. Standardize training
2. Use cascade approach (keep training focused)
3. Set target population (and coverage %) per distributor
4. Re-train each year
5. Adult-education techniques (practice, practice, practice)

Section 6: Personnel

**Preferred practices:**
1. Identify clear roles and responsibilities
2. Incentives for distribution
3. Anticipate attrition
4. Train health staff in supervision
5. Supervision to focus on key tasks
6. Supervision tailored to field practicalities
7. Supervisors accountable for coverage
Section 7: Intervention

Preferred practices:
1. Planning for distribution system evidence based (central site distribution vs. house to house distribution)
2. Selection of distributors an important part of community engagement
3. Community mobilization requires community engagement as early as possible

http://www.trachomacoalition.org
### Annex E: Supportive Supervision for PCT-NTD MDAs

<table>
<thead>
<tr>
<th>Component of MDA Supervision</th>
<th>Key supportive supervision strategies to be undertaken</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Supervision of use of register, measuring, dosing, and reporting of coverage</strong></td>
<td></td>
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<tr>
<td>Team starts work on time and works efficiently</td>
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<tr>
<td>Maintaining a proper register and recording accurately</td>
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<tr>
<td>Correct (safe and clean) measuring and dosing</td>
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<tr>
<td>Accurate reporting of coverage and, when inadequate interventions to address low coverage</td>
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<tr>
<td><strong>Supervision of preventing, managing &amp; reporting of severe adverse events</strong></td>
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<tr>
<td>Ensuring that neither health workers nor parents force children to take the medicines (avoiding aggressive behaviours)</td>
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<tr>
<td>Steps to manage a severe adverse event appropriately</td>
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<tr>
<td>Proper and rapid reporting</td>
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</tr>
<tr>
<td><strong>Supervision of supply chain management</strong></td>
<td></td>
</tr>
<tr>
<td>Unused medicines properly reported and returned</td>
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<tr>
<td>Remaining medicines consolidated appropriately</td>
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</tr>
</tbody>
</table>
Annex F: Performance Improvement/Supportive Supervision PowerPoint

For an updated version of this presentation please contact admin@kcco.net.

Slide 1

Slide 2

INDICATORS OF PERFORMANCE

Quality
• Performance complies with or surpasses established standards
• Performance meets clients expectations

Quantity
• Production is at or greater than a specified rate
• Production is completed by an agreed upon time

Cost
• Labor
• Materials
• Management
PERFORMANCE IMPROVEMENT

A process that measures the three indicators against the specifications, identifies the gaps and then modifies the process to increase quality and quantity and to improve the cost ratio to the desired standard.

Slide 3

PI Framework

Slide 4

FACTORS INFLUENCING PERFORMANCE

- Job Expectations
- Motivation and Incentives
- Performance Feedback
- Environment and Tools
- Organizational Support
- Knowledge and Skills

The recognition of and addressing these factors are part of supportive supervision.

Slide 5
Job Expectations

Guidelines, Procedures, Policies and Protocols and how they are communicated to and understood by the distributors

Performance Feedback

How distributors find out how they are doing compared to set standards

Environment

The physical environment: facilities, materials, supplies, tools

Is the environment supportive of the distributors’ performance?
Motivation/Incentives

Strategies, systems, tactics to stimulate and sustain desired performance

Organizational Support

How the mission and goals of the organization align with desired performance

The extent to which supervision happens to assure that all performance factors are in place

Skills and Knowledge

Systems and interventions to assure the requisite knowledge and skills meet the prescribed standards of performance

Well-designed and delivered training that respects principles of adult learning
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 programmes.

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

www.trachomacoalition.org | trachomacoalition@gmail.com