



AFRICAN PROGRAMME FOR
ONCHOCERCIASIS CONTROL

CURRICULUM AND TRAINING MODULE ON THE COMMUNITY-DIRECTED INTERVENTION (CDI) STRATEGY FOR FACULTIES OF MEDICINE AND HEALTH SCIENCES

(2nd edition)



World Health
Organization

WHO/APOC/MG/12.1

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THE COMMUNITY-DIRECTED INTERVENTION (CDI)
STRATEGY FOR FACULTIES OF MEDICINE
AND HEALTH SCIENCES**

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

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INTRODUCTION

Preface

The communities, in partnership with health professionals, can manage the prevention and treatment of selected diseases that are prevalent in their environment. This has been confirmed by a multi-country study on community directed treatment with Ivermectin (CDTI) to control Onchocerciasis (river blindness). This strategy can be effectively and efficiently applied as a means of bringing multiple health interventions to the poorest communities, especially in remote areas. Such an approach is known under the generic name of Community Directed Intervention (CDI).

CDI empowers communities to get involved in decision-making for their own health. Therefore it has the potential to strengthen Primary Health Care, in particular where resources and infrastructure are insufficient. CDI is also a good approach for boosting community participation in health delivery systems. For these reasons, APOC initiated the development of a curriculum for medical and nursing schools as a means of disseminating CDI in Africa.

In 2007, APOC invited six experts, under the chairmanship of Professor Mamoun Homeida (University of Medical Sciences & Technology, Khartoum, Sudan), to develop a curriculum on CDI Strategy. The members of the team were: Mrs Georgette Abangla and Professor Abdoulaye Diallo (West African Health Organization, Bobo Dioulasso, Burkina Faso), Professor Oladele Akogun (Parasite and Tropical Health, Federal University of Technology, Yola, Nigeria), Professor Khaled Bessaoud (Institut Régional de la Santé Publique de Ouidah, Bénin) and Professor Grace Offorma (Department of Arts and Education, University of Nsukka, Nigeria).

Subsequently, the draft curriculum and training manual were presented at a meeting of experts from ECOWAS countries, held in Bobo Dioulasso and aimed at harmonizing the programmes of different institutions. Fourteen countries were represented at that meeting.

A review and repackaging of the curriculum was completed in 2008. Since then high level review meetings of vice chancellors, deans, senior academics and heads of schools of nursing have been convened in Abuja (June 2009) and in Nairobi (November 2010) during which the curriculum and training module were finalized and adopted. One of the main recommendations from these consultations was to develop and produce a trainers' handbook.

Under the Chairmanship of Dr Yankum Dadzie, former Director of the Onchocerciasis Control Programme in West Africa (OCP) and former Interim Director of APOC, a team of experts was convened at a workshop in Ouagadougou in August 2011 to develop the trainers' handbook. The team included Professors Oladele Kale (University of Ibadan, Nigeria), Joseph Okeibunor (Dean, University of Nsukka Nigeria), William R Brieger and Bright C Orji (The Johns Hopkins University), Oladele Akogun (Parasite and Tropical Health, Federal University of Technology, Yola, Nigeria,) and Dr Uche Amazigo (Former Director, APOC). On behalf of the African communities, APOC Partners and Donors, we thank all these contributors.

We are hopeful that this second edition which has taken in account inputs from numerous contributors will effectively contribute to the preparation and production of future generations of health personnel empowered to use the CDI strategy to scale up priority health interventions at community level.

*Dr Paul-Samson Lusamba-Dikassa
Director, African Programme for Onchocerciasis Control*

BACKGROUND

Africa's insufficient health workforce is a major constraint to attaining the Millennium Development Goals (MDGs) for reducing poverty and disease. While Africa's burden of the World's disease is 25%, its share of the world's health workforce is only 1.3%.

As a result many out-of-reach populations are deprived of any kind of health services and the few established health programmes are not sustained, bringing disillusion to the population and loss of confidence in the health systems.

Communities are often not consulted or involved in determining the health needs or priorities of health systems.

In many previous health-intervention programmes, experts defined the problem, determined the solution and the strategy by which the interventions would be applied to the community. Such health systems are generally top-down in nature, and communities and partners did not collaborate in undertaking those health programmes.

INTRODUCTION

In Africa, weak health systems continue to be a major constraint to the attainment of the MDGs due to the dearth of human resources in the health sector, limited financial resources, poor health infrastructure, and application of inappropriate strategies applied. This has resulted in the inability of the Health systems to meet the health care needs of communities and loss of confidence by the populations, resulting in failure of health interventions.

Even when communities were involved in health-intervention programmes, their role was that of beneficiaries.

Furthermore, key factors, such as cost-effectiveness, accessibility, and fairness in health services, were not respected and the geographic coverage of these health interventions was too low.

There is disparity among the people, both within regions and between sexes. Although psychologically, people were dependent on the health services, for numerous reasons, lack of use of health facilities by people needing health care led to attrition of the health staff.

Moreover, health staff are often unmotivated and ill equipped to address the health care needs of the people. This is due to several factors including the inadequacies of the training system.

Initiatives have been tested with a view to addressing these issues; aiming particularly at:

- initiating new health policies
- creating favourable environments
- strengthening community actions
- acquiring individual skills
- task shifting
- giving a new orientation to health services.



The Alma Ata Declaration of September 1978 noted in Chapters 5 and 6 that solutions require "... the full participation of the community and at a cost that the latter and the country could afford at all the stages of their development in a spirit of self-empowerment and self-determination. They are an integral part of the national health system...".

These principles were to a large extent reiterated in the November 1986 Ottawa Charter, which established that "Community participation and empowerment make for the sustainability of health programmes".

They ensure better collaboration between the community and the usual health services, leading to strengthening of the national health system, which thus becomes community-appropriated.

In 1987, the Bamako Initiative underscored the role of the community in the financing of health.

In 1988, the World Federation for Medical Education (WFME) recommended that medical curricula in training institutions be restructured, so as to strengthen the health workforce and provide more effective health services.

The Jakarta Charter of July 1997 reiterated the utmost necessity of strengthening community action.

The MDGs (1990–2015) confirm the prime importance of human resources and partnerships as conditions for success of health development programmes.

In view of the limitations of the former initiatives and projects, Community Directed Intervention has been tried and tested, especially in onchocerciasis control. APOC's Community-Directed Treatment with Ivermectin (CDTI) has been successful for the following reasons:

- accessibility to onchocerciasis treatment in hard-to-reach areas, which are often neglected by health systems; this is to ensure better equity;
- strengthening community participation in health care delivery;
- the empowerment of affected communities through their involvement in decision-making;
- since inception, APOC using CDTI has progressively increased coverage of these communities with ivermectin. 54 million individuals received ivermectin in 2007 through 600,000 community-directed distributors (CDDs) selected from among their own ranks;
- the CDI strategy has strengthened the primary health care (PHC) by training health workers. In 2007, APOC trained over 35 000 health workers on the use of the CDI strategy;
- the CDI strategy has contributed to the development of sustainable health programmes in several countries;
- beside ivermectin distribution for the treatment of onchocerciasis, scientific studies have proven the effectiveness of the CDI strategy in other health interventions programmes, such as: Vitamin A distribution, LF treatment, schistosomiasis treatment and deworming.

CDI has the advantage of serving and empowering vulnerable and hard to reach target populations, including those in post-conflict situation. It also provides better programme and resource management, narrowing of disparities, building broader partnerships. It is therefore useful to introduce this control approach into the training curricula of faculties of medicine and health sciences.



CURRICULUM

CURRICULUM

Who are the curriculum and training module for?

The curriculum and training module are mainly for students of medicine, Public Health, Health Sciences (and nursing, (Midwifery, pharmacy and Schools, whether private or public) but should also be available to other public health professionals as appropriate. They can also be used to provide in-service training for medical personnel already in the field. Candidates for the course are expected to have basic background knowledge (of medical sociology, epidemiology etc).

Duration

For effective implementation of the curriculum and training module for undergraduates, a minimum of twenty (20) contact hours are required. For the postgraduate programmes, forty (40) contact hours are required, since the students will be involved in more practical work than the undergraduates. This is the minimum standard and it can be modified based on University policy.

Mode of delivery

The recommended delivery mode is theory and practical, with a ratio of 40-60 respectively, for both undergraduate and postgraduate students. The practical component is made up of field work and research projects. Field work reports will form the practical aspect for undergraduate students.

Goal and objectives

General goal

The goal of the curriculum is to produce a critical mass of implementers of health

interventions with appropriate and adequate knowledge, skills and attitude for effective use of the community-directed interventions strategy.

Specific objectives

At the end of the training programme, the student should be able to:

- give an overview of the history of health care system and describe the process, the partners and the facilitators;
- describe the generic concept of community and community in CDI strategy in all its ramifications;
- explain the philosophy and rationale for CDI strategy and the roles of the stakeholders;
- explain the essential components of the CDI strategy;
- apply them to health problem interventions in different conditions
- follow the appropriate process for integrating the CDI strategy into health systems;
- identify and note the potentials of using the CDI strategy for reaching those in need irrespective of their geographic locations;
- demonstrate the necessary skills for implementing the CDI strategy;
- Set up community directed interventions to strengthen the health care service;
- imbibe the necessary positive attitudes required for effective implementation of the CDI strategy;
- map out supervisory plan and develop appropriate checklist to be used;
- apply appropriate techniques and instruments to monitor and evaluate the CDI strategy activities so as to provide valid and reliable feedback.

Part one: Curriculum content

Unit One: Background to the Health Care Delivery System

- Historical overview and Description of the process, the partners, facilitators (with examples) of the various approaches to community health care service delivery approaches that have been used (traditional/non-orthodox health systems).
- Contrast between strategies (advantages, coverage, acceptance by community, empowerment).
- Evolution of CDTI and CDI.

Unit Two: The community

- Community Attitudes
- Generic and operational definitions of community
- Composition
- Structure
- Organization
- Social norms
- Socio-economic and political characteristics of the community
- Motivational devices (incentives).

Unit Three: Concept and philosophy of the Community-Directed Intervention Strategy

- Definition of CDI
- Philosophy of CDI (right to health; empowerment of individuals and communities to manage their own health; interventions based on research evidence; sustainability, simplicity and flexibility)
- The roles of health system in CDI strategy
- The roles of the community
- The roles of training institutions
- The roles of partners.

- Identify and explain community factors that enhance and those that impinge on CDI
- Social determinants of health.

Unit Four: Critical components of the Community-Directed Intervention Strategy

- **Communication skills**
- **Stakeholder process:** mobilization of stakeholders to secure their commitment from national to community level; advocacy for specific interventions, Stakeholder identification and analysis.
- **Health System Dynamics:** supportive policy for collaboration with other sectors; support from health systems, particularly at the front line, in provision of motivated health workers; procurement and supply of CDI facilities.
- **Community processes:**
 - (i) *Engaging Communities:* community mobilization by health workers; community participation through the community political leaders; community understanding of the CDI process and its values. Types of participation, (marginal, substantive and structural).
 - (ii) *Empowering communities:* empowering the community through training and sharing information to sustain the CDI strategy.
 - (iii) *Engaging CDI Implementers:* collaboration of health workers with the community, recruitment of volunteers, support and maintenance of community volunteer implementers.
- **Broader system effects:** community awareness effects; gender effects; community development effects; health worker effects.

Unit Five: Attitudes and behaviours of Health Workers

- Compassion
- Patience
- Empathy
- Respect for social norms
- Simplicity
- Co-operation
- Friendly disposition
- Commitment
- Listening attentively
- Punctuality to appointments.

Unit Six: Setting up the Community-Directed Intervention Strategy

- Planning.
- Meeting of partners. Health Care Service and private sector – meeting to plan, define and agree on partner roles and responsibilities, to identify socio-cultural organizations and to obtain vital health information on the community.
- Approaching and meeting the community leaders. Skills for meeting and negotiating with community leaders, joint definition of their experience(s) with the diseases for which interventions are required, provide information on benefits of the interventions, availability, contributions of other partners towards the interventions, negotiate the roles and responsibilities of the community.
- Approaching and meeting with an entire community. Community dynamics, mobilization and sensitisation techniques, gender sensitivity.
- Training of implementers by the health service workers (refer to existing training manual for the interventions).

- Census-taking by community selected implementers. Used for determining supplies and those to be served.
- Implementation of interventions at community level. Using census for approaching a health system for interventions materials, compliance, referrals, working within the community leadership directive, delivery modes. Reporting to the health care service.
- Supervision and monitoring by community and health care services. Compliance monitoring, minor or severe adverse reactions, receiving referrals, health education, counselling.
- Review community activity. Quantity received, and usage lost or remaining, treatment, number using service, those excluded and reasons for exclusion, reactions to the provided service and how reactions were managed. How to summarize the extent of treatment in a catchment area. Record keeping and report writing.



Unit Seven: Supervision

- Planning skills
- Decision making skills
- Managerial skills.

Unit Eight: Monitoring and evaluation

- Development, validation, use of monitoring and evaluation tools.
- Community self-monitoring.
- Collection and analysis of monitoring and evaluation information.
- Review and feedback techniques.
- Research.

Part two: Methods and techniques of curriculum delivery

- Lecture
- Seminar
- Tutorials
- E-learning
- Audiovisual
- Simulation and role play
- Group and individual work
- Demonstration
- Field trip (practical)
- Case studies
- Etc.

Part three: Resources for curriculum implementation

- Public Health staff with CDI strategy orientation.
- Trainers with experience in CDI implementation such as in CDTI project (for practicum).
- CDI project or a suitable field site for training and practice.
- Health education and training materials, e.g. CDTI training manual, posters, dosing pole (see Annex 5).
- Audiovisual materials such as tapes and compact discs, video tapes, (see Annex 6).
- Computers and other ICT materials

Part four: Evaluation instruments

- Tests (Assignments (oral or written tests)
- Observation schedules
- Questionnaires
- Interviews
- Logbook and checklists
- Research project reports
- CDI should form part of continuous assessment
- Certificate of attendance where applicable
- Student feedback
- Community feedback
- Etc.



TRAINING FOR CDI MANUAL FOR CDI

TRAINING MANUAL FOR THE COMMUNITY-DIRECTED INTERVENTION STRATEGY

INTRODUCTION

The Training manual is prepared for easy implementation of the CDI Strategy. The aim is to facilitate the task of the teacher and to make for uniformity in the implementation of the curriculum by all implementers. It serves as a guide for the teachers as it specifies the unit contents, objectives, teacher's activities, students' activities, methods, resources and evaluation procedures. It should be noted that the teacher's activities, students' activities, methods, resources and evaluation procedures are all recommendations. The implementers are free to choose from the list or choose such other activities, methods, resources and evaluation techniques not included here, provided they will facilitate the attainment of the objectives.

There are many publications and tools available at the APOC HEADQUARTERS for your consultation to facilitate implementation of the module. The list of reference materials, available tools and audiovisual materials are included herein. The module is presented in a linear format.

There are eight (8) units to be covered in 20 hours by undergraduates and 40 hours by postgraduate students. Each unit has its own specific objectives which serve as a guide to the teachers. The tables on the following pages detail the contents, objectives, teacher's activities, students' activities, methods, resources and evaluation procedures for each of the units listed below.

Unit One: Background to Health Care Delivery Systems

Unit Two: The Community

Unit Three: Concept and philosophy of the Community-Directed Intervention Strategy

Unit Four: Critical Components of the Community-Directed Intervention Strategy

Unit Five: Attitude and behaviours of the Health workers

Unit Six: Setting up the Community-Directed Intervention strategy

Unit Seven: Supervision

Unit Eight: Evaluation and Monitoring

UNIT ONE

Background to health care delivery systems






Objectives

At the end of the unit, the learners should be able to:

- Describe the process, partners, and facilitators of various approaches to community health care service delivery
- Give examples of the partners and facilitators
- Compare different approaches showing their advantages, coverage, acceptance by community, and empowerment
- Explain the history of CDTI and its evolution to CDI

Content

- Historical overview and description of the process, the partners, facilitators (with examples) of the various approaches to community health care service delivery approaches that had been used.
- Contrast between strategies (advantages, coverage, acceptance by community, empowerment)
- Evolution of CDTI and CDI

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lecture ✓ Demonstration with visuals (pictures, charts, maps, etc.) ✓ Audiovisual (video, compact disc, DVD, Internet) 	<ul style="list-style-type: none"> ✓ Explanation ✓ Demonstration using the visuals and the audiovisuals ✓ Questioning ✓ Responding to students' questions 	<ul style="list-style-type: none"> ✓ Listening ✓ Observing the teacher's demonstration ✓ Responding to teacher's questions ✓ Describing the scenes in the visuals and audiovisuals 	<ul style="list-style-type: none"> ✓ Relevant publications in the approaches ✓ Visuals (pictures, charts, maps, etc.) ✓ Audiovisuals (video, compact disc, DVD, Internet) 	<ul style="list-style-type: none"> ✓ Questions (oral) ✓ Written assignments

UNIT TWO

The community






Objectives

At the end of the unit, the learners should be able to:

- Give at least two generic and operational definitions of community
- Describe composition, structure, organization, social norms and characteristics of a community
- Explain community attitude

Content

- Community attitudes
- Generic and operational definitions of community
- Composition
- Structure
- Organization
- Social norms
- Socio-economic and political characteristics of the community
- Motivational Devices

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lecture ✓ Group work ✓ Discussion ✓ Use of visual and audiovisual materials ✓ Demonstration 	<ul style="list-style-type: none"> ✓ Explanation ✓ Demonstration using the visual and audiovisual materials and role play ✓ Use of examples ✓ Questioning ✓ Responding to students' questions ✓ Trip with students to a community to meet with community leaders 	<ul style="list-style-type: none"> ✓ Listening ✓ Observing the teacher's demonstration ✓ Responding to teacher's questions ✓ Describing the scenes in the visuals and audiovisuals ✓ Give examples of communities 	<ul style="list-style-type: none"> ✓ Visuals (pictures, charts, maps, posters, etc.) ✓ Audiovisuals (video, compact disc, DVD, Internet) 	<ul style="list-style-type: none"> ✓ Questions (oral) ✓ Written assignments ✓ Project reports

UNIT THREE

Concept and philosophy of the Community-Directed Intervention strategy






Objectives

At the end of the unit, the learners should be able to:

- Correctly define the CDI strategy
- Explain the philosophy behind the strategy
- Describe different interventions that led to the CDI strategy
- Explain the roles of different stakeholders in the CDI strategy
- Social determinants of health
- Identify community factors that enhance and those that impinge on CDI
- Explain community factors that enhance and those that impinge on CDI
- Identify social determinants of health

Content

- Definition of CDI
- Philosophy of CDI (right to health; empowerment of individuals and communities to manage their own health; interventions based on research evidence; sustainability)
- The roles of health system in the CDI strategy
- The roles of the community
- The roles of training institutions
- The roles of partners
- Factors that enhance and impinge on CDI
- Social determinants of health

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lectures ✓ Seminars ✓ Discussion ✓ PowerPoint presentation 	<ul style="list-style-type: none"> ✓ Explanation ✓ Demonstration using PowerPoint presentation ✓ Use of examples ✓ Questioning ✓ Responding to students' questions 	<ul style="list-style-type: none"> ✓ Listening ✓ Responding to teacher's questions ✓ Observing the teacher's demonstration ✓ Read available literature ✓ Write seminar paper ✓ Present seminar paper 	<ul style="list-style-type: none"> ✓ Available literature ✓ Multi-media projector and accessories 	<ul style="list-style-type: none"> ✓ Oral/written questions ✓ Seminar presentation

UNIT FOUR

Critical components of the Community-Directed Intervention strategy






Objectives

At the end of the unit, the learners should be able to:

- Describe the critical components of the CDI strategy
- Give examples of activities involved in each component
- Identify the stakeholders involved in each component
- Explain the responsibilities of the stake holders in each component
- Explain the skills needed for effective communication

Content

- **Communication skills**
- **Stakeholder Process:** Mobilization of stakeholders to secure commitment of various stakeholders from national to community level; advocacy for specific interventions. Stakeholders identification and analysis
- **Health System Dynamics:** Supportive policy for collaboration with other sectors; support from health systems, particularly at the front line, in provision of motivated health workers; procurement and supply of CDI facilities.
Community Processes:
 - (a) *Engaging Communities:* Community mobilization by health workers; community participation through the community leaders; community understanding of the CDI process and its values. Types of participation, (marginal, substantive and structural).
 - (b) *Empowering Communities:* Empowering the community through decision-making by communities in selection of distributors, training and sharing information to sustain the CDI strategy.
 - (c) *Engaging CDI Implementers:* Collaboration of health workers with the community, selection of volunteers through a community meeting, support and maintenance of community volunteer implementers.
- **Broader System Effects:** Community awareness effects; gender effects; community development effects; health worker effects.

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lecture ✓ Discussion ✓ Group work ✓ Tutorials 	<ul style="list-style-type: none"> ✓ Explanation ✓ PowerPoint presentation ✓ Organization of the students into small groups ✓ Assignment of topics to the groups ✓ Questioning 	<ul style="list-style-type: none"> ✓ Listening ✓ Responding to teacher's questions ✓ Participate in group activities ✓ Participate in the tutorials 	<ul style="list-style-type: none"> ✓ Available literature ✓ CDTI manual ✓ Audiovisual materials 	<ul style="list-style-type: none"> ✓ Oral questions ✓ Written group assignments

UNIT FIVE

Attitudes and behaviours of Health Workers objectives






Objectives

At the end of the unit, the learners should be able to:

- Identify the positive attitudes required of the health workers for the success of the CDI strategy
- Explain each attitude
- Give examples of situations that require each attitude

Content

- Compassion
- Patience
- Empathy
- Respect for social norms
- Simplicity
- Co-operation
- Friendly disposition
- Commitment
- Listening attentively
- Punctuality to appointments

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Role-play ✓ Case studies ✓ Discussion ✓ Simulation ✓ Group work 	<ul style="list-style-type: none"> ✓ Explanation ✓ Use of audiovisual materials ✓ Presentation of case studies ✓ Organization of students for role-play and simulation ✓ Questioning 	<ul style="list-style-type: none"> ✓ Listening ✓ Observation of audiovisual materials ✓ Responding to teacher's questions ✓ Participation in role-plays and simulations ✓ Reading case studies to identify positive or negative attitudes 	<ul style="list-style-type: none"> ✓ Video tapes ✓ CDTI manual ✓ CDI manual ✓ Compact discs ✓ Available literature 	<ul style="list-style-type: none"> ✓ Oral/written questions ✓ Observation ✓ Checklist

UNIT SIX






Setting up the Community-Directed Intervention strategy

Objectives

- At the end of the unit, the learners should be able to:
- Describe different stages involved in setting the CDI Strategy
 - Explain the activities involved at each step
 - Identify the stakeholders involved at each stage
 - Explain the required human and material resources for setting up the CDI strategy
 - Identify the supervisory and monitoring roles of the stakeholders
 - Set up a CDI strategy
 - Explain the significance of planning in CDI strategy

Content

- **Planning**
- **Meeting of partners.** Health Care Service and private sector – meeting used to plan, define and agree on partner roles and responsibilities, to identify socio-cultural organizations and to obtain vital health information on the community.
- **Approaching and meeting the community leaders.** Skills for meeting and negotiating with community leaders, joint definition of their experience(s) with the diseases for which interventions are required, provide information on benefits of the interventions, availability, the contributions of other partners towards the interventions, negotiate the roles and responsibilities of the community.
- **Approaching and meeting with entire community.** Community dynamics, mobilization and sensitization techniques, gender sensitivity.
- **Training of implementers by the health service workers** (refer to existing training manual for the interventions).
- **Census-taking by community selected implementers.** Used for determining supplies and those to be served.
- **Implementation of interventions at community level.** Using census for approaching the health system for intervention materials, compliance, referrals, working within the community leadership directive, delivery modes, Reporting to health care service.
- **Supervision and monitoring by community and health care services.** Compliance monitoring, reactions, receiving referrals, health education, counselling.
- **Review community activity.** Quantity received, and usage lost or remaining, treatment, number using service, those excluded and reasons for exclusion, reactions to the provided service and how reactions were managed. How to summarize the extent of treatment in a catchment area. Record keeping and report writing.

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lectures ✓ Seminars ✓ Tutorials ✓ Role-play ✓ Simulation ✓ Group work ✓ Field trip demonstration 	<ul style="list-style-type: none"> ✓ Explanation ✓ Use of audiovisual materials ✓ Use of examples ✓ Organization of students for role-play and simulation ✓ Questioning ✓ Supervise students on field trip 	<ul style="list-style-type: none"> ✓ Listening ✓ Observation of audiovisual materials ✓ Responding to teacher's questions ✓ Participation in role-plays and simulations ✓ Go on field trip ✓ Write and present reports on their field trips 	<ul style="list-style-type: none"> ✓ Audiovisual materials ✓ Available literature ✓ CDI project field site ✓ Trainers with experience in CDI implementation 	<ul style="list-style-type: none"> ✓ Oral/written questions ✓ Seminar presentations on projects ✓ Observation ✓ Checklist to evaluate skills and attitudes acquired during field trip.

UNIT SEVEN

Supervision






Objectives

At the end of the unit, the learners should be able to:

- Plan the supervision of community workers in the CDI strategy
- Identify problems of CDI implementation in the communities
- Take decisions on how to solve such problems of CDI implementation as seen in the communities
- Plan, organize and mobilize the required resources for CDI implementation
- Efficiently manage the resources for CDI implementation.

Content

- Planning Skills
- Decision-making Skills
- Managerial skills

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lecture ✓ Tutorials ✓ Group work ✓ Use of case studies ✓ Simulation 	<ul style="list-style-type: none"> ✓ Explanation ✓ Questioning ✓ Presentation of case studies ✓ Organization of students into groups for group work and tutorials ✓ Supervision of students' group activities ✓ Responding to students' questions ✓ Present case studies using audiovisual materials 	<ul style="list-style-type: none"> ✓ Listening ✓ Responding to the teacher's questions ✓ Participating in group activities ✓ Read case studies ✓ Ask questions to the teacher ✓ Watch audiovisuals ✓ Participate in simulation activities 	<ul style="list-style-type: none"> ✓ CDI manual ✓ Available literature ✓ Audiovisual materials 	<ul style="list-style-type: none"> ✓ Oral/written questions ✓ Checklist ✓ Observation

UNIT EIGHT

Monitoring and evaluation






Objectives

At the end of the unit, the learners should be able to:

- Develop and validate and use monitoring and evaluation instruments in CDI
- Guide the community to monitor themselves
- Collect and analyse information based on monitoring and evaluation
- Review information collected and give feedback to the health systems
- Identify appropriate research

Content

- Development, validation, use of monitoring and evaluation tools
- Community self-monitoring
- Collection and analysis of monitoring and evaluation information
- Review and feedback techniques
- Research
- Appropriate Research

Delivery method 	Teacher's activity 	Students' activities 	Resources 	Method of evaluation 
<ul style="list-style-type: none"> ✓ Lecture ✓ Tutorials ✓ Group work ✓ Field trips ✓ Use of audiovisuals 	<ul style="list-style-type: none"> ✓ Explanation ✓ Questioning ✓ Organization of students into groups for group work and tutorials ✓ Supervision of students' group activities ✓ Responding to students' questions ✓ Presentation of audiovisual materials 	<ul style="list-style-type: none"> ✓ Listen ✓ Respond to teacher's questions ✓ Participate in group activities ✓ Present field trip reports ✓ Watch audiovisuals ✓ Ask questions 	<ul style="list-style-type: none"> ✓ CDI manual ✓ Audiovisuals ✓ Community site ✓ Available literature ✓ Internet sources 	<ul style="list-style-type: none"> ✓ Oral/written questions ✓ Project reports ✓ Seminar

References and reading list

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Resource materials

List of APOC tools available at the SDD unit

- A practical guide for trainers of Community-Directed Distributors
- Guidelines and instruments for independent participatory monitoring of CDTI projects
- Guidelines for conducting an evaluation of the sustainability of CDTI projects
- Instrument 1 for the evaluation at National and project level
- Instrument 2 for the evaluation at District/LGA level
- Instrument 3 for the evaluation at First Line Health Facility (FLHF) level
- Instrument 4 for the evaluation at community level.
- Tool for monitoring the implementation of a CDTI project sustainability plan.
- Facilitator guide for community self-monitoring of ivermectin treatment.
- Community-directed Intervention (CDI): planning, training, implementation, integration and partners (in press). A practical guide for trainers of community representatives implementing an integrated health package.
- Curriculum and training module on the Community-Directed Intervention (CDI) strategy for faculties of medicine and Health Sciences. Trainers' handbook (in press).

• Audiovisual materials

- Mara the Lion's look
- Beyond darkness
- A Plague upon the land
- Thousands receive new treatment for river blindness
- River blindness
- Defeating river blindness in Africa
- International cooperation defeating river blindness in West Africa
- Epidemiological surveillance
- Mara an ancient disease, a new hope
- Hope for a better life ivermectin/Mectizan
- Community directed treatment: The way forward
- Du Riz... sans les aveugles
- Onchocerciasis Control Programme (OCP), 1974–1994
- The Masindi dilemma
- RX For survival: A global health challenge
- Community Directed Treatment with ivermectine: Training video
- River blindness: Finish the job (World Bank film)
- APOC partnership.

Various

- APOC flyers
- APOC posters.

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