Safety in administering medicines for neglected tropical diseases

Web Annex B. Training modules for community drug distributors
Module 1: Introduction

1. Welcome

Welcome to a series of WHO training modules to accompany the manual. These modules explain how to plan, prepare and safely administer medicines for treatment of neglected tropical diseases (NTDs).

2. Intended audience

This series of training modules is intended for community drug distributors, community health workers and all frontline health workers in programmes for control or elimination of NTDs. This module introduces the topic of safety of NTD medicines.

3. Learning objectives

The learning objectives for this module are to:

• become familiar with the importance of safety in public health and in programmes to address NTDs;
• be familiar with challenges to safety in “preventive chemotherapy” for NTDs;
• understand the importance and definitions of adverse event and serious adverse event; and
• know which adverse events should be investigated and reported.

4. Safety in public health

Public health programmes have two primary ethical responsibilities: to deliver health benefits to populations and – equally importantly – to prevent harm to individuals (the principle of “do no harm”).

Safety is crucial for the success of public health programmes. There is a growing movement within public health, led by WHO, to “promote a safety culture” and provide guidance on policies and practices to ensure safety.

5. Preventive chemotherapy safety in NTD programmes

Safety is also important for programmes to control and eliminate NTDs. Attention to safety is required at every step of the process, from the manufacture of the medicines and assuring their
quality and regulatory standards, to shipment and management of medicines in the supply chain, to their administration in the community.

6. **NTD programmes and preventive chemotherapy**

WHO currently classifies 20 diseases and disease groups as NTDs. For many of these diseases, including leprosy and snakebite envenoming, medical treatment is given in clinics or health centres. Preventive chemotherapy is a major control strategy for five NTDs. Preventive chemotherapy is the periodic (usually annual) presumptive treatment of at-risk populations with single doses of medicine. When preventive chemotherapy is given to all people in a community, it is referred to as mass drug administration (MDA). Preventive chemotherapy also includes targeted treatment of certain groups, such as school-aged children, who are often treated in schools, or younger children, who may receive preventive chemotherapy during “child health days”.

7. **NTDs addressed through preventive chemotherapy**

The five diseases currently addressed by preventive chemotherapy include onchocerciasis (river blindness), lymphatic filariasis, schistosomiasis, trachoma and soil-transmitted helminthiasis (intestinal worms). Preventive chemotherapy is also used to control taeniasis (another NTD), and a form of preventive chemotherapy known as “post-exposure prophylaxis” is increasingly used in leprosy control. Most of the medicines used in preventive chemotherapy are donated by pharmaceutical companies and obtained by health ministries through WHO. The five primary NTDs that are addressed through preventive chemotherapy, as well as the medicines used, are shown in the slide.

8. **Adverse events**

More than 1 billion people every year receive treatment through preventive chemotherapy. This results in massive health benefits and reduced disease transmission. Despite these massive benefits, as with any medicine, some individuals experience adverse events.

These adverse events have several different causes. Some, related to the properties of the drug, are known as side-effects. Most side-effects are transient, self-limiting and mild in severity. Other adverse events are caused by the action of the drug against the infectious organism being targeted. For example, people with lymphatic filariasis commonly experience transient fever, myalgias and headache after treatment. Such reactions are expected, transient and easily managed.

Adverse events can also be related to how the medicine is administered. For example, young children have fatally choked on deworming tablets. This usually occurs then they are forced to swallow tablets against their will.

9. **Serious adverse events**

A small proportion of adverse reactions are classified as serious. A “serious adverse event” is a regulatory term describing a medical event that results in death; requires in-patient hospitalization; results in significant or persistent disability; is life-threatening, or results in a birth defect.
10. **Adverse events that should be investigated and reported**

Serious adverse events can threaten NTD programmes by reducing community confidence and trust. So prompt investigation, management and reporting is important, not only for serious adverse events but also for clusters of cases which affect groups of people and any adverse event that causes significant community concern or disruption, particularly where the cause is unexplained or “operational error” is suspected. Additional detail on identifying, investigating and reporting adverse events is provided in module 4.

11. **Elements of safety**

Maintaining safety in NTD programmes requires continued vigilance. Community drug distributors, community health workers and other frontline health workers play a vital role in ensuring the safety of preventive chemotherapy. The modules in this series will address key aspects of this important role, which include management, storage and packaging of medicines (module 2); safe administration of medicines to ensure safety and prevent choking (module 3); identification, management and reporting of adverse events (module 4); and effective communication with communities and health staff (module 5). The safety of preventive chemotherapy involves adequate training; detailed planning and community preparation; careful execution; and seamless follow-up should adverse events occur.
Module 2: Safe drug management and administration

1. Welcome

Welcome back to our series of WHO training modules to accompany the manual. These modules explain how to plan, prepare and safely administer medicines for treatment of neglected tropical diseases (NTDs). This module addresses safe management and administration.

2. Learning objectives

The learning objectives for this module are to:
- be familiar with safe handling and management of NTD medicines;
- understand the importance of “age-appropriate formulations” for NTD programmes; and
- be familiar with exclusion criteria for preventive chemotherapy and their rationale.

3. Overview: safe management of medications

Safety in NTD medicines involves several important steps, beginning with the manufacture of high-quality medicines that are proven safe and effective; their licensing by regulatory agencies or their precertification for quality by WHO; the formulation of these medicines so that they can be safely taken by people of different ages; supply chain, involving international shipping, local transport, and proper storage and management of stocks; and, finally, safe administration at the point of use.

4. Storage, packaging and re-packaging

Once the medications reach the district where preventive chemotherapy will occur, it is important that they be securely stored under recommended conditions of temperature and humidity to ensure their integrity, potency and safety. As much as possible, medicines should be kept in their original, clearly-labelled containers until they are administered. Some medicines for preventive chemotherapy are provided in bottles with hundreds of tablets. NTD programmes may find it necessary to re-package these drugs in smaller quantities when preparing for distribution in remote communities. However, as soon as a bottle of tablets is opened, the expiration date for the medicine may be compromised and the potency of the tablets cannot be guaranteed. In addition, re-packaging presents risks for errors, confusion and incorrect dosing.
If repackaging is absolutely necessary, the containers used for repackaging should be clean, durable and labelled clearly with the name, dose, lot number and expiry date. A copy of the product insert should accompany repackaged products so that community drug distributors and others have access to critical information about the medicine. Products that have been repackaged should be discarded if not used and never returned to their original containers.

5. **Formulation**

Safety also depends on the drug formulation. Very young children and elderly people typically have difficulty swallowing large tablets, which sometimes leads to choking. Particularly in mass treatment settings when medicine is being given to large numbers of healthy children, age-appropriate formulations are an essential safety feature.

Age-appropriate formulations for younger children include liquid preparations (e.g. oral suspension), granules and dispersible formulations. For treatment of trachoma, azithromycin is available as a powder for oral suspension, which is reconstituted with water at the site of preventive chemotherapy. Mebendazole is now available in a dispersible tablet, and an age-appropriate formulation of praziquantel for young children is in development. For deworming medicine (albendazole or mebendazole), WHO recommends that tablets be crushed before giving them to young children, even if they are considered “chewable”. Crushing tablets is not currently recommended for other NTDs used in MDA (e.g. azithromycin for treatment of yaws), in part because of lack of evidence that crushed tablets provide equivalent pharmacological benefit.

The available formulations of medicines currently donated for preventive chemotherapy are shown in Table 1 of the manual.

6. **Administration**

Even with medications that are pharmacologically safe, available in age-appropriate formulations, and that have been appropriately shipped and stored, proper administration at the ‘point of use’ is essential for safety. It is at the point of use that mistakes and human errors most frequently occur. Safety can be enhanced by giving careful attention to key aspects of drug administration. These include: inspecting medicines in advance to ensure that they are in good condition (e.g. tablets not broken or disintegrated) and have not reached the expiry date; arranging the environment to minimize confusion; adhering to recommended exclusion criteria; clear labelling and use of appropriate containers if re-packaging is necessary; proper dosing; and, for integrated NTD programmes, restricting coadministration of medicines to WHO-approved combinations.

7. **Safe setting or environment**

Accuracy of dosing and safety are compromised in mass treatment settings where there are distractions, noise and confusion. Establishing a calm, orderly working environment is important for safe drug administration.
Community drug distributors should carefully organize their work environment, pay attention to crowd control and recruit enough assistants to allow for smooth workflow.

8. **Exclusion criteria for preventive chemotherapy**

Even though the medicines used in preventive chemotherapy are pharmacologically safe, excluding certain people is a crucially important safety measure. Individuals with serious illness should be excluded from preventive chemotherapy because they are more likely to experience adverse health events in general (related to their illness, not to medicine ingestion) and because any drug-related adverse events they experience are more likely to be serious. Seriously ill individuals are defined as those who:

- have an illness that makes them too sick or weak to get out of bed; or
- are currently hospitalized.

Additional general exclusion criteria include:

- age (the lower eligible age varies for different medicines);
- pregnant women (with exceptions);
- people with a history of seizures or epilepsy; and
- people who have previously suffered from serious adverse events caused by a reaction to the drug.

Additional information is provided in the next slides on exclusion for age, pregnancy and symptoms of neurocysticercosis.

8.1 **Age**

The medicines used in mass drug treatment all include young age as an exclusion criterion, but age of eligibility differs. Special attention to age criteria is warranted when co-administering several drugs for preventive chemotherapy. Exclusion criteria are given in Table 3 of manual.

8.2 **Pregnancy**

Although studies in humans have not found a statistically significant increase in the occurrence of congenital anomalies or adverse birth outcomes after women were inadvertently exposed to the NTD medicines currently used in preventive chemotherapy, in general, women in the first trimester of pregnancy should be excluded from MDA.

During the second and third trimesters, WHO recommends excluding women from MDA with ivermectin or diethylcarbamazine out of an abundance of caution. Conversely, for women living in areas where soil-transmitted helminthiases are endemic, particularly hookworm infection, WHO recommends deworming during the second and third trimester of pregnancy. WHO also recommends that pregnant women in the second or third trimester nor be excluded from mass treatment with praziquantel or azithromycin. Exclusion criteria are given in Table 4 of the manual.

9. **Co-administration**
Not all drug combinations have been shown to be safe and effective for routine co-administration. Before WHO recommends the co-administration of medicines for multiple NTDs, such as ivermectin, diethylcarbamazine and albendazole for treatment of lymphatic filariasis, intensified monitoring is required in thousands of people to ensure their safety. Other combinations have been studied and found to be safe and effective in some smaller studies, but WHO has not yet made recommendations pending further evaluations. For example, azithromycin has been co-administered with ivermectin to treat both scabies and yaws.

10. **Infection control**

Lack of proper hygiene, crowding and shared cups or utensils can facilitate transmission of germs that cause respiratory and gastrointestinal illness.

Attention to infection control when administering medicines is warranted.

- If water is used to reconstitute powder for oral suspension or to facilitate swallowing of tablets, it should be clean and given in a way that does not promote cross-contamination.
- Hand hygiene is an important measure for the prevention and control of the spread of disease. If an alcohol-based hand rub is not available, wash your hands with soap and water frequently.
- People with signs or symptoms of a respiratory infection, including health workers, children, caregivers, volunteers and visitors should cover their mouth and nose when they cough or sneeze, for example “into their elbow”.

11. **Summary**

The safety of interventions against NTDs is absolutely dependent on the safe management of medicines, which encompasses a broad range of activities and processes from manufacture to administering the medicine to people who need it. This module has reviewed key steps in safe management and administration of medicines, including creating a safe environment; following exclusion criteria; using age-appropriate formulation; avoiding re-packaging of medicines; co-administering only WHO-recommended combinations of medicines; and practicing good infection control.
1. **Welcome**

Welcome back to our series of WHO training modules to accompany the manual. These modules explain how to plan, prepare and safely administer medicines for treatment of neglected tropical diseases (NTDs). This module addresses prevention of choking.

2. **Learning objectives**

The learning objectives for this module are to:
- understand the causes that contribute to choking on medicine; and
- know what steps to take to prevent choking during preventive chemotherapy.

3. **Preschool-aged children**

Preschool-aged children (those aged under 5 years) are included in preventive chemotherapy for several NTDs. These include trachoma, soil-transmitted helminthiases and lymphatic filariasis (when using diethylcarbamazine and albendazole). Preschool-aged children will be included in preventive chemotherapy for schistosomiasis when a paediatric formulation of praziquantel – now under development – becomes available. The age at which a child is included in preventive chemotherapy depends on the disease and the medicine, as shown in Table 2 of the manual.

The medicines used in preventive chemotherapy are safe. However, some tablets are larger in diameter than the windpipe of young children (see Table 2 of the manual). If not administered properly, children can aspirate, or choke on, these tablets, blocking the airway.

The factors that contribute to choking on medicine include large tablet size, young age, and forcing children to take tablets against their will. Risk of choking appears to be highest during deworming in children 1-2 years old, particularly if they are forced to take whole tablets when they are crying, in distress, or trying to resist taking the medicine.

4. **Choking prevention**

4.1 **Age-appropriate formulations**

Choking-related deaths in young children can be prevented by giving young children paediatric formulations of medicine that are easy to swallow.

For treatment of trachoma, azithromycin is provided as a powder for oral suspension, or POS, which is reconstituted with water and recommended for all children aged under 7 years or less than 120 cm in height, or anyone who has difficulty swallowing tablets. A new paediatric single-dose formulation of mebendazole is now available for treatment of soil-transmitted helminthiases in school-aged children, which creates a soft, easily swallowed mass when combined with a few drops
4.2 **Crushing deworming tablets**

Other medicines commonly used for preventive chemotherapy against soil-transmitted helminthiases (albendazole), lymphatic filariasis and onchocerciasis are primarily available as tablets. WHO recommends that deworming tablets (albendazole and the non-dispersible form of mebendazole) be “broken and crushed” for all children aged under 3 years, and given with water. The risk of choking decreases, but is not eliminated, above 3 years of age. If the crushed tablet is mixed with water, another liquid, or food to encourage the child, care should be taken to ensure that all the crushed tablet is suspended and administered to ensure proper dosing.

**How to crush the tablets**

Different methods are used to crush the tablets. WHO recommends that deworming tablets be “broken and crushed” for all children aged under 3 years, and given with water.

4.3 **Drug administration**

The following guidance is recommended for community drug distributors and other people who administer preventive chemotherapy to young children.

- Adhere to the recommended dosing guidelines on dosing and formulation.
- For treatment of trachoma, give azithromycin oral suspension (reconstituted from powder) to all children aged under 7 years or less than 120 cm in height, and to anyone who has difficulty swallowing tablets. If they are unable to swallow powder for oral suspension or resist taking it, tetracycline eye ointment can be provided.
- For treatment of soil-transmitted helminthiases and lymphatic filariasis, crush albendazole tablets before giving them to children aged under 3 years.
- Directly observe all treatments.
- *Never* force children to take NTD medicine, hold their nose to make them swallow or force their head back to give them the medicine; this increases the risk of choking.
- For children who are fussy, irritable or resist taking NTD medicines, encourage the parent or guardian to calm them so they can receive the treatment.
- If the child continues to resist, *do not* treat the child during this round of preventive chemotherapy.

4.4 **Planning and policy**

Prevention of choking must be part of an overall strategy for NTD safety.

- Community drug distributors should follow safety precautions for drug administration and be trained, prepared and able to effectively communicate with parents and children. Additional detail on communication is included in module 5.
• WHO recommends age-appropriate formulations for children.
• Community drug distributors should know what to do in case of choking.
• Never force children to take medicine against their will.
• When multiple medicines are co-administered during preventive chemotherapy, discourage participants from swallowing all the tablets together at the same time.
• Prompt investigation, management and reporting of serious adverse events are not only legal and regulatory requirements; they also serve to decrease rumours, restore trust and sustain high drug coverage. More detail is provided in module 4 on adverse events.

5. Summary

Fatal choking during MDA is both tragic and preventable. WHO recommends age-appropriate drug formulations for young children. The most important preventive measure is to not force young children to take medicine involuntarily. It is better to be safe and have a slightly lower drug coverage. Preventing choking ultimately depends on the quality of interaction between the community drug distributor and the person taking the medicine (or in the case of young children, the child’s parent or guardian). Community drug distributors should be trained, prepared and able to effectively communicate with parents and children.
Module 4: Adverse events

1. Welcome

Welcome back to our series of WHO training modules to accompany the manual. These modules explain how to plan, prepare and safely administer medicines for treatment of neglected tropical diseases (NTDs). This module describes how to recognize, manage and report adverse events during preventive chemotherapy.

2. Learning objectives

The learning objectives for this module are to:

- understand the importance of properly managing adverse events related to preventive chemotherapy;
- know how to plan for preventive chemotherapy to minimize the risk of serious adverse events;
- know what to do when adverse events occur; and
- be familiar with investigation and reporting of adverse events.

3. Adverse events

Even though the medicines used in preventive chemotherapy are safe, adverse events sometimes occur. Some of them are direct side-effects of the medicine. More often, they are caused by the actions of the medicine against the disease.

Common symptoms include upset stomach, headache, fever and muscle aches. These symptoms are usually mild and do not last long. They can be managed successfully with rest and readily-available medicine, such as paracetamol.

Fear and concern about adverse reactions are major reasons why people refuse to participate in preventive chemotherapy. This is why communication is so important. If communities are well-informed in advance and people know where to seek help, most adverse reactions can be managed without negative impact on the programme.

4. Serious adverse events
A small number of adverse events are classified as serious. A “serious adverse event” is a regulatory term describing a medical event that results in death; requires in-patient hospitalization; results in significant disability; is life-threatening, or results in a birth defect. All serious adverse events, or SAEs, should be promptly reported to health officials, regardless of whether they are considered causally related to NTD medicines or interventions.

5. **Adverse events that require investigation and reporting**

In addition to SAEs, other types of adverse events require investigation and reporting. These include clusters of cases, which affect groups of people; and adverse events that cause significant community concern or disruption, particularly where the cause is unexplained or when drugs were given improperly, also known as “operational error”. Investigation and reporting of these adverse events alert public health officials to unexpected safety threats and help to keep preventive chemotherapy safe.

6. **Getting prepared for adverse events before MDA**

Good management of adverse events requires preparation before preventive chemotherapy, continued assessment of safety during preventive chemotherapy, and a rapid, effective response in the event that adverse events occur. The following steps will help prepare in advance for proper management of adverse reactions.

- Inform the community about adverse events as a part of mobilization for preventive chemotherapy.
- Ensure that local leaders and officials are aware and supportive of preventive chemotherapy and aware of the possibility of adverse reactions.
- Know the symptoms of adverse drug events and how to manage them.
- Know which adverse events require immediate notification of supervisors and health officials and know how to contact them.
- Know where to refer people who have adverse events for care and ensure that the care centre is prepared (e.g. staff available, adequate supply of medications).
- Update knowledge on how to intervene if someone chokes.

7. **Be prepared for adverse reactions during preventive chemotherapy**

The following steps can help avoid and manage adverse reactions during preventive chemotherapy.

- Arrange the treatment area, including medications and materials, to ensure smooth workflow and minimize confusion.
- Assign specific tasks to volunteers and helpers – establish clear lines of communication.
- Adhere to exclusion criteria (module 2) and to precautions for preventing choking (module 3).
- Refresh knowledge about symptoms of adverse drug reactions.
• Refresh knowledge on which adverse events require immediate notification of supervisors and health officials; know who to contact and how to contact them.
• Be ready to intervene if someone is choking or having difficulty swallowing.
• Inform participants of the possibility of adverse reactions and what to do if they experience them.
• Be prepared to “pause” preventive chemotherapy if needed to reestablish order and calm.

8.  What to do when adverse events happen during MDA

8.1 First priority

The most important thing to do immediately in responding to serious adverse events during mass drug administration (MDA) is to provide care for the patient and reassure the community.

8.2 Second priority

A second urgent priority is communication at multiple levels. Patients and their families must be reassured that they are safe and being cared for. Community members must be provided with accurate information to prevent the spread of rumours and misinformation. For any serious adverse events or events that cause community concern, community drug distributors should immediately contact their supervisors or district health staff. Additional guidance on communication is provided in module 5.

9. Chain of notification

NTD programmes should have a clear plan for who should be notified, and within what timeframe, when adverse events occur. For serious adverse events and other adverse events that require investigation and further response, supervisors of community drug distributors will usually contact district health officers, who will notify NTD programme personnel, who in turn will notify others at the national and international levels.

10. Investigation

An investigation should be conducted if the adverse event (i) is a serious adverse event; (ii) involves a cluster of cases; (iii) causes significant concern or disruption; (iv) is likely due to operational error; (v) is unexplained; or (vi) is otherwise required by national regulations. Typically, investigations are conducted by national health and regulatory officials who interview witnesses, review the chain of events that led to the SAEs, and assess whether the adverse event was caused by the NTD medicines. They may send samples of the medicine(s) to a laboratory be tested for quality and purity. Community drug distributors may be interviewed about the circumstances of the event and may participate in the investigation. They can also play a critical role in reassuring the community. Based on the investigation, health officials will submit a report to the national drug regulatory agency.

11. Summary
Managing adverse events properly is essential for maintaining confidence in NTD programmes. Even though serious adverse events occur infrequently, when they do occur, they can have a significant and negative effect on NTD programmes. It pays to be prepared.
Module 5: Communication

1. **Welcome**

Welcome back to our series of WHO training modules to accompany the manual. These modules explain how to plan, prepare and safely administer medicines for treatment of neglected tropical diseases (NTDs). This module addresses communication and its importance before, during and after preventive chemotherapy.

2. **Learning objectives**

The learning objectives for this module are to:

- understand the importance of communication in safe administration of medicines during preventive chemotherapy;
- be familiar with the elements of a safety communications plan for preventive chemotherapy;
- be familiar with common communications challenges in NTD programming; and
- understand the importance of rapidly and effectively addressing rumours and misinformation related to preventive chemotherapy.

3. **Communication and preventive chemotherapy**

Good communication is essential to ensure community participation in, and acceptance of, preventive chemotherapy. As members of the community and representatives of NTD programmes, community drug distributors play a crucial communication role. They are responsible both for understanding the concerns of the community and conveying these concerns to NTD programme officials, and for communicating health messages to communities and facilitating community participation in preventive chemotherapy.

Good safety communication requires experience, preparedness, training and practice. This is especially true when severe adverse events occur or when rumours or misinformation circulate about preventive chemotherapy.

4. **Safety communication before preventive chemotherapy**
Communication is essential for reaching high drug coverage. Community drug distributors should be trained to share information about the disease(s) being targeted; the safety and effectiveness of the medicines that will be used in preventive chemotherapy; and the risk of specific adverse events. They should inform the community where and how to seek care for adverse events if they occur. This may require tailoring messages to different groups within the community. This information can be shared through social media, written materials and meetings with community leaders. Communication should flow in both directions. Community drug distributors should listen carefully to the concerns of community members, address rumours and pay attention to social media and other informal communication channels.

5. Preparing for safety communication in challenging situations

The role of the community drug distributors as an intermediary between the NTD programme and the community presents communication challenges that go beyond delivering messages. Situations may arise in which the distributor’s loyalties as a community member may appear to conflict with their commitment to programme safety. Negotiating these situations requires clear, skillful communication. Role playing such situations during training can be an effective way to prepare community drug distributors for these challenges.

Four such training scenarios are provided in a role-playing guide that accompanies this module, including:

- a mother with a fussy child who asks the community drug distributor to give her the medicine to give to the child later;
- a village chief who asks the community drug distributor for some extra tablets to take home;
- a community drug distributor who, as a result of following safety guidance not to force children to take medicine, is scolded by his supervisor for not achieving higher drug coverage; and
- a man who insists that his young son should be given tablets rather than oral suspension of azithromycin in mass treatment for trachoma.

6. Safety communication during preventive chemotherapy

The smooth interaction between the community drug distributor and the person receiving NTD medicine is crucial for safety during preventive chemotherapy. Key safety messages to convey and observe during preventive chemotherapy were presented in earlier modules, and are reviewed here.

- Arrange the site where preventive chemotherapy is taking place so that team members can communicate effectively (e.g. so they can clearly see and hear each other).
- Maintain order; encourage participants to be patient and wait their turn.
- Ensure that adults give their consent and children give their assent for treatment.
- Clearly ask participants about relevant exclusion criteria and carefully assess age and height to ensure proper dosing.
- If administering drugs that should not be given during pregnancy, ask women of reproductive age the date of their last menstrual period or otherwise determine if they are pregnant.
• Insist on directly observing all treatments, even if parents claim they will treat their children later.
• *Never* force children to take NTD medicine, hold their nose to make them swallow or force their head back to give them the medicine; this increases the risk of choking. Never allow anyone else to do this either.
• For children who are fussy, irritable or resist taking NTD drugs, encourage the parent or guardian to step aside for a few moments to calm them so they can receive the treatment.
• Instruct participants what to expect with respect to adverse reactions and where they can seek care.

7. **Communication when adverse events occur**

Clear communication is essential when adverse events occur. The most important thing to do immediately is to attend to the patient, expressing compassion and concern. If medical attention is needed, request it clearly; call for back-up if it might be needed. While doing this, assess the situation to understand what happened. It is important to focus on the facts and to avoid assigning blame. Try to communicate a sense of calm and responsiveness. Once the immediate situation is under control, it is important to inform the community what happened and to restore trust. If the adverse event is serious or there is panic or widespread concern, the official spokesperson may be someone from the district level or the national NTD programme. The community drug distributor plays an important role in helping health officials understand and address the concerns of the community. Listening to community concerns is an important step in rebuilding trust.

8. **Communication tips**

8.1 **Adverse events**

The following tips may be helpful.

• Project a strong, compassionate, competent image for yourself and the NTD programme.
• Identify which issues not to respond to (e.g. blaming an individual or speculating on the cause before the investigation is complete).
• Be honest. Never lie. If you do not know, say so, but promise to find out (e.g. “We do not know at this time, but we have taken steps to answer that question”).
• Avoid improvisation and casual remarks. Be serious; jokes can be disastrous. Avoid jargon; use simple phrases and give examples to clarify your meaning.
• Be aware of body language, which is critically important for perceptions. Practise in advance can be particularly helpful to increase self-awareness of body language.
• Be responsible: do not be defensive, but accept responsibility appropriate to your position.
• Be responsive: be available to meet with community members.
8.2 Rumours

Even if adverse events are unrelated to the medicines used in preventive chemotherapy, rumours and misinformation can rapidly become crises if not managed properly or planned for in advance. In cases of “mass psychogenic illness”, multiple people fall ill with no known physical cause for their symptoms. Such events can have devastating consequences for NTD programmes if not addressed rapidly and effectively. In addition to managing, investigating and reporting adverse events, as described in other modules, it is important to respond to rumours. Increasingly, an effective response to rumours requires the use of social media. Community drug distributors can help by being aware of the social media platforms in their area, as well as the audiences they reach and influence. As trusted members and leaders in the community, they can also be extremely helpful in providing factual information, countering misinformation and establishing calm.

9. Summary

Communication is essential for safe NTD programmes, and the community drug distributor has a crucial role to play in communication, both from the programme to the community and from the community back to the programme. Communication is required before, during and after preventive chemotherapy, and is essential when serious adverse events or rumours occur.

Effective communication is a skill that can be learned and requires practise. A guide on role-playing is attached to this module; it can help to develop communication and negotiation skills.
Role Playing Guide for Training Community Drug Distributors for Challenging Communication Situations

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Facilitation Guide

Medicine for several neglected tropical diseases (NTDs) is given through mass drug administration (MDA) in affected communities, typically once or twice per year. These diseases include trachoma, soil-transmitted helminthiasis, onchocerciasis, schistosomiasis, and lymphatic filariasis. For the last decade, NTD programs have relied on community drug distributors (CDDs), and (especially for soil-transmitted helminthiasis and schistosomiasis) teachers, to deliver MDA.

The medicines used in MDA are safe. However, although it happens rarely, young children have choked while taking the medicines, and some have died. The factor most associated with these choking deaths has been forcing a child to take the medicine – especially tablets – against their will.

This facilitation manual is intended to be used by Trainers and Mobilizers alike to guide Community Drug Distributors (CDDs) in preventing choking related deaths during MDA. The manual outlines four specific role-playing scenarios CDDs might experience during MDA, accompanied with targeted skills for each scenario. These scenarios may be adapted as necessary for local context and skill development. Additionally, each scenario can stand alone or build upon the others.

This guide is designed using a participatory approach to empower CDDs to arrive at their own understandings, generate discussion, and enable safe delivery of drugs to control and eliminate NTDs.

How to use this manual

This manual is organized into 4 sections, each with a scenario and step-by-step instructions to support CDD role playing activities. Each section will include the following visual aides to help you navigate the manual.

- Intended skills and scenarios are placed in Blue
- Discussion Questions are headed in Green
- Key takeaways are placed in Yellow
  - Scene play and options for “Actor Roles” are formatted in a table
  - Directions for instructors are written in italics and/or bolded
  - Tips and examples are written in blue colored text

Materials needed:
- Flip chart & markers
- Copies of participant role-play handouts
Explain to participants that they will be acting out scenarios to help them understand potential dilemmas during MDA.

Remember: These scenarios are designed to enhance CDD participatory learning. They are not intended as a lecture or traditional workshop.

 Invite someone among the group to read the scenario out loud. CDDs should follow along in the student handbook. Allow time for participants to make observations.

The following scenario will help CDDs to:
- Identify and understand the conflict presented in the scene.
- Communicate their expectations and responsibilities.
- Explore possible alternatives.
- Choose the best resolution.

Invite one volunteer to play Konjo the young mother and another volunteer to play Abel, the CDD on duty.

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<tr>
<th>Actor</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Konjo</td>
<td>I have been standing in the queue for 2 hours now. Please just give me the drugs so that I can give it to my daughter when we get home and she has calmed down.</td>
</tr>
<tr>
<td>Abel</td>
<td>No please, I cannot give you the medicine to take home because I have been trained to directly administer the medication myself.</td>
</tr>
<tr>
<td>Konjo</td>
<td>Surely, you can make an exception. I know how to feed my own child.</td>
</tr>
<tr>
<td>Abel</td>
<td>Yes, I know that you can feed your child very well; however, I have been given specific instructions to ensure that your child is treated safely.</td>
</tr>
<tr>
<td>Konjo</td>
<td><em>Insistently</em> Just give it to me and I will administer it when I get home!</td>
</tr>
<tr>
<td>Abel</td>
<td><em>Tries to reason</em> If I give it to you then I will have to do the same for everyone and this is not feasible in documenting everyone who has received medicine. These are the rules, please stand aside and wait or come back tomorrow.</td>
</tr>
</tbody>
</table>

Case Scenario 1:

A young mother accompanies her 2-year-old child 3 km by foot to the nearest MDA distribution site. She joins the long queue trying her best to soothe her child who is tired and hungry from the long journey. When she approaches the CDD, her child refuses the medication kicking and screaming. The CDD impatiently asks her to step aside to calm the child and moves on to the next person.

The mother protests, saying that she has been standing in line for a while and demands that the CDD just give her the medication to administer to the child herself.

Skills: Conflict management, Communication, Empathy, Negotiation
End scene and invite CDDs to Define the problem.

Use the following prompts to generate discussion on the scenario at hand. Keep record of important discussion points on a flipchart. You may use a volunteer from the group or take notes as you facilitate.

Step 1: Defining the problem

First we must consider the participants and what is at stake. Using the following prompts (Explain, Ask, and Emphasize), lead the group in discussion.

- **Explain:** that each of the characters symbolize interests and different, competing priorities. It is the CDDs role to navigate competing obligations while preserving safe drug distribution.

- **Ask:** What is at stake for each character? Consider how each character’s concerns and interests might affect safe drug distribution.

  **Example:**
  Abel might be thinking, “My supervisor will be very upset” or “What are the consequences of offering the medicine to mothers in similar situations?”
  Konjo might be thinking, “If I don’t get home early, my husband may be upset” or “I came all the way here and I cannot leave empty-handed or without my child receiving medicine.”

  **TIP:** You may allow participants to work in groups of 2 or more to encourage more participation. If you do this, please provide each group with flipchart paper and markers to record key points from their discussions. Make sure to walk around the room and engage participants. After completing Defining the problem section, you may call on 1 or 2 groups to share with the larger group.

- **Emphasize:** For Abel, his professional duties to safely distribute medicines, his reputation with safeguarding the health of the community, and his livelihood are at stake.

  **Example:** For Konjo, we might consider her child’s well-being, her familial obligations, and her reputation in the community (Her child refusing the medicine might be interpreted as her being incapable of controlling her child).

- **Ask:** Who else is involved or influencing each character’s decision making?

Konjo
I cannot wait any longer, I must get home to start cleaning and cooking super! My husband will be very angry!
Step 2: Determine the best course of action

Emphasize: Abel's supervisor, ITI, Konjo's family, the community are examples of stakeholders that might influence the decision being made here. It is important to emphasize that the ultimate decision requires safe drug distribution.

Ask: What priorities ought to take precedent in this scenario?

Emphasize: Although there are many issues to consider, including high drug coverage, loyalties, and job security, safe drug administration is the priority. It is okay to accept a slightly lower drug coverage in order to safeguard the health of community members during MDA.

Now that the group has deliberated on the issue at hand, Determine the best course of action to be taken in this scenario.

The instructor may use the following options to help CDDs weigh the consequences (beneficence or maleficence) of each course of action. For options that fall outside of this list, use the same framework to arrive at an ideal course of action in line with the new safety guidelines.

Options

1. Shout at the woman for not complying with the rules and ask her to leave, expressing that you also have others to administer to.
2. Allow the woman to give a small taste of the medicine to the child encouraging them to drink the solution.
3. Assure the woman that her child can receive the medicine at another time.
4. Give the woman the medicine, instructing her on exactly what to do when she gets home.
5. Ask another CDD on site to assist the woman and child.

1. Emphasize: In frustrating situations as such, this reaction can be quite tempting. But think about who benefits from this action. Who might be harmed? No one benefits from this option. Aggravating the situation might prevent the mother and child from participating in future MDA. The CDD may appear to be abiding by the safety guidelines; however, this is at the expense of harming the mother.

2. Emphasize: This option is in accordance with the safety guidelines. Work with the mother to ensure safe delivery of the medicine and minimize harm while benefiting the mother, child, and the CDD.

3. Emphasize: This option is also in accordance with safety guidelines. Assure the mother that there are arrangements in place to provide the same service at another time. This option maximizes benefit while minimizing harm.
4. **Emphasize:** This option is not in accordance with safety guidelines. In order to guarantee safety, drug administration must be conducted at the MDA site with trained supervision.

5. **Emphasize:** Involving another trained CDD can be a viable option. But be careful to coordinate and communicate with each other clearly to avoid confusion when tracking coverage and ensuring safety.

### Step 3: Take Action

- Any action taken should be implemented to minimize harm while preserving safe delivery of medicines during MDA.

**Ask:** What was the desired action?

**Emphasize:** The desired action to be taken in this situation is to safely administer Zithromax© while meeting the needs of the woman and child.

**Ask:** What systems are in place to ensure the desired action is taken?

**Emphasize:** The following systems are in place to ensure the desired action is taken:

- Welcome the child’s mother and explain to her how to take the medication.
- Consider using aids like a small chain or colorful object to disarm the child; they may cry out of fear of pain from receiving an injection or vaccine.
- Reinforce these 3 messages to mothers: how to prepare the child when the CDD approaches, how to hold the child during the administration of the medication and how to calm the child afterwards. A well-informed mother will be a helping mother and will do everything to ensure that the child receives their medication well.

**Reinforce the following key messages:**

- Acknowledge the conflict and consider competing influences.
- Try to meet the needs of the woman and child while preserving safety.
- Lower drug coverage is okay.
- When all options fail, seek support from supervisor on duty.
- Explain to participants that they will be acting out scenarios to help them understand potential dilemmas during MDA.

**Remember:** These scenarios are designed to enhance CDD participation. They are not intended as a lecture or traditional workshop.

- Invite someone among the group to read the scenario out loud. CDDs should follow along in the student handbook. Allow time for participants to make observations.

- The following scenario will help CDDs to:
  - Communicate drug safety guidelines effectively.
  - Be able to discern complicated obligations.
  - Determine the best solution.
  - Explore alternatives.

**Case Scenario 2:**

The community headman approaches a Community Drug Distributor (CDD) during mass drug administration. He notices the numerous boxes of pills and privately asks the CDD for three doses of medication to take home and give to his children. He figures that since the drugs are plentiful, there would be no harm in sparing just three pills.

**Communication, Leadership, Decision-making**

- Invite one volunteer to play David, the CDD on duty and another to play Stephen, the community headman.

<table>
<thead>
<tr>
<th>Actor</th>
<th>Dialogue</th>
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<tbody>
<tr>
<td>Stephen</td>
<td>David how are you? I need your help. I have 3 small boys at home, and they have not received any drugs yet. Why don’t you give me 3 tablets for my children at home eh?</td>
</tr>
<tr>
<td>David</td>
<td>Realizing the headman’s role in the community, David ponders what to say. After a long pause he shakes his head indicating that he cannot spare any pills.</td>
</tr>
<tr>
<td>Stephen</td>
<td>Rather than arguing with David, you demand to speak with the supervisor.</td>
</tr>
<tr>
<td>David</td>
<td>Boss will not agree either. We want our community to be protected from illness. In order to do this, we must work together to ensure only trained personnel provide the drugs during administration. Please bring the children back tomorrow and I will make sure they receive the doses.</td>
</tr>
<tr>
<td>Stephen</td>
<td>Unsatisfied, starts to walk away in search of the supervisor.</td>
</tr>
<tr>
<td>David</td>
<td>Motions for Stephen to wait.</td>
</tr>
</tbody>
</table>
End scene and invite CDDs to **Define the problem.**

Use the following prompts to generate discussion on the scenario at hand. Keep record of important discussion points on a flipchart. You may use a volunteer from the group or take notes as you facilitate.

**Step 1: Define the Problem**

First we must consider the participants and what is at stake. Using the following prompts (**Explain, Ask, and Emphasize**), lead the group in discussion.

- **Explain:** Opportunities for diversion of medicines intended for MDA may arise since the CDDs are members of these communities and have established relationships and loyalties.

  **Ask:** How does David’s relationship to the community headman affect his decision in this situation?

  **Emphasize:** While David’s immediate responsibility is to safely distribute drugs, after MDA he will still remain a member of this community. The solution must also preserve his reputation and minimize unintended consequences that may arise as a result of a decision made here.

  **Ask:** Consider if David decided to slip 3 pills to the headman, does it really matter? What are the competing moral goods here?

  **Emphasize:** If David were to slip 3 pills to the headman, this could potentially increase coverage however the CDD will have no way of ensuring the safe delivery of those drugs. In this situation, the CDD should propose that he bring the children at another time.

  **Ask:** How is David’s role as a leader demonstrated in this scenario?

  **Emphasize:** David communicated well his and other CDD’s responsibilities. He took ownership for the community and avoided frustrating the headman.

**Step 2: Determine the best course of action**

- Now that the group has deliberated on the issue at hand, **Determine the best course of action** to be taken in this scenario.

  The instructor may use the following options to help CDDs weigh the consequences (beneficence or maleficence) of each course of action. For options that fall outside of this list, use the same framework to arrive at an ideal course of action in line with the new safety guidelines.
**Step 3: Take action**

- **Any action taken should be implemented to minimize harm while preserving safe delivery of medicines during MDA.**

**Ask:** What was the desired action?

**Emphasize:**
- The CDD should emphasize that the number of drugs available is well in account to cover exactly the mass of the population he will receive. If a few doses are lacking, they will not be able to administer the dose of the medication to all children.
- They should also inform the headman that only CDDs are trained to administer doses to children.
- The CDD in turn will have to use a clear communication language while avoiding frustrating the headman.
- The CDD should take ownership and responsibility for the community and their duty as a Community Drug Distributor.
• The CDD should decide whether it is important to administer doses or propose to bring all his children at another time.

**Ask:** What systems are in place to ensure the desired action is taken?

**Emphasize:** The following systems are in place to ensure the desired action is taken:

• Organize the MDA site and prepare the volunteers to minimize confusion and ensure an orderly MDA that promotes safety.
• Directly observe all treatments with Zithromax©.
• Repaint or make new dosing poles that include 16, 19 and 25ml doses of POS.
• Available support from Supervisor on duty.

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**Reinforce the following key messages:**

- Directly observe all treatments with Zithromax©.
- Suggest an alternative day to bring the children for MDA service.
- Lower drug coverage is okay.
- When all options fail seek support from supervisor on duty.

---

**Remember:** These scenarios are designed to enhance CDD participation. They are not intended as a lecture or traditional workshop.

- Invite someone among the group to read the scenario out loud. CDDs should follow along in the student handbook. Allow time for participants to make observations.

- The following scenario will help CDDs to:
  - Effectively communicate drug safety.
  - Maintain resilience in tense situations.
  - Determine the best solution.
  - Explore Alternatives.

---

**Case Scenario 3:**

CDD is being reprimanded by his or her supervisor for not achieving a high enough drug coverage, especially among young children, yet the CDD is simply “following the new guidelines” that encourage CDDs not to force medication upon children who resist taking it.

**Skills:** Resilience, Agency, Communication, Negotiation
Invite one volunteer to play Juliet, the supervisor and another volunteer to play Ahmed, the CDD being reprimanded.

**SCENE**

<table>
<thead>
<tr>
<th>Actor</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juliet</td>
<td>Visibly frustrated, enters the room where Ahmed appears to be filling paperwork. We haven’t met our target this time around. What is going on?</td>
</tr>
<tr>
<td>Ahmed</td>
<td>I’m not sure exactly; however, since we have been following the new guidelines, our numbers have either remained the same or decreased with the growing population.</td>
</tr>
<tr>
<td>Juliet</td>
<td>Does that mean we should slack on our targets? We still need to send our reports and you know our targets must be met.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>Madam, I am trying the best I can.</td>
</tr>
<tr>
<td>Juliet</td>
<td>Maybe you need to try harder. Our jobs depend on it.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>But Juliet, according to ITI we will not be penalized if our coverage is lower than usual.</td>
</tr>
<tr>
<td>Juliet</td>
<td>Have you forgotten who is in charge here?</td>
</tr>
</tbody>
</table>

End scene and invite CDDs to Define the problem.

Use the following prompts to generate discussion on the scenario at hand. Keep record of important discussion points on a flipchart. You may use a volunteer from the group or take notes as you facilitate.

**Step 1: Define the problem**

First we must consider the participants and what is at stake. Using the following prompts (**Explain, Ask, and Emphasize**), lead the group in discussion.

**Explain:** This scenario presents an internal conflict between multiple stakeholders. Juliet is responsible for managing CDD activity while ensuring administrative duties are also met. Her livelihood and reputation with ITI are at stake. Ahmed’s responsibility to the community, his livelihood, and his relationship with the supervisor are at stake.

**Ask:** What are Juliet’s concerns? What are Ahmed’s concerns?

**Emphasize:** While both parties should have received training on the new guidelines, it is important to recognize that expectations or pressures to achieve high coverage may still remain. In situations as such, please acknowledge the conflict and negotiate a path forward with the supervisor.
**Example:** Juliet and Ahmed demonstrate two competing goods. On the one hand, Juliet is concerned about low coverage on her ability as a supervisor; on the other hand, Ahmed recognizes that a slightly lower coverage is acceptable but doesn’t want to cross his boss.

**TIP:** In similar situations where power struggles and authority might influence decision making, please consider using the following methods to diffuse and negotiate the best resolution while preserving safety.
- Remain composed and listen to hear rather than to react.
- Identify the other parties’ concerns.
- Acknowledge that you have heard and understood the concern.
- Suggest methods to improve drug coverage while preserving safe drug delivery. (see attached Do’s and Don’ts)

**Ask:** Should Ahmed respond according to his obligation to his supervisor or to ITI?
**Emphasize:** Ahmed may highlight new guidelines that emphasize safe drug distribution is a critical component of high-quality programs. Take care to not frustrate or jeopardize his relationship with the supervisor or ITI.

**Ask:** How might CDDs build their own sense of agency and resiliency when responding to similar situations?
**Emphasize:** Understand that situations like these can sometimes occur as a result of stress or burnout from pressure to achieve targets. As a CDD it is important to exercise caution, remain positive, and approach the situation in a manner that does not cause conflict.

**Step 2: Determine the best course of action**

➢ **Now that the group has deliberated on the issue at hand, Determine the best course of action to be taken in this scenario.**

➢ **The instructor may use the following options to help CDDs weigh the consequences (beneficence or maleficence) of each course of action. For options that fall outside of this list, use the same framework to arrive at an ideal course of action in line with the new safety guidelines.**

**OPTIONS**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Respectfully disagree with the supervisor.</td>
</tr>
<tr>
<td>2.</td>
<td>Report Juliet to ITI representative.</td>
</tr>
<tr>
<td>3.</td>
<td>Clearly communicate safe MDA protocols with supervisor.</td>
</tr>
<tr>
<td>4.</td>
<td>Suggest other ways to increase drug coverage in the community.</td>
</tr>
</tbody>
</table>
1. **Emphasize:** This can be a viable option however it may lead to unintended consequences or cause friction in the CDD and supervisor working relationship.

2. **Emphasize:** This option should be avoided so as to not further complicate or create unintended consequences that may affect the MDA process.

3. **Emphasize:** This option is ideal. A well informed and clearly articulated CDD exemplifies agency while also maintaining safe drug administration guidelines.

4. **Emphasize:** This option is ideal. Suggesting other ways (Encourage parents or guardians to calm any child who is fussy, irritable, or resists taking Zithromax®, schedule another day to meet community MDA needs, conduct health promotion or education mobilization during community events) to increase drug coverage both ensures the supervisor’s immediate concern is acknowledged while also maintaining ITI’s mission.

---

**Step 3: Take action**

**Ask:** What was the desired action?

**Emphasize:** The desired action in this situation is to clearly communicate safe MDA protocols with the supervisor and suggest other ways to increase drug coverage in the community. Avoid challenging the supervisor; however, do not succumb to intimidation.

**Ask:** What systems are in place to ensure the desired action is taken?

**Emphasize:** The following systems are in place to ensure the desired action is taken:

- Clearly communicate with the supervisor drug safety protocol and suggest ways to increase coverage while maintaining drug safety.
- Organize the MDA site and prepare the volunteers to minimize confusion and ensure an orderly MDA that promotes safety.
- Directly observe all treatments with Zithromax®.
- Offer POS to anyone who reports they may have trouble swallowing tablets.

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**Reinforce the following key messages:**

- Avoid challenging the supervisor.
- Clearly communicate drug safety protocol.
- Lower drug coverage is okay.
- Suggest ways to increase coverage while preserving drug safety.
Explain to participants that they will be acting out scenarios to help them understand potential dilemmas during MDA.

**Remember:** These scenarios are designed to enhance CDD participation. They are not intended as a lecture or traditional workshop.

- Invite someone among the group to read the scenario out loud. CDDs should follow along in the student handbook. Allow time for participants to make observations.

- The following scenario will help CDDs to:
  - Make appropriate decisions regarding MDA processes.
  - Maintain drug safety guidelines during MDA.
  - Determine the best solution.

Case Scenario 4:

A man and his 5-year old child approach the CDD who is giving Zithromax® for trachoma. CDD begins to prepare Zithromax® oral solution for the child when another CDD asserts that “this boy is big enough for a tablet.” The boy’s father interjects saying that his child is a big boy and that the oral solution is only for babies and small children.

**Decision making, Discernment, Judgement**

- Invite one volunteer to play Yonas, the first CDD on duty, another volunteer to play Ahmed, the second CDD on duty, and a third volunteer to play the boy’s father.

<table>
<thead>
<tr>
<th><strong>Actor</strong></th>
<th><strong>Dialogue</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yonas</td>
<td>Yells “Next”</td>
</tr>
<tr>
<td>Father</td>
<td>Approaches Yonas with his 5-year old child by his side. “Good day boss”</td>
</tr>
<tr>
<td>Yonas</td>
<td>Takes note of the child and begins to prepare Zithromax oral solution.</td>
</tr>
<tr>
<td>Father</td>
<td>Hello, is that solution for my boy here?</td>
</tr>
<tr>
<td>Yonas</td>
<td>Yes sir, it is.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>Isn’t the boy too big for the oral solution?</td>
</tr>
<tr>
<td>Yonas</td>
<td>No, he is not. Besides, according to the new guidelines I would prefer to be safe than to take any risks.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>The child is not a baby and is capable of chewing a tablet, there is no need to prepare a solution.</td>
</tr>
<tr>
<td>Father</td>
<td>I agree with Ahmed, my boy is too big.</td>
</tr>
</tbody>
</table>
End scene and invite CDDs to Define the problem.

Use the following prompts to generate discussion on the scenario at hand. Keep record of important discussion points on a flipchart. You may use a volunteer from the group or take notes as you facilitate.

Step 1: Define the problem

First we must consider the participants and what is at stake. Using the following prompts (Explain, Ask, and Emphasize), lead the group in discussion.

Explain: In this scenario, the CDD has been confronted by his colleague in front of the father of the child, creating a conflict between following the safety guidelines and publicly overriding both the CDD’s colleague and the boy’s father. This can also exacerbate the child’s fear when receiving the doses.

Ask: What moral goods are in conflict?

Emphasize: While both CDD’s intention is to provide the appropriate medicine for the boy, discordance during the MDA process may create ripe conditions for confusion or can be interpreted as incompetence on the part of the CDD. Whenever faced with similar situations the CDD can take action by doing the following:

1. Avoid exchanging with the colleague in front of the child’s father.
2. Wait to administer the medicine another time.
3. Reassure the child’s father that a decision will be made for his son.

Example: Yonas might be thinking, “from my account of the training, we are instructed to provide POS to all children younger than 7 years old regardless of height” Additionally, I want to maintain safety while administering. Ahmed might be thinking “This boy is probably old enough to feed himself and can equally chew a tablet when instructed to do so.”

Ask: Why or how are they in conflict?

Emphasize: The fundamental principle relating to CDD professional duties require safe distribution of medicines to communities participating in MDA. Yonas and Ahmed’s reasoning may both be correct; however, in this situation, the ideal solution ought to prioritize safe administration of medicines without indirectly discoloring CDD credibility in the community.

Ask: How can CDD exercise discernment in managing quick “in the moment” decision making?

Emphasize: In situations that require quick decision making, the probability of error is heightened and so it is important to take heed and respond rather than react.
Step 2: Determine the best course of action

- Now that the group has deliberated on the issue at hand, **Determine the best course of action** to be taken in this scenario.

- The instructor may use the following options to help CDDs weigh the consequences (beneficence or maleficence) of each course of action. For options that fall outside of this list, use the same framework to arrive at an ideal course of action in line with the new safety guidelines.

**OPTIONS**

<p>| | |</p>
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<thead>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ask to withdraw with the colleague to discuss administration protocol.</td>
</tr>
<tr>
<td>2.</td>
<td>Do not administer the dose.</td>
</tr>
<tr>
<td>3.</td>
<td>Immediately engage the co-worker to sort out the issue.</td>
</tr>
<tr>
<td>4.</td>
<td>Call on CDD supervisor.</td>
</tr>
</tbody>
</table>

1. **Emphasize:** This is an acceptable option however be careful not to disrupt the MDA process or create another opportunity for exchange between the CDDs.

2. **Emphasize:** This is also an acceptable option and aligns with safe administration in MDA.

3. **Emphasize:** Please avoid exchanging with the CDD in front of the child and father so as to not give an impression that the two CDDs contradict each other.

4. **Emphasize:** This option is okay in very difficult situations where an ideal decision would require the supervisor on duty. However please be careful to consider that it is important for the CDD on duty to independently make the best decision while maintaining drug safety.

Step 3: Take action

- **Any action taken should be implemented to minimize harm while preserving safe delivery of medicines during MDA.**

**Ask:** What was the desired action?

**Emphasize:** The following desired actions can be taken:

- Do not administer the dose and avoid exchanging with the co-worker in front of the child’s father so as not to give an impression that the two CDDs contradict each other.
• Ask to withdraw with the colleague to discuss the administration protocol after attending to the others’ needs.
• Reassure the child’s father that a decision will be made for his child.
• The CDD supervisor is well experienced and can support the CDD in what decision to take in the face of similar cases.

**Ask:** What systems are in place to ensure the desired action is taken?

**Emphasize:** The following systems are in place to ensure the desired action is taken:

• Repaint or make new dosing poles that include 16, 19 and 25ml doses of POS.
• Organize the MDA site and prepare the volunteers to minimize confusion and ensure an orderly MDA that promotes safety.
• Directly observe all treatments with Zithromax©.
• Offer POS to anyone who reports they may have trouble swallowing tablets.
• Available support from CDD supervisor on duty.

**Reinforce the following key messages:**

➤ Avoid exchanging with the co-worker during MDA process.
➤ Reassure the father that a decision will be made for his child.
➤ Lower drug coverage is okay.
➤ When all options fail seek support from supervisor on duty.
SKILLS SUMMARY

Case scenario 1:
A young mother accompanies her 2-year-old child 3km by foot to the nearest MDA distribution site. She joins the long queue trying her best to soothe her child who is tired and hungry from the long journey. When she approaches the CDD, her child refuses the medication, kicking and screaming. The CDD impatiently asks her to step aside to calm the child and he moves on to the next person. Mother protests saying that she has been standing in line for a while and demands that the CDD just give her the medication to administer to the child herself.

Skills: Conflict management, Communication, Negotiation

The scenario described above represents one of the problems frequently faced by CDD and mothers of children in a health structure with limited resources in terms of personnel that often have increased workload and limited time.

In order to mitigate these problems:

1. Supervisors should take action by:
   - Training CDDs on good patient reception practices
   - Advocate for increasing the number of CDDs to reduce the workload on CDDs
   - Intervene as a mediator in case of conflict between a CDD and the child’s mother

2. Responsibility for CDDs
   - Take advantage of community gatherings to reinforce drug safety messages before the days of administration of the drugs
   - Welcome the child’s mother and talk to her to explain how to take the medication
   - Consider using aides like a small chain or colorful object to disarm the child; They may cry out of fear of pain from receiving an injection or vaccine

3. Children’s mothers:
   - Generally, mothers are open to receiving information related to the well-being of their children, first try to explain the drug safety protocol.
   - Reinforce these 3 messages to mothers: how to prepare the child when the CDD approaches, how to hold the child during the administration of the medication and how to calm the child afterwards.
   - A well-informed mother will be a helping mother and will do everything to ensure that the child receives their medication well

Case scenario 2:
The community headman approaches a Community Drug Distributor (CDD) during mass drug administration. He notices the numerous boxes of pills and pulls the attending CDD aside, asking him for three doses of medication to take home and give to his children. He figures that since the drugs are plentiful, there would be no harm in sparing just three pills.

In this scenario, it is CDD’s duty to communicate well and to understand their responsibility:

- The CDD should emphasize that the number of drugs available is well in account to cover exactly the mass of the population he will receive. If a few doses are lacking, they will not be able to administer the dose of the medication to all children.
- They should also inform the headman that only CDDs are trained to administer doses to children.
- The CDD in turn will have to use a clear communication language while avoiding frustrating him, explain to this community headman why he cannot give him these doses.
- The CDD should take ownership and responsibility for the community and their duty as a Community Drug Distributor.
- The CDD should decide whether it is important to administer doses or propose to bring all these children at another time.

**Skills: Communication, Leadership**

**Case scenario 3:**

CDD is being reprimanded by his or her supervisor for not achieving a high enough drug coverage, especially among young children, yet the CDD is simply “following the new guidelines” that encourage CDDs not to force medication upon children who resist taking it.

**For CDD:**

CDDs are well experienced and integral to the drug administering process, please reinforce the importance of their roles by:

- Drawing on key points from previous communication and leadership skills training
- Acknowledge and praise where due
- Highlighting new guidelines that emphasize both safety and high coverage are part of high-quality programs.

**Supervisor of the CDD:**

- Avoid reprimanding the CDD and consider the option of resuming CDD training on the new guideline
- Reinforce key messages and skills for CDDs in dealing with children who refuse to take the medicine.
- Advise CDD on the need to involve children’s mothers during administration because they know their children well and know best how to calm them down.

**For children of school age:**

- Refusing to take the medicine is less often a problem for school-age children, and risk of choking is less than for younger children.
• They generally obey and stop resisting if a family member who is influential is present during the administration of doses. (This person can be an elder sibling or a father).
• The CDD should reassure children but not force them to take the doses.

For children who continue to receive breastmilk:

• The CDD should use the child’s mother and involve her in all the process of administering the doses. If the child continues to cry, allow the mother time to breastfeed and cradle the child until they are calm before administering the medication.

Skills: Resilience, Agency

Case scenario 4:

A man and his 5-year old child approach the CDD who is giving Zithromax® for trachoma. CDD begins to prepare Zithromax® oral solution for the child when another CDD asserts that “this boy is big enough for a tablet.” The boy’s father interjects saying that his child is a big boy and that POS is only for babies and small children.

In this scenario, the CDD has been confronted by his colleague in front of the father of the child, creating a conflict between following the safety guidelines and publicly overriding both the CDD’s colleague and the boy’s father. This can also exacerbate a child’s fear of receiving the doses. The following decisions should be considered:

• The CDD’s colleague’s attitude suggests that additional training may be needed on the new dosing guidelines.
• Do not administer the dose and avoid exchanging with the co-worker in front of the child’s father so as not to give an impression that the two CDDs contradict each other.
• Ask to withdraw with the colleague to discuss the administration protocol after attending to the others’ needs.
• Reassure the child’s father that a decision will be made for his child.
• The CDD supervisor is well experienced and can support the CDD in what decision to take in the face of similar cases.

Skills: Decision making, Discernment, judgement
Medicine for several neglected tropical diseases (NTDs) is given through mass drug administration (MDA) in affected communities, typically once or twice per year. These diseases include trachoma, soil-transmitted helminthiasis, onchocerciasis, schistosomiasis, and lymphatic filariasis. For the last decade, NTD programs have relied on community drug distributors (CDDs), and (especially for soil-transmitted helminthiasis and schistosomiasis) teachers, to deliver MDA.

The medicines used in MDA are safe. However, although it happens rarely, young children have choked while taking the medicines, and some have died. The factor most associated with these choking deaths has been forcing a child to take the medicine – especially tablets – against their will.

This participation handbook is intended for Community Drug Distributors (CDDs), Health Extension workers (HEWs) and Community Health Workers (CHWs) alike to reinforce safe drug delivery practices to prevent choking related deaths during MDA. The handbook outlines four specific role-playing scenarios frontline community health organizers might experience during MDA, accompanied with targeted skills for each scenario. These scenarios may be adapted as necessary for local context and skill development. Additionally, each scenario can stand alone or build upon the others.

How to use this handbook

This handbook is organized into 4 sections, each with a scenario, scene-play, and a step-by-step instruction to support CDD role playing activities. Each section will include the following steps to help you interpret the scenarios.

Step 1: Define the Problem

In this section you will be asked to think about the scenario and consider what issues may be in conflict with safe drug administration.

Step 2: Determine the best course of action

Once you have deliberated on the issues presented within the scenario, you will now consider some solutions.

Step 3: Take action

The last step is to take action. You will consider what systems are in place to ensure the desired action is taken that will preserve safe drug administration while enhancing CDD skills.
Case scenario 1:

A young mother accompanies her 2-year-old child 3 km by foot to the nearest MDA distribution site. She joins the long queue trying her best to soothe her child who is tired and hungry from the long journey. When she approaches the CDD, her child refuses the medication kicking and screaming. The CDD impatiently asks her to step aside to calm the child and he moves on to the next person.

The mother protests, saying that she has been standing in line for a while and demands that the CDD just give her the medication to administer to the child herself.

<table>
<thead>
<tr>
<th>SCENE</th>
<th>ACTOR</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>KONJO</td>
<td>I have been standing in the queue for 2 hours now, please just give me the drugs so that I can give it to my daughter when we get home and she has calmed down</td>
</tr>
<tr>
<td></td>
<td>ABEL</td>
<td>No please, I cannot give you the medicine to take home because I have been trained to directly administer the medication myself.</td>
</tr>
<tr>
<td></td>
<td>KONJO</td>
<td>Surely you can make an exception, I know how to feed my own child.</td>
</tr>
<tr>
<td></td>
<td>ABEL</td>
<td>Yes, I know that you can feed your child very well, however I have been given specific instructions to ensure that your child is treated safely.</td>
</tr>
<tr>
<td></td>
<td>KONJO</td>
<td><em>Insistently</em> Just give it to me and I will administer it when I get home!</td>
</tr>
<tr>
<td></td>
<td>ABEL</td>
<td><em>Tries to reason</em> If I give it to you then I will have to do the same for everyone and this is not feasible in documenting everyone who has received medicine. These are the rules, please stand aside and wait or come back tomorrow.</td>
</tr>
<tr>
<td></td>
<td>KONJO</td>
<td>I cannot wait any longer, I must get home to start cleaning and cooking super! My husband will be very angry!</td>
</tr>
</tbody>
</table>

➢ End scene and Define the problem.

Step 1: Define the problem

➢ First we must consider what is at stake for each of the characters. Use the following questions as a guide to interpret the scenario and define the problem.
Consider what is at stake for each character? How can each character’s concerns and interests might affect safe drug distribution?

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Who else is involved or influencing each character’s decision making?

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What priorities ought to take precedence in this scenario?

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**Step 2: Determine the best course of action**

Consider what options would result in the best course of action or resolution. You may work with your colleagues to discuss and deliberate on an appropriate choice.

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**Step 3: Take action**
What was the desired action?

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What systems are in place to ensure the desired action is taken?

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**Key Messages:**

- Acknowledge the conflict and consider competing influences.
- Try to meet the needs of the woman and child while preserving safety.
- Lower drug coverage is okay.
- When all options fail seek support from supervisor on duty.
Case scenario 2:

The community headman approaches a Community Drug Distributor (CDD) during mass drug administration. He notices the numerous boxes of pills and privately asks the CDD for three doses of medication to take home and give to his children. He figures that since the drugs are plentiful, there would be no harm in sparing just three pills.

Skills: Communication, Leadership, Decision-making

<table>
<thead>
<tr>
<th>SCENE</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stephen</td>
<td>David how are you? I need your help. I have 3 small boys at home, and they have not received any drugs yet. Why don’t you give me 3 tablets for my children at home eh?</td>
</tr>
<tr>
<td>David</td>
<td>Realizing the headman’s role in the community, David ponders what to say. After a long pause he shakes his head indicating that he cannot spare any pills.</td>
</tr>
<tr>
<td>Stephen</td>
<td>Rather than arguing with David, you demand to speak with the supervisor.</td>
</tr>
<tr>
<td>David</td>
<td>Boss will not agree either. We want our community to be protected from illness. In order to do this, we must work together to ensure only trained personnel provide the drugs during administration. Please bring the children back tomorrow and I will make sure they receive the doses.</td>
</tr>
</tbody>
</table>

End scene and Define the problem.

Step 1: Define the problem

First we must consider what is at stake for each of the characters. Use the following questions as a guide to interpret the scenario and define the problem.

How does David’s relationship to the community headman affect his decision in this situation?
Consider if David decided to slip 3 pills to the headman, does it really matter? What are the competing moral goods here?

How is David’s role as a leader demonstrated in this scenario?

Step 2: Determine the best course of action

Consider what options would result in the best course of action or resolution. You may work with your colleagues to discuss and deliberate on an appropriate choice.
Step 3: Take action

What was the desired action?

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What systems are in place to ensure the desired action is taken?

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**Key Messages:**

- Directly observe all treatments with Zithromax©.
- Suggest an alternative day to bring the children for MDA service.
- Lower drug coverage is okay.
- When all options fail seek support from supervisor on duty.

Section 3

Case scenario 3:

CDD is being reprimanded by his or her supervisor for not achieving a high enough drug coverage, especially among young children, yet the CDD is simply “following the new guidelines” that encourage CDDs not to force medication upon children who resist taking it.
**SCENE**

<table>
<thead>
<tr>
<th>Actor</th>
<th>Dialogue</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Juliet</strong></td>
<td>Visibly frustrated, enters the room where Ahmed appears to be filling paperwork. We haven’t met our target this time around, what is going on?</td>
</tr>
<tr>
<td><strong>Ahmed</strong></td>
<td>I’m not sure exactly, however since we have been following the new guidelines, our numbers have either remained the same or decreased with the growing population.</td>
</tr>
<tr>
<td><strong>Juliet</strong></td>
<td>Does that mean we should slack on our targets? We still need to send our reports and you know our targets must be met.</td>
</tr>
<tr>
<td><strong>Ahmed</strong></td>
<td>Madam, I am trying the best I can.</td>
</tr>
<tr>
<td><strong>Juliet</strong></td>
<td>Maybe you need to try harder. Our jobs depend on it.</td>
</tr>
<tr>
<td><strong>Ahmed</strong></td>
<td>But Juliet, according to ITI we will not be penalized if our coverage is lower than usual.</td>
</tr>
<tr>
<td><strong>Juliet</strong></td>
<td>Have you forgotten who is in charge here?</td>
</tr>
</tbody>
</table>

➢ End scene and **Define the problem**.

---

**Step 1: Define the problem**

➢ First we must consider what is at stake for each of the characters. Use the following questions as a guide to interpret the scenario and **define the problem**.

What are Juliet’s concerns? What are Ahmed’s concerns?

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________________________________________________________________________
Should Ahmed respond according to his obligation to his supervisor or to ITI?

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How might CDDs build their own sense of agency and resiliency when responding to similar situations?

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**Step 2: Determine the best course of action**

Consider what options would result in the best course of action or resolution. You may work with your colleagues to discuss and deliberate on an appropriate choice.

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**Step 3: Take action**

What was the desired action?

__________________________________________________________________________
What systems are in place to ensure the desired action is taken?

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**Key Messages:**

- Avoid challenging the supervisor.
- Clearly communicate drug safety protocol.
- Lower drug coverage is okay.
- Suggest ways to increase coverage while preserving drug safety.

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**Case scenario 4:**

A man and his 5-year old child approach the CDD who is giving Zithromax® for tracoma. CDD begins to prepare Zithromax® oral solution for the child when another CDD asserts that “this boy is big enough for a tablet.” The boy’s father interjects saying that his child is a big boy and that the oral solution is only for babies and small children.


**SCENE**

<table>
<thead>
<tr>
<th>Actor</th>
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<tbody>
<tr>
<td>Yonas</td>
<td>Yells “Next”</td>
</tr>
<tr>
<td>Father</td>
<td>Approaches Yonas with his 5-year old child by his side. “Good day boss”</td>
</tr>
<tr>
<td>Yonas</td>
<td>Takes note of the child and begins to prepare Zithromax oral solution.</td>
</tr>
<tr>
<td>Father</td>
<td>Hello, is that solution for my boy here?</td>
</tr>
<tr>
<td>Yonas</td>
<td>Yes sir, It is.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>Isn’t the boy too big for the oral solution?</td>
</tr>
<tr>
<td>Yonas</td>
<td>No he is not. Besides, according to the new guidelines I would prefer to be safe than to take any risks.</td>
</tr>
<tr>
<td>Ahmed</td>
<td>The child is not a baby and is capable of chewing a tablet, there is no need to prepare a solution.</td>
</tr>
<tr>
<td>Father</td>
<td>I agree with Ahmed, my boy is too big.</td>
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➢ End scene and **Define the problem**.

**Step 1: Define the problem**

➢ First we must consider what is at stake for each of the characters. Use the following questions as a guide to interpret the scenario and **define the problem**.

What moral goods are in conflict?

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
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______________________________________________________________________

Why or how are they in conflict?

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______________________________________________________________________

Why or how are they in conflict?
How can CDD exercise discernment in managing quick “in the moment” decision making?

Step 2: Determine the best course of action

Consider what options would result in the best course of action or resolution. You may work with your colleagues to discuss and deliberate on an appropriate choice.

Step 3: Take action

What was the desired action?
What systems are in place to ensure the desired action is taken?

__________

**Key Messages:**

- Avoid exchanging with the co-worker during MDA process.
- Reassure the father that a decision will be made for his child.
- Lower drug coverage is okay.
- When all options fail seek support from supervisor on duty.
Scenario Cards

Case scenario 1:
A young mother accompanies her 2-year-old child 3 km by foot to the nearest MDA distribution site. She joins the long queue trying her best to soothe her child who is tired and hungry from the long journey. When she approaches the CDD, her child refuses the medication kicking and screaming. The CDD impatiently asks her to step aside to calm the child and he moves on to the next person. The mother protests, saying that she has been standing in line for a while and demands that the CDD just give her the medication to administer to the child herself.

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