Talking Drums

A Communication Handbook for Field Managers of River Blindness Prevention Programs
The title refers to one of the earliest forms of communication in Africa which is still used in some places today. The town crier uses the traditional "talking drum" to call the community together to make announcements.

This handbook was written, compiled, and edited by Dr. Charles W. Oliver, Division of Environmental Health, Office of Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development; Dr. James C. Sonnemann of the Office of Health's VBC Project; the collective efforts of the VBC staff; and individuals listed in the acknowledgements.

Photographs on cover and pages 25, 26, and 91 by C. W. Oliver.
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Foreword

It has been seven years since the microfilaricidal drug, ivermectin, was first made available by the U.S. pharmaceutical company, Merck & Co., for the treatment and prevention of onchocerciasis, known commonly as river blindness. Since 1987, more than 5 million individuals at risk of infection have been treated, and 300,000 cases of related blindness were averted. What is remarkable about this accomplishment is not simply that Merck has made this drug available free for distribution, but also the unique partnerships that have formed among the pharmaceutical industry, governments, local communities, non-governmental organizations and bilateral donors such as USAID, thus enabling the delivery of ivermectin to regions that are often not covered by existing health services.

As an integral member of this partnership, USAID initiated in 1991 an Ivermectin Delivery Program (IDP) with pilot projects in five countries: 4 in Africa (Burkina Faso, Cameroon, Niger, Nigeria), and 1 in Latin America (Guatemala). During the past 2 years, more than half a million persons have been successfully treated with ivermectin through these programs, reducing the risk of blindness and its consequences. Some PVOs, such as Africare in Nigeria, have used the IDP as a tool to bolster primary health care services in neglected rural areas. Others, such as the International Eye Foundation (IEF) and the River Blindness Foundation in Cameroon, have integrated ivermectin delivery within the framework of the reoriented primary health care system. Helen Keller International (HKI) works with national counterparts in Burkina Faso and Niger to transfer the technical skills necessary to design, implement and monitor a long-term program of surveillance and ivermectin delivery. In Guatemala, where the disease is less severe but still considered a significant public health problem, the IEF implemented project is attempting to effectively eradicate the disease via a biannual treatment regimen.
Collectively, not only have we learned a great deal during these efforts about how to best get ivermectin to those in greatest need, but we have come to appreciate some of the key issues critical to the provision of sustainable delivery of ivermectin, including: the importance of forging strong linkages between ivermectin delivery programs and other health delivery programs of both the public and private sectors, the importance of keeping local decision makers involved, the building of grass roots demand for ivermectin, and the need for institutionalizing ivermectin delivery as a way of managing projects in remote locations. In this handbook, *Talking Drums*, we have addressed the issue of communication and how it can be used to mobilize sustained commitment and support for ivermectin delivery among policy and decision makers, health promoters, and community members.

This handbook provides practical and comprehensive guidelines for developing the requisite communication skills and strategies needed for successful implementation of river blindness prevention programs, and IDPs in particular. It is heartening to observe that many of the examples and worksheets that are illustrated in this handbook were derived from the good work already undertaken by PVOs and local health institutions as a result of this pilot program. Consequently, the new partnerships forged between public and private sectors may be the most compelling evidence of the likelihood that effective, integrated, and sustainable programs to reduce the burden of river blindness can be achieved in this century. This well-designed, user-friendly handbook is intended to be a significant contribution toward this challenging goal.

Bob Wrin
Acting Director
Office of Health
Acknowledgements

Although this handbook has gone through a series of substantial revisions, those who participated during this process should be duly recognized: Adrienne Ertl (Office of Health), Deidre LaPin (author of the VBC Report Communication for Ivermectin Delivery Programs), Edward Douglass and Maria Claudia Valendenebro (HealthCom Project), and Matt Seymour and Barbara Boyd (VBC Project). Final drafts of the document were forwarded for critical review to Bob Pond (author of Africare's seminal handbook Mass Distribution of Ivermectin), Gilbert Burnham (Johns Hopkins University), the Mectizan Expert Committee, the World Health Organization's Programme for the Prevention of Blindness, and PVO program managers.

Almost all of the international PVOs and NGOs with experience in the prevention of river blindness were contacted, and the results of their collective experience is reflected in the examples of their important efforts that illustrate this manual. These organizations include: Africare, Christoffel Blindenmission, Helen Keller International (HKI), International Eye Foundation (IEF), River Blindness Foundation (RBF), and Sight Savers International. Most of the photographs, illustrations, sample questionnaires in the annexes, and other health communication materials presented in this handbook were graciously provided by Africare, IEF, and RBF. A special note of thanks is forwarded to Anne Emmerth of Atlantic Resources Corporation for her outstanding contributions in the graphic design and layout of this handbook. The final version was completed by James Sonnemann, Deputy Director, VBC Project, in collaboration with Charles Oliver, Senior Technical Advisor, Office of Health, USAID. A note of special recognition is extended to Dennis Carroll, Deputy Chief of the Division of Environmental Health, Office of Health, USAID, for his leadership in the conceptualization of the USAID-supported Ivermectin Delivery Program and overall guidance in these efforts.

Finally, it is essential to recognize the heroic work of the PVOs, NGOs, local health workers, and community leaders who have toiled selflessly, often
truly beyond the end of the road, toward the prevention of the scourge of river blindness. It is only fitting that this handbook is dedicated to the continuation of their noble efforts.

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Glossary of Acronyms and Special Terms

**Africare**: A USA-based PVO that focuses its development efforts in Africa.

**ATOP**: Adamawa and Taraba States Onchocerciasis Program, a USAID-supported IDP in northeastern Nigeria initiated by Africare.

**CBD**: Community-based distributor. Many programs use such individuals recruited from the community and trained specifically for the IDP.

**CBM**: Christoffel Blindenmission

**DEC**: Diethylcarbamazine, the previous drug of choice for treatment of onchocerciasis.

**EPI**: The Expanded Programme on Immunization of WHO which promotes vaccination of children and pregnant women throughout the world.

**IDP**: Ivermectin Distribution Program.

**IEF**: The International Eye Foundation, a USA-based PVO.

**HKI**: Helen Keller International, a USA-based PVO.

**KAP**: Knowledge, Attitudes, and Practices, a type of survey commonly used in community assessments.

**Leopard skin**: Skin with patches that have lost their pigment because of onchocerciasis, commonly seen on the shins and knees.

**Lizard skin**: Skin that has been roughened and thickened after years of onchocerciasis.

**MCH**: Maternal and Child Health.

**MEC**: Mectizan Expert Committee, a technical advisory committee for IDPs created by Merck & Co., the manufacturer of Mectizan® (ivermectin).

**NGO**: Non-Governmental Organization.
OCP: The Onchocerciasis Control Programme, a WHO-sponsored program in West Africa that emphasized vector control. In recent years the OCP has begun ivermectin distribution as well.

ORT: Oral Rehydration Therapy.

PVO: Private Voluntary Organization.

RBF: River Blindness Foundation, a US-based PVO.

VBC: Vector Biology and Control Project.

vector: Epidemiologic term for a carrier (usually an arthropod) that transfers an infectious agent (e.g. the female black fly that transmits microfilariae of *Onchocerca volvulus*).


USAID: United States Agency for International Development.

WHO: World Health Organization.
How to Use This Handbook

The purpose of this handbook is to provide practical guidance to you, the field managers and staff of river blindness prevention programs, particularly those of you involved with the distribution of ivermectin. Depending on the design of the program, the type of field manager will vary. You could be a local government health worker, an employee of an NGO or PVO, or even a community leader. Most of you will have already acquired some knowledge of the health status and cultural background of the local community through your previous work. For example, you could be someone who works in a local health facility such as a MCH clinic, and who speaks the local dialect. Others may have received some training in tropical disease control or in health education. Others may have worked previously for other health programs, such as EPI or family planning, or for a local civic organization or women's association. Thus, the scope of this handbook has to be broad enough to consider your diverse range of backgrounds and experiences.

This handbook is organized in a series of steps that naturally will be encountered in the course of the development of your program: from the initial assessments of target groups to the development of a communication strategy through the implementation and monitoring stages. Throughout the handbook, examples from previous projects are included to give you a better picture of what types of problems and solutions have already been encountered by your colleagues in other places. By sharing their experiences, it is hoped that you will realize that although you may be working in a remote location, "beyond the end of the road," you are not alone in your efforts. This handbook is intended to be used in conjunction with other sources of information listed in Annex E.

It is most important to realize that these guidelines must always be adapted into the context of your own local situation (and not the other way around). Thus, throughout this handbook numerous worksheets are
included so that you, the field manager, may begin to tailor your health communications program to your own specific circumstances. Blank worksheets are provided in each section for this purpose, and you are encouraged to complete these carefully. Finally, it is hoped that by taking the time to consider all of the audiences in your communication strategy—from policy makers to individual community members—that your program achieves the long term success for which you all are striving.
Introduction
Introduction

Background of the Disease

River blindness, known scientifically as onchocerciasis, adversely affects an estimated 18 million people, mostly Africans. About a third of a million of these are blind and an equal number have serious visual impairment. The disease occurs in 34 countries of Africa, the Middle East, and Central and South America. Of the 27 most heavily infected African countries, eleven have reduced their rates of infection significantly through many years of aerial spraying of larvicides for blackfly control as part of the Onchocerciasis Control Programme (OCP). Unfortunately, such vertically managed vector control programs are expensive and difficult to sustain. Most cases are now found in non-OCP countries. In 1994, an estimated 80 million persons, a third of the populations of Nigeria, Cameroon, Chad, Central African Republic, Sudan, Ethiopia, Tanzania, and Zaire, are at risk of infection.

River blindness is caused by *Onchocerca volvulus*, a microscopic filarial worm transmitted to humans by the bite of small simuliid black flies. The vector lives and breeds near fast-flowing streams, hence the common name for the disease. The worms live as parasites in the human with the adult worms clustered in nodules under the skin. Immature worms migrate throughout the body to cause a variety of signs and symptoms over months and years of infection. Among the most common complaints are unsightly nodules, itching, eventual
roughening and thickening of the skin (lizard skin), unpigmented patches of skin (leopard skin), and gradual loss of vision. Significant disease results from heavy infections. People with light infections may show no signs of disease.

The areas most affected are rural communities remote from population centers, causing onchocerciasis to be referred to as: *la maladie au-delà du bout de la route*, "the disease beyond the end of the road." Although on average from 2-15% of adults are already blind in endemic areas, in some hyperendemic communities such as in Adamawa State, Nigeria, almost all adults have lost their vision. Without adequate control strategies, many of these communities where the burden of disease is already high will continue to suffer the scourge of river blindness.

*Life cycle of Onchocerca volvulus*
Economic Considerations

Because of river blindness, cultivation has been largely abandoned throughout vast portions of West Africa's river valleys as populations migrate to marginal lands of poor soil to escape the ravages of the disease. The abandonment of these fertile riverine areas has no doubt contributed to the region's current economic malaise, and their reclamation is believed to be key to Africa's agricultural renaissance in the next century. It is estimated by the World Health Organization (WHO) that the adult human lifespan is reduced 15 years as a result of blindness, resulting in the loss of thousands of person-years of economic productivity. It is also estimated that at least 10 percent of persons in areas endemic for onchocerciasis have become "economically blind," having already lost the ability to provide for their families and themselves. If this disease were controlled, vast areas of fertile farmland could be reclaimed with enormous economic benefit, and Africa would be better prepared to feed. Several documents outlining the economic benefits of onchocerciasis control are listed in Annex E.

Ironically, onchocerciasis is found most often in fertile riverine areas with the greatest economic potential.
The Emergence of Ivermectin

Ivermectin (trade name Mectizan®) was licensed for human use in 1987 by Merck & Co. and has emerged to replace diethylcarbamazine (DEC) as the preferred drug for treatment of onchocerciasis. It is more effective and has almost no significant side effects. Merck & Co. donates ivermectin free of charge to endemic communities under the auspices of the Mectizan Expert Committee through Ivermectin Distribution Programs (IDPs). IDPs have been described in the handbook, Mass Distribution of Ivermectin (Annex E).

Like DEC, ivermectin destroys microfilariae, the tiny offspring of the worms, and prevents the damage they would otherwise cause. The adult worms (macrofilariae), however, are not killed. They remain in nodules under the skin and continue to reproduce at a reduced rate. Because reproduction continues, ivermectin must be taken repeatedly throughout the lifetime of the adult worms, a period of up to 15 years. It is not known how many doses of ivermectin are needed to prevent blindness, but annual ivermectin treatment can be expected to have lasting impact. If wide distribution can be continued long enough, millions of individuals will benefit, and whole communities may eventually be liberated from the threat of river blindness.

It is important to keep in mind that whatever medicine is employed, whether ivermectin alone or in combination with a new macrofilaricide, medicines alone will not solve the problem. Only after local communities and their institutions are helped to incorporate sustainable and appropriate delivery strategies within their own systems will the old problem of river blindness be solved.
Health communication

Often referred to as health education, the term health communication is used to avoid confusion with education in schools. Its objectives are to influence the attitudes and practices of decision makers, health promoters, and affected members of the community. Its goal is to promote the realization of improved health status in an effective and culturally acceptable manner.

The Central Role of Communication

Communication plays a central role in work involved with the public, and anyone who has already worked in the field of health would quickly agree. Besides the logistic problems that may be encountered in simply trying to reach remote rural communities, it may be difficult and time consuming to communicate with persons from the affected communities that you are striving to reach. Many of them, because of their circumstances, may have missed the opportunity for a formal education, and could be less fluent in the language than you. They may even speak another dialect entirely. Local leaders and decision makers may also be difficult to communicate with due to the demands of their office or the formalities required of their positions. Patience and sensitive diplomacy may be your best allies in establishing effective dialogue. When frustrations arise along the way, remember that the ability of your team to communicate with all levels of the community may determine the overall success of your program.

In some areas, local health personnel may not be available yet to assist in this process. There are many endemic areas, for instance, not within a day’s walk of a health facility. To sustain an effective health program for years, it is essential that the communities themselves become involved, that people understand why they should take the drug yearly, and that they cooperate with the distribution process. Taking a careful, sensitive approach with

Group discussions are an effective way of assessing community needs.
all groups concerned in the initial stages of the IDP is essential to ensure the successful evolution of the program.

Effective health communication can be a valuable tool to develop local cooperation and a sustainable program. IDPs can use a variety of non-formal education methods that avoid school room approaches and convey information effectively to groups (usually adults) having little or no formal education. There is no one set standard approach, but rather the approach is developed based on the expressed needs of the group. This is discussed in more detail in Step 3.

IDP activities are most likely to be sustained when they are integrated into a local system of health care delivery. In many countries, child survival programs that have been successfully integrated into the health care delivery system have achieved this kind of routine acceptance. This type of integration and efficiency could be a model for an IDP as well. Also, it is important that when working with the community in the process of distribution, it should become just as natural to take ivermectin yearly as it is to clear the fields for planting. People must thoroughly understand and value the importance of re-treatment, and an integrated distribution system must be established by local institutions to sustain the program over the long term.

Rumors... that threaten your program need to be countered swiftly and effectively!

During implementation of an IDP by Christoffel Blindenmission in the Central African Republic, families and even whole communities refused to take ivermectin because they feared it was poison sent by politicians they had voted against. Careful public health communication was required to persuade the population to accept ivermectin.

It is important to learn from mistakes in this dynamic process. For example, in some cases, in their haste to distribute ivermectin, IDP managers might underestimate the importance of the health communication component. To you, the reasons to comply with ivermectin treatment may seem obvious and logical. However, for the local recipient living in a remote community and faced with a multitude of difficulties and uncertainties, the problem of river blindness is accompanied by competing health and socioeconomic priorities. While beginning distribution before your communication strategy is complete might succeed in the short term, over the long term the population may not only fail to see the value of treatment, but they may even come to resist distribution efforts. Program managers who assume everything will happen smoothly and according to schedule are usually disappointed. The same is true for those who don't take the time to communicate with all levels within the community.
Some may find working with decision makers easier than the local community members. For others, the reverse may be true.

Whatever the case, failure to communicate well to all groups involved in the program could jeopardize the success of the program. The commitment of decision makers may weaken if they are not regularly informed, while local community members may view this activity as something foreign if they are not included as partners in the process from the beginning. Effective communication can avoid such problems and even counter the misunderstandings and rumors which can appear suddenly and threaten the sustainability of the program.

**Three Target Groups**

People who have been identified to receive and understand specific messages are often referred to as target groups or audiences. For purposes of this handbook, three main target groups are considered:

- policy and decision makers,
- health promoters, and
- community members.

Each of these groups will have different information needs and different approaches may be required in order to communicate effectively with them. These target groups and their composition will vary depending on the sociocultural and even political setting of your program. Before developing your health communication strategy, you will need to make a thorough assessment to determine the precise composition of these target groups. It is important to note that throughout this handbook, the focus of discussion often centers on one particular target: the community. However, this is in no way meant to imply that the other target groups that will be discussed are of less interest or utility. In fact, in terms of insuring the long term institutionalization and sustainability of your program, these target groups are essential.

This handbook is designed in much the same way that your program will be built: from start to finish. The flow chart on the next page will give you a clearer picture of the steps involved in the process.
Flow Chart of Handbook

New IDP

Step 1
Assessing the Target Groups

Step 2
Developing Your Communication Strategy

Step 3
Building the Program

Step 4
Implementing and Monitoring

Step 5
Attaining Sustainability and Replicability
Step One

1. Assessing the Target Groups
2. Developing Your Communication Strategy
3. Building the Program
4. Implementing and Monitoring
5. Attaining Sustainability and Replicability

New IDP
Step One: Assessing the Target Groups

Policy and Decision Makers

Policy and decision makers include government officials, traditional leaders, and prominent citizens in the private sector. All have some capacity to influence your IDP in general, and could have resources to contribute to its overall effort. They need to know enough about the program and its benefits to promote it effectively and to commit resources to its success. When working at the community level, you may want to treat traditional and community leaders as decision makers. Just whom to include in each group can be debated, and you may need to make adjustments for your own situation. However, if you find yourself unsure about this issue, it is usually better to include rather than to exclude.

Information Needs Assessment

You will need to identify the information needs of the target group. Of course, these will vary depending on the levels at which the decision makers are found (from local to national), and...
Who are the decision makers?

Decision makers are influential individuals in both private and public sectors who can help to promote your program and provide assistance of some sort—Ministry of Health officials, the Governor and state officials, traditional and religious leaders, leaders of women's and other community groups, prominent businessmen, directors of mission hospitals and other local NGOs in the area.

whether they are from the private or public sector. Decision makers at the national and sub-national levels will have similar information needs as decision makers in most countries. They will want to know the socioeconomic impact of both the disease and the interventions to control it. They will want to know who is going to implement the program and how it will need to be supported over the longer term. The higher the level of the decision maker, the more complex their information needs: An evocative videotape about the disease accompanied by a pamphlet full of charts and graphs delineating its impact might be appropriate for a governor of a province or a minister of health. The decision maker at the local level, however, might have less of a need for big picture, but more focused information on the direct impact to his community. As an aid to better determine the information needs of your decision makers, fill out the worksheet on the following page.

Your early discussions with decision makers should include plans for how people will be informed of the program and what their roles will be. If your IDP is in the planning and start-up stage, you will need to work with policy and decision makers at all levels to be sure you gain their understanding and support. Be sure to talk with individuals at all levels who can be of potential help to your IDP. Don't forget traditional leaders, women's groups, and ethnic minorities that could be neglected. Your goal is to have everyone working to make the IDP a success. Step two will discuss further strategies appropriate to communicating with these groups and gaining their commitment.

Traditional chiefs have great influence at the local level.
## List the Decision Makers and Their Information Needs

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<th>Decision Makers</th>
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<td>Other:</td>
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\(^1\) epidemiologic, socio-economic, etc.  
\(^2\) can be completed after Step 2
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<thead>
<tr>
<th>Decision Makers</th>
<th>Roles They Will Play</th>
<th>What They Need From IDP</th>
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1 funds, convincing others, transport, personnel, other  
2 reports, data, publicity, other
Health Promoters

Health promoters include individuals who, while not making general program decisions, communicate essential IDP messages to the community. In addition to knowing about the program, they have to know the community and how to communicate effectively with all community members. Exactly who the health promoters will be may vary depending on local policy and the design of the program. In some programs regular health workers fill this role. Other programs select separate community-based distributors (CBDs). Teachers can also serve as health promoters when they communicate messages via school children to the families of the community. All such communicators are included in a single group here because they perform similar functions for the IDP.

The kinds of teams needed for health communication will depend on the organization of your IDP. The most common types, community-based distributors and facility-based workers, present different options and needs. You will have to determine who is available for the IDP and who will be able to perform the best job over the long term. Some programs will include health education experts and local health workers with previous experience in communicating with communities. Some may not. Most have some combination of experienced individuals and new staff to be identified and trained.

Consider first the community level where health communication must ultimately occur. For the purposes of this handbook, the persons who will carry out health communication there will be called the health promoters. They include local health workers and others in the community who contribute to the running of the program. Depending on your IDP’s organization, they may include special CBDs, general health workers, community animation agents in francophone countries, a combination of these, or others. In some cases teachers and other local leaders may function as health promoters for IDP.

The health promoter plays a key role in transmitting messages to the community and ensuring community participation for ivermectin distribution. Programs like EPI that require people to return periodically have found that
much depends for program success on the health promoters and providers. It is usually they who organize distribution locally, solve problems, respond to community concerns, report to program supervisors, and constitute the real connection between IDP managers, the community, and the health infrastructure. So who are your potential health promoters?

To identify or recruit health promoters for the IDP and involve them most effectively, you will need the following information:

- **Who are they? Where are they located?** Are they already available and located in the target communities, or do they have to be recruited? How much contact do they have with the community? Can they deal with all ethnic groups and languages that will be involved? Are they practitioners of traditional medicine? Do they include women?

- **If already available, what experience have they had and what training do they need?** Do they have health communication experience? What additional training will be needed?

- **If they need to be recruited, how can that best be done?** What types of individuals are needed? Who should select them? How? Who will supervise them and provide support? How will they be compensated for their efforts?

- **What training, supervision, and logistic support are available?** How can they be supervised and supplied? What additional assistance will be required? What more is needed?

- **How will materials be designed, tested, and produced for health communication?** What resources are available locally? Are graphic artists available to illustrate the materials? Can flyers and posters be printed? What outside resources are needed?

This list will help you assemble much of what you need to know to be able to identify, train, supply, and support the health promoters. Involving them as early as possible in the health communication process is one of the best ways for them to develop the sense of ownership necessary for long-term commitment to the IDP. Just as important is the inclusion of support and training staff.

Answers to the above questions should be gathered in the same way as for the decision-maker—through informal meetings with MOH personnel, discussions with community members, visits to health facilities, and review of available documents. A brief report summarizing each of the points should be sufficient. Remember that you, as the IDP field manager, should always be the number one health promoter. Your attitudes set the tone for the entire program.
### Health Promoters and Their Support

<table>
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<th>Who will be the health promoters?</th>
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<tr>
<td>Where are, or should they be, located?</td>
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</table>

**If already available:**
- What communications experience have they had?
- What training and other support will they need?

**If they need to be recruited:**
- What are the criteria for selection?
- Who will select them, when, and how?
- What training and other support will they need?

**How will support services be provided?**
- for training?
- for supervision?
- for travel and logistics?

**How will health communication materials be provided?**
- What is already available? Has it been tested?
- What new materials must be designed, tested and produced?
- Who will do that?
**Community Members**

Community members are the families and individuals who must cooperate with the program to obtain ivermectin treatment periodically. Community integration may be weak in communities seriously affected by river blindness, some of which could be nearly abandoned except for a few older people, but the term “community” is used broadly in this handbook to refer to all types of groups whose members are the ultimate beneficiaries of the program. It is the willingness of all these people to return with their families year after year that will spell success for the IDP.

A preliminary assessment of the community is essential to ensure that health communication messages are appropriate and that the most effective communication channels are employed. As an IDP manager you may already have some ideas of what assistance and cooperation you need from the community. You may have a limited understanding, however, of what different communities—and parts of those communities—expect from your program. You might not know yet what people like best about IDP and, just as important, what disturbs them. For your program to be successful, and for you to be able to carry out effective health communication, you must assess the community’s knowledge of onchocerciasis and the IDP, levels of concern about the disease, and willingness to do anything about it. Furthermore, there may be specific cultural or religious constraints that affect your program. You want to know what health communication approaches have been tried in the past, which were effective, which were not, and why.

Program managers know some communities better than others. Only you can determine how much more information you need. In deciding what to collect and how to collect it, it is wise to consider what information will be required repeatedly. Since data collection and analysis require much time and labor, you will have to determine what your essential data requirements are. The time and resources will be well spent, however, if your assessment results in a sharply focused activity that addresses the real interests of the community and provides them with information they need.

**Communities are not always homogeneous**

In Northern Nigeria, Africare found that many communities are made up of more than one ethnic group. Messages in Fula as well as Hausa may be needed, and communicating with nomadic Fulani requires different communication channels from those needed to reach the sedentary Hausa.
**Review Existing Information**

You may find that some of the required information for your assessment is already available. Epidemiologic data may exist from previous surveys. Local health records can tell you much about patterns of disease in the community. Health authorities and knowledgeable community members can also supply valuable, current information and should be sought out diligently in your data quest.

Good information may also be available from other programs. In many areas, for example, the MCH clinic has found ways to deliver tetanus toxoid immunizations to pregnant women periodically to the local community in addition to its everyday activities of delivering babies and giving prenatal exams. So take the time to find out how they communicated with the public in order to achieve a sustainable program. The lessons they have learned can prove very helpful to your program.

Where onchocerciasis is a recognized problem, its signs and symptoms have local names. There are traditional explanations and cures for different symptoms of the disease. It is important to know about these local names and beliefs because this information can help you better understand how to work effectively with your target group.

The different clinical presentations of onchocerciasis will probably not be considered a single disease, so be careful to note how these different manifestations of the disease are recognized locally.

Also, you will want to know if there are traditional health practitioners who deal with the signs and symptoms of onchocerciasis. They are often found in rural areas and have great credibility among the local community. Always ask yourself two questions: Can they be recruited as allies for the IDP? If ignored, will they create resistance to the IDP?

**What's in a name?**

In Uganda the River Blindness Foundation found varying levels of knowledge about onchocerciasis. In Rukungiri, people call the disease, *obukamba*, while they call the blackflies, *kabukamba*. These names are related and suggest that the flies causing the disease breed in the river Kabukamba. In Kisoro and Kabale, on the other hand, people do not know the disease and have no name for it. Thus, different health communication messages are needed in these areas.

**Are we talking about the same thing?**

In Cameroon there is no term for onchocerciasis in the South. There, the Fang word *minak* refers to filarial diseases in general and to loiasis (another filarial disease) in particular. In the North, however, where the savannah strain of the disease may cause significant blindness, a more specific term is used.
Collecting New Information

The following chart suggests types of information you may need. Look through the list to determine what you data already have and what more you need to collect. You can prepare a questionnaire to organize your data collection and to ensure that you do not forget to include something you will need later. Annex A is a Community Assessment Questionnaire that you can adapt.

Community Assessment:
What you may need to learn

1. Background / identification data. These data help you organize your findings so that you can compare villages, age and sex groups, ethnic groups, etc. Be sure to record the place and date so your findings can be compared with those in future years.
   • Date and Investigator.
   • Community and part of the community where important.
   • Informants. (Who provided the information?)

2. Populations. Only basic information that could affect the IDP is needed.
   • Community totals and sub-groups (approximate).
   • Ethnic group(s) and language(s) in local use and in schools.
   • Literacy levels.
   • Religion(s).
   • Population movement. (Are there times when parts of the population are absent and not available for IDP?)

3. Local economic patterns. This information should indicate work and travel patterns that might affect the IDP as well as ability to pay if nominal fees or transportation to the IDP distribution site are required.
   • Common means of livelihood in the community (commercial farming, subsistence farming, herding, wage-earning, trading, etc.).
   • Travel costs to IDP distribution points.
   • Ability to pay nominal costs, by age, gender, and season.
   • Typical health expenditures of households.

4. Community institutions. This information may indicate how the community organizes itself for common activities. It may reveal organizations that can facilitate IDP health communication locally. It may also identify influential individuals who can help to disseminate IDP messages.
   • Political organizations and leaders (mayor, chief, council, etc.).
   • Religious organizations and leaders.
   • Schools and other community service organizations.
   • Women's groups and leaders.
   • Age group organizations and leaders.
   • Markets, unions, commercial groupings, and leaders.
   • Health service providers, including traditional practitioners.
   • Other community leaders.
5. Communication channels. This information will indicate how the community typically receives and shares information.
   - Face-to-face communication channels. (neighbors, relatives, elders, schools, churches, mosques, community meetings, etc.)
   - Media channels reaching the community. (radio and television, music and drama, printed matter, posters, etc.)

6. Health problems perceived by the community. General perceptions of disease importance, causation, and tractability are sought here. In obtaining this information it is important to keep in mind that different sections of the population may have differing ideas and concerns.
   - Health problems that the community fears and considers important. (their disease categories, not necessarily ours)
   - Causes of the most important diseases.
   - What one can do to prevent or treat the most important diseases.
   - How onchocerciasis fits into the larger pattern of health concerns.

7. Recent public health communication efforts in the community. This may provide useful guidance for your program.
   - Other health initiatives that have addressed the community with health messages recently.
     - Messages recalled by informants.
     - Methods used.
     - What people liked and disliked about those campaigns.

8. Onchocerciasis.
   - What is known about onchocerciasis, its signs and symptoms.
   - Local terms for the disease, common signs and symptoms.
   - What people think causes them.
   - What one can do to treat these signs and symptoms. (How effective is this treatment perceived to be?)
   - What one can do to prevent these signs and symptoms. (How effective is this?)
   - What is known about the black fly, and about worms in the body.

9. Local health practices and services.
   - Local health services perceived as available to community members. (This includes traditional medicine as well as modern.)
   - Services available for onchocerciasis, its signs and symptoms.
   - Services people pay for. (How is this paid?)

    - Is ivermectin known locally? What is it called?
    - Has ivermectin been used locally? By whom? When?
    - Was it effective?
    - Any side effects?
    - What is the general reputation of ivermectin?
    - What costs have been associated with the drug? Are these seen as reasonable and affordable? Have they limited its use?
    - Is DEC available and known? What is its perceived value?
Community Assessment Methods

A proven method for learning about a community is to survey a randomly selected sample of all households using a standard questionnaire. You might be already familiar with some techniques of sample selection and data collection from EPI surveys. Also, you may have had experience with analysis of data from skin-snip and rapid assessment surveys. Review of health records is another quantitative method, but one which sheds little light on local beliefs, attitudes, and behaviors. For the information needed to plan your communication strategy, a survey of knowledge, attitudes, and practices (KAP) can be an excellent method. Many IDPs have carried out KAP surveys for baseline information when starting out. Annex B, the KAP survey designed for Africare's ATOP program in Nigeria, is one example.

While KAP surveys can produce excellent data and have the virtue of providing measurable estimates of a program's progress, they require considerable planning and resources. Quantitative methods such as KAPs require detailed questionnaires, statistical analysis, and even computers. If your IDP is already operational, you may not have the resources to carry out a full KAP survey. For such circumstances or for additional information, less demanding methods have become popular. They do not produce quantitative results of measurable validity and are often referred to as qualitative methods.

Africare workers conduct exit interviews at an ivermectin distribution site.
In a field setting qualitative methods can be the most appropriate because they are flexible and rely on interpersonal communication. The four qualitative approaches described here can be combined to obtain the full set of data desired.

- **Community profile:** Straight forward but selective information concerning the community (topics 1 and 2 above, and parts of others) can be obtained directly from community leaders. Precise numbers are not needed for health communication planning: general patterns are sufficient.

- **Group interviews:** Groups of community members are questioned on many of the topics above. The questions often lead to discussion among the members of the group, and the interviewer/observer can learn much about the range of and agreement on opinions in the community. Such group discussions, when conducted properly, reveal the true thoughts of community members and not simply reflections of the interviewer's interests.

  To understand the differing perceptions of population subgroups such as young/old, male/female, or ivermectin users/nonusers, it is generally necessary to conduct separate group interviews with representatives from those groups.

  When group interviews are organized among people who do not know each other, the techniques of focus group interviews may be used. This excellent qualitative technique is described in Annex C.

- **In-depth interviews:** In-depth interviews are recommended where greater detail on certain topics is needed.

  Interviews are also helpful when you are trying to learn about perceptions of disease and treatment methods from different health care providers such as primary health workers, traditional birth attendants, and traditional healers. Annex D is an interview format that you could adapt.

- **Exit interviews:** Exit interviews with a sample of patients leaving clinics are easy and useful.
Selection of Samples for Assessment

The number and size of samples to be studied will depend on the precision desired and the variation among the communities targeted for IDP. If qualitative techniques are to be used, quantitative sampling procedures need not be strictly applied. The purpose is to determine themes that are common to all groups, not quantitative differences. Where target communities are relatively homogeneous in terms of basic social and economic factors, the assessment may be limited to several representative communities.

Where distinct differences are suspected, multiple groups must be sampled. Sample sizes and groups will also have to reflect age and sex differences because women, children, and adolescents have been found to perceive the threat of onchocerciasis and the benefits of ivermectin differently from adult men. As a field-based manager, you probably have a good idea already how many different groups there are in your target population. A worksheet is provided for this purpose.

<table>
<thead>
<tr>
<th>Target Groups to be Sampled</th>
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<tbody>
<tr>
<td><strong>Sub-group</strong></td>
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<tr>
<td><strong>Ethnic Group A</strong></td>
</tr>
<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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<tr>
<td><strong>Ethnic Group B</strong></td>
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<tr>
<td>Male</td>
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<tr>
<td>Female</td>
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</tbody>
</table>
Target Groups Identified in Adamawa and Taraba States, Nigeria

Children (and their parents) like ivermectin because it relieves intense itching and has a deworming effect. When properly taught, children readily learn the benefits of ivermectin, the protocol for use, and the transmission cycle of the parasite. Schoolchildren may use this knowledge to persuade their families to take ivermectin annually. Their higher visual and verbal literacy makes them useful interpreters of images and words on printed health education materials.

Women under 40 appreciate ivermectin because it returns smoothness and shine to their skin, relieves itching, and increases energy. As primary caretakers of children, women are frontline managers of family health and are among the first to notice the signs of onchocerciasis infection in children.

Fathers and mothers are key producers of family income, whether as farmers, traders, herders or craftmakers. Both say they worked better and felt better after ivermectin treatment.

Adults over 40 make up the age group most affected by blindness, debilitating fatigue, and skin depigmentation due to onchocerciasis. They commonly seek treatment to prevent loss of vision. After treatment, many report a surge of energy. This experience favors future compliance with the treatment regimen.

Community leaders recognize that better health improves the general welfare and productivity of their communities. Most leaders have welcomed the program to their villages. The few reluctant leaders often change their minds after observing the benefits experienced in neighboring communities.

Analysis and Reporting of Assessment Findings

After questionnaires have been completed, it is essential to review the findings for tendencies, trends, and main themes because these will be more useful than counts or rates for planning the health communication strategy. If common themes are not apparent, you may need to change the questions to find areas of agreement rather than differences.

Reports should be straightforward, presenting the findings and summarizing the topics one by one. Your report should also describe the methods used so that the study can be repeated in the future if necessary. Present your findings in simple, well-defined tables whenever possible. Based on the information collected, your report can present recommendations for health communication strategies within your overall IPD program. A computerized information system (IDMS) provides more comprehensive guidelines for the use and management of IPD project data (see back cover for details).
## Health Promoters and Their Support

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>What would motivate them to cooperate with IDP?</th>
<th>How do messages reach them? Language?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy makers</td>
<td></td>
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<tr>
<td>Community leaders</td>
<td></td>
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<tr>
<td>Health workers</td>
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<tr>
<td>Community members</td>
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</tbody>
</table>

### Sharing the Assessment Findings

Be sure to disseminate your findings to everyone concerned in your country's program, not just to your home office. Decision makers in particular will be interested in your results. Remember to focus on the information needs of decision makers and how this information is presented to gain and keep their attention. Health workers are often flattered to receive a report and motivated to continue the IDP effort. Failure to share your findings could even jeopardize your program. Considering that the data you have gathered pertain to local communities, you should make sure that local institutions have co-ownership of this important information.

When possible, share your findings with other programs. Just as you are curious how other programs collect information and what they find, your findings will be interesting to other program managers. New ideas and improved methods spread more quickly if shared than if each program must try everything for itself. Everyone profits from such a sharing of information. The health communication messages will probably change as well.
Repeating your assessment can help you to monitor changes and guide you in updating your health communication messages. Otherwise, when the messages become boring and/or no longer relevant, they are likely to be ignored.

You should now have a pretty good idea of who is available to participate in the health communication component of your IDP. When you begin to design your communication strategy, you should make use of as much of their experience and as many of their ideas as you can.
Step Two

Step 1: Assessing the Target Groups

Step 2: Developing Your Communication Strategy

Step 3: Building the Program

Step 4: Implementing and Monitoring

Step 5: Attaining Sustainability and Replicability

New IDP
Step Two: Developing Your Communication Strategy

As a general rule, all communities that will receive ivermectin should be included in the health communication strategy. There are two main parts to the strategy:

1) deciding what messages to communicate to whom, and
2) deciding how to deliver the messages.

What Is the Message?

There are numerous reasons for communicating with target groups within the scope of your IDP program area. 1) Decision makers: You will want this influential group to know the impact of the disease and the control intervention on their area. In other words, why it is worthwhile for them and their community to engage upon such a program. You also want to communicate to them the need for their commitment and partnership in the process. 2) Health promoters: You will need to communicate to them all that will need to be communicated to the community, plus supportive information to let them know that this will be their own program, and that their institution will have full ownership of it. 3) The target community: You will want people to understand the importance and benefits of yearly ivermectin treatment. You want them to know that the drug is affordable, effective, and safe. You want them to know how to get treatment, how the IDP program works.

Tailor your Messages

Messages are like clothes: If the clothes fit, the customers might wear them. If not, you will have a hard time getting them to keep them on!
addition, some people will want to know more about the disease itself and how it is spread. Some will want to know about the drug, dosages, common reactions, and serious side effects. Finally, you may have to counter misunderstandings and rumors that spring up unexpectedly.

You will want to tailor your messages. You will decide who is the target audience for each message, when the message is needed, and when it is time for new messages. Many messages should be targeted to the whole community, such as the usefulness of ivermectin and the importance of taking it every year. Others, like the exclusion of pregnant women, women who have just given birth, and children under 15 kg in weight, should be targeted to the women of the community. Women are generally the household managers for health. Thus, tailoring messages to address them may be the key to a successful health communication strategy. It may also be necessary to target minority groups that do not speak the language of the majority and may hesitate to come forward and take advantage of ivermectin distribution (e.g. Fulani in northeastern Nigeria and the Baka in southern Cameroon).

Timing is important. Basic messages concerning the usefulness of ivermectin can be disseminated at almost any time, but they will probably be received with greatest interest just prior to the time of annual treatment. Remember that people may have higher priorities, such as harvesting a crop, that can conflict with your communication and ivermectin distribution schedules. Dates and times to come for treatment can easily be forgotten. Since they need to be remembered for only a limited time, they should be communicated just before distribution. Messages about side effects—which ones are normal and what to do about worrisome reactions—should also be timed to coincide with the treatment program.

Finally, you want your messages to be focused. If too much information is presented to the community at any one time, much of it will be lost. What is retained may not be what is most important. For that reason, it is worth determining exactly which messages should be communicated.

Messages can be grouped into categories of decreasing importance for the community. **Primary messages** are those everyone in the community should know and retain. They include core messages that do not change and specific treatment messages about when and where ivermectin treatment is available, who should get it, and side effects that can occur. **Secondary messages** are less critical.
Primary Messages

The following core messages are recommended for inclusion in most communication to the community:

- Take ivermectin once a year for at least 10 years.
- Ivermectin can prevent blindness due to onchocerciasis. It also relieves disease effects such as intense itching, nodules, rough skin, and skin depigmentation (lizard and leopard skin).

Treatment messages include additional information about ivermectin and how to obtain it. They can also reassure people about its safety and effectiveness. Such messages will vary and need not be included in all communication. Here is a sample of messages about the drug for you to include or adapt:

- Ivermectin is easy to take. Yearly treatment varies from one-half to two tablets depending on a person's weight.
- Ivermectin is safe. It is recommended for everyone except the very sick, pregnant women, women who have given birth within the week, and children who are too small (<15 kg or <90 cm in height).
- For people who already have some loss of sight due to onchocerciasis, ivermectin can stop further loss from this disease. It cannot restore sight to the blind, unfortunately.
- Skin that is rough and thick because of onchocerciasis can return to its normal smoothness with yearly ivermectin treatment.
- Ivermectin can cause side effects such as headache, fever, or swelling in a few people who have onchocerciasis. The side effects go away in a few days and are less serious than the effects of previous drugs such as DEC (Banocide®). Treatment of the side effects is available if needed.
- Ivermectin does not usually have any noticeable effect on the nodules of a person with onchocerciasis.

You will also need to include treatment messages telling people when and where they can obtain treatment. Questions such as the following must be answered:

- Where can people obtain ivermectin? Who will distribute it? What is the IDP?
• Who will be eligible to receive it? Is there anyone who should not receive it?
• When is it available? How will people be notified?
• What will it cost?
• When will a repeat dose be needed?
• What reactions to the drug can be expected? What if there is a serious reaction?
• What special precautions should be taken?

Secondary Messages

Other information will be of interest to some people but is not essential for compliance with the IDP. Secondary messages can describe the parasite, how the disease is transmitted by the biting blackfly, how it persists in the human body and causes blindness and other symptoms. School teachers and other educated individuals may want more scientific information. Secondary messages are for them and should be adapted to the interests of your community. This information is not needed by everyone, however. People can take ivermectin regularly, for example, even if they believe the symptoms have supernatural causes.

Sensitivity and understanding are required in handling differences between modern medicine's concept of onchocerciasis and traditional community explanations. It may eventually be advisable to introduce a scientific understanding of the disease and its treatment, but program start-up may be easier if challenges to local perceptions are avoided. If community members quickly grasp the connection between ivermectin treatment and the symptoms they recognize, however understood, the IDP can continue effectively. A fuller understanding of the disease, the role of the blackfly, and the various consequences of the disease can follow. Health communication that builds on the community understanding of the disease is generally the place to start.

You will want to reinforce the core primary messages every chance you get, communicate selected treatment messages just before treatment is scheduled, and save disease transmission messages for special groups who want more details. At this point you should be able to specify your target group or groups, core messages for them, selected treatment messages, and when they need to receive the messages. You should be able to complete a table like the one on the next page summarizing the target groups and key messages.
<table>
<thead>
<tr>
<th>Target Group</th>
<th>Primary Messages</th>
<th>Secondary Messages</th>
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<tbody>
<tr>
<td>Decision makers</td>
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<td>Health promoters</td>
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<tr>
<td>Community members</td>
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Media: How the Message Is Transmitted

The best and most sustainable mechanism for disseminating health communication messages is person to person communication between neighbors and family members. This type of communication can be expected only after the program becomes familiar, however, so at the beginning of a program more formal methods are used. Among these you have several options. If you did a KAP study, you may already have a good idea which are most likely to be effective in reaching your target populations.

The most common approach is probably face-to-face communication which occurs when village leaders address the community or a health worker discusses a health topic with the people at the health clinic. Health messages can also be included in sermons at mosques and churches, or when a health visitor goes door-to-door talking with women at home. While an effective technique, face-to-face messages take time and personnel to deliver. Like rumors, they are subject to distortion and must be monitored.

A second approach uses graphics and printed materials such as posters, flyers, and handbills. These can stimulate discussion, carry specific information like dates and times, and serve as reminders of general messages. Patient-retained IDP cards can also serve this function as well as facilitating record-keeping.

Pamphlets, comic books and photonovels, more time-consuming to produce, have been used effectively to present more complicated health messages. Recognizable logos can

Logo for the River Blindness Foundation
establish program identity and can be used throughout the IDP.

**Mass Media** may be useful wherever it is able to reach the target population effectively. Newspaper articles are an inexpensive method that reaches the educated population and decision makers particularly well. If possible, try to review any articles for accuracy before they are published.

Broadcast media—radio and television—can reach a large part of the target population in many areas. For an IDP that targets only certain communities, however, they may be too unfocused because they cannot easily target only those with onchocerciasis. Remote communities with the greatest problem may not be reached. Moreover, messages for a community with little onchocerciasis (and excluded from the IDP) should be different from those for a highly endemic community. Broadcast media must be used with care to avoid creating unrealistic expectations and confusion.

![Example of an informational pamphlet.](image)
Traditional media can still be effective. Songs, drama, and dance can communicate well to entire communities. Some areas have traditional criers who make public announcements. "Talking drums" may be used to call people together for distribution. Involving the community in planning communication strategies for IDP provides access to such locally available methods of communication.

Another approach, often effective in creating initial awareness but less so for long term sustainability, is the promotional activity. This can take the form of T-shirts, lotteries, and other contests. When developed over a period of months, contests can sustain the interest of the community and provide repeated opportunities to reinforce IDP messages.

As a program manager with a limited budget and time, you will have to select only a few approaches. You will probably want to train IDP staff to communicate appropriate interpersonal messages. Which other methods you use depend on local conditions and preferences, your resources, and your experience. Some programs have found that a health communication planning workshop is an effective way to decide how to proceed.
The Materials Workshop

You probably already have printed materials that you can give to policy makers and health workers. In addition, health workers were probably provided with written materials during their training. For the community you may already have materials such as posters and flip-charts. As long as those have been tested and found to be appropriate, they can be used. Often, however, you will find that you need new materials or materials adapted to your local conditions. You may also be uncertain whether the materials already at hand are satisfactory or not. For these purposes, it is useful to convene a materials workshop.

You must first decide whom to invite to the workshop and what to ask them to work on. You might want to invite community leaders, health workers, health education specialists, artists, and specialists in the development of health education materials and the use of media. It is helpful to tell them in advance what you are trying to accomplish so that they can begin to think of options. When they are together, you will remind them what you are looking for, what are the messages to convey, what are the target groups, and what are the timing and resource limitations. Then you will ask them what approaches they have found to be most effective, and what they recommend for the IDP. Getting them to brainstorm about alternative strategies is a good way to get new, fresh approaches and to gain their partnership in the process. The meeting should encourage lively debate and discussion, even argument, among all the participants. At the end, be sure to acknowledge the contributions of everyone and help the group to draw the recommendations together into a general consensus.

Festival of the Arts

Africare’s ATOP materials workshop concluded that traditional songs, drama, and stories are among the most effective methods of communication in northeast Nigeria. They decided to sponsor an arts festival. Communities would be invited to prepare songs, skits, and stories for an area-wide competition. Prizes would be awarded for the best performances, and videotaping would permit using them on television.
This should lead to consensus on materials needed. Your participants can probably tell you which of the materials already available are satisfactory, which ones require adaptation, and what new materials need to be developed. Ideally, they can even sketch out visual aids that would be useful, and they can put the intended messages into effective, short phrases in the local language. If they cannot themselves develop the product needed (e.g. a song extolling the benefits of ivermectin), they can suggest how it can be done.

**Obtaining and Producing Materials**

Deciding how to obtain the materials you need, or how to produce them locally, depends very much on the resources at hand. Since you will want to produce materials locally if possible, your initial assessment should have identified illustrators, artists, graphic designers, printers, photographers, and publishers who can help you. What assistance you need depends, of course, on your budget and what you want to produce as well as what is available locally.

Since prices and quantities may force you to adjust your plans, it is always wise to explore the possibilities first. If there are multiple options for production, you will want to obtain more than one price quotation before deciding where to have your materials produced. You should allow for possible delays in the schedule since unforeseen events occur and it is almost impossible to predict how long it will take to stimulate and develop local resources.
Testing the Message

One of the major lessons health communicators have learned in recent years is the importance of testing the message. Does it capture the attention of the intended target audience? Does it convey the intended message? Is there anything confusing about it? Does it convey unintended, distracting and perhaps contradictory messages? If two or three messages are being considered, which one is most effective?

The only sure way to test your message is to try it with members of the target audience. If the object is to ensure that adults understand that yearly treatment with ivermectin can prevent going blind from onchocerciasis, the message should be tried on adults in a target community, and they should be interviewed afterwards. If a drawing of leopard skin is to be used, what does it look like to local villagers?

Depending on the results of the testing, the message can be retained and used if effective, or redesigned and tested again if there is something wrong with it. There is nothing wrong with making changes in your message until you get it right. What is wrong is not to test the message on the intended audience. Drawings are useful, but can be problematic. An artist’s drawing of villagers in Nigeria (right) was disturbing to local people because no neck was drawn in between the head and the body. The clothing worn by the person in the drawing can also give unintended messages; for instance, a well-clothed person may represent wealth to impoverished villagers.
Drawings of the worms (microfilariae) can be baffling to people who have never had the opportunity to look through a microscope.

Messages should be tested for initial impact as well as retained impact. Group interviews are often effective in determining initial impact. Useful questions for the group might be:

- What do you notice first?
- What seems to be going on?
- Is there anything confusing about the message?
- What will you remember?

Whether messages will be retained cannot be determined at once. Ultimately, the behavior of individuals—such as what percentage of the population shows up to receive ivermectin on the day indicated—will tell you something about whether the message was retained. Small-scale surveys, such as clinic exit interviews with mothers or interviews with people in the market, can tell you if intended messages were received and retained. The number of individuals interviewed need not be large. If you ask ten mothers at the local clinic when ivermectin will be distributed and each one tells you it will be next Tuesday morning at the school, you can be quite confident that this message has been clearly transmitted—at least to mothers who come to the clinic.
Pre-testing Materials

It is not always possible to know in advance how people will react to the materials you decide to use or the materials you develop. Health workers may not understand all the terminology in technical literature. Community members shown a large drawing of the blackfly that transmits onchocerciasis will probably be glad they have no flies that big in their community! Drawings of people may elicit more comments about their clothing than about what they are doing. Dozens of examples could be given of what can go wrong. The solution is to test each message, and each health communication material developed, before it is put to regular use. Experienced health educators will tell you that this is just about the most important step in the whole process. Do not skip this step! All messages and materials for the community should be pre-tested. You should check first with health officials to be sure your messages are correct from the medical perspective. You will also want to make sure health promoters, health educators, and community leaders are satisfied. Most important, however, is to check with the target audience. A group interview or focus group discussion is an excellent way to pre-test materials. You can examine each item, discuss its strengths and weaknesses, and decide that it is ready for use, useless, or needing improvement. If improvements are needed, the process should be repeated.

You will probably want several audiences to react to your health education materials separately. Health workers and, in some cases, policy makers should be asked to review them. Men and women may view the same message differently, as may different ethnic groups. Non-literate and literate groups may require different approaches. Comparison of the separate reviews will reveal inconsistencies and tell you whether your messages need revision.

As the IDP continues, you will want to repeat the testing of messages to be sure they remain effective. After time, messages can become boring and may need to be adapted or replaced. Moreover, the messages to be communicated

<table>
<thead>
<tr>
<th>Pre-test Questions</th>
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<tbody>
<tr>
<td><strong>After seeing a graphic message:</strong></td>
</tr>
<tr>
<td>1. Did it catch your eye?</td>
</tr>
<tr>
<td>2. Is it interesting?</td>
</tr>
<tr>
<td>3. What do you see?</td>
</tr>
<tr>
<td>4. Is it clear?</td>
</tr>
<tr>
<td>5. Is anything confusing?</td>
</tr>
<tr>
<td><strong>After a verbal message:</strong></td>
</tr>
<tr>
<td>1. What was the message about?</td>
</tr>
<tr>
<td>2. Did the message make sense?</td>
</tr>
<tr>
<td>3. Will you remember it?</td>
</tr>
<tr>
<td>4. Did the message ask you to do anything?</td>
</tr>
<tr>
<td>5. How could it be improved?</td>
</tr>
</tbody>
</table>
Africare found group meetings to be essential for pre-testing materials and messages in Nigeria.

will change with time. The same process can be repeated to develop new messages and materials. It will become easier as you become more expert in message development.

The worksheet on the previous page can help you record your findings as you test your health communication messages. After you have successfully tested your messages and the approach you believe will be effective, you are ready to make plans for implementation.

**Integrating the Strategy into the Local Context**

Your IDP and its health communication component will be most effective if they are integrated into what already exists. Yearly ivermectin should become the normal way community members deal with onchocerciasis—however they recognize and explain its signs and symptoms. Yearly treatment must become the community's priority, not just that of your program. The IDP also should be coordinated with existing health programs and personnel so the program can borrow strength from existing health services. Duplication of effort can be

**Building on local priorities**

The International Eye Foundation found that blindness due to onchocerciasis was not seen as a priority problem by health officials in Cameroon's South Province. They elected to use IDP resources to complement those of the SESA Child Survival Project, advancing the goals of both by integrating ivermectin distribution into the Ministry of Public Health's cost recovery scheme of its reoriented primary health care program.
### Example of a Communication Plan

Africare's ATOP Communications Workshop, 1992

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Behavior</th>
<th>Message</th>
<th>Channel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community: Persons school-aged and above</td>
<td>After applying diagnostic techniques, to comply with annual treatment.</td>
<td>Causative agents, signs, complication (blindness, itching, etc.). Drugs: safe, free, also treats helminths.</td>
<td>Songs, Face-to-face, Drama, Story telling, Public address</td>
</tr>
<tr>
<td>Community leaders</td>
<td>Annual meetings with community leaders, press, and LGA for funds generation. Community leaders to comply with and mobilize communities for treatments.</td>
<td>Create awareness about the disease and the drug. The drug is free.</td>
<td>As above, In-house evaluation, Participatory planning</td>
</tr>
<tr>
<td>Health workers (CBDs)</td>
<td>To update knowledge. Able to diagnose and treat reactions. Mobilize community for treatment, diagnosis, etc.</td>
<td>Create awareness of disease, dangers, and treatments. Exclusion criteria.</td>
<td>Training and retraining, Use of manuals, Posters</td>
</tr>
<tr>
<td>Policy makers</td>
<td>Financial and political commitments with the 3 tiers of government, also NGOs (e.g. missionaries, Rotary clubs, etc.)</td>
<td>Oncho is a disease with significant economic and health importance.</td>
<td>Meeting, Evaluation reports, Progress reports, Radio on the level of endemicity, Print and mass media</td>
</tr>
</tbody>
</table>
Health communication overcomes local resistance

In Plateau State, Nigeria, the River Blindness Foundation encountered resistance from local community leaders. Health communication methods of talking with traditional leaders and showing the Hausa language film *Mara*, which deals with river blindness, convinced decision makers to participate fully in the program.

Avoided, as can competition for scarce resources and the public's attention.

The issue of priorities can be problematic. Your assessment of people's needs may differ widely from the views of community leaders and decision makers. It is worth taking the time to figure out who wants what so that as many interests as possible can be satisfied. Building on what people already know and want is crucial for effective health communication.

Informal discussions with community leaders and officials are most likely to lead to agreement on appropriate connections with local institutions and personalities. There is no special procedure here—just talk until agreement emerges, the "palaver" system at its best. You can tell that you have reached agreement when everyone seems to be saying the same thing, and everyone has a similar understanding of who will do what. Hearing other people describe your program will help you notice any distortions or misunderstandings early on. A first key to success is to achieve consensus on what should be done and who will do it.

Gaining decision maker support in Nigeria

The Africare ATOP program inspired a local leader, Chief Mathias, to produce a video documentary to gain the attention and support of decision makers regarding the river blindness problem. As a result the governor of the state visited the area and secured additional assistance from national authorities. An expanded version of the video, *My Brother's Keeper*, was shown on Nigerian national television, gaining the support of many prominent citizens in the private sector.
Creating Awareness

Health communication can increase people's knowledge and awareness. When people do not know that itching may be a sign of a serious disease that can even lead to blindness, it is helpful to bring this to their attention. Where policy makers and political leaders do not realize that the productivity of whole communities is threatened by a disease that can be controlled, it is useful to create such awareness. Some leaders may not know that an effective and safe drug for onchocerciasis is available. Health communication can provide such information if carried out in a way that informs without talking down to the target audience. If people are made to feel ignorant or backward, the whole effort may be jeopardized.

Securing Commitment

All the steps to be taken and the efforts and resources required must be discussed in advance with decision makers and IDP personnel at all levels so that everyone knows what he or she is expected to contribute. To ensure that all the key players will feel part of the action and will take their roles seriously, it is helpful to write down the responsibilities and roles agreed upon and to make sure that everyone expected to play a part receives a copy of the plan.

Commitment is needed from all sides. Just as you need commitment from Ministry of Health officials for funding and staff support, they will need information from you to show how their support will be effective. At this stage it is important to determine what information you must provide to each supporter and participant in order to secure his or her continued support. Regular exchange of information can reinforce commitment. As the initial enthusiasm diminishes after the first year or two, this will be crucial to the sustainability of the IDP.

Once it is clear that there is adequate commitment and general agreement on the IDP and your communication strategy is prepared, it is time to integrate your strategy into your overall project implementation plan. That is the next step.
Step Three

Step 1: Assessing the Target Groups
Step 2: Developing Your Communication Strategy
Step 3: Building the Program
Step 4: Implementing and Monitoring
Step 5: Attaining Sustainability and Replicability

New IDP
Step Three: Building the Program

By now it should be clear who are the targets for health communication, which messages should be addressed to them, how those messages will be transmitted, and what personnel and other resources are available. It is time to put all of that together into an implementation plan and to complete all preparations.

The Implementation Plan

The implementation plan (plan of operations, action plan, or whatever you call it) should begin with a summary of what has been learned, the resources identified, and the proposed strategy, adding an outline of steps required to actually implement the plan. A large formal document is not needed, but it is important to be sure all the pieces are in place so that the communication effort proceeds smoothly. It is also useful once again to inform key governmental and other policy and decision makers of the plan so that their support will be forthcoming as required. The chart on the next page lists potential components to include in your implementation plan.
Implementation Plan Elements

Program objectives: specific, realistic, measurable communication objectives.

Principal research findings: summary of existing and assessment data, including points needing further research.

Behavior analysis: description of the health related behaviors selected for attention.

Audience segmentation: major and secondary audiences to be addressed through health communication.

Creative strategy: key messages, their sequencing, and the overall tone for a public health communication campaign.

Budget: Resources available, their sources, and expected timing.

Product strategy: descriptions and plans for developing, procuring, pricing, and distributing products and services.

Promotional plan: media mix, relations between communication channels, and distribution plans for materials.

Training plan: listing of health workers and/or CBDs to be trained, approximate curriculum, and proposed training methodology.

Monitoring plan: feasibility tests and other techniques to refine the program strategy and to detect changes over time.

Management plan: responsibilities of the people and organizations involved and a timetable for implementation.

Evaluation plan: to assess success in changing behavior and disease rates.

Institutionalization plan: how the health communication methodology will be integrated into local health operations.
Training Personnel for Health Communication

In collaboration with local health officials and communities, and using information collected in the initial assessment, you will have identified health promoters for the community level of the IDP. Depending on their skills and previous experience, additional training will probably be required. Exactly what is needed will be guided by the assessment findings, the tasks these individuals will need to perform, and the resources available.

Three broad objectives guide the training strategy:

• To convey specific knowledge concerning onchocerciasis, the IDP, the benefits of annual ivermectin treatment;
• To provide health workers with health education skills; and
• To foster health worker confidence and commitment to IDP health communication.

You will probably want to use experienced trainers. If they are not available, however, you will need to begin with a training of trainers workshop in which a limited number of persons are trained to do the training of future health promoters. This approach has the important benefit of developing a cadre of locally trained health personnel who will be able to train the next wave of IDP health workers. You will want to find assistance in planning the training. This handbook can only provide suggestions for what to include in the training and how you can know that the necessary knowledge and skills have been mastered.

Technical Knowledge

Specific knowledge will include the topics listed earlier as core message, treatment messages, and disease transmission messages. In addition, you want the health promoters to be the local experts on onchocerciasis and the IDP. They should be able to explain the following:

What does onchocerciasis look like?
• Who is likely to get it?
• How can people know they have it?
• What damage does it do to the body?
• How rapidly does this happen?

Training Objectives
Transfer specific knowledge;
Provide health education skills; and
Develop confidence and commitment.
• What are the local terms for the disease and its effects?

What causes onchocerciasis?
• How does the disease spread?
• What are the roles of the blackfly and the worm?
• What are they called locally?

How can onchocerciasis be prevented and treated?
• What treatment has been used in the past?
• What is ivermectin and what does it do?
• Who can be treated, how often?
• Who should not be treated?
• What are the common side effects?
• What can be done for them?
• What are potentially dangerous reactions?
• How long should you watch for them?
• What should be done for them?
• When are the effects most likely to occur?

You probably know the answers to these questions, and many of your health workers may know them as well, so detailed information will not be presented here. If you need more information, you can obtain detailed literature about the disease and ivermectin treatment through your IDP organization. Additional sources of information are listed at the end of the handbook, Annex E. Do not forget to use doctors and nurses in your area as resources. They may have good information about onchocerciasis, and may be able to help you to communicate it to the health promoters during training.

To be sure your health promoters have the information they will need, give them a small quiz (found on the next two pages) at the end of the training to test their knowledge of essential facts. Be sure to keep in mind, however, that they do not need to know everything, so limit your quiz to essential information. Review the results immediately, so that any serious misinformation can be corrected.
IDP Training Quiz: Health Communication

Date ___________ Place of Training ___________________________
Name of Trainee ___________________________

1. What community (communities) are you responsible for communicating with?

2. What languages are used in your area?

3. What do people call onchocerciasis in your area?

4. What are the effects of onchocerciasis on the body?

5. How do people get the disease?

6. What drug is distributed by the IDP?
   a. Who should take the drug?
   b. How much should they take?
   c. Who should not take the drug?
   d. When should the treatment be repeated?
   e. How many times should the treatment be repeated?
   f. What side effects is the drug likely to cause?
   g. What should be done for the side effects?

7. Where will people receive IDP treatment in your community?

8. When will they receive IDP treatment in your community (or communities)?

9. Who is responsible for the program in your community (or communities)?
10. Where can you refer any serious cases you come across?

11. Who are the target groups for your communication strategy? What messages do you want them to receive? How will those messages be communicated?

<table>
<thead>
<tr>
<th>Target Group</th>
<th>Messages</th>
<th>Methods</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

12. When is the best time to communicate IDP messages?

13. Who is your supervisor?

14. What information will you record regularly?

15. What reports will you prepare?

16. What are the most important things you learned in your training?

17. What additional training would you like?
Adult Learning

Health promoters should understand something about how adults learn. Adults learn best when new information can be integrated with what they already know. If you can build on their existing knowledge base and interests, they will have something to which they can connect the new information. As family providers, they already have pride in what they know. This is why it is important to understand traditional explanations of onchocerciasis and its effects. Although these may not agree with a scientific understanding of the disease, ivermectin treatment can often be integrated with traditional beliefs.

A key to effective training is always to have the person being trained use the new information and skills often enough to understand the message and its rationale. Among adults discussion is an effective method for accomplishing this.

Another is to ask each trainee to teach the subject himself or herself. Asking the health promoters to help design the communication strategy is still another way to ensure familiarity with the information and ownership of the activity.

You will want to be sure the health promoters can communicate the target messages effectively. A role play in which one health promoter at a time talks to the group as though they were a community can demonstrate this. Finding a real audience, perhaps at a local health clinic, is even more like the real thing. Polished performances are not as important as that the health promoters are comfortable with their new role as IDP communicators.

A group role play session can be an effective learning tool that adults also enjoy.
The Training Plan

The worksheet on the next page can help you and your trainers plan the content of your training sessions. It can also be used later to plan in-service training.

Building Confidence and Commitment

Trainees develop confidence through experience and positive feedback. Feedback from a trainer or a supervisor that they have done a task well is always confidence-building. As a program manager, your health promoters will appreciate your compliments on their work. Supervisors should also provide such positive feedback. Public recognition of health promoters and their efforts will build their self-esteem and confidence. In the long run, however, the personal satisfaction of knowing that you have accomplished your objectives can be just as reinforcing and can be done through self-evaluation.

How can trainees monitor their own success in communications? An obvious indicator of success is whether the target population has responded as intended. If 95 percent of the population of a community come for ivermectin treatment on the regular distribution day, the messages were clearly communicated very well. If only 20 percent appear, there may be a problem and you will have to find out why they did not come. Such a simple indicator is extremely useful.

A quick survey of a sample of target group individuals can also tell you whether your message is reaching them. For health promoters you can use a quiz after training. For the community, an exit interview in which a few persons from the target audience are questioned about what they understood is simple and easy to use. Following a talk at a village meeting or at the health clinic, for example, five men and five women can be questioned about what they heard and what they will do with the new information. Your central messages should still be clear at that point. A discussion with children at the local school can also tell you whether essential messages are understood and circulating in the community. If the entire message is not clear, you will know which parts to revise.

Commitment comes from feeling that you are an effective and important part of the IDP. Health promoters who know that their health communication efforts are effective will feel ownership of the program. This type of involvement, and the commitment that follows, is a critical element in establishing a sustainable program.
<table>
<thead>
<tr>
<th>The Training Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course title:</td>
</tr>
<tr>
<td>Persons to be trained:</td>
</tr>
<tr>
<td>Course goal(s):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lesson Title</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<tbody>
<tr>
<td>Lesson objectives:</td>
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<tr>
<td>By the end of the lesson participants will be able to..</td>
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<tr>
<td>Preparation:</td>
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<tr>
<td>Skills or knowledge participants should have before this lesson.</td>
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<td></td>
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<tr>
<td>Introduction:</td>
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<tr>
<td>Definitions. Relating lesson to previous experience and recognized need.</td>
<td></td>
<td></td>
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<tr>
<td>Main ideas (small lecture):</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Ideas and procedures to be learned.</td>
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<td></td>
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<tr>
<td>Examples or demonstrations:</td>
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</tr>
<tr>
<td>Activity for practice:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Discussion:</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Feedback (2-way), sharing of impressions, clarifications.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinforce key points.</td>
<td></td>
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</tr>
</tbody>
</table>
Step Four

- Step 1: Assessing the Target Groups
- Step 2: Developing Your Communication Strategy
- Step 3: Building the Program
- Step 4: Implementing and Monitoring
- Step 5: Attaining Sustainability and Replicability

New IDP
Step Four:
Implementing and Monitoring

As the program manager, your responsibility during the implementation and monitoring phase will be to see that everything is in place as expected and to watch for problems that need to be solved immediately. This is also the time to assess the initial impact of the messages and their delivery. You will probably want to visit one or more communities to see for yourself how this goes. You will also want to bring your health promoters together as soon as possible so that they can share their enthusiasm and experiences and make recommendations for the future. Finally, you will want to check with policy makers and other leaders to learn what they are hearing about the program.

Is Everything Ready?

A checklist can help you at this point to be sure everything is ready. If you find that something was forgotten, you may be able to correct it if you act quickly. Otherwise, you may have to carry out "damage control" afterwards.
Launching the Health Communication Component

Launching of the health communication component of your IDP presents an opportunity to create additional awareness of the IDP. Politicians welcome every chance to contribute to a public event that will benefit their constituents. Other public figures who have contributed effectively to the popularizing of health education campaigns include traditional leaders, religious leaders, sports figures, and recognized singers and other artists. You want to plan such an event carefully.

If newspaper, radio, or television coverage can be arranged, that can amplify the reach of your messages and lend them greater importance. It is sometimes useful to prepare a short summary for reporters to be sure their stories are accurate and they include the essential IDP messages.

Monitoring the Start-up

Each time a new health communication activity begins, it is useful to collect the opinions of people involved to see what worked well, what problems appeared, and what they would do differently next time. In addition to discussions with the people responsible for the communication effort and with community leaders, it is again wise to sample the target population to make sure key messages were heard and the desired behavior understood. If graphic materials were prepared for distribution, the proportion that actually reached intended audiences can be estimated.

A meeting of the persons coordinating the launching of the program should be held after a week or so to discuss the event and capture the lessons learned. Did things go as planned? Were the key messages communicated? How much of the target audience was reached? What problems were encountered? What would you do differently next time? It is a good idea to pose the same questions to your major supporters and funders to be sure they are aware of the activity. In fact, it is good practice to discuss every new development in the IDP with as many as possible of the people who are helping you. They will feel important and you may get very good advice.
Rumor control

In Africare’s Kwara State program in Nigeria, a community based distributor responsible for Oro-Ago died. The people of that community linked his death to ivermectin even though distribution had been completed four months earlier. The IDP manager investigated the death and quickly dispelled the rumor.

Fine-tuning and Troubleshooting

If you find that your messages are not getting through to the target population as well as expected, it is possible to adjust them. If a radio message was not understood clearly—in spite of having been pre-tested—it can still be changed. Or another message can be prepared to correct things. The time to start to revise messages is as early as possible. Then you will be ready with fine-tuned messages when the next communication opportunity appears.

A more disturbing situation can occur when misleading or incorrect information begins to circulate. Perhaps the dates announced in some of the flyers circulated were wrong. Or perhaps there will be a charge for ivermectin services even though the drug was announced to be provided free of charge. Such misunderstandings risk confusion and anger on the part of the community that may threaten the very participation you are trying to generate. Immediate trouble-shooting actions are called for. You will probably want to meet with your principal collaborators and devise and distribute corrective messages as quickly as possible.

Support Systems

Communication of health messages, like the IDP itself, requires several types of resources and support. Thus far, persons to be directly involved and the interests of various groups have been discussed. Other types of support are needed, however. Notable among these are financial resources, transport and delivery of supplies and persons, supervision, and information systems. Many of these will already have been dealt with in the development of your program. They will simply be mentioned here to ensure they have not been neglected.
Supervision

When the health promoters attempt to carry out health communication tasks in communities, they will encounter problems both expected and unexpected. Assistance in solving those problems and general encouragement can best be provided by supervisors. You will want to prepare the supervisors to respond helpfully.

If you involved the supervisors in the training of the health promoters—an excellent method for coordinating everyone who will be working on the IDP—they will understand what is expected of the health promoters. In addition you want to be sure they understand their role during the implementation phase when the health communication messages are delivered. The supervisor's job is not to identify errors and to find fault, but to support the health promoters. This notion of supportive supervision is becoming more generally accepted, but some supervisors still see their roles as inspectors and will have to be encouraged to be constructive and encouraging.

A checklist for supervisors has proven to be a useful tool in directing their activities. It also provides a structure to ensure that nothing important is ignored. Your IDP may already have one that you can adapt to focus on communication. If not, you may want to develop your own checklist. The list on the following page is an example. Note that a copy is to be shared with the local health worker so that the expectations of everyone concerned are clear. Note also that the health promoter is not the only one to make changes. Recommended actions should also be identified for community members, central IDP personnel, and the supervisor him- or herself.

A good supervisor gives regular feedback to the health worker.
Supervisor's Checklist for IDP Health Communications

Date of visit ____________________ Community ____________________
Estimated population ____________
Last visit ____________________ # treated last round ______ ( ____ %)
Problems noted:

Current status:  ☐ Resolved  ☐ Not resolved

<table>
<thead>
<tr>
<th>Observations this visit</th>
<th>OK</th>
<th>Improvement Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ivermectin and other supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Materials for public health communication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participation in IDP and in communicating messages</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Health worker(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Traditional leaders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Civil servants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td></td>
<td></td>
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</tbody>
</table>

Estimated level of understanding and compliance with messages, knows:

<table>
<thead>
<tr>
<th>Nature of onchocerciasis</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Why to take ivermectin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who should take ivermectin and when</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side effects of ivermectin treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to obtain ivermectin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem noted</th>
<th>Plan to solve problem</th>
<th>Person responsible</th>
</tr>
</thead>
</table>

Signatures

________________________________________  ________________________________
name          name
supervisor    resp. for IDP in community
Information relating to the implementation of health communication efforts serves several functions. Reports should record what was done so that you can know that the health promoters are carrying out their tasks as expected. Reports will also make it easier to repeat or replicate successful activities in the future. It is particularly important to document amounts of effort and resources involved since future budgets will need such details, as will accounting for the resources at your disposal. Similarly, reports can document what needs to be improved the next time. Simple periodic reports serve reasonably well for such information, but you may want to prepare a short list of questions for your health promoters to answer.

Routine information collected by the IDP regarding locations and dates of distribution and numbers of persons treated can provide evidence of the effectiveness of communication efforts. Coverage rates, mentioned earlier, are straightforward and useful. Ministry officials and donors find them helpful for justifying their contributions. More comprehensive guidelines on the processing and management of information collected during the course of an IDP is provided in the summary of the computerized Ivermectin Delivery Management System described on the back cover.

The best demonstration of the commitment and support of policy makers is their provision of supplies, personnel, transport, and funds as promised. Information available through the routine management information system should indicate how well such support is being supplied.

Feedback is always mentioned but not always practiced, and the health promoters may come to feel isolated from the IDP. They may have no idea whether they are doing well or poorly and how others are doing in other communities. Providing them with periodic feedback will make them feel that someone cares about what they are doing and that they are part of a team effort. An informal newsletter can help to maintain interest and share information. So too can occasional meetings (perhaps every 6 months) that bring health promoters together to share experiences and encourage each other.

Other Difficult Management Issues

It is obvious that all of your IDP efforts, including the health communication component, can fail if ivermectin is not available when and where promised. You want to be sure that sufficient ivermectin and all the supplies needed for distribution are present before advertising that the distribution system is ready. Villagers who take time from their daily chores to walk for an hour or more to a distribution point will hesitate to return in the future if they find that the iver-
mectin has not arrived or is insufficient. If that does happen, special communication efforts may be required to repair the damage, explaining what happened and what measures have been taken to avoid it in the future.

A recurring problem for health communication is the transportation of individuals. When ivermectin is distributed, medical staff should be present to monitor and deal with any adverse reactions. If health promoters are expected to travel from their own communities, they too may require transport or reimbursement. Adequate transport arrangements are important in motivating health promoters to carry out their tasks. How they will get to where they are needed must be clear in advance. Communities may be willing to help if approached properly in advance. They may even have suggestions how this can be done more cheaply than by sending Ministry of Health or donor agency vehicles to transport the health promoters. Local public transport is often available if funds can be found for reimbursement. It may also be useful to examine the experience of the EPI and other local programs to learn what has worked for them. Your health promoters will expect to be treated as well as the personnel of other health programs. Treating them right will maintain morale.

Pressure to compensate all the people who assist your program is a problem that troubles all program managers. You have probably experienced the problem before. There is no single solution, but avoiding the subject will only weaken your program. It is wise to address it early, decide on a policy, and let everyone know what has been decided. Then, of course, it is essential to provide whatever has been agreed. Compensation can serve to motivate health promoters, and it can make it possible for volunteers to assist the IDP. Be warned, however, that compensation can also be difficult to sustain in the long run, and numerous health programs have collapsed when compensation provided in the early days of a program could not be continued. You will want to discuss this with health officials and community leaders to find the best local solution. Again it is important to check with the managers of other local health programs. If other programs compensate their workers and you do not, your health promoters will be unhappy and may stop working. If your workers receive more than theirs, you may undermine their programs. Similar compensation for similar work is probably the solution to aim for. But be sure your funders are clear about the arrangements you make and agree to them.

Once your communication program is successfully launched, you can focus on maintaining its momentum. And you may be asked to carry out similar activities elsewhere. These are the subjects of the final step.
Step Five

New IDP

Step 1
Assessing the Target Groups

Step 2
Developing Your Communication Strategy

Step 3
Building the Program

Step 4
Implementing and Monitoring

Step 5
Attaining Sustainability and Replicability
Step Five: Attaining Sustainability and Replicability

If IDP efforts can be continued for at least ten years in affected communities, the impact can be even greater than simply arresting the disease in community members. Transmission of new cases may actually decrease. Moreover, a regular pattern of distribution will have been institutionalized. As part of this strengthened capability to deliver health services, the capacity to communicate effectively with the community will have been demonstrated repeatedly. The methods perfected will have been used to extend the IDP and perhaps replicate it in other communities. This section discusses what we know about sustainability and identifies some of the issues that might concern your program.

Conditions for Sustainability

Program sustainability seems to require four conditions:

1. **Everyone involved has something to gain by continuing the program.** Community members feel healthier and less annoyed by the effects of onchocerciasis. Health workers feel more respected and valued by the community for their IDP efforts. Health officials have improving health statistics to point to with pride. Decision makers are proud of what they initiated and have something new to point to that they provided to their communities. Donors are recognized as having made a real contribution to the health of the target population. Merck & Co. has demonstrated the effectiveness of its drug, and its humanitarian generosity is recognized.
2. **Ivermectin treatment is widely agreed to be helpful.** Everyone involved, from national health officials to village mothers, agrees that ivermectin is effective in preventing the serious effects of onchocerciasis and that IDP efforts are beneficial.

3. **It is clear who will be responsible for the program in the long term.** The program has been institutionalized to the extent that people know who will be doing what to keep it going. This usually means that the program has been transferred to the District Health Office and integrated into its routine programs. Community members should have a basic understanding of the program too, even though their knowledge of the program will be less detailed from that of health officials and donors.

4. **Adequate resources are available to continue the program.** Funding and logistics are sufficient, as are personnel to carry out program activities and interest and commitment on the part of decision makers. A final resource, not always recognized, is information that people and organizations can use to demonstrate the program’s success and justify their support.

If any of these four conditions is lacking, your program is in jeopardy. Thus it is important to do what you can to achieve these conditions. Health communication plays a key role in assuring that people share good, reliable information and complementary ideas of how the program works.

Health communication efforts can point out the IDP’s benefits to everyone involved. Although the major focus is on the health of community members, economic benefits will be of additional interest in a developing country, and the health sector will be strengthened in its ability to reach the community.

Finding a permanent institutional home for your program is particularly important. Not all NGOs can continue to support IDP programs for decades, so it is important to build that support within permanent institutions like the primary health care system that reach the community level. Normally, this will require the District Health Team to take over the management and support of the IDP as part of its overall health strategy. For the IDP, integration can guarantee continued institutional support; for PHC services, this can provide additional expertise, not the least of which is improved health communication capacity. Don’t be surprised if your new expertise in health communication is called upon for other programs as well. Finally, and most important to a developing country, such integration of programs is usually the most efficient way to use resources when a variety of priority activities must be supported.
A final contribution to sustainability that must be mentioned is international cooperation and assistance. IDP programs are being carried out in countries around the world. Merck & Co. supports all of those programs through the provision of ivermectin without charge. Individual programs benefit from the support of dozens of donor organizations. In addition, support is available through the World Health Organization and through many of the donor organizations involved. Lists of donor programs operating as of January 1994 and of organizations that can assist individual programs with parts of their IDP programs are appended in Annex E.

**Evaluation**

The periodic evaluation of your program can serve a variety of functions. When carried out in a constructive fashion, it will provide feedback and recommendations from knowledgeable colleagues that you can use to improve your program. It can sometimes lead to additional resources being made available. It will reassure your supervisors and donor supporters that their resources are being used for the purposes intended. It can measure your program against objective standards to document progress from one evaluation to the next. The findings from an evaluation contribute much of the information that builds confidence in the program and that justifies its continued support.

Evaluation should combine objective, measurable indicators with the impressions of experts. In the ideal situation, objective indicators for the health education component of the IDP are determined in advance and incorporated in preliminary KAP studies. When this is done, there is a baseline against which to measure program progress. If this was not done, it may still be possible to identify indicators that correspond with data collected at the time of start up. A variety of indicators is suggested on the next page.

Evaluation can take various forms, ranging from an internal assessment by you and your IDP colleagues to a visit by international experts. There is no one formula that is correct for every situation. Experience has shown, however, that timing is important: if evaluation occurs too early in the process, it is difficult to appreciate what is happening; too late, there is little that can be changed in the time remaining. It is probably useful, as a rule of thumb, to carry out some sort of evaluation exercise every year. Since IDPs usually include a yearly campaign to promote ivermectin, the evaluation findings can then contribute to plans for the following year.

You should give careful thought to what you ask the evaluation team to do, what questions you want them to address, and who should be a part of that team. Three or four persons are usually sufficient for the task. Depending on the issues your program is facing, you may want individuals with specific
expertise and experience. You may, for example, want help in preparing your health promoters better in the future, so you would prefer someone with training and community participation experience. On the other hand, the cost recovery aspects of your program may be the troublesome portion. For that you want someone familiar with cost recovery options and their implementation. In short, you may be able to use the evaluation to obtain additional help to solve your program’s problems. Finally, you will want to include in the evaluation, either as part of the team or as a key person to be interviewed, anyone whose support is critical to your program.

Replicability

If you are reading this handbook, it is because you are interested in how other people develop effective health communication activities to strengthen their ivermectin delivery programs. In the same way, others will be interested in your experience, what you tried, what it cost, what worked, what didn’t. Some of the health communication strategies, messages, and materials that you

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### Suggested Indicators

- Percent of the eligible target population who receive ivermectin in a given year. (This can also be calculated for sub-populations.)
- Percent of the total population treated in any year who returned for retreatment the following year.
- Percent of the population who know how to obtain ivermectin.
- Percent of the population who know that ivermectin is a drug that should be taken once a year to prevent blindness due to onchocerciasis.
- Percent of the population who know that ivermectin should be taken repeatedly (for at least ten years) to have long term effect.
- Percent of school children who can explain how onchocerciasis transmission occurs.
- Percent of the population who can recall where they heard about ivermectin and the IDP.
- Proportion of IDP area transportation costs provided by local institutions (including government ministries) or communities.
- Proportion of health promoter salaries, incentives, or other costs paid by local institutions (including government ministries) or communities.
develop may be useful to other programs as well. It is a great compliment to you and your program—not to mention the contribution to the health of thousands of persons at risk of onchocerciasis—if other people can replicate your success.

Although health education materials are sometimes developed to be broadly applicable, every program is different, and there is little that can be lifted whole from one program and inserted in another. Thus, you should not hesitate to adapt ideas and materials to your own situation. Just share them with others who might benefit from your adaptation as well. Be sure to share your experience with:

- **Health promoters and other health workers at all levels.** This will recognize the people who carry the program's messages and can motivate them to continue.

- **Managers of other programs locally.** Managers of other local health promotional programs will be very interested in your experiences. They will be more likely to cooperate with you if you share your experience with them. This will lead to greater collaboration and mutual support.

- **Decision makers.** They will be able to point to the success of something they supported and justify the commitment of resources to IDP activities.

- **Journalists and other reporters from newspapers, radio, and television.** Their efforts can amplify your local efforts many fold.

- **Other IDP programs.** Your successes can be borrowed by other managers. Even your problems and frustrations will be reassuring to other managers facing similar situations.

A brighter and more productive future awaits the outcome of a successful river blindness prevention program.
Annexes
Annex A

Sample Community Assessment Questionnaire

This questionnaire is intended to suggest the format and some of the content of a rapid community assessment instrument. Designed for a specific program, it is not intended to be used without adaptation by any other program.

1.0 Background

1.1 Respondents
  1.1.1 Names and titles of respondents
  1.1.2 Date and time

1.2 Community identification
  1.2.1 Name
  1.2.2 Local and regional affiliations
  1.2.3 Type (town section, single village, satellite village, etc.)
  1.2.4 Name of village head
  1.2.5 Name of women's head

2.0 Populations

2.1 How many people live here in all seasons?
2.2 How many others pass through during migrations?
2.3 What are the main migration months?
2.4 What ethnic groups live in the community? (List in order of size)
2.5 What is/are the main language(s) spoken?
2.6 What is the most prominent religion? Second most prominent?
2.7 In what month of the year are the largest number of people present? Why?
   Would this month be a good time to deliver ivermectin (and related services) to the community? Why or why not? If this is not a good time can you suggest an alternative month in the year when people are likely to be around or would be more disposed?
3.0 Socioeconomic Issues

3.1 What is/are the main source(s) of livelihood for men in this community (e.g., farming, herding, trading, salaried employment, etc.)? Please list in order of priority.

3.2 What is/are the main source(s) of livelihood for women in this community (e.g., farming, herding, crafts, trading, salaried employment, specify other, no income earning activity)? Please list in order of priority.

3.3 Are there any households not earning enough to feed their families properly? About how many?

3.3.1 [Interviewer’s impression of validity of above response based on observation.]

3.4 In the past year about how many people have left the community to look for work outside?

3.5 To what age group and sex do they belong?

4.0 Community Institutions

4.1 Where is the nearest [If respondents do not know, write a “?”]

4.1.1 primary school?
4.1.2 church?
4.1.3 mosque?
4.1.4 health center?
4.1.5 dispensary?
4.1.6 active health worker?
4.1.7 pharmacy?
4.1.8 active traditional healer?
4.1.9 community health committee?
4.1.10 other service/facility?

4.2 In your opinion which are the most active in the community?

4.3 In your opinion which are the least active in the community?

4.4 Who are the local leaders and groups which organize cultural, religious, recreational or related activities?

4.5 Which leaders/groups are the most active in the community?

4.6 Which leaders/groups are the least active in the community?

5.0 Communication Channels

5.1 To whom does a woman go first for advice when illness strikes a family member? To whom does a man go first?

5.2 Have health or other government agents used community activities, ceremonies or events as forums to introduce new knowledge or skills? If so, which ones were used and what happened?

5.3 What do people do for entertainment in this community?

5.4 Has this community formed any performing groups for the traditional arts? (e.g., singers, dance groups, storytellers, other entertainments)

5.5 Would this community be interested in creating small theater groups or participating in song contests?

5.6 What radio channels do you receive here?

5.7 How many households in this community have radios that are working now?

5.8 How many people have working tape recorders or radios with cassette tape units?
5.9 Does anyone have a television set in this community? If so, about how many sets are there?
5.10 Where is the nearest television viewing center?

6.0 Perceptions of Community Health Problems
6.1 What do you consider the most significant health problem in the community?
6.2 What would you say is the next most significant?
6.3 Are there other illnesses that have a serious effect on the community? If so, what are they? [Probe: In what way are they significant? High severity or risk involved? High prevalence? Length of treatment? Persistence?]
6.4 Please list the most serious diseases affecting men and women. [List up to five and rank them in order of priority.]
6.5 When someone falls ill in the family, what is the first step taken?
6.6 What is done next? Then what?
6.7 Who in the family makes decisions about appropriate treatment?
6.8 Who advises the decision-maker?
6.9 Who carries out these decisions? (Who actually cares for the sick person at home?)

7.0 Onchocerciasis and Local Disease Entities
7.1 Do many people in this community suffer from intense itching?
7.2 If so, what is the cause? [Probe, but do not suggest an answer.]
7.3 Have you noticed this condition leading to any skin discoloration?
7.4 Can itching and skin discoloration lead to any other health problems? [Probe, but do not suggest an answer. Some answers may include nodules, inflammation, blindness.]
7.5 What treatment do most people in this community use for this disease? [Try to learn the local name for the disease.] Why is this treatment preferred?
7.6 Do you know other treatments for this disease that are used by other communities or by other people? If "yes", what are they?
7.7 Do you know any other diseases caused by filaria? What are they called in your local dialects here?
7.8 Is malaria a problem disease in this community? What is its cause? Can malaria be transmitted from one person to another? If so, how?

8.0 Health Services
8.1 What is the nearest health facility?
8.2 Is the service run by the government? By another organization?
8.3 How many miles away is it?
8.4 How long does it take to reach it? By what means?
8.5 Are drugs available there?
8.6 Does one pay for drugs? For health service?
8.7 For what illness or health service do you go to the health facility?
8.8 Do you have traditional healers in this community? What sorts of diseases do they treat?
8.9 Where is the first place most people go for health care? (e.g., traditional healer, health worker, etc.)
8.10 Where is the first place most people go to treat severe itching (or other symptoms of onchocerciasis)?
9.0 Experiences of Ivermectin Treatment (Treated Areas Only)

9.1 Were you present when ivermectin was delivered to your village? Did you take the drug? Why or why not?

9.2 What was your experience with the drug? [Probe: Ask each person present to tell his/her story. Cover topics of positive benefits, side reactions, etc.]

9.3 Will you take the drug again next year?

9.4 What do you understand its benefits to be?

9.5 Was the drug brought at a convenient time (Why/why not?)

9.6 What time do you feel would be the very best possible?

9.7 Are you satisfied with the way the drug is being made available to you? [Probe: Would you like to be able to obtain it in a different way?]

9.8 Ivermectin is free. Is this drug something you would pay for? How much would you pay for it?
Annex B

Africare's ATOP Survey of Knowledge, Attitudes, and Practices

This survey was developed by Africare for Nigeria's ATOP IDP and is attached as an example to suggest the format and some of the content of a KAP survey. Designed for a specific program, it is not intended for use without adaptation by any other program.

Africare Adamawa & Taraba Onchocerciasis Project Training Guide for Baseline KAP Survey

The study in which you will be participating is called a KAP survey. K, A, and P stand for knowledge, attitudes, and practices. KAP surveys are an important tool for planning and evaluation. A KAP survey is often conducted before projects kick off, in the middle of a project, and at the end of the project. Many people in Adamawa and Taraba have no access to health care. Thus, they resort to traditional methods to treat the signs and symptoms of onchocerciasis.

Are these practices appropriate or inappropriate? By conducting a KAP survey, these practices could be assessed and if found inappropriate, appropriate health education messages could be developed. To what do communities attribute river blindness? Black flies? Angry river spirits? A KAP survey will help assess the causes communities think about, and the project will design appropriate health education messages to influence them.

A. The Sample

It isn't feasible to interview the entire population of a health district or region. It is also time-consuming and uneconomical. Thus, to draw conclusions and make statements about the entire population, a sample is selected out of the whole population.

The units to be included are, however, selected in a definite manner from a given geographical area. The unit in this KAP study is called a "cluster." The methods for selecting a cluster are not the objectives of this training session.
B. What is my task?

Your role as an interviewer is very important. The quality of the information you collect determines the quality of the survey. Once you complete interviewing and the questionnaires are collected by your supervisor, the information is analyzed to prepare reports on onchocerciasis and how to improve services related to it.

You will be trained to conduct KAP interviews. The training will consist of practical experiences and "role playing" interviews where you will be given the opportunity to be the interviewer, respondent, and observer.

C. What is an interview?

An interview is like a conversation with a friend. It is a means of obtaining information from someone.

There are key points that should be observed when conducting an interview. These are:

1. INTRODUCE YOURSELF: You are in front of the house of someone you don't know. S/he doesn't know you either. To gain the cooperation of your respondent, your appearance and the way you greet must be acceptable. The village guide will assist you.

   NB: State your name, the Ministry you are working for, and the objectives of the interview. Stress confidentiality. The village guide will represent the chief and introduce you to the person to be interviewed.

2. PRIVACY: Confidentiality and PRIVACY are crucial in an interview. All questions have to be answered by the respondent. If there are other people around, either you or the respondent should ask them politely to leave. Local protocol and cultural practices must be followed.

3. NEUTRALITY: Most communities are polite, especially to those who provide health care services. They will give you the answers they think you will be pleased with. It is therefore important that you remain neutral to their responses. NEVER appear in favor of or against a response. When a respondent isn't able to understand your question, reword it in such a way that s/he understands it. Be careful not to change the meaning of the question, especially when it is about knowledge and opinions.

   NB: The questions are worded to be neutral. The training will provide you with KEY words and phrases to be used so that responses will be consistent.

4. PROBING: There are times when you think the respondents' answers are not clear or may need some explanation. It is at this point that you should probe by rephrasing the question.

5. EXPECTATIONS: You could come across various types of respondents. If you are interviewing an educated person, don't suggest or assume answers. S/he may say things which s/he expects you to approve of. Please don't lead such persons; try to let them give their own opinion.
D. Questionnaire

In order to avoid difficulties in interpretation, the KAP questions are phrased in very simple language. The objective of this section is to acquaint you with the questions so that you can fill out the questionnaire correctly.

Write the date, the name of the village where the interview is taking place and, where possible, the house number.

Name of interviewer: The person interviewing should write his or her name.
Name of respondent: The individual answering questions at the time of interview. Cluster number and household number must be entered.

TICK RESPONSES WHERE IT IS INDICATED - PRINT ALL OTHER ENTRIES

1. Sex: Indicate or write in full if the person is a male or female.
2. Age: The number of years the person (respondent) has lived. Some people don't know their ages, so ask them to estimate by using historical events such as independence, etc.
3, 4 & 5. Indicate the tribe, the place of birth: region, health district, and village of the respondent. You should include whether the place of birth is rural or urban.
6. Ask whether the respondent is a resident of this village. A "resident" is a person who has been in the village more than 1 month and intends to live there.
7. Question #7 asks how many years the person has lived in the village where the interview is taking place.
8. You should specify the occupation of the respondent: Farmer/Trader/Housewife/Teacher, etc.
9. This is a straightforward question regarding whether the respondent can read or write. If YES, record the number of years of school attended. Strictly follow the instruction provided for the question.
10. This is a straightforward question.
11. You must record the appropriate response. Tick the correct answer in the space provided.
12-15. Fill in the answers to these questions by a mark in the proper space and by answering the questions asked.
16. Carefully print the local name for the black fly.
17 to 26. Mark with a tick mark for the appropriate answer.
27. Put a tick mark for the correct response. If the answer is NO, carefully listen and write the response.
28. Tick response. If YES, list location on the body.
29. If the answer is YES, you must listen and put down the reason given. For OTHER, specify the answer in printing.
30 & 26. Follow the instructions. Mark YES or NO as directed.
27 & 28. These are straightforward questions. Mark as indicated.
29. A NO answer is preceding the YES response. Follow the instructions.
30-34. They are related questions. Only responses given as YES or NO need to be recorded.
35. Have the respondent look at the picture and record yes or no answers.
36. If YES is given for question 35, then record the answer in 36 as either GOOD or BAD.

37-39. Mark as YES or NO as indicated.

40. If YES was given in question 39, then list the effects noted by the respondent.

41. Record where treatment was given as indicated.

42-43. Record results from the examination of skin and body.
AFRICARE ADAMAWA TARABA ONCHOCERCIASIS PROJECT
ATOP/KAP Survey Questionnaire

Questionnaire ID# ________________________ Name of Interviewer ______________________
Date ________________________
Village ________________________ Name of Respondent ______________________
House # ________________________ Household ______________________
Cluster number ________________________

RESPONDENTS MUST BE MALE or FEMALE OVER 20 YEARS OF AGE

Completed Interview _________________ Respondent Absent _________________
KAP Number 1 _________________ KAP Number 2 _________________

1. Sex of respondent: ☐ Unknown ☐ Male ☐ Female
2. Age in years: _________________
3. What is your Tribe? 1. ________________________
2. ________________________
3. ________________________
4. ________________________

4. Where is your place of birth? LGA: ________________________
5. Is place of birth rural? ☐ Yes ☐ No ☐ Unknown
6. Are you a resident of this village? ☐ Yes ☐ No ☐ Visitor
7. How many years in this village? _________________ Years
8. What is your occupation? ________________________
9. How many years of schooling did you complete? _________________ Years
10. In order of importance, what are the most common health problems in this household?
    1. ________________________
    2. ________________________
    3. ________________________

    NB: (If mention is made about river blindness, itching, skin changes, please note local name of each)

11. Can a person have spotted skin, thickening of skin from the bite of black flies?
    ☐ Yes ☐ No ☐ Don’t know

12. Do you know of someone who is blind in this village? ☐ Yes ☐ No ☐ Don’t know

    If yes, how many? ________________________
13. What is the reason for the blindness?

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________
5. ___________________________________________

NB: (Listen to response and note if mention is made about curse from ancestors, angry spirits, drinking or bathing from a river, etc.)

14. Do you know of flies, black in color, that bite persistently?

☐ Yes  ☐ No  ☐ Don’t know

15. At what time do they (black flies) bite?

☐ Early Morning
☐ Midday
☐ Late evening
☐ Other

NB: (Show to respondent adult black flies preserved in the sample bottle.)

16. What is the local name for these flies? __________________________

17. Where are these flies usually found? __________________________

18. Do these flies bite you?

☐ Yes  ☐ No

19. Do you often experience intolerable itching?

☐ Yes  ☐ No

20. Is that from biting from black flies?

☐ Yes  ☐ No

21. Did you ever seek any treatment for the itching?

☐ Yes  ☐ No

If yes, what did he or she do? __________________________

22. Was that from a traditional healer?

☐ Yes  ☐ No

23. Did you seek treatment from a health worker?

☐ Yes  ☐ No

If yes, what did he or she do? __________________________

24. What do you usually do to ward off these flies?

1. ___________________________________________
2. ___________________________________________
3. ___________________________________________
4. ___________________________________________

NB: (Listen and note if mention is made about avoiding grazing/farming in certain areas; using traditional herbs on the skin; wearing long trousers among women; burning /smoking herbs etc.)

25. Can one become blind by the bite of these black flies?

☐ Yes  ☐ No  ☐ Don’t know

26. At any time in the past, including this year, was a piece of your skin snipped (by health workers)?

☐ Yes  ☐ No

Was the skin of someone you know or heard of been snipped?

☐ Yes  ☐ No
27. If need be, would you be willing to be skin snipped again?

☐ Yes ☐ No

If No, why not?

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________

28. Do you have lumps (nodules), under your skin, on any part of your body?

☐ Yes ☐ No

If yes, where?

☐ Head ☐ Hips ☐ Chest ☐ Other

29. Do you know why these lumps come upon your body?

☐ Yes ☐ No ☐ Don't know

If yes, list reason: ________________________________________________

NB: Listen to response and note if mention is made about lumps being a gift from ancestors (amulets, etc.).

30. A person can have lumps from the bite of black flies.

☐ Yes ☐ No ☐ Don't know

31. Did you ever seek treatment for these lumps?

☐ Yes ☐ No ☐ Don't know

32. If yes, was that from a traditional healer?

☐ Yes ☐ No ☐ Don't know

Did he or she apply heat or remove the nodule?

☐ Yes ☐ No ☐ Don't know

33. Were you treated by a health person?

☐ Yes ☐ No

If yes, did he or she give you any medicine?

☐ Yes ☐ No

34. Did you over the years, observe changes in the color of your skin?

☐ Yes ☐ No

NB: Show pictures of leopard skin when asking this question.

35. If yes, do you consider this good or bad? ☐ Good ☐ Bad

36. Is this "blinding" disease of serious concern to villagers?

☐ Yes ☐ No

37. Have you heard of the "new drug" for preventing the blinding disease?

☐ Yes ☐ No

38. Were you given tablets in the past to prevent "blindness"?

☐ Yes ☐ No

39. If yes, how did this medicine help you?

1. __________________________________________________________________
2. __________________________________________________________________
3. __________________________________________________________________
40. Where or to whom will you go to receive the new medicine?
   □ Community Based Workers (CBWs)
   □ Mission Dispensary or Hospital
   □ Government Dispensary or Hospital
   □ Private Doctor or Clinic
   □ Other

41. Check for the presence or absence of leopard skin (spotted skin):
   □ Yes L/S Present    □ No L/S absent
   If yes, check all that apply:
   □ Right Leg         □ Left Leg        □ Both Legs
   □ Right Hand        □ Left Hand       □ Both Hands

42. Check for the presence or absence of nodules (Lumps):
   □ Yes Lumps Present □ No Lumps Absent
   If yes, check all that apply:
   □ Head             □ Thorax         □ Iliac Crest
Annex C

Focus Group Interview Guidelines

These guidelines are taken from the HEALTHCOM publication *Communication for Child Survival* (1988) by Rasmuson, Seidel, Smith, and Booth.

Focus Group Interviews

Focus group interviews bring together eight to ten respondents typical of the intended target audience. A trained interviewer uses a prepared list of probing questions to collect information on vocabulary, attitudes, and concepts related to the selected health problem. These questions should be designed so as to reveal no bias on the part of the interviewer, but rather to elicit as much detail and diversity from the group as possible. In many countries, focus groups have proved to be an efficient method to analyze commonly-held or traditional beliefs which might not emerge in individual interviews and cannot be anticipated in surveys.

Subgroups within the target audience should be represented. For example, when a group of mothers with young children tests ORT messages, a researcher should be certain to include women who are first-time mothers along with those having two, three, or more children and therefore more experienced in maternal care. If one subgroup might be expected to inhibit discussion, for example if new mothers would tend to defer to the "expertise" of more seasoned parents, then these two groups should be interviewed separately.

A session lasts between 60 and 90 minutes. A moderator follows a discussion outline to keep the session focused on topics of concern. At the same time, the moderator encourages participants to talk freely and spontaneously, probing any relevant new topics that emerge during discussion. The moderator must emphasize that there are no "right" or "wrong" answers to questions raised in the group.

Although the moderator does not need to be an expert in the subject matter, certain "process" skills are important. He or she must build rapport with the group and be able to ask questions and receive answers without influencing respondents' reactions.

Ideally, respondents are recruited ahead of time and do not know each other. They should be assured that their reactions will be kept strictly confidential. Individuals are sometimes offered an "incentive," most often monetary, to participate.
The number of focus groups that should be conducted to gather views on a particular subject varies. Ideally, researchers should conduct focus groups with different clusters of a single audience segment until no new information is forthcoming. However, the number also depends on the needs and resources of the specific program. If target audience perceptions appear to be similar across groups, three to four groups are usually sufficient.

**Advantages of focus groups:**
- The group atmosphere may stimulate more in-depth discussion than individual interviews do;
- Insights can be obtained relatively quickly.

**Disadvantages:**
- Focus groups should not be used when quantitative data are needed (such as measurement of choices between two concepts);
- The qualitative nature of the data and the small sample sizes do not provide a clear basis for comparing the results of different groups.

**Approximate time required:**
- About two weeks for designing the study;
- Two to six days to conduct groups;
- Five days to analyze interviews and write report;
- Total time, from planning to completion of report is three or four weeks.

**Resources needed:**
- Discussion outline;
- Trained moderator familiar with appropriate regional dialect;
- Observer to record group reactions as they occur;
- Respondents typical of the target audience;
- Comfortable meeting place for conducting interviews;
- Tape recorder and blank audiotape.

If a meeting room isn't available, the researcher should find a space which is relatively quiet and free from distraction. The observer can sit in the same room with the respondents, placed behind them and out of their line of sight, quietly taking notes. Participants will quickly get used to this presence.
Annex D

Guidelines for In-depth and Exit Interviews

These attachments are intended to suggest shorter and longer formats and types of questions you might use to carry out interviews in connection with your IDP communication activities. They are presented as examples that could be adapted to the needs of your program.

Community Assessment Questionnaire

In-depth Interview Guidelines

It is recommended that the questionnaire be pretested and adapted (as with all the instruments) to the specifics of the country IDP/HE component. The questions here are open-ended, but pretesting should suggest how they can be reworded to become forced choice items to facilitate administration and formatting responses for processing and analysis.

1. Have you ever heard a health worker or message on the radio, TV, etc. tell you about river blindness disease and ivermectin treatment for it? (contact-reception)
   How did you first learn about ivermectin treatment for river blindness disease?
   • Health workers in the community
   • Health workers in the clinic
   • Traditional healers
   • A family member or a relative
   • A health message on the radio, TV, cinema or in newspapers
   • Other ways
   When was this?
   How often did you hear this message?
2. What do you know about the disease and its treatment? (understanding)

What are the signs of river blindness disease?
- Itching
- Skin discolorations
- Inflammations
- Nodules

What is the ivermectin treatment for river blindness disease?
- Take one or two tablets depending upon your weight
- Take ivermectin tablets once a year, every year

What happens to you if you are not treated?
- Likely to become blind

What are the benefits of ivermectin treatment?
- Prevents blindness
- Stops the itching over the long term
- Returns skin discolorations to natural color and texture
- Reduces inflammations
- Prevents getting more nodules

What are the possible side effects of ivermectin treatment?
- Difficulty in breathing
- Moderate to strong dizziness
- Fever

Who should not take ivermectin?
- Pregnant and breast-feeding women
- Children under 15 kilograms in weight
- Persons who are already sick

What are the causes of river blindness disease?
- Parasitic worms which are carried by the blackfly. When the blackfly bites us, these tiny worms enter our bodies and grow in size. They move around our bodies and eventually affect the eye nerves so that blindness follows.

3. Have you obtained treatment? (use)

Whom did you seek for treatment?
Where did you seek it?
When did you seek it?
What happened when you received treatment?
- Health worker asked me questions
- He/she weighed me on a scale
- He/she gave me one or two tablets to swallow and watched me when I did
- He/she told me to return in one year to take the tablets again
- He/she told me about possible side-effects

4. Will you continue to obtain treatment and help others to do so? (acceptance)
How many years have you been taking ivermectin?
Will you take it next year?
Was the drug brought to you at a convenient time? (Why/Why not?)
Are you satisfied with the way the drug is being made available to you? (Would you like to obtain it in a different way?)
Have you told others (relatives, friends, neighbors) about ivermectin treatment?
Ivermectin is free. Is this drug something you would pay for? How much would you pay for it?

Exit Interview Guidelines

Most of these items are taken from the Africare questionnaire used in Nigeria. It is brief but covers the essentials of IDP communications and applies to community, individual/household, and media presentation. The format can be used to report audience responses to follow-up questions asked by health promoters after a presentation. Or, he/she can use it as a checklist to question residents after a presentation or when visiting a community. While a random selection of individuals should be sought, it is probably more realistic to expect to use this as a "spot check".

1. What are the signs of the disease?
2. What is the treatment for river blindness?
3. Should everyone take treatment tablets? Who should not?
4. What are the side effects of treatment?
5. What happens to a person who has the signs of the disease but is not treated?
6. What is the cause of river blindness?
8. Did you ever hear/read about river blindness disease or ivermectin treatment from:
   Radio
   Television
   Cinema
   Newspapers
   Other media
9. Do you remember what that message was?
Annex E

Additional Information

Organizations which can provide assistance

Three organizations are listed as sources of additional information. They will be able to provide you with additional information when you contact them, or they will direct you where to find it.

Useful documents

A short list of documents is provided that you may want to consult for additional information about ivermectin, how to organize IDP programs, and how to carry out public health communication.

IDP programs

The list of IDP organization currently active throughout the world was believed to be correct as of 1 January 1994. It is presented here to indicate the breadth of the IDP movement and to suggest some of the other programs that could benefit from the communication materials and strategies you develop in the course of your IDP.
Organizations Which Can Provide Assistance

For additional information, the following organizations are listed below, which can answer your questions regarding ivermectin and its distribution. In each case you can address the person indicated.

**USAID**
Dr. Charles W. Oliver  
United States Agency for International Development  
G/H/EH  
Suite 1200, SA-18  
Washington, DC 20523-1817  
USA  
Phone: 1-703-875-4714  
1-703-875-4507 (voice mail)  
Fax: 1-703-875-4686

**WHO**
Dr. K. Y. Dadzie  
Programme for the Prevention of Blindness  
World Health Organization  
20, Avenue Appia  
CH-1211 Geneva 27  
Switzerland  
Phone: 41-22-791-21-11  
Fax: 41-22-791-07-46

**MEC**
Dr. Michael Heisler  
Mectizan Expert Committee  
Carter Center  
One Copenhill  
Atlanta, Georgia 30307  
USA  
Phone: 1-404-872-4860  
Fax: 1-404-872-9231

**OCP**
Dr. E.M. Samba  
Onchocerciasis Control Programme in West Africa  
PO Box 849  
Ouagadougou  
Burkina Faso  
Phone: 33-33-12  
33-33-15  
33-29-10
Useful Documents

Mass Distribution of Ivermectin: A Handbook for Community Treatment of Onchocerciasis by Bob Pond, MD. This handbook was published in 1991 by Africare and the International Eye Foundation. It provides very practical advice for setting up and running an ivermectin distribution program at the community level.

See, So That They May See: Communication for Ivermectin Delivery Programs, A Pilot Project in Northeastern Nigeria by Deirdre LaPin, PhD. This is a two-volume report, published by the VBC Project for USAID in 1993, that describes in considerable detail how a communication strategy and materials were developed for the ATOP program. It is available through USAID.

Onchocerciasis by Everett L. Schiller, ScD. One of the series of Tropical Disease Papers published by the VBC Project in 1990, this 25-page monograph summarizes the current status of the disease, its transmission and control. It is available through USAID.
**Ivermectin Delivery Programs**

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>Onchocerciasis Control Programme</td>
</tr>
<tr>
<td>Burundi</td>
<td>Lutte contre les Maladies Transmissibles et Carentielles</td>
</tr>
<tr>
<td>Cameroon</td>
<td>Ministry of Public Health</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>Direction de la Médecine Préventive et de Lutte contre les Grandes Endémies</td>
</tr>
<tr>
<td>Chad</td>
<td>Médecine Préventive et Santé Rurale, Secteurs 2, 3 et 4</td>
</tr>
<tr>
<td>Congo</td>
<td>Ministry of Health and Welfare</td>
</tr>
<tr>
<td>Côte d'Ivoire</td>
<td>Ministry of Public Health and Population, Directorate of Public Health and Population</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>Ministry of Health/World Health Organization</td>
</tr>
<tr>
<td>France</td>
<td>Organization for the Prevention of Blindness</td>
</tr>
<tr>
<td>Guatemala</td>
<td>Ministry of Public Health and Social Assistance</td>
</tr>
<tr>
<td>Mexico</td>
<td>Director General de Medicina Preventiva</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Epidemiology and Chemotherapy of Onchocerciasis, College of Medicine, Anambra</td>
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<tr>
<td></td>
<td>Diocese of Makurdi, Primary Health Care Program</td>
</tr>
<tr>
<td>Republic of Sudan</td>
<td>Prevention of Blindness Administration, Ministry of Health</td>
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<tr>
<td>USA</td>
<td>Africare</td>
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<tr>
<td></td>
<td>Hellen Keller International</td>
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<tr>
<td></td>
<td>International Eye Foundation</td>
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<tr>
<td></td>
<td>River Blindness Foundation</td>
</tr>
<tr>
<td>Venezuela</td>
<td>Centro Amazonico Investigacion y Control de Enfermedades Tropical &quot;Simon Bolivar&quot;</td>
</tr>
<tr>
<td></td>
<td>Institute of Biomedicine, Public Health III</td>
</tr>
<tr>
<td>Zaïre</td>
<td>Insitut Médical Chrétien du Kasai</td>
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<tr>
<td></td>
<td>Hôpital Général do Référence, Tshumbe</td>
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<tr>
<td></td>
<td>Zone de Santé Rurale de Kabina</td>
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<tr>
<td></td>
<td>Projet d'Ophthalmologie, Centre Médical Évangélique</td>
</tr>
<tr>
<td></td>
<td>Bureau National de Lutte contre l'Onchocercose, Département de la Santé Publique</td>
</tr>
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</table>
The delivery of ivermectin poses unique challenges in programs for the control and prevention of river blindness. The geographic remoteness of areas endemic for onchocerciasis, population migration, underdeveloped logistic and institutional infrastructures, all create unusual demands which can impede the establishment of effective and sustainable programs. Because ivermectin delivery programs are still in their early stages, the demand for information on treatment and delivery is intensive. The pharmaceutical donor company, field managers of IDPs, multilateral and bilateral organizations such as the World Health Organization (WHO) and the USAID/Global Bureau, Office of Health, are interested in data and reports on the status of ivermectin delivery. Most, if not all, of the information demands are similar in scope and reporting requirements.

Anticipating this information need, USAID through its VBC Project has developed an Ivermectin Delivery Management System (IDMS). This system is an automated information system that makes the task of collecting, analyzing, and reporting data easier, more efficient, and more accurate. It is designed for use on IBM-compatible microcomputers that use the DOS operating system. It is a tool to assist IDP managers in collecting, storing, and processing the large volume of data associated with delivery programs. The IDMS generates automated reports for program management control and monitoring and for reporting to external organizations.

**Key Features**

**Flexible**

Even though the IDMS was designed for use under the USAID IDP pilot program, it can be adapted easily for use by other IDP programs and other USAID-supported primary health care delivery programs. The structure and design of the system is built around general IDP Program data elements, rather than any specific delivery program. IDMS output reports were designed initially for Mectizan Committee reporting requirements; however, other customized reports (including graphical presentation) can be easily developed for individual program requirements.

**Comprehensive**

The IDMS provides the capability to monitor and track all essential program data with the exception of financial data. This was not included to avoid duplication of existing IDP financial tracking systems. Includes modules for collecting, storing, and processing data for the following IDP activities:

- Community Surveillance
  - Rapid Survey Data
- Distribution
  - Household Distribution Data
  - General Community Distribution Data

*continued on next page*
Reaction Monitoring
• Adverse Reaction Data
• Severe Reaction Data
Community Health Education
• Community Health Education Events Data
Estimating Treatment Populations
• Community Census Data
IDP Management
• IDP Program Identification Data
• Ivermectin Inventory Data
• IDP Program Personnel Data
• IDP Program Training Data
• Knowledge, Attitude, Practices (KAP) Data
• Supervisory Quality Assurance (QA) Data

Multilingual
The program and manuals are available in English and French.

User Friendly
A menu system guides the user. Error reduction techniques simplify data entry. The standard reporting facility requires little computer expertise.

Availability/Questions: U.S. Agency for International Development
Bureau for Global Program, Field Support,
and Research
Office of Health, Environmental Health Division
Dennis Carroll/Charles Oliver
(703) 875-4480/4507 phone
(703) 875-4686 fax
For further information, to request additional copies, or to provide feedback and suggestions about this handbook, please contact:

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