MONITORING TRIP REPORT

Date : 13th Sept 2016

		Start Date 22nd Aug 2016	End Date 3rd Sept 2016
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Objectives	**Results**
- To monitor training for the Front Line Health Facilities (FLHF) and Community Directed Drug Distributors (CDDs) on the new NTDs MIS forms with the component of Disability data capturing.	- The training data showed that of 1,128 FLHF, 9,818 were trained and 277 persons with disability (PWD) were trained. PWD were trained to support CDDs in mobilisation and identification of PWD for uptake of treatment.
- Monitoring of treatment by mass drug administration (MDA) in selected Local Government Areas (LGAs)	- Monitoring plan was available and shared with the team. - While the supervision is going on, some communities had finished their treatments and their treatment data collation were monitored by ensuring the correct filling of treatment register and community summary form filled by the CDDs & health workers at the time of visit.

Addressed topics / achieved activities

Conduction of the visit

The following activities were conducted during the treatment exercise:

1. Health workers and CDD training
2. CDDs Training
3. Supervision/Monitoring of MDA
4. Case finding
5. Monitoring

Health workers and CDD training

Health worker training was conducted in clusters to ensure that adequate time was given to each cluster. Prior to the training, pre-tests were conducted and at the end, post-tests were conducted. This was done to measure the outcome of the trainings conducted. The result of the pre and post-test was ready prior to compiling the report.

CDD training at the LGA level was conducted in clusters varying between three to six days based on ward level from 27th August, 2016 to 31st August, 2016.

The trainings focused on ensuring correct data entry, ensuring that community members well sensitized on the adverse effects and benefits of the treatment. Three LGAs conducted MDA for schistosomiasis deworming focusing on all members of the community especially school aged children in the community. At the end of the training CDDs were issued drugs to commence treatment.

Supervision and monitoring

The supervision of the treatment started immediately after the training. CDDs were observed conducting census updates using the treatment register and conducting treatment. Health workers and LGA teams also conducted supervision using the supervision plan developed at the LGA level. The NTD checklist was used for supervision by the independent monitors. The supervisory checklist was uploaded into an android phone and information collected was uploaded to a cloud server.

The following activities were supervised:

i. Presence of CDDs.
ii. Correct register data entry
iii. Appropriate use of dose pole.
iv. Drug availability and sufficiency.
v. Presence of water sources in the community
vi. Presence of adverse effects

CHALLENGES AND SOLUTIONS PROFFERED

During the monitoring exercise some challenges were encountered in all the activities i.e CDDs training, supervision, monitoring and case finding, among which are summarized in the table below:

Table: Challenges and their solutions

No.	Challenges	Solutions
1	Overcrowding of CDDs and PWD in the training centre.	Additional training centres was created for centres for the CDDs and PWDs. FLHF ensured that all participants were addressed in a polite manner in such a way that none of them got offended.
2	Many CDDs don't like coming to the training earlier in the morning because of their farming activities.	In those areas where most CDDs are farmers, the training was conducted later in the evening for the CDDs convenience.
3	Most households don't go to farms very early in the morning.	CDDs were advised to continue treatment even late in the evening so that they can treat those households that were not around in the day.
4	The level of consent in the community was good but still some households don't like taking the drugs due to some traditional beliefs.	Sensitisation and health education was conducted for persons who refused treatment.
5	Some CDDs were observed not	The implications of not using dose pole was

	using dose pole.	drawn to the attention of CDDs and they commenced using the dose poles.
6	In some communities, many treated persons want to take more than one albendazole tablet because they believe that the drug is providing fitness to their bodies.	Sensitisation and health education was conducted for them and the implication of taking more than one dose of albendazole in a year was drawn to those individuals with such habit and the issue was resolved.
7	The treatment was conducted in the period characterized with high level of intense rainfall (August – September), many communities were not accessible due to poor means of water transportation mechanism.	Those areas that were not accessible due to water was visited on the days that there was no rainfall.
8	In the case of case findings for hydrocele, most persons did like provide their details due to shame and stigmatization.	Any person that did not give consent was treated with mectizan & albendazole.
9	On the market day for a particular community, almost everybody went to the market and was not available for MDA.	CDDs were advised to stop treatment in the morning and continue in the evening on the market day of each community.

Action plan	**When?**	**By Whom?**
1. Collation of treatment data from LGA to the State for data entry.	3rd week of Sept	State coordinator /PO
2. Data entry of collected report	4th week of Sept	State data officer
3. Validation of treatment data	2nd week of October	PO and Sightsavers Data Officer
4. Inventory of balance of all NTD drug balances and retrieval of balances from the LGAs	2nd week October	PO/State coordinator
5. Commence plan for school based deworming	3rd week Sept	PO/State coordinator