iCHORDS

2023

THE COMMUNITY DRUG DISTRIBUTOR'S ROLE-PLAY GUIDE

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Acronyms & Abbreviations

AE	Adverse Events
ALB	Albendazole
BMI	Body Mass Index
CDD	Community Drug Distributors*
DOT	Directly Observed Therapy
IDA	Ivermectin, Diethylcarbamazine and Albendazole
IEC	Information, Education and Communication
LF	Lymphatic Filariasis
MOH	Ministry of Health
MDA	Mass Drug Administration
PZQ	Praziquantel
WHO	World Health Organization

*For clarity and simplicity this guide will use the term community drug distributor (CDD) to reflect all community identified individuals who deliver preventative chemotherapy for the purpose of MDA in NTD programs. Other terms for CDD include: drug administrator (DA), drug distributor (DD), community health volunteer (CHV).

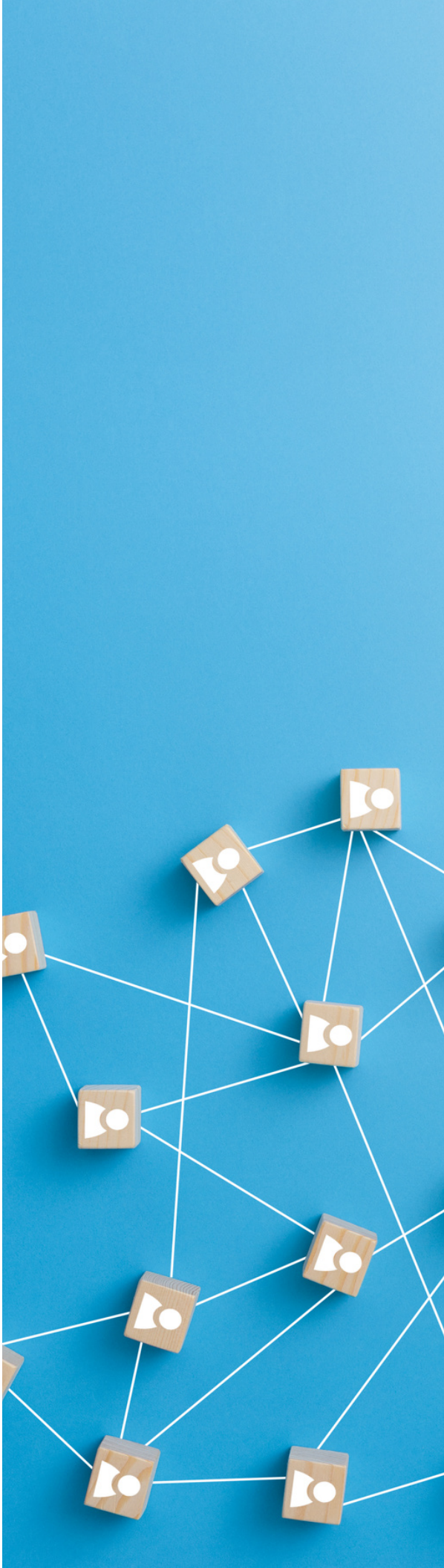
INTRODUCTION

Background

A focus area created under iCHORDS Community of Practice has been working since February 2021 to develop deliverables that could strengthen and support the training of community drug distributors (CDDs) working in neglected tropical disease (NTD) programs. Specifically, the team developed role-plays that can be used during training sessions to help CDDs navigate the complex interactions that occur while they deliver drugs to community members. We expect that a training session would select one or two role-plays depending on the scenarios they are likely to face in the drug administration campaigns. These role-plays can be added to existing training agendas without adding subsequent time to the overall training, allowing for more interaction, practical application and sharing of experiences.

Please note that the development of this document is an ongoing and iterative process, and as such, this should be considered as a living document. The version number and date will be updated as changes are made. We expect to amend and improve this role-play document based on its use. With this in mind, we hope that upon using this document for training you can also provide feedback by filling out the online survey. If you have a role-play you'd like to be considered for this guide, please share it with us.

For any questions or comments, please email us at info.ichords@gmail.com. You can also check out www.iCHORDS.org for more information on how to get involved with iCHORDS.



About this document

This document will serve as a resource for you to facilitate training sessions that utilize role-plays to help train CDDs. Elements of this guide have been adapted from the “Role-play - Facilitators Guide to Training” from Unlimit Health (formerly the SCI Foundation). We are thankful for their willingness to share this resource.

Facilitating the role-plays

At least two facilitators with considerable experience in implementing MDA campaigns are expected to coordinate role-plays using the following checklists:

1. Make sure you invite and rehearse with the characters of a chosen role-play at least 2-weeks ahead before the role-play.
2. Make sure invitation is sent early enough to the CDD group to be trained.
3. Make sure the venue chosen for the role-play is comfortable and free from interference.
4. Make sure the CDD group to be trained are in a comfortable setting before you begin the role-play. It can help to do an ice breaker activity or introductory roundtable so everyone can familiarize themselves with each other.
5. Facilitators should use the role-play scenarios outlined in this document to explain the situation the role-play will recreate to the trainees. You should also highlight the key characters involved.
6. Ensure the trainees have enough details about the characters involved in the role-plays so that they can get a good sense of the character such that they can bring the character to life.
7. Assign character roles to some of the trainees in the training session. You can select individuals who appear to be most confident and outspoken. This can help ease the way for allowing others to volunteer to role-play.

8. Give the assigned character trainees an opportunity to act out the situation. You should encourage them to give a full performance and give them an idea of time limits for acting out the role-play as well as stopping points (example: the household agrees to take the drugs for the mass drug administration)
9. Sometimes when individuals are acting out these role-plays emotions can run high. Please make sure that as a facilitator you are able to intervene if emotions are getting out of control or if they are getting off-topic.
10. After the role-play, facilitators should discuss the learning points with all the trainees. If time permits, you can hear points from the role-players and the other trainees that did not act out a role.
11. Give an opportunity for the participants to deactivate from their character roles. This is especially important if individuals were acting out conflict-based roles. This can be done by giving individuals a short break or introducing a refreshment.

Adapting to different learning environments

As a general rule, role-plays usually last a few minutes and should not exceed 5 minutes. It is best advised that role-plays are conducted as face-to-face/in-person trainings. However, in scenarios where resources or situations such as the recent pandemic do not allow face-to-face meetings, online trainings can also be utilized.

In-person training

1. During in-person training sessions, you can select role-play participants and explain the roles in detail to them before acting out the role-play to the larger trainee group

2. Ensure that the audience can hear and see the role-play participants

3. Encourage the audience members to take some notes during the role-play that highlight some of the desired learning points (Example: “what were some good communication strategies used”?)

4. If there are multiple facilitators available you can have more than one role-play situation being acted out, assuming that there is enough space that the groups do not distract or interrupt each other.

Online Training

1. You can set up a breakout room where you can brief the participants on their roles within the role-play.

2. Additionally, you can privately message them on the roles and motivations of the characters they are playing

3. Ask role-play participants to use the rename function and change them to the character names from the role-plays

4. Request that the role-play participants have their camera and audio turned on

5. The facilitator can have a timer on the screen to ensure that the role-plays being acted out are done in a concise manner

6. Have all the roles of the characters on a word document so that you can easily copy and send out roles and motivations

ROLE-PLAYS

Role-play 1: Male has gone for work during mass drug administration

Scene setting: In this role-play, the CDD visits a household and finds that the adult male member is absent and has gone to work in the field.

(i) What will the CDD do when faced with this scenario?
(ii) Will the CDD share the risk and benefits of anti-filarial drugs?
(iii) How will the CDD provide confidence for revisiting the same household?
(iv) How will the CDD address the request from the family to leave the treatment for the adult male?

Characters needed:

1. CDD - an individual who delivering treatments during MDA
2. Family member 1- wife
3. Family member 2- son (14 years old)
4. Family member-3 -mother-in-law

Points for contextual adaptation:

1. Community setting
2. Urban/Rural
3. Flexibility in drug administration timings which is are normally delivered (early morning – late evening hours)
4. Availability of information, education, communication (IEC) materials / messaging
5. This case is written for a female CDD and uses female pronouns.
6. The case describes MDA for lymphatic filariasis but can be applied to other NTDs. Substitute where necessary.

Expected learning points:

1. CDD acknowledges that the absent male's work is very important. The income earner needs to go to work but the CDD also explains that if the household is in an endemic area, the whole household is vulnerable to infection, and prevention is the only way to be safe.
2. CDD emphasizes the risk of the disease with a special emphasis on the risk of hydrocele for men and loss of income due to lymphedema (for lymphatic filariasis - replace other morbidities for other NTDs). She also explains the importance/urgency of males consuming anti-filarial drugs.
3. CDD gives confidence to the household that the drug is available in the village itself. She can offer two options (i) she could revisit if she knows the returning timing of the males. (ii) the male person could come and consume the anti-filarial drugs in the village when he is back from work/field.
4. CDD also provides information about the potential adverse events associated with treatment - the link between the endemic area and parasite load. She signals that adverse events demonstrate that the treatment is working and that they are usually self-limiting and resolve on their own. If people need more support, the health service is on standby during the MDA to help. She again reemphasizes the importance of consuming anti-filarial drugs.
5. She also talks to the mother-in-law and explains why the son should consume anti-filarial drugs and their significance for the protection from filaria. She also takes commitment from her as a senior member of the household to ensure everyone consumes drugs.
6. If the family remains unconvinced, then the CDD should be encouraged to (i) approach her supervisor (ii) approach any village-level influencer to convince the family of Directly Observed Therapy (DOT).

Role-play created by: Rajshree Das and Kiran Agrahari

Role-play 2: Low consumption of anti-filarial drug consumption among children (2-5 years age group) during MDA

Scene setting: In this role-play, we will see how the CDD interacts with the grandmother and a young mom. The young mom is a little scared as the child has received albendazole during the deworming program through the front-line worker. The CDD will inform (i) the grandmother that it is safe to give anti-filarial drugs to the child; (ii) the LF infection usually occurs in childhood and causes damage to the lymphatic system which may not be seen until the child is older. The painful and visible manifestation of the disease usually occurs later in life which has the potential to cause permanent disability.

Characters needed:

1. CDD - an individual who delivering treatments during MDA
2. Family member 1- Grandmother
3. Family member 2- Young mom

Points for contextual adaptation:

1. Community setting
2. Urban/Rural
3. Availability of information, education, communication (IEC) materials / messaging
4. This case is written for a female CDD and uses female pronouns.
5. The role-play is written for lymphatic filariasis, but can be applied to other NTDs addressed through MDA. Substitute as needed.

Expected learning points:

1. The CDD will explain that the infection generally occurs during childhood and takes a few years for the worms (microfilaria) to grow in the body and increase in number. Later the small baby worms develop into adult worms which reproduce in the human body eventually causing disability.
2. If the child is given anti-filarial drugs during childhood, then we can successfully kill the worms in the early stage and the child can be protected from filaria.

3. The CDD gives confidence to the household that it is safe, moreover the child already gets deworming treatment (albendazole). The other drugs (DEC and Ivermectin (where used) are additional treatments to further protecting your child from filaria.
4. The CDD also provides information about the potential adverse effect and role of the individuals monitoring adverse events.
5. The CDD also talks to the mother-in-law and explains to her why the grandchild should consume anti-filarial drugs and their significance for the protection from filaria. She also takes commitment from her as a senior member of the household to ensure everyone consumes drugs.
6. If the CDD is unable to convince the family, the CDD could be oriented to seek support from women collectives, her own supervisor, or some village-level leaders.

Role-play created by: Rajshree Das and Kiran Agrahari

Role-Play 3: Introducing 3-drug therapy of ivermectin, DEC, and albendazole (IDA) in communities previously receiving the 2-drug regimen

Scene setting: In this role-play we want to explore what happens when a CDD delivers MDA (either fixed-post or door-to-door) in a community that previously received only two drugs during MDA for LF but has now begun treatment with three drugs (IDA). The household does not understand the difference, and why they are now being asked to take more medications.

Characters needed:

1. CDD – specifically this person is a member of the local community and a CDD for many years
2. Head of household - male - does not understand why his family needs to take the medicines if they took them last year. He does not think his family is at risk for LF.
3. Wife / mother – is concerned about the number of medicines her family is being asked to take. She is worried it may make her children feel sick.
4. Young child (Between age 5 and 15)

Points for contextual adaptation:

1. Social norms (e.g., not extending hand to a conservative Muslim woman; taking off shoes before entering the house; etc.)
2. Using dose pole or weight-based dosing (dependent on location)
3. Need to crush pills for small kids
4. Any rumors (especially if ivermectin is newly introduced)

Expected learning points:

1. CDD introduces themselves in a confident respectful manner and displays professionalism
2. Overall demeanor of the CDD to be patient and take time to answer questions (also acknowledging when they don't have all the answers)
3. The CDD acknowledges both husband and wife concerns
4. The CDD displays empathy, uses persuasive tactics, and gives information, but also will accept a 'no'

5. The CDD gives correct information about the MDA, including why MDA is important for this household and all households in the community
    a. The CDD explains that this disease is still a problem in their community and participating in the MDA and taking the treatment will help to protect their household as well as their whole community.
    b. The CDD explains that people can have the worms, but not realize it.
6. The CDD explains that all three drugs have been used safely in many countries for many years, and in those countries, the three drugs have been stronger at killing the worms than the previously used two drugs.
    a. The Ministry of Health and the WHO have learned that combining the three drugs is more powerful in killing the worms that make them sick
    b. The CDD can also explain that the three drugs can also help kill intestinal worms and relieve them of itching from scabies and lice
7. The CDD explains why he/she must take the height/weight (depending on what is used in the country) of the individual as opposed to previous MDAs when age-based dosing was used. Height-based dosing and weight-based dosing helps ensure everyone receives the appropriate amount of the medicines.
8. The CDD gives clear guidance on potential adverse events, indicating that they are usually self-limiting and what to do in the event of an adverse event.
    a. The CDD explains that if you have any side effects after taking treatment, it often means the medicines are working and the worms are dying. CDD should reassure the family that where to call or go if they have any concerns.
9. The CDD ensures the child is comfortable taking the medicines. The CDD may crush the pills for the child if needed. The CDD and parent should never force the child to take the medicines, especially if the child is crying. The CDD explains that Albendazole (biggest pill) is chewable and has a sweet taste and gives it to the child last to help with any bitter taste of ivermectin and DEC.
10. The CDD knows when to seek additional help from a supervisor if the household head is aggressive or refuses to accept MDA.

Role-play created by: Tara Brant

Role-play 4: Community member(s) who do not think they are at risk of the disease

Scene setting: In this role-play, we want to explore what happens when a CDD during the administration of medicines, encounter residents who do not want to take the medicines because they do not believe they are at risk of the disease.

Characters needed:

1. A CDD – a member of the local community
2. Household or community member – male or female - does not understand why they need to take the medicines. They do not feel sick nor do they have any clinical symptoms.

Points for contextual adaptation:

1. Social norms (e.g., not extending a hand to a conservative Muslim woman; taking shoes off in the household; etc.)
2. Availability of information, education, communication materials
3. High-level results from any recent impact surveys (e.g., infection levels or morbidity data in the community)
4. Urban/rural

Expected learning points:

1. The CDD introduces themselves in a confident respectful manner and displays professionalism
2. Overall demeanor of the CDD to be patient and take time to answer questions (also acknowledging when they don't have all the answers)
3. The CDD acknowledges the community member's concerns and can ask questions to gain a better understanding of any misconceptions the community member may have
4. The CDD displays empathy, uses persuasive tactics, but also will accept a 'no'

5. The CDD gives correct information about the MDA, including why MDA is important for this household and all households in the community
    a. The CDD explains that this disease is still a problem in their community, and treatment will help get rid of this disease in their household and in their community. However, we do not know for how long or how many times people will need to take the pills. It is important for everyone in the community who can take the treatment to do so, even if they don't feel sick.
    b. The CDD provides any recent high-level information on infection levels in the community (e.g., an impact survey the previous year showed X number of people in the community still have the disease).
    c. The CDD can describe clinical symptoms and ask if a community member is aware of anyone experiencing those in the community. Then the CDD explains how the disease is the cause of the clinical symptoms. (e.g. lymphedema for lymphatic filariasis, blind people being led by someone around the community for trachoma and river blindness)
    d. The CDD explains that people can have the worms, but not realize it.
    e. The CDD explains that everyone is at risk and emphasizes the need for everyone to take the medicines to protect their community.
6. The CDD can also explain that the medicines may also help kill other intestinal worms and make them feel better.
7. The CDD gives clear guidance on potential adverse events, and emphasizes they are self-limiting. The CDD also needs to emphasize why those who experience adverse events should seek help if needed. In addition, what should be done during adverse events should be clearly explained to the participants.
8. The CDD knows when to seek additional help from a supervisor if the residents prove more aggressive or refuses to accept MDA after all his effort. It is important that the CDD reports such situations to the supervisor, who should organize other health educational visits to the household.

Role-play 5: Community member(s) refuse to participate due to previous experience with anthelminthic medicines

Scene setting: In this role-play, we want to explore what happens when a CDD encounters residents who do not want to take part in MDA because of (a) their previous experience with the NTD medicines, (b) negative past experience in the family with the medicines, or (c) other health challenges. This role-play tries to elaborate on the role of CDDs during such scenario, and the necessary actions to be taken while managing such situations.

Characters needed:

1. A CDD who is also a member of the local community
2. First household or community member – male - who does not want to participate in MDA because of the adverse events felt during the last campaign.
3. Second household or community member –female - who does not want to participate in MDA because she is afraid of adverse events

Points for contextual adaptation:

1. Community setting
2. Time of day when drugs are normally delivered (Morning – Evening hours)
3. Use of dose pole
4. Social norms (e.g., not extending a hand to a conservative Muslim woman; taking shoes off in the household; etc.)
5. Availability of information, education, communication materials
6. High-level results from any recent impact surveys (e.g., infection levels or morbidity data in the community)
7. Urban/rural

Expected learning points:

1. The CDD introduces themselves in a confident respectful manner and displays professionalism
2. The CDD acknowledges their concerns, re-stating that these experiences are very common in endemic settings, and among persons that are exposed to the infections.

3. The CDD re-emphasize the advantages of MDA; (1) community protection and the need for high coverage (number of people actually ingesting the medicine) to sustain this community wide protection.
4. The CDD clearly explains the eligibility criteria of persons taking the medicines (conditions such as age, height, health status, eating before taking praziquantel, adequate rest among others), and also emphasize that all these conditions must be met before the drugs are administered to reduce adverse events.
5. The CDD further explains that those who have medical conditions that are being monitored should seek the recommendation of their healthcare provider before swallowing the medicine.
6. The CDD gives clear guidance on potential adverse events, and emphasize they are self-limiting. In addition, the CDD what would advise that adverse events that last longer than 48 hours should be reported to the nearest healthcare facility.
7. The CDD can take a break to interact with other members of the household or community to seek the perspectives of others who have taken the medicine.
8. The CDD knows when to seek additional help from a supervisor if the residents prove more aggressive or refuses to accept MDA afterward. It is important that CDD reports such situations to the supervisor, who should organize other health education visits to the household.

Role-play created by: Hammed Mogaji

Role-play 6: Household head refuses and discourages other household members to participate in lymphatic filariasis treatment campaigns

Scene setting: In this role-play, we want to explore what happens when a CDD encounters a household head who confidently refuses to take the NTD medicines delivered during MDA and also discourages his household members from taking the medicines. This role-play tries to elaborate on the role of CDD, and the necessary actions to be taken while managing such situations.

Characters needed:

1. The CDD - this individual is responsible for administering medicines in the community, and has no prior knowledge that a particular household has members who always refuse to participate in MDA
2. Head of household - male - has heard about MDA and is aware of the treatment program but does not want to participate and also discourages his household members from participating. He emphasizes on issues surrounding adverse events from other related medicines and a lack of trust in the health system to manage severe adverse events
3. Wife / mother - female - she has heard of it, and she will only take the medicine if her husband approves.
4. Children – male/ female- knows about the program and the medicine but can only take the medicine if their father approves.

Points for contextual adaptation:

1. Any rumors that are circulating could be built into the role-play, for example how government have managed public funds and earned public distrust
2. Time of day when drugs are normally delivered (Morning/afternoon hours)
3. Use of dose pole (dependent on MDA, location)
4. Availability of information, education, communication (IEC) materials / messaging
5. Urban / rural

Expected learning points:

1. The CDD introduces themselves in a confident respectful manner and displays professionalism.
2. Overall demeanor of the CDD to be patient and take time to answer questions (also acknowledging when they don't have all the answers and taking relevant notes that would be used to make referrals to other superior health officers).
3. The CDD acknowledges both the husband's and wife's concerns
4. The CDD gives correct information about the MDA, including why MDA is important for this household and all households in the community. The CDD explains in brief the lifecycle of the parasite and talk about the vector, and the need for continuous usage of the medicines to confer individual and communal protection.
5. The CDD clearly explains the eligibility criteria of persons taking the medicines, and emphasizes that all these conditions must be met before the drugs are administered to avert adverse events (conditions such as age, height, health status, eating before taking praziquantel).
6. The CDD can take a break to interact with other members of the household on their experiences within the community (with other mother or children) or at school (with other children), with the aim of consolidating the importance of MDA with confirmatory reports from members of the household. For instance, if other members of the community, or other children in schools have been taking the medicines with no adverse events that can also be a good point while trying to convince the household head.
7. The CDD gives clear guidance on potential adverse events, and emphasize they are self-limiting. The CDD should reiterate that the medicines are safe, taken by millions of people each year.
8. The CDD should try and understand the concerns of the household head, listening and asking what needs to change for him to agree to participate in the MDA.
9. The CDD knows when to seek additional help from a supervisor if the household head is more aggressive or refuses to accept MDA afterwards. It is important that the CDD reports such situations to the supervisor, who should organize other health education visits to the household.

Role-play 7: Drug Distributors encounters community members who do not want to swallow the medicines at the point of administration.

Scene setting: In this role-play, we want to explore what happens when a CDD encounters residents who do not want to swallow the medicines at the point of administration due to personal reasons. This role-play tries to elaborate on the role of the CDD during such scenario, and the necessary actions to be taken while managing such situations.

Characters needed:

1. First CDD – an individual who is responsible for administering medicines in the schools/community, and is indifferent about the request of the resident as described above
2. Second CDD – an individual who is more experienced with MDA and has accompanied the first CDD
3. Household member: Male/Female who wants to take the medicines home to swallow on his/her own time.

Points for contextual adaptation:

1. Community setting
2. Time of day when drugs are normally delivered (Morning – Evening hours)
3. Use of dose pole
4. Availability of information, education, communication (IEC) materials / messaging
5. Urban / rural

Expected learning points:

1. The CDD introduces themselves in a confident respectful manner and displays professionalism
2. Overall demeanor of the CDD to be patient and take time to answer questions (also acknowledging when they don't have all the answers and taking relevant notes that would be used to make referrals to other superior health officers)
3. The CDD acknowledges the concerns of the community member

benefits. The CDD can emphasize the metrics of performance - high coverage (number of people actually ingesting the medicine). The delivery team will not know if people take the medicine if they take it home with them.
5. The CDD provides examples where some residents will (1) collect and forget to swallow medicines, (2) expose medicines to air, (3) allow non-eligible members like young children and pregnant women have access to the medicine, (4) waste the medicine that is expensive and limited.
6. The CDD would use the points above to support the need to perform DOT.
6. The CDD can suggest a plan to revisit those that have not eaten at the time of administration.

Role-play created by: Hammed Mogaji

Do you have feedback about the role-plays?
Complete the survey.

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