
Guidebook on Mass Drug Administration of Lymphatic Filariasis for Village Midwife and Drug Distributors



Kerjasama Dinas
Kesehatan
Kabupaten Alor
dengan
SISKES



PART I: INTRODUCTION

Prevalence

More than 120 million people are at risk of infection of Lymphatic filariasis (LF). In Indonesia, several provinces in Indonesia still have areas which are endemic for lymphatic filariasis for example, in Nusa Tenggara Timur province, Kalimantan, South Sulawesi And Sumatera. In some communities in the district of Alor, there are between 2% and 27% of persons infected by LF.

What is lymphatic filariasis (LF)?

In Indonesia, there are other names for lymphatic filariasis such as Kaki Gajah, Boa Besar, Gewa poting, Gewansa, Guala bala, kiplol hadong, tewa poting,.... However the most common is "Kaki Gajah or Boa Besar".

In this guide book, we will use filariasis for this disease.

Cause

Lymphatic filariasis is a parasitic worm transmitted by mosquitoes that affects and disturbs the lymphatic system of the human body.

The cause of the illness is the adult worm that grows in the human lymph system. This worm blocks the ability of the lymph system to protect against infections. Adult worms can live around 4 to 6 years and will produce millions of microfilaria during their lifetimes.



Adult LF worm. Source: WHO



Microfilaria in the blood. Source: WHO

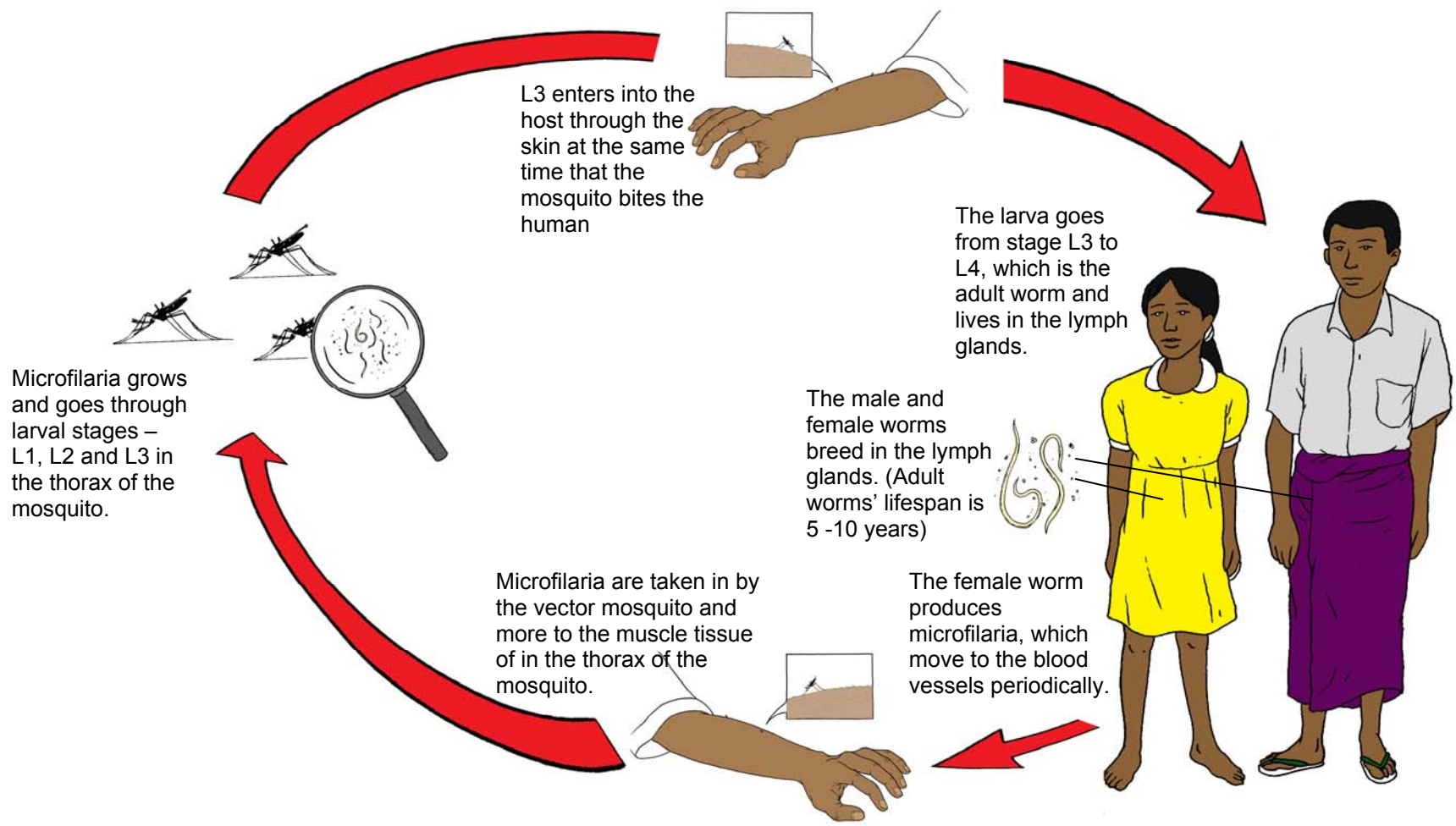
Transmission

LF is transmitted by mosquitoes. Mosquitoes that transmit LF live in swamp area, dirty water, rice fields and beach area. Houses which closed to the stagnant water are at more of bitten by mosquitoes.

Mosquitoes bite in the night between 10.00 PM to 02.00 AM.

Adult worm in the human body will produce millions of microfilaria.

Remember: LF is not transmitted by mud, crash, hard working or touching with the filariasis patient. – Remember only mosquitoes that transmit LF.



Transmission Cycle for LF

PART II: SYMPTOMS OF LYMPHATIC FILARIASIS

After the filarial larva enter into the human body, they congregate in the lymph nodes in the body. There the larvae develop into adult worms, which takes between 3 to 12 months.

The worms form nests in the lymph area which on average have several worms per nest. A typical patient will have two to three nests and there are normally five females for every one male.

When the adult worm dies, this also creates problems as the body of the dead worm becomes an obstruction and the lymph system cannot drain itself properly.

Filariasis without symptoms – Asymptomatic cases

The major parts of the persons with LF infection do not show any signs of the disease although one can find microfilaria in their blood: asymptomatic cases.

However they can transmit the disease to other persons when a mosquito bites them and transmits LF to the next person!

Symptoms of LF - ACUTE symptoms

ACUTE symptoms include: acute lymphadenitis and lymphangitis, sudden attacks of fever and chills occurring several times per year (which called filarial fever), acute groin pain, swollen tender lymph glands and oedematous swelling of the leg. Other symptoms, however not very specific signs are headache and general weakness.

In order to distinguish the difference between a filarial fever and another fever common to tropical areas, attention should be paid to the accompanying symptoms (acute groin pain, swelling, and swollen lymph glands).

Remember: In order to distinguish the difference between a filarial fever and another fever common to tropical areas, attention should be paid to the accompanying symptoms (acute groin pain, swelling, and swollen lymph glands).

Sign and Symptoms of Chronic – CHRONIC symptoms

The worms disturb the normal function of the lymph system and after some time, lymphoedema develops (swelling in the legs, arms, breasts and genitals). This begins the CHRONIC symptoms.



Chyluria



Hydrocele



Elephantiasis of the arms



Swelling of the breast



Elephantiasis and Secondary Infection
Sufferers of elephantiasis often have lesions or small cuts and scratches (often between the toes) where bacteria can enter into the body. This bacteria account for the majority of acute attacks (fevers and increased swelling). Such super infections were identified as the major cause to contribute to the worsening of the swellings!

Elephantiasis of the leg.

PART III: ECONOMIC AND SOCIAL EFFECT

Economic effect of Chronic LF cases

People who have chronic filariasis, i.e. elephantiasis, lose money each year due to repeated visits to medical facilities, days unable to work due to fever and fatigue and the loss of income for those members of their families who must care for them.

Every time that someone with chronic LF has to come to the medical center, they must pay nearly 20.000 Rupiah for transport costs to the medical center, the drugs, the registration fee and the consultation. These costs do not include the money lost because the person cannot work in the fields while he is sick.

Psychological, social and biological effects

Psychological, social and biological effects can be occurred for people who have hydrocele/"boa besar". Men who has hydrocele, sexual organ not function well so that adding marriage live.

PART IV: Symptomatic Case Management for Acute and Chronic Sufferers

☀ Main points to cover for the symptomatic management of acute attacks:

- ❖ Medication necessary for most symptoms: antipyretic, analgesic, antibiotic and antihistaminic.
- ❖ For adenolymphangitis, demam berulang, abses, orkitis, epididimitis and funikulitis, the following treatment can be given:
 - Rest
 - Increased fluid intake
 - Treat symptomatically – for itching and fever
 - May give antibiotic and/or anti-fungal cream if necessary
 - Clean the abscess area and do not puncture the abscess

☀ Ensure that the patient has taken DEC and Albendazole during the mass treatment campaign.

If not, find out why the patient was unable to participate in the mass treatment – perhaps the mass treatment has not yet occurred in their village, they were in the fields for the day and night during the mass treatment, they were too sick to take the treatment at the time it was administered in the village, etc.

If the patient is able to take the required treatment (the patient is NOT pregnant, under 2 years or very ill) make sure that after you give the treatment (DEC 6mg/kg and 400 mg Albendazole). Give the patient a record to show to the community health worker in his village that he has already had the treatment.

Only the combined treatment with DEC and Albendazole over a five year period treats the actual cause of the disease – by killing the worms. All other treatments help to relieve other symptoms associated with LF, but will not kill the worms.

☀ Clinical management of chronic cases of elephantiasis

- ❖ Because secondary infections lead to increased complications for those persons with lymphoedema, this section will focus on the reduction of secondary infections and the subsequent improvement of the condition of the limb affected by lymphoedema.
- ❖ It has been found that the 97% of acute attacks are caused by bacteria entering through lesions in the skin, not by the LF worm (research done by Dr. Gerusa Dreyer). Therefore it is important to minimize as much as possible entry of bacteria through these lesions in the skin. This can be done by proper case management, which is simple and requires no special medication, only clean water and soap.
- ❖ The aim of clinical case management is to:
 - To minimize the frequency of acute attacks in the early stadium and for the advance stadium sufferer
 - To prevent elephantiasis
 - To halt the increase in growth of the limb and to reduce in some cases the existing effect
 - To promote quality of life including productivity



The clinical management is simple and can be done by the sufferer themselves or can be done by a family member,

friend or health professional. Emphasize that there is no risk for infection for the person washing the affected leg.

☀ It is recommended to use 6 pages beside to teach people with elephantiasis in your village and how to keep cleanliness of their leg in order to reduce infection.

NEW FACTS

We have new ways to treat lymphedema and prevent elephantiasis.



NEW HOPE

The new lymphedema treatment will:

- ❖ stop acute attacks,
- ❖ make your leg healthier, and
- ❖ prevent elephantiasis

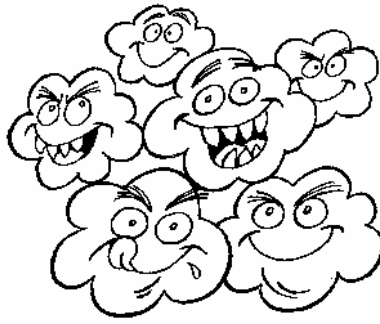


HOW? IT'S ALL VERY SIMPLE. . .

Germs are the enemy

Germ

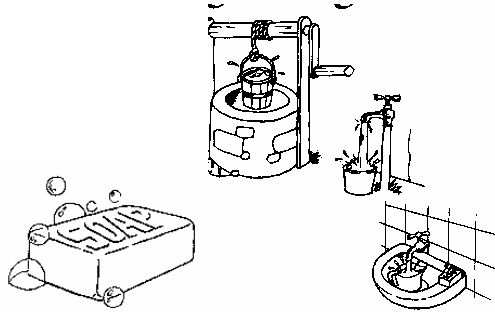
s cause acute attacks,
but we can fight them.



THESE ARE YOUR BEST WEAPONS AGAINST GERMS

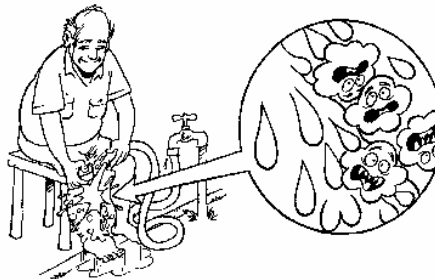
:

1. Any clean water...



2. And plain soap are your best weapons against germs.

IT IS EASY!



By washing your legs carefully with soap and water you remove dirt and germs.

Even children can do it.



WASH UNTIL CLEAN



Wash your leg until the rinse water stays clean.

SOME PEOPLE WILL NEED HELP

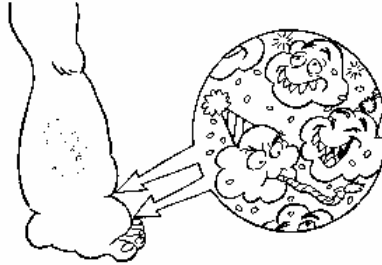
Helpers can sometimes clean places you can't reach.



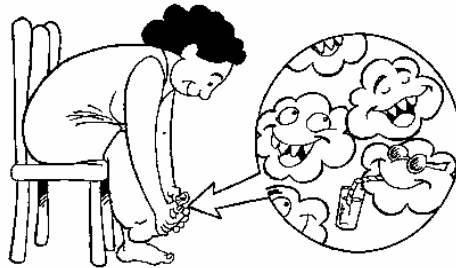
Get help. The germs won't hurt your helper.

DO YOU HAVE ANY WOUNDS?

Germs like to grow in warm, moist places. They like to grow between toes and folds of skin.



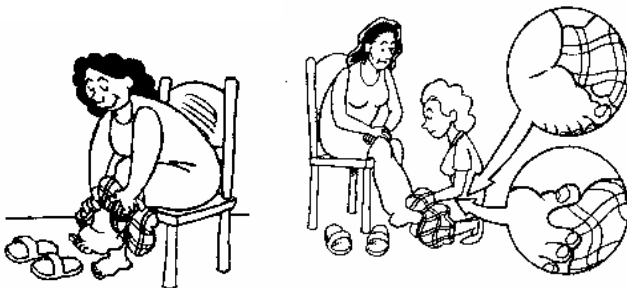
To find wounds you must search carefully. To heal them you must wash and dry them well.



Other areas need to be washed with soap and water too. Men, you should wash your genital area. Women, you should wash your armpits and breasts, especially if you are nursing.

WAIT! YOU'RE NOT DONE YET...

Remember to dry well.
Dry between your toes and skin folds.



If you have wounds, even small ones, use anti-bacterial cream on them. Rub it in well.

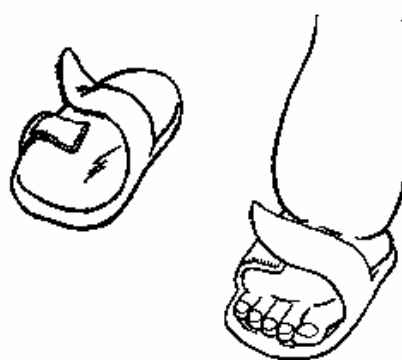


YOUR OTHER LEG NEEDS CARE TOO

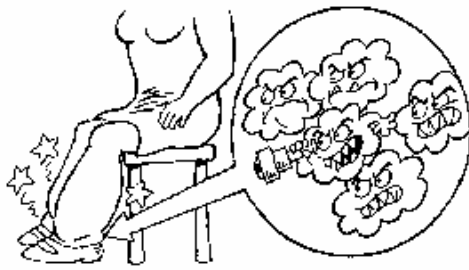
Wash your leg in the same way and you may prevent lymphedema in that leg too.



ALWAYS WEAR COMFORTABLE SHOES



Never wear shoes that hurt your feet. Sore places may let germs into your skin and this can cause an acute attack



ELEVATE YOUR LEG DURING THE DAY

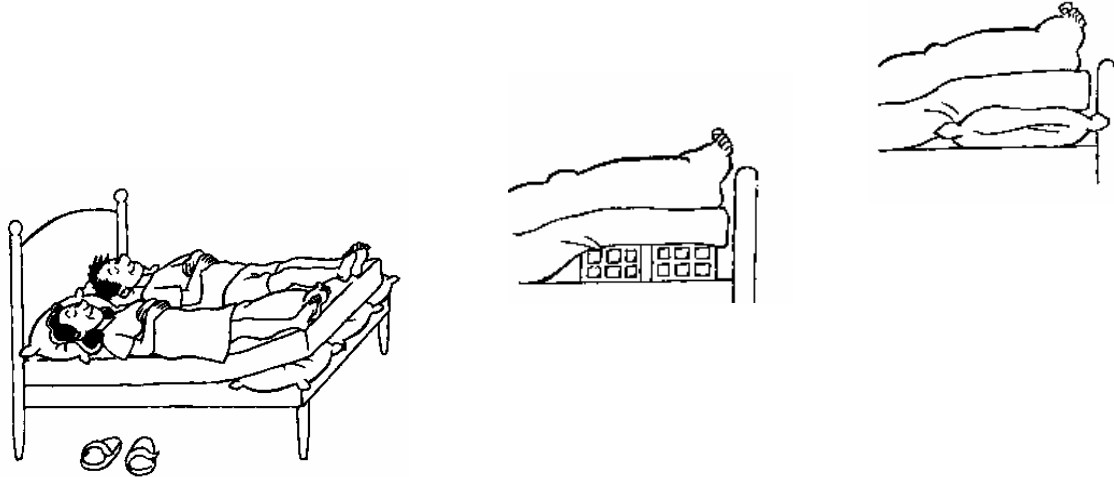
Elevate your leg while:

- *cooking,*
- *working,*
- *feeding your baby,*
- *eating,*
- *playing with friends, or*
- *watching TV.*



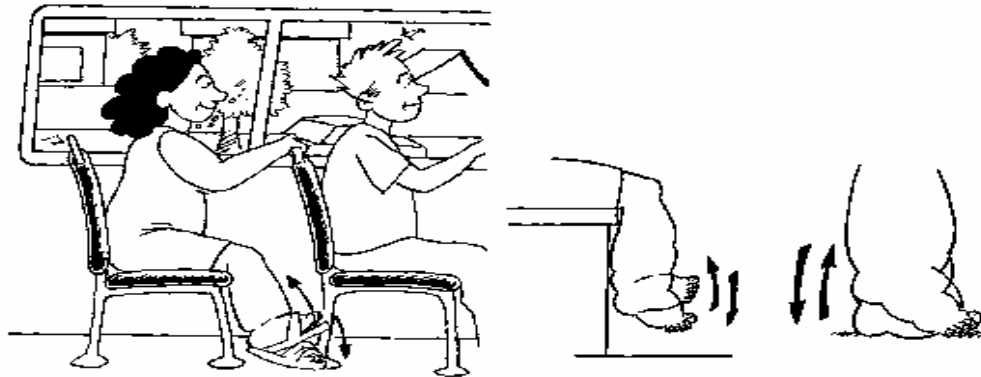
ELEVATE YOUR LEGS AT NIGHT

When you sleep, raise your feet, at or slightly above chest level, by adjusting your bed. You can put a pillow or blocks under the mattress to raise the bed.



Your partner will benefit too!

DO YOUR EXERCISE WHEREVER YOU ARE



Move your feet back and forth and around in a circle.

*Do your exercise as much as you can and as often as you can.
Stop when you are tired and start when you are rested.*



AN ACUTE? DON'T PANIC!

An acute attack is painful.

*It can cause your leg to swell more and also cause fever,
soreness in your glands,
headache, and nausea..*



YOU CAN RELIEVE YOUR SUFFERING

Cool your leg with cold, clean water.

Continue until the pain lessens.



If you have fever, take medicine for the fever. Drink more water than usual

Keep washing your legs, more gently than usual.

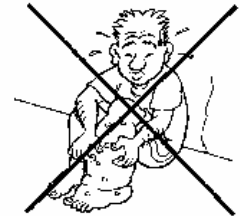


BE CAREFUL DURING AN ACUTE ATTACK!

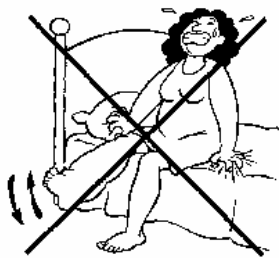
DON'T DO THE FOLLOWING:



Never warm the inflamed area.



Do not scratch, or cut your skin. Do not open blisters.



Do not do the exercise during the acute attack.



Do not use bandages during the acute attack.

CORRECT, REGULAR, LIFELONG CARE WILL KEEP YOU HEALTHY



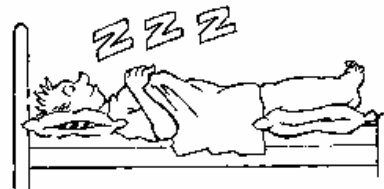
washing



drying



wound care



elevation



exercise



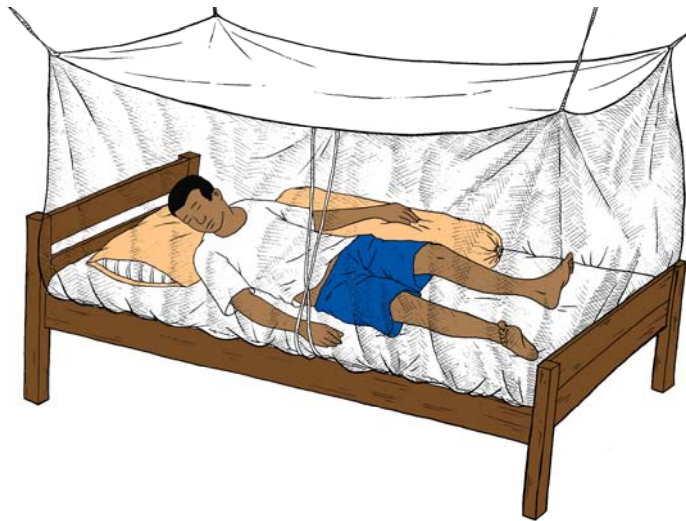
NOW, YOU CAN HAVE A HAPPIER LIFE



PART V: PREVENTION

Because transmission of filaria occurs through a mosquito, the prevention will be the same as for malaria.

In addition to relative costly preventive measures like bed nets, mosquito cream, mosquito coils and mosquito screening for windows, it is good to concentrate as well on less costly measures such as the elimination of the breeding places of mosquitoes – namely swamps and tall grass areas near to houses.



Using a bed net

Environmental preventive measures (such as cleaning up the areas with high grass and standing water, getting rid of containers near houses with standing water, filling swamps) and the individual prevention (such as repellent cream, mosquito bed nets, screening on the house).

Remember that prevention of mosquito bites will reduce infection also with malaria!

PART VI: WHY IS A MASS TREATMENT CAMPAIGN?

MASS TREATMENT

Because of Alor has many people with filariasis so that a mass treatment should be introduce in order to achieve the elimination of this disease and to make a better life for the people with chronically cases. – Example elephantiasis.

The aim of the mass treatment is to

- a) Decrease the Microfilaria rate (Mf rate) to <1% in order to stop the transmission cycle so that there is no one person infected filariasis between in 100 peoples .
- b) Cut the transmission of LF to children born after the mass treatment has been implemented. No child born at the start of the campaign should risk infection with LF.

Because of the asymptomatic infection, it is better to treat everyone in an endemic area, rather than only those who present symptoms of the disease.

Remember that there can also be asymptomatic filarial infection, meaning that someone could be infected however shows no symptoms or may not even test positive in a blood test.

This can occur when the person has already the microfilaria and adult worm living inside of them, yet they have not yet showed any acute symptoms.

Remember in some endemic areas, up to 2% of children are infected with filaria by the age of 2 years and 26% are infected by the age of 4 years, however it is rare to see any symptoms or signs of the disease in these children.

- ❖ **Must have full participation of the communities – at least 80% of the total population must take the two kinds of drugs for five years in order to succeed.**

PART VII: COMMUNITY MOBILISATION AND ADVOCACY

☀ Mobilizing the communities is **KEY** to the success of this campaign. Health professionals play an integral role in this socialization.

☀ Because the elimination of lymphatic filariasis calls for the mass administration of two drugs for a period of five years to thousands of persons, the mobilization of every community is essential to the success of this campaign. People must be willing to accept the pills given by the TPE, and they must be willing to swallow these pills. This requires a kind of behavioural result on the part of nearly every household member – **to take the pills offered and swallow them in front of the TPE.**

This behaviour is required for the success of the campaign. How do we then achieve this? In order to accept certain behaviour, a person must go through the following steps:

1. **Hear** about the new behaviour, in our case, to take the two drugs for the elimination of LF;
2. Then the person must become **informed** about the activity;
3. After that, we may become **convinced** that the activity (taking the two drugs) is worthwhile and something that we want to do;
4. Then we can take **action**, or take the two drugs;
5. And finally, we await that **re-confirmation** that our activity was indeed a good one and if so;
6. Then we will **maintain** this behaviour, meaning that next year, we will readily accept the take the drugs again.



In order to convince people in the village communities and cities to take the required drugs, we must follow the 6 steps listed above. This can be done through health professionals themselves working together with the community leaders and kaders. Health professionals must involve the local community in the health education campaign and the drug distribution, as they are the persons who can best advise the health professionals about the particularities in their villages.

PART VIII: MASS DRUG ADMINISTRATION

At least 80% of the total population must take this treatment in order to reach the goal of elimination through mass treatment by giving yearly DEC 6 mg/kg/body weight in combination with Albendazole 400 mg yearly during a five year period.

The two kinds of drugs most effective to kill adults worms and microfilaria.

At the same time as a positive side effect, five different kinds of intestinal helminths are killed by Albendazole, making the public health benefit for children very substantial.

In order to achieve the elimination of this disease, the communities must take two kinds of drugs – DEC and Albendazole – on the same day **one time per year for five years**.

It means that in 2002 is a first round for mass treatment and next year in 2003 is the next round for five five years.

Must have full participation of the communities – at least 80% of the total population must take the two kinds of drugs for five years in order to succeed.

Everybody- with or without the signs or symptoms of filariasis and children up to the age of 2 years – will take the filarial drugs.

- ❖ Only three groups are exempted from the mass treatment :
 1. Pregnant and breastfeeding women,
 2. Very sick and/or weak and
 3. Children under the age of 2 years.

Breastfeeding mother who has a children up to the age of 2 years should be recommended to take the pills for mother and children as follow as mass treatment plan.

☀ Treatment regimen base on age to be used in Alor district:

Age	DEC (100 mg)	Albendazole (400 mg)
2 – 6 years (pre-school)	1 tablet ●	1 tablet ○
7 – 12 years (primary school)	2 tablet ● ●	1 tablet ○
13 – adult (high school +)	3 tablet ● ● ●	1 tablet ○


PART IX: DRUG DISTRIBUTION

The TPE (Tenaga Pembantu Eliminasi – Drug distributors) are at the village level and they will be responsible directly to the health professional in their village. The TPE could be a teacher, kader, religious or community official (someone who can read and write).

The TPE will have around 20 families in their cluster (around 100 persons). They will be responsible for:

- a. Education of these families using educational materials given by the Puskesmas.
- b. Distribution of the medication
- c. Fill out the necessary forms
- d. Report to the health professional in the village if there are any side effects and the left over stock
- e. Melaksanakan penyuluhan

The TPE will be trained by the health professionals either in their village (midwife) or by the Puskesmas staff. Supervision will be conducted by health staff from the District level.

 Main points regarding the **distribution of the drugs**:

- ❖ P2M (Communicable Disease Control) from the Dinas Kesehatan Alor will send the appropriate amount of drugs to the Puskesmas for the actual treatment of lymphatic filariasis as well as the symptomatic treatment of potentially occurring side effects.
- ❖ The Puskesmas will send the drugs to TPE.
- ❖ The TPE will distribute the drugs to the people.
- ❖ Note: There should be a drug reception sheet for each level signed by the person sending the drugs and by the person receiving the drugs.

 Drug distribution points:

Together with the health professional, each village may decide how and when it wants to conduct the mass treatment. However, here are some suggestions:

- House to house distribution – the TPP will go from house to house giving the drugs to every eligible member of the household
- Booth distribution – or several central places where the population will come to within the day to get the drugs
- Special population groups – TNI groups, schools, patients in the hospital, office buildings, etc.
- Community gathering places – after church services, mosque, markets, bus terminals, etc.

PART X: IMPLEMENTATION OF THE TREATMENT

☀ Ideally the drug should be distributed on the same day to the whole population in the village!. The implementation of the treatment will depend on each village for example the treatment could be given after church on Sunday, after mosque on Friday, to the children in school on a certain day, house to house visits, village meeting, etc.

Every village should decide a joint strategy for the mass treatment!

During the mass treatment the following procedure should be carried out with each patient:

1. Fill the treatment card
2. Measure the weight OR take the age
3. Give the correct dosage based on the treatment regimen
4. The person should take the medication immediately in front of the health professional or member of the TPE.
5. Record the number of medicine consumed on the tally sheet

Remember two points:

1. Advise the community not to take the drugs on an empty stomach and remind them about possible side reactions to the treatment and where they should go for assistance and;
2. The community member should take the drug in front of the health professional or TPE.

☀ Filling the treatment card:

- One per family , to be kept by TPE and later given to the Polindes or Pustu (if there is no Polindes)
- Remember that this card is for five year's usage (see Annex 2)
- The tally sheet that is filled in by each TPE should be given to the village leader.

Family Treatment Card

How to fill in Family Treatment Card?

See example below, how to fill in family treatment card correctly:

Family Treatment Card

Date of start of the MDA implementation : 10 / 06 / 2002

Name of the head of family : Yopi Menase Laumaley

House No : 34A

RT/RW: 02 / 01

Village : Pante Deere

Health Centre and Sub District: Puskesmas Mebung / Kec. Teluk Mutiara

No	Name	Age the first year of distribution		Number of DEC tablets for each year	Alb 400mg	Date of administration and Year							
		M	F			1	2	3	4	5			
1	Yopi M. Laumaley	25		3				03/09 /02					
2	Jelita Kamis		20	3				03/09 /02					
3	Tara Y. Dorothee		7mth	0				03/09 /02					
4	Angmereng S. L.		18	3				03/09 /02					
5	Efraim Kamis	13		3				03/09 /02					
6	Zet Boy L.	9		2				03/09 /02					
7	Maria Motuka		2	1				03/09 /02					
8	Bianca F.		18mth	0				03/09 /02					
9	Adriani		31	0				03/09 /02					
10	Kosmas P.	26		0				03/09 /02					

Comments:

No. 9 pregnant (2002)

No. 10 outside of the village (2002)

Remark: Make sure that you fill in all boxes correctly after you fill out this card. This is easy so that you don't forget the small things. You will have difficulties if you do not fill this card correctly.

1. Write the **Data of start of the MDA implementation, Name of the head of family, continued with the address, village and sub district.**
2. First column, **No.** Write number in order of the number of persons in your house. (such as 1,2,3,4, etc)

3. **Name**, Write the full name of person in the house correctly. It is recommended that to start with the head of family followed by other family members. (Even though the person is not available in the house while you visit).
4. **Age the first year of distribution**: divided into 2 columns: M and F. M is Male and F is female.

You should write age the first year of distribution in column correctly in column M for men or in column F for female.

Example: Yopi M. Laumaley, 25 years old .
You will write 25 in column L.

Remember, while you write the age of children between 0-23 months, make sure that you write the number and the month.

Example: Tara, is 7 months old in treatment starting.
Write 7 mth in column F

Example: Bianca, is 18 months age.
Write 18 mth in column F

5. **Number of DEC tablets for each year**: There are 5 columns of number of DEC tablets for each year. Each column appoints for one year of treatment, therefore the first year of treatment should be written in the first column, second year of treatment should be written in the second column, and so on. So you only fill one column for one year. In each column, you will write number of DEC tablets which is given to somebody.

Example: Yopi, 25 years old and get 3 tablets of DEC, you will write 3 in first column and leave the rest columns blank.

6. **Albendazole 400mg**: You should write number of albendazole which is given to somebody. Number of Albendazole is 1. Children between 0-23 months old do not receive the treatment, so you should write 0. The same children might be eligible for the next coming treatment. For this case, you will write 1 and for the younger children you will write 0 again for the second round of treatment (it means that there is no treatment for them).

Example: Tara is 7 months age in the year 2002 – Albendazole 0
Tara will be 19 months age in the year 2003 – Albendazole 0
Tara will be 2½ years age in the year 2004 – Albendazole 1

0	0	1
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7. **Date of administration and year**:

Example: Bianca is 8 months of age in year 2002 – Albendazole 0
Tara is 2 years in year 2003 – Albendazole 1

0	1
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8. **Comments:** Write also the name of those who do not get the treatment. If somebody is sick, in other treatment or pregnant or outside of the village.

Example: Adriani is pregnant while the treatment, so she does not get two kinds of drugs. Write No.9 pregnant (2002) in the comments part.

Example: Kosmas is outside of the village during the mass treatment and does not take the pills. Drug distributor will write No.10 outside of village (2002) in the comments part.

In general, make sure that you fill out each column carefully so that you can follow those who haven't received the treatment and will provide treatment for them later.

PART XI: SIDE EFFECT MANAGEMENT

 Important points to remember about side effects:

- ❖ **Most persons will not have any side effects to the treatment given.**
- ❖ However, some will experience some side effects due to the death of the worms inside of their bodies.
- ❖ People with brugian filariasis will have stronger side effects due to the fact that the drugs work faster in killing the worms.
- ❖ Side effects are related to the microfilarial load: the higher the mf load, the greater the frequency and severity of the side effects.
- ❖ Side effects are the strongest in both bancroftian and brugian filariasis in the first week after treatment.
- ❖ Possible side effects include: headache, fever, itching, general weakness, swelling, pain in the groin area and nausea.
- ❖ These side effects can be treated symptomatically by a health professional.
- ❖ **IT IS STRONGLY REQUIRED THAT IN EACH VILLAGE THERE IS A HEALTH PROFESSIONAL (MIDWIFE, NURSE OR DOCTOR) STAYING ON SITE IN THE VILLAGE, WITH THE REQUIRED DRUGS, FOR UP TO ONE WEEK FOLLOWING THE MASS TREATMENT.**
- ❖ Remember that people might be afraid by the side effects, therefore it is important to remind the person that the medication is working and that the side effects can be treated and will pass within a few days. In addition, remind the person that their intestinal worms have been treated!
- ❖ The recommended Dexametheson in the DepKes Buku should ONLY be given by a doctor through the Puskesmas.
- ❖ Kaders and bidan desa could be left with a small supply of drugs (Paracetamol and CTM) to treat the side effects of the treatment so that the villagers do not have to go to the Puskesmas.

 Treatment regimen for management of side effects:

Fever	Paracetamol
Swelling	Paracetamol
Headache	Paracetamol
Joint pain	Paracetamol
Groin pain	Paracetamol
Vomiting	CTM
Dizziness	CTM
Nausea	CTM

Age	Paracetamol (500 mg)	CTM (4 mg)
2 – 4 years	¼ tablet x 3	¼ tablet x 3
5 – 15 years	½ tablet x 3	½ tablet x 3
16 – adult	1 tablet x 3	1 tablet x 3

☀ Each TPE will be required to do house to house visits in the week after the treatment in order to monitor for side effects.

- ❖ The TPE will refer the person to the health professional on site in the village.
- ❖ Severe reactions should be referred to the health center or to the hospital.
- ❖ During the visits on Day 5,6,7, the TPE will fill out the required form, asking the person about their side effects and the severity of those side effects (see Annex #).
- ❖ These forms, once completed, should be given to the P2M person at the Puskesmas.
- ❖ Remember! Each TPE will get the form during drugs taking for side effect.

Example: If one person come to drug distributor (TPE) with itching and nausea an the other person come with nausea only, you will write the form such as:

Nausea/Stomach ache/vomit	Itching
II	I
<input type="text" value="2"/>	<input type="text" value="1"/>
Number of person who is reported to drug distributor (TPE) regarding side effect:	
II	
<input type="text" value="2"/>	

TALLY SHEET OF SIDE EFFECT OF THE FILARIASIS TREATMENT IN ALOR

Village: _____		Health centre: _____	
Date of the Treatment: ____/____/____			
Headache	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>
Dizzy	<input type="checkbox"/>	Muscle paint / joint	<input type="checkbox"/>
Weak/ Fatigue	<input type="checkbox"/>	Swelling	<input type="checkbox"/>
Nausea/ Stomach / Vomit	<input type="checkbox"/>	Itching	<input type="checkbox"/>
Pain in the groin area	<input type="checkbox"/>	Fever	<input type="checkbox"/>
Worms passed	<input type="checkbox"/>	Rash	<input type="checkbox"/>
Number of person who is reported to drug distributor (TPE) regarding side effect			<input type="checkbox"/>

Date,.....

Reported by,

PART XII: HOW TO EVALUATING THE SUCCESS OF THE MASS TREATMENT CAMPAIGN

Remember that this is a **five year** campaign and therefore 80% coverage rate for each year is essential. By regular evaluation, health professionals and TPP can work together to improve with each year health education and promotion, drug distribution and monitoring of the side effects of the treatment.

It is recommended that a Puskesmas staff or the Bidan desa lead the evaluation in the village with the kaders, teachers and village leaders. Some suggestions for discussion include:

- Look at the coverage rate of the treatment in the village and discuss why the coverage is high/low and how come?
- What could be improved for next year?
- Were all of the materials, drugs, etc. in the village on time?
- Did people understand about the treatment? The side effects?

In the end of yearly treatment, village midwife or nurse Pustu will handle this form: **TALLY SHEET FOR MASS DRUG ADMINISTRATION OF LF IN ALOR**. This form will be kept in health centre and district health office in order to find out the coverage. To find out total population who not eligible for treatment this year as well as.

It is recommended to take the family treatment card from your village while you fill out this form. You can count number of pregnant women, person outside of village, sick persons, and people with side effect and also will write the total in the box.

Ibu Hamil
III IIII IIII II
17

Remember, the village midwife or nurse Pustu will fill out this sheet for all location at village.

Notes