Practical Approaches to Implementing WHO Guidance for Neglected Tropical Disease (NTD) Programs in the Context of COVID-19:

Mass Drug Administration (MDA)

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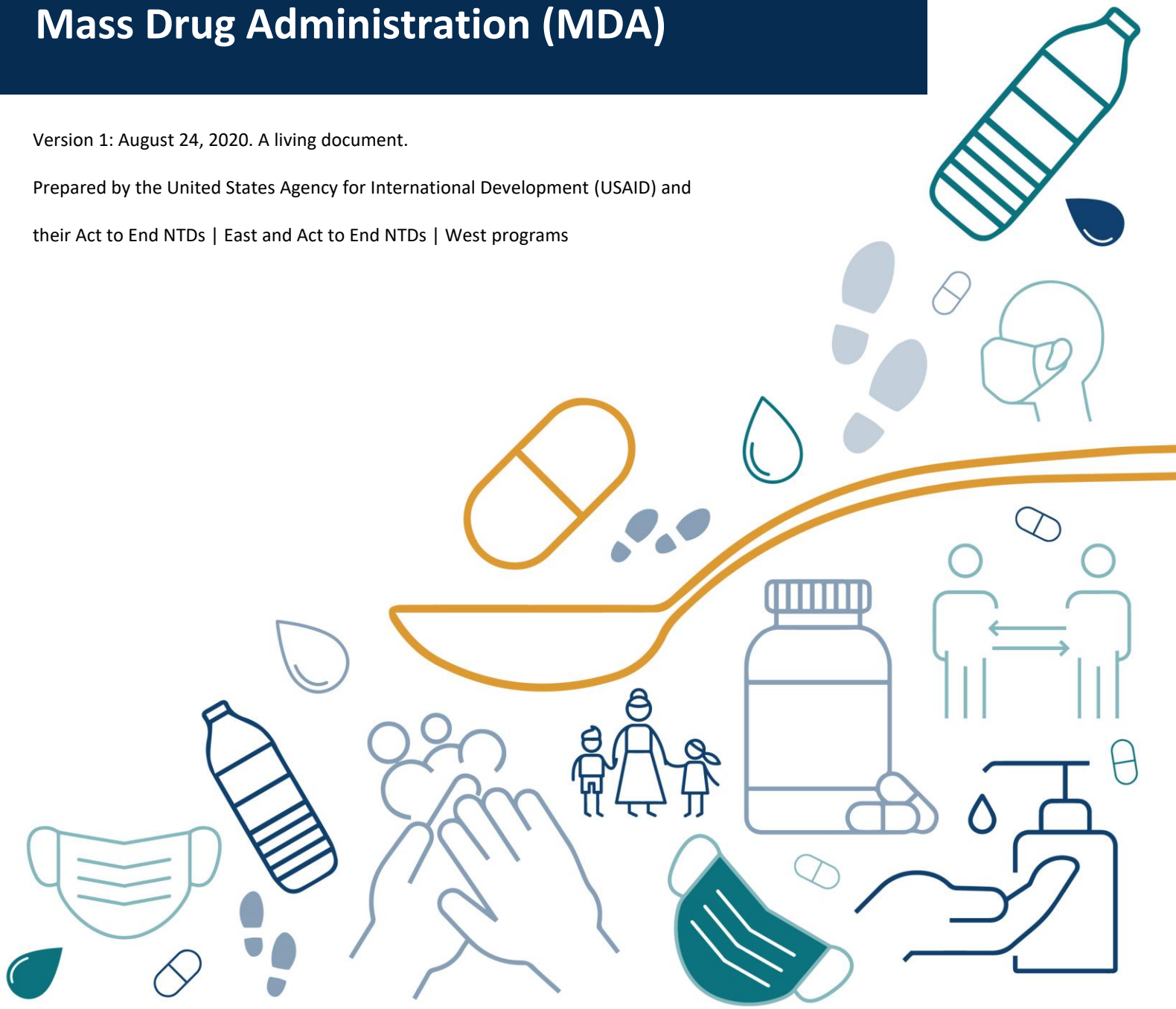
Prepared by the United States Agency for International Development (USAID) and their Act to End NTDs | East and Act to End NTDs | West programs



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If you have any feedback on this guidance document or recommendations for future versions, please email acteast@rti.org.

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List of abbreviations

ASCEND	Accelerating Sustainable Control and Elimination of NTDs, East and West
CDD	Community Drug Distributor
COVID-19	Coronavirus disease 2019 (SARS-CoV-2)
MDA	Mass drug administration
MoH	Ministry of Health
NTD	Neglected tropical disease
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SOP	Standard operating procedure
UN	United Nations
UNHCR	United Nations Refugee Agency
USAID	United States Agency for International Development
USB	Universal serial bus
WHO	World Health Organization

RATIONALE AND BACKGROUND

Mass drug administration (MDA) involves administering medicines to community members for treatment of neglected tropical diseases (NTDs), including schistosomiasis, lymphatic filariasis, onchocerciasis, trachoma, and soil-transmitted helminths.

NTD programs distribute medicines to eligible populations using several delivery platforms. Primarily, the methods are:

- School-based distribution, typically targeting school-age children.
- Community-based distribution. This can be either door-to-door or household distribution; or can take place centrally within the community (e.g., community center, place of worship, market, or home of a community leader or medicine distributor); or can be a combination of the two.

During this unprecedented time of COVID-19, and as programs are restarting field activities, adjustments are needed to ensure implementation is safe for health care workers and communities. WHO published interim guidance on July 27, 2020[1] that aids health authorities, NTD program managers, and supporting partners on deciding when to re-start activities and which precautionary measures that should be put in place.

This resource document complements the WHO guidance. Firstly, it reiterates guidance on precautionary measures to consider when planning for re-start; secondly, it provides ideas and practical examples on operationalizing the guidance so that it can be applied to field activities. **It is designed as a resource for national NTD programs as they develop their own country-specific SoPs and should be adapted to country-specific contexts and environments.**

The guidance and examples contained in this document were led by in-country staff and are based on lessons learnt from experience with Ministry of Health-led NTD programs supported by Act to End NTDs | East and Act to End NTDs | West and build on materials developed by other partners including Ministries of Health, the Task Force for Global Health (TFGH) and ASCEND.

1. COORDINATION

Effective coordination with other programs and sectors, including COVID-19 Taskforces or their equivalent, will be very important to ensure coordinated messaging and responses.

1.1 COORDINATION WITH COVID-19 RESPONSE TEAMS

- Liaise with relevant COVID-19 task forces at all levels of program implementation.
- Advocate for provision of guidelines, protocols, and resources for safe implementation of health care services that include NTDs.
- Tap into resources that might be of help during MDA implementation, such as provision of handwashing facilities, masks, human resources for monitoring implementation, and SOPs.

[1] WHO. Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of COVID-19 pandemic. Interim Guidance. 27 July 2020

- Look for opportunities to promote COVID-19 testing at the local level. Can also coordinate with mobile COVID-19 labs to attend MDA activities.

1.2 COORDINATION WITHIN MOH

- Liaise with the relevant health authorities to make provision for suspected COVID-19 cases detected during the planned NTD activity.
- Review recent experiences of working in the community with other public health programs e.g. malaria and immunizations. What went well? What difficulties did they encounter?
- Consider integrating district-level NTD program COVID-19 messaging (e.g., regular hand washing) with the messaging of similar programs.
- Leverage existing committees such as NGDO coalitions and NTD Steering Committees meetings to develop and adapt protocols, share experiences of implementation, and to mobilize and train staff.
- Use NTD annual review meetings at the national, district and sub district levels as well as other platforms managed by the Ministry of Health and Primary Health Care, to share experience and best practices.
- Make use of MoH security guidelines, protocols, and updated information on COVID-19 cases and emerging clusters.

1.3 COORDINATION WITH OTHER PARTNERS AND ACTORS

- Make partners (e.g., nongovernmental organizations, civil society organizations, community and opinion leaders, international health agencies and donors) aware of MDA in community.
- Involve local leaders throughout the process of planning, implementation, and supervision.
- Liaise and build synergy when necessary with the UN Office for the Coordination of Humanitarian Affairs (UN OCHA) and UN High Commissioner for Refugees (UNHCR), humanitarian workers/NGOs and other refugee and humanitarian response agencies to adequately address needs of refugees and internally displaced persons.

2. COMMUNICATION

In this new COVID-19 environment, there will be higher demand for information - on the risk of being infected by COVID-19, on NTDs, and on how programs are being implemented differently to protect service providers and the beneficiaries.

2.1 BEFORE AND DURING MDA

- Understanding the community before going in to do activities is important. As always, trusted local leaders should be included in planning several weeks before surveys are to begin.
- Coordinate with local health staff and community health workers to convey messages on COVID-19 in line with local/ national policies and regulations (e.g. on public health and social measures, actions to take for suspected cases, and contact with cases).
- Emphasize the heightened chance of rumors and misinformation during COVID-19. Communicate with authorities as to how these should be addressed.
- Ensure survey team has approval by local authorities and preferably include them in implementation.

2.2 BEFORE AND DURING MDA: COMMUNICATION WITH THE COMMUNITY

Communication and messaging on MDA, including where and when MDA will be held, eligibility criteria, side effects, contact persons, etc. will still need to be done. Additional information on changes due to COVID-19 will need to be incorporated in the messaging. Channels of communication will need to be reviewed to suit the current situation and to build trust with the message recipients.

- Understanding the community before going in to do activities is important. As always, include trusted local leaders in planning activities and seek to avoid other major community events.

New communication messages

- It is safe to receive and take medicines for NTDs during MDA because safety measures have been put in place.

- Community members over 60 years old and with pre-existing health conditions including diabetes, high blood pressure, cancer, heart diseases, and respiratory infections are most at risk of having severe forms of COVID-19. Extra precautions should be taken to reduce their exposure to potentially infected persons.
- Persons with a higher risk of transmitting COVID-19 infection should not participate in MDA. This includes persons with COVID-19 symptoms, persons living in same house as known COVID-19 cases, persons who have arrived in the last 14 days from areas with known higher COVID-19 infection rates.
- Messages explaining how MDA will be different this year and will vary based on planned activities, distribution strategy and locations. Examples include:
    - Information on how to queue in a line and maintain social distancing (two meters between each person).
    - The need for households to provide water for drug distributors to wash hands.
    - Medicines will be given outside houses.
    - Assurance that all drug distributors will be wearing face masks.
    - The need for household members to always stand at least 2 meters apart from the MDA team.
    - Requests for recipients to bring their own drinking cup and possibly also drinking water.
    - To wear masks - depending on guidance provided by local / national authorities.
    - Measures being taken to ensure safe dispensing of medicines.
- Emphasis that preventative measures should be applied during MDA and other events to prevent spread of COVID-19 in the community.
- Any information obtained on suspected and/or new COVID-19 cases in the community where MDA is taking place should be communicated per advice of the COVID-19 task force in the area/district. Decisions will be made on whether to continue or stop MDA during NTD program contact with communities.

Means of communication

Radio, TV and use of town announcers, megaphones remain safe modes of communication. Face-to-face communication with households and large gatherings should be reduced or avoided.

When communicating in person with community leaders and schoolteachers, wear masks and maintain the 2m social distance.

2.3 AFTER MDA: COMMUNICATION WITH THE COMMUNITY

- Hold feedback session with community leaders – keep group numbers small, maintain safe distancing of 2 meters apart, meet outside where possible, and follow local guidance on mask wearing.
- Hand washing facilities and/or sanitizers should be readily available at the venue of every meeting.
- Listen to community leaders' and community members' comments and opinions on MDA, commend them for their active participation, discuss the coverage and how gaps need to be addressed.
- Stress the need for continual adherence to prevention methods against COVID-19.
- Discuss and agree on follow-up actions.

2.4 ADDRESSING RUMORS AND MISINFORMATION

Misinformation on the pandemic can be problematic. Rumors could harm the MDA if not addressed. A system should be put in place to identify and manage rumor and misinformation before, during, and after completion of MDA round.

- Report any rumors related to COVID-19 during drug distribution to appropriate authorities in the community, including the COVID-19 taskforce, local MOH authorities, and NTD program manager.
- Engage with a staff member at state/district level to conduct news media monitoring (including social media if relevant), analyze any circulating rumors or misinformation, and quickly disseminate messages to address them. Listen to the community to better understand rumors and empower the community to make informed choices.
- Use a source or persons trusted in the community to dispel rumors.

3. TRAINING

MDA distribution teams will continue to need standard NTD-related training. This section addresses additional precautions to be taught.

3.1 VIRTUAL TRAINING

The preferred method of trainings during the pandemic is virtual– especially when trainers live in different parts of the country. Live web-based training can be used where internet connection is good. Other options include recorded trainings and FAQ which can be distributed via CDs, USBs, and mobile applications for those who have access to a smart phone with internet connection. Virtual training has not been the norm and some experimentation will be needed to find methods that work.

3.2 IN-PERSON TRAINING VENUES

Additional Equipment List

Any in-person training events will require the following extra equipment to prevent the spread of the COVID-19:

- Masks for all participants and trainers
- Disinfectant for wiping surfaces (use sodium hypochlorite at 0.1%/ 1000ppm)
- Handwashing water and soap or hand sanitizer (60-80% alcohol)
- Disposable paper towels
- Dust bin
- Checklist for COVID-19 symptoms (see Exhibit 1)

Conducting Training:

- The head trainer or a supervisor should screen (see Exhibit 1) the trainers and trainees upon arrival to the training, for every day of training. Should someone have symptoms or exposure to risk, they should not participate in the drug delivery.
- Consider excluding from training, and subsequent MDA distribution, any persons who are at increased risk of COVID-19 including those over 60 years and those with pre-existing medical conditions.
- Avoid (or minimize) delays between training and field implementation. Activities should start shortly after the training (preferably within a day) to avoid additional travel to and from the field which provides additional opportunity for COVID-19 transmission. Therefore, have ready all materials (e.g. drugs, pamphlets, Job Aides), cloth masks and personal protective equipment (PPE) before commencing training.
- Trainers and trainees should always wear masks and practice social distancing.
- The space must be able to accommodate everyone with 2m in between, outdoors is preferred. If indoors, ensure it is well ventilated.
- Handwashing stations should be made available at every training. Trainers should explain to all trainees how to wash hands appropriately and all attendees should wash their hands upon arrival and wherever appropriate during the training (i.e., when touching a contaminated surface, when returning to the training venue from another location).

- Eating should be avoided in the training room if possible.
- At the end of each day, equipment should be disinfected.

Exhibit 1. WHO guidance on COVID-19 screening of attendees[2]

1	Symptoms suggestive of COVID-19: • Fever (if not measurable, consider self-check) • Visibly apparent symptoms such as cough, shortness of breath, nasal congestion, and red eyes
2	Exposure to risk: • Contacts of COVID-19 cases and of people with symptoms suggestive of COVID-19 (e.g., those living in their same household) • In the case of activities implemented in areas without known/suspected community transmission, also people coming from countries or areas with known/suspected community transmission of COVID-19 less than 14 days before may be added
3	If screening is positive: • Exclude the individual from the NTD activity • Offer a medical mask • Advise to follow relevant national guidance on COVID-19 • Consider identifying an isolation space or room at the activity site for people screening positive who cannot leave the site immediately

[2] WHO. Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of COVID-19 pandemic. Interim Guidance. 27 July 2020

Additional COVID-19 curriculum

- NTD health workers should be trained in the common signs and symptoms of the COVID-19 virus and receive information on their local referral system in case they come across a likely case in the community.
- Drug distributors should be trained on COVID-19 infection control during the usual pre-MDA training. In addition to covering all normal aspects of the NTD(s) being targeted in specific areas, training should also include content on how distributors can protect themselves and their community against the COVID-19 virus.
    - Specific instructions should be given on how to wash or sanitize hands, wear a mask, practice social distancing, report cases, and communicate to communities and households.
    - Participants should also be given the opportunity to practice these during training e.g. by role playing.

See Appendix A for training checklist.

4. DRUG DISTRIBUTION—PLANNING AND IMPLEMENTATION

4.1 HEALTH WORKER AND DRUG DISTRIBUTOR PRECAUTIONS

- During planning, the number of persons in a team and the number of households to be covered in a day should be reevaluated to take into consideration these new measures which could be more time consuming.
- All drug distributors should have been trained on MDA, infection control measures specific to conducting MDAs, and COVID related topics.
- If any staff or drug distributor feels unwell at any time during MDA, or is in close contact with a COVID-19 case, they should inform their supervisor, stop work immediately, and follow local guidance for persons with symptoms (see Exhibit 1).
- Masks should be worn over the nose and mouth by distributors all the time. If masks must be removed temporarily to speak clearly, 2m social distance should be strictly maintained. Field experience suggests planning on two masks per distributor.
- Drug distributors who work in groups should keep groups small and remain with the same group throughout the MDA exercise to reduce exposure.
- Drug distributors should avoid eating or drinking at the homes they visit.
- Drug distributors should carry their own hand sanitizer and clean hands in between every household seen. Field experience suggests planning on one bottle of 300 ml of hydroalcoholic gel per distributor per week.
- Drug distributors should dispense medicines outdoor and not inside to allow for maximum ventilation.
- Distributors handling materials such as dosing poles should wash or otherwise disinfect them regularly.
- Distributors should maintain regular contact with their field base, understand cultural issues, and be alert to political situations.
- Program staff (e.g., drug distributors, program volunteers, MOH personnel) should maintain regular contact with their supervisor, including communicating progress toward achieving MDA targets, relating what is working well, and explaining challenges in operating amid the pandemic, so that the team can adapt as needed in real time.
- Program staff should pay attention to information about new COVID-19 outbreaks in the community and make timely and informed decisions as required, following local guidance.

4.2 HOUSEHOLD-BASED MDA

Household MDA (i.e. door-to-door) is currently preferred to fixed point MDA as social distancing can be managed more easily (also refer to Exhibit 2).

Minimum additional materials:

- Handwashing water provided by household (where this is not feasible, carry hand sanitizer (60-80% alcohol))
- Soap
- Drinking water for taking medicines and drinking cups (both preferably provided by household)
- Clean plate/bowl/paper provided by household (for placing medication)
- Dose poles (these can be marked and used to measure distances, too)
- Chalk (for marking heights from dose pole)
- Disposable syrup cups for children when applicable
- Masks
- Checklist for COVID-19 signs and symptoms

4.2.1 STANDARD PROTOCOL AT THE START OF THE ACTIVITY

- Conduct distribution outside of each home as risk of COVID-19 transmission is much greater indoors.
- The drug distributor, upon arrival at a home, should introduce him/herself outside the door at a 2-meter distance, and explain the purpose of the visit. In addition to routine messages given on NTDs, s(he) should:
  - Note that the drug distributor and household members will remain 2 meters apart at all times
  - Screen for COVID-19 cases (see Exhibit 1)
- Young children should be supervised by other household members during the survey to avoid being too close to the survey team and to stop them following the team to next HH.
  - One person on the team should be responsible for ensuring crowds are not gathering as the team moves from house to house

4.2.2 TREATMENT OF ADULTS AND CHILDREN ABLE TO SWALLOW TABLETS

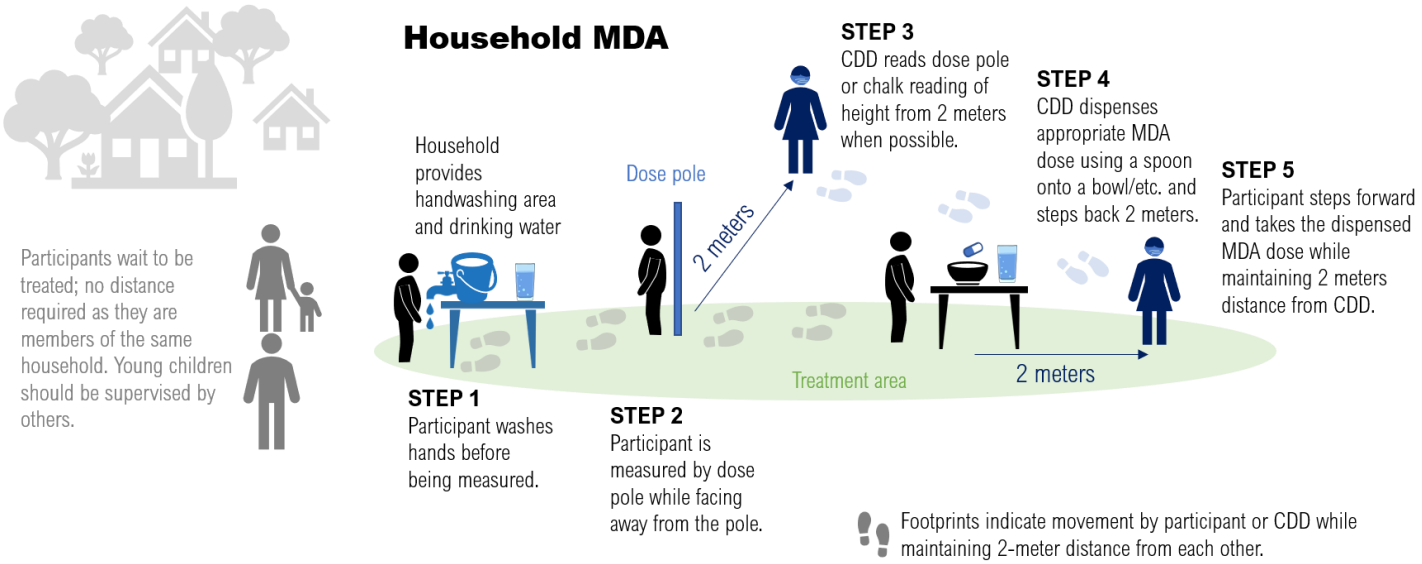
- The medicine distributor should call household (HH) members one by one to avoid crowding around the treatment area.
- The distributor should request that everybody in the household wash their hands with clean water and soap and remain wherever they are, ensuring the 2m distance between them and the distributor. The drug distributors should also wash their hands. Where water is in short supply, hand sanitizer can be used instead.
- If height measurements are taken with dose poles, these should be carried out with the household member facing away from the distributor, who can hold the pole while facing the back of the household member, deduce dosage, then step back to 2-meter distance. Alternatively, dose poles can be propped up e.g. against a table, chair, or wall. Another alternative is to give CDDs chalk to mark the dosage heights on an outdoor wall or tree, using a dose pole as a guide.
- Try to maintain 2 meters of distance when dispensing medication. HH member can provide a clean bowl/plate/ paper and place this on a table or chair between themselves and the drug distributor, then step back 2 meters. The distributor then steps forward and drops the tablets in the bowl/plate/ paper. (S)he then steps back to allow the HH member to step forward and take the pills. Effort should be made by the drug distributor not to touch the tablets or bowl.

- Water to take medicine should be provided by the household.
- Children can be assisted by an adult HH member and should be advised to chew tablets if needed. They should NEVER force a child to take the medicine and should NOT hold the child's head and neck back, nor pinch the child's nose. These can cause choking which can result in death.
- Wash or disinfect dose pole between households.

4.2.3 TREATMENT OF CHILDREN UNABLE TO SWALLOW TABLETS

- The distributor will call out the child by name and request the mother or any other adult familiar with the child to support them as they stand against the dose pole. Household members should not touch the dose pole.
- The HH adult can read out the number on dose pole at the top of the child's head, or the drug distributor can observe it from 2m away.
- The distributor will measure out the syrup and instruct the mother (or other adult) how this is administered, then steps back 2m.
- The mother (or other adult) steps forward and helps the child drink the syrup (without forcing the child, to prevent choking, which can result in death).
- Each child should have his/her own disposable syrup cup.
- Record as usual.

Exhibit 2. Household MDA with COVID-19 precautions



4.3 SCHOOL-BASED MDA

School-based MDA should only be conducted if schools are already open and have established protocols for managing COVID-19 in place (also refer to Exhibit 3).

Minimum additional materials:

- Handwashing water provided by school (where this is not feasible, carry hand sanitizer (60-80% alcohol))
- Soap
- Drinking water for taking medicines and drinking cups (both preferably provided by children/school)
- Clean plate/bowl/paper provided by school (for placing medication)
- Dose poles (these can be marked at 2 meters and used to measure distances, too)
- Chalk (for marking heights)
- Disposable syrup cups for children when applicable
- Masks
- Checklist for COVID-19 symptoms
- Plan, supplies, and containers for handling any disposable items

Process/procedures:

These are written assuming teachers are managing MDAs in classrooms. This limits the risk of infection by limiting exposure with new points of contact.

4.3.1 STANDARD PROTOCOL AT THE START OF THE ACTIVITY

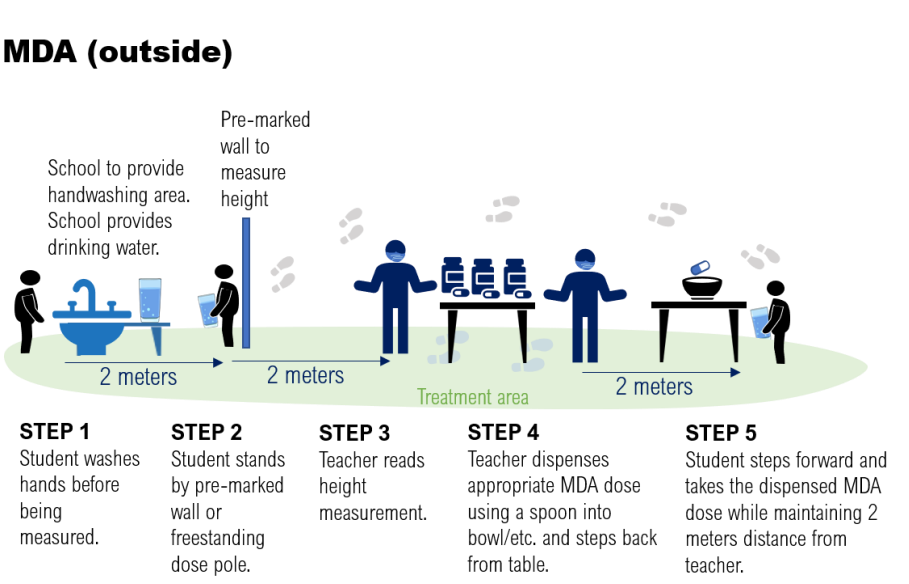
- Drug distribution for each class must be handled separately. Medicine is administered by class teacher (or whichever medical personnel is approved by school administrator if not teacher) and supported by at least one other adult from within school.
- Schools may consider taking classes outdoors in sequence for distribution.
- The teacher should introduce the activity. In addition to routine messages given on NTDs s(he) should explain the COVID-19 safety precautionary measures that should be followed, including:
    - How things will be set up so that social distance is maintained between the children and teachers. See Figure 2 for example of possible set-up.
- Mark the dosage heights on a classroom wall with chalk, using a dose pole as a guide.
- If schools require mask usage, all should have their masks in place.

4.3.2 TREATING CHILDREN

- Before distribution, everyone must wash or sanitize their hands. The teacher should allow pupils to move one by one to the handwashing point after their name has been called out to ensure social distancing. All children must be asked to wash their hands for at least 20 seconds. If this is not possible, use hand sanitizer (60-80% alcohol). (See Exhibit 3 for possible set up).
    - Each student should be called up one by one to avoid crowding at the measurement and medicine tables.
- The child should stand against the pre-drawn chalk marks to determine height, maintaining 2m distance.
- The teacher should administer the medication and record the tablets/MLs taken in the register.
- Try to maintain social distance when dispensing medication. The student can place a clean bowl/plate/ paper on a table or chair between themselves and the teacher, then step back 2 meters. The teacher then steps forward and drops the tablets in the bowl/plate/paper. (S)he then steps back to allow the student to step forward and take the pills. Effort should be made by the teacher not to touch the tablets or bowl.
- For drinking water, the child should be allowed to touch the water dispensing tap only after they have washed their hands with soap. Each child should be encouraged to bring their own container/cup for drinking water provided by the school or brought from home. It may be necessary to have disposable cups as back up.
- If a dose pole is used, wash or disinfect the dose pole between classes.

Exhibit 3. School-based MDA with precautionary COVID-19 measures in place

Ground markings show 2-meter spacing between students (if required by school guidance).



4.4 FIXED/STATIC-POINT COMMUNITY MDA

Fixed- or static-point MDAs require more crowd management than HH MDAs and pose a greater risk of infection. Therefore, feasibility of household MDAs should be considered first.

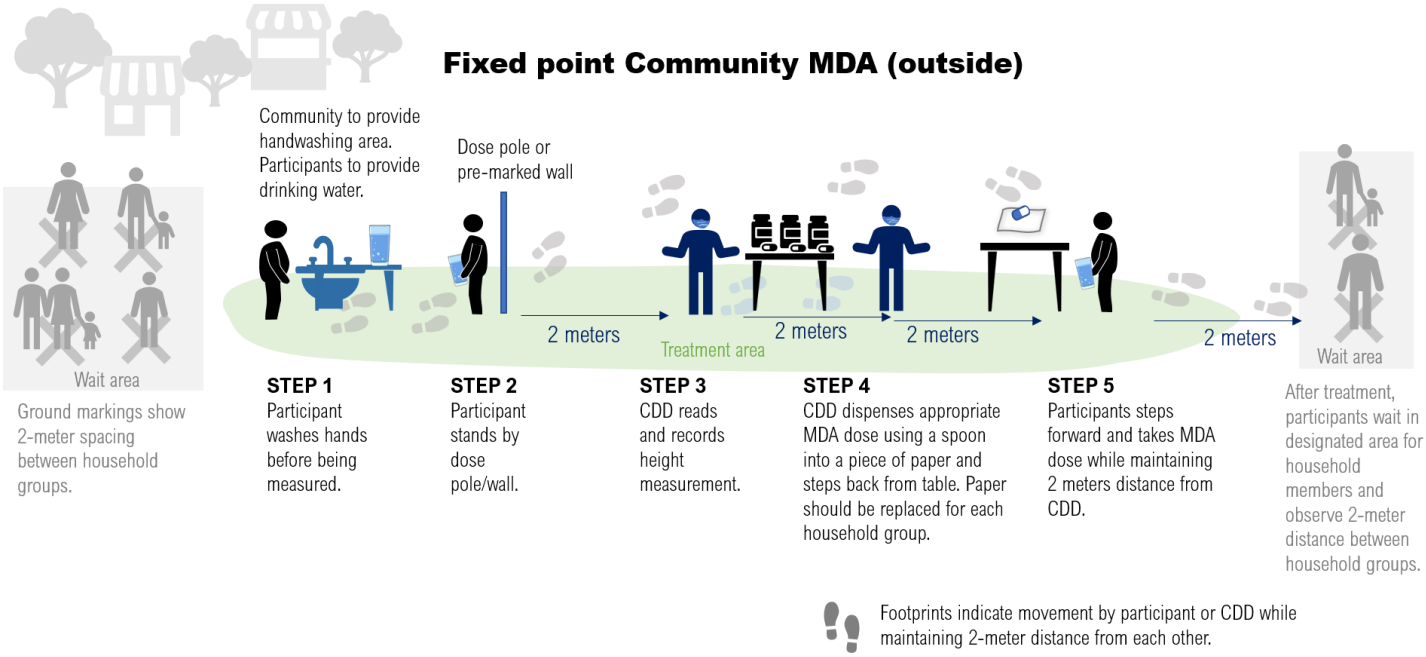
Minimum additional materials:

- Hand sanitizer (60-80% alcohol) or hand washing water and soap
- Disinfectant for wiping surfaces (use sodium hypochlorite at 0.1%/ 1000ppm)
- Drinking water and disposable cups
- Dose poles
- Small clean pieces of paper on which to lay the medicines
- Spoons to distribute medicines
- Disposable syrup cups for children
- Station signs
- Chalk or tape
- Masks
- Dust bins
- Checklist for COVID-19 symptoms

4.4.1 STANDARD PROTOCOL AT THE START OF THE ACTIVITY

- Set up the distribution point with clear marks and signs to include the following (See Exhibit 4 below):
  - Waiting area—may need to be set up in school playground or local administration compound
  - Hand washing or sanitizing station
  - Height measurement and treatment area, with dose pole set up so that it does not need to be held/ touched
    - Treatment observation station with water provided may be separate or included in above
- Ensure that there are masks available for all persons supporting the MDA distribution, and if needed, for the community too.
- Assign each station a station manager whose role it is to call people to come forward, to ensure that the maximum number of people allowed at a station is not exceeded, and to ensure distance is maintained. Each station should have floors marked (using chalk or tape) at 2m intervals (see Exhibit 4).
- Post signs at the entrance to provide information on COVID-19 and on what to expect during drug distribution.

Exhibit 4. MDA at a static or fixed point, with infection-control precautions



4.4.2 ADMINISTERING MEDICATION

- Megaphones should be used to explain to the people the COVID-19 precautionary measures that will be taken.
- Each station will need a station manager whose role it is to call people to come forward, to ensure that the maximum number of people allowed at a station is not exceeded, and to ensure distance is maintained. If there is overcrowding, station manager should designate an overflow area or ask individuals to come back at another time.
- Station managers will call people to come forward. If people are in family groups they can stay together. Station managers will ensure that the maximum number of people allowed at each station is adhered to and that distance between family groups is maintained. If overcrowding occurs, station manager may need to designate overflow area or ask that people come back another time.
- At hand washing station, station manager should ensure everyone washes hands with soap and water for at least 20 seconds or uses hand sanitizer (60-80% alcohol).
- Drug distributor must wash hands or use hand sanitizer between every household group seen.
- At height measurement and treatment station, if height measurements are taken with dose poles, these should be placed so that they do not need to be held or touched. Then, the person stands with back to pole and number of tablets is recorded from distance of 2m.
- Try to maintain 2 meters of distance when dispensing medication.
    - For adults: distributor should have laid out a clean piece of paper on the table that stands between them and HH members. Once dosage is known, the distributor steps forward and drops the tablets on the paper. (S)he then steps back to allow the HH member to step forward and take the pills. Effort should be made by the drug distributor not to touch the tablets and paper should be changed between each HH group.
    - For children: child can be assisted by an adult HH member and should be advised to chew tablets if needed. Assisting adults should NEVER force a child to take the medicine and should NOT hold the child's head and neck back, nor pinch the child's nose. These can cause choking which can result in death.
    - For children: The distributor will measure out the syrup / tablets and instruct the mother (or other adult) how this is administered, then steps back 2m. The mother (or other adult) helps the child drink the medicine (without using force).

- Drinking water should be available to the participants. Participants can be asked to bring their own cups and water. Disposable cups and water can be provided as back up. A dust bin should also be available for disposing of the used cups.
- A plan for disposal of waste should be followed at the end of each day and all items wiped down with disinfectant (use sodium hypochlorite at 0.1%/ 1000ppm).

4.5 INFECTION CONTROL DURING DATA COMPILATION

Using paper forms

- Medicine distributors should sit 2m apart in small groups of less than ten people to support each other in transferring data from the register to the summary forms. All attendees should be wearing masks. They should select a leader amongst themselves who will deliver the data to the supervisor.
- Medicine distributors should ensure they wash their hands with water and soap before and after touching the registers, tally sheets and pens.
- Pens can be disinfected by using the bleach solution (use sodium hypochlorite at 0.1%/ 1000ppm) prepared for disinfecting dose poles by pouring a small amount on a cloth/disposable paper towel and rubbing the outer part of the pen and avoiding the nib. Individuals should use their own pens whenever possible.
- Instead of wetting fingers with mouth to flip pages, a water-soaked cloth should be used.
- Supervisors also need to wash their hands with water and soap before and after they receive the summary sheets from the village, and before and after summarizing the data into the subdistrict forms.
- The same procedure should be followed during data transfer from the sub district to the next levels.

Using electronic data capture

- Hand washing with water and soap should be done before and after touching the data collection tablets.
- Sharing of the tablet should be minimized as much as possible. When tablets are shared, data collectors should wipe with disinfectant before handing it over to the next person.

5. SUPERVISION

5.1 INFECTION CONTROL MEASURES RELATED TO SUPERVISORS

- Supervisors should follow the same infection control measures as drug distributors (see section 4.1 above).
- In-person MDA supervision should be delegated to local supervisors as much as possible. If district or national level supervisors must be brought in, they should not come from areas with higher COVID-19 infection risk and risk control measures should be taken during travel.

5.2 ENSURING COVID-19 SOPS ARE BEING FOLLOWED

- In addition to routine MDA supervision, supervisors should ensure that SoPs related to COVID-19 are being followed. See Appendix B for additional items that can be added to a supervision checklist.
    - **When the supervisor observes something that is not correct, they should provide feedback to the drug distributor immediately so that the issue can be corrected.**
    - They should also summarize issues being addressed as part of regular feedback to their supervisor during MDA, highlighting any high priority concerns for district- and central-level staff.

5.3 VIRTUAL SUPERVISION

- District and national level supervision may be virtual. Virtual supervision methods include:
    - Group chats like WhatsApp can be used during MDA to share observations and advice during MDA among distributors and supervisors.
    - Field-based staff can share photos and videos (of ongoing social mobilization, workshops, training, field, and mass campaigns) taken with phones. Supervisors can check for adherence to correct mask wearing and social distancing.
    - Frequent (e.g. daily) calls to field-based supervisors can be made to check in on coverage, whether SoPs are being followed, and to discuss any issues that arise that day. Supervisors should follow up as needed.

6. DOCUMENTING, LEARNING, AND ADAPTING

As the whole world looks to adapt MDAs to the new COVID-19 environment, the rapid sharing of key lessons learnt and recommendations should be prioritized.

In addition to the immediate sharing of information that allows real-time changes to be made DURING MDA (see supervision section above), it will be helpful to document and share more widely lessons learnt. There are a few ways that this can be done:

- **Post-MDA review meetings**.
    - These are usually held after MDAs and should be adapted to include capturing COVID-19 related learning. What worked well? What new challenges arose? How were these managed? How did costs differ compared to pre-COVID operations? Notes taken during the meeting should be included in post-MDA reports and made available for future learning and adapting exercises.
    - These may be held virtually. If in person, the same infection control measures outlined under training section above should be followed.
- **Supervisor reports**.
    - Supervisors should submit a short end-of-MDA report that includes observations and lessons learnt on operating under COVID-19, including during meetings with leaders, planning, training, MDA, and post MDA activities. Observations can include documenting the changes made as well as any challenges faced, solutions found, and recommendations made. See the bottom of Appendix B below for an example form that can be used or modified.
    - Completed forms can be summarized and synthesized at district and again at regional/ national level with key learnings and recommendations for planning and future activities shared in post MDA review and other meetings and saved for future access.

- **Program-level synthesis and sharing of learning.** National programs will want to synthesize, document, and share lessons learned. Some examples are:
    - Quick sharing of photos and stories (e.g. via Twitter, Instagram, on websites, and in blogs) from the field that illustrate adaptations being made.
    - Post MDA reports that include a section on learning from COVID. Under this section material documented in supervisors' reports, post MDA review meetings, and from other sources can be brought together and summarized.

- Reports at district and / or national level should include recommendations for future SoPs, training, planning, etc.
- Materials from reports can be further shared in review and other meetings, group chats, blogs, tweets, publications, etc.

If you have any feedback on this document or recommendations for future versions, please email acteast@rti.org.

APPENDIX A. CHECKLIST TO USE DURING TRAINING

MDA Training Checklists during COVID-19		If yes, tick box.	Comments
Pre-training checklist			
1	Is the venue large enough to accommodate the intended number of participants with 2m between?		
2	Are seats, benches, or desks arranged 2m apart?		
3	Is the venue well ventilated? Are windows and doors functioning well and are open?		
4	Is the venue marked to limit access of unauthorized personnel?		
5	Is the venue cleaned and disinfected with standard cleaning and disinfectants before participants arrive?		
6	Is shared bathroom cleaned and disinfected at the beginning of the day and again at midday?		
7	Is there a washing area set up and equipped with adequate supply of water and soap at the beginning of the training?		
8	Is there a focal person assigned to monitor all hygiene and sanitation supplies and activities during the event?		
9	Is adequate alcohol-based sanitizer available in areas where water is scare?		
10	Is every attendee wearing a facemask? Is the mask worn properly (covering nose and chin)?		
11	Is there a focal point assigned to manage screening? Do they have a COVID-19 signs and symptoms checklist available to them (see box 1)?		

12	Is there an area designated for COVID-19 screening upon arrival?		
13	Is adequate alcohol-based sanitizer available in areas where water is scare?		
Post-training checklist			
1	Is the venue cleaned and disinfected with standard cleaning and disinfectants at the end of the day?		
2	Is shared bathroom cleaned and disinfected at the beginning and end of the day?		
3	Were all materials and equipment disinfected after each use?		
4	Did participants wash their hands with soap or use hand sanitizer properly as they went out and returned to the venue for any reason?		
5	Were disposable masks properly disposed of in the waste bin after the training?		
6	Was every participant screened for signs and symptoms of COVID-19 using a checklist and thermometer before entering the venue?		
7	If a participant reported COVID-19 symptoms, were they managed following local guidelines?		

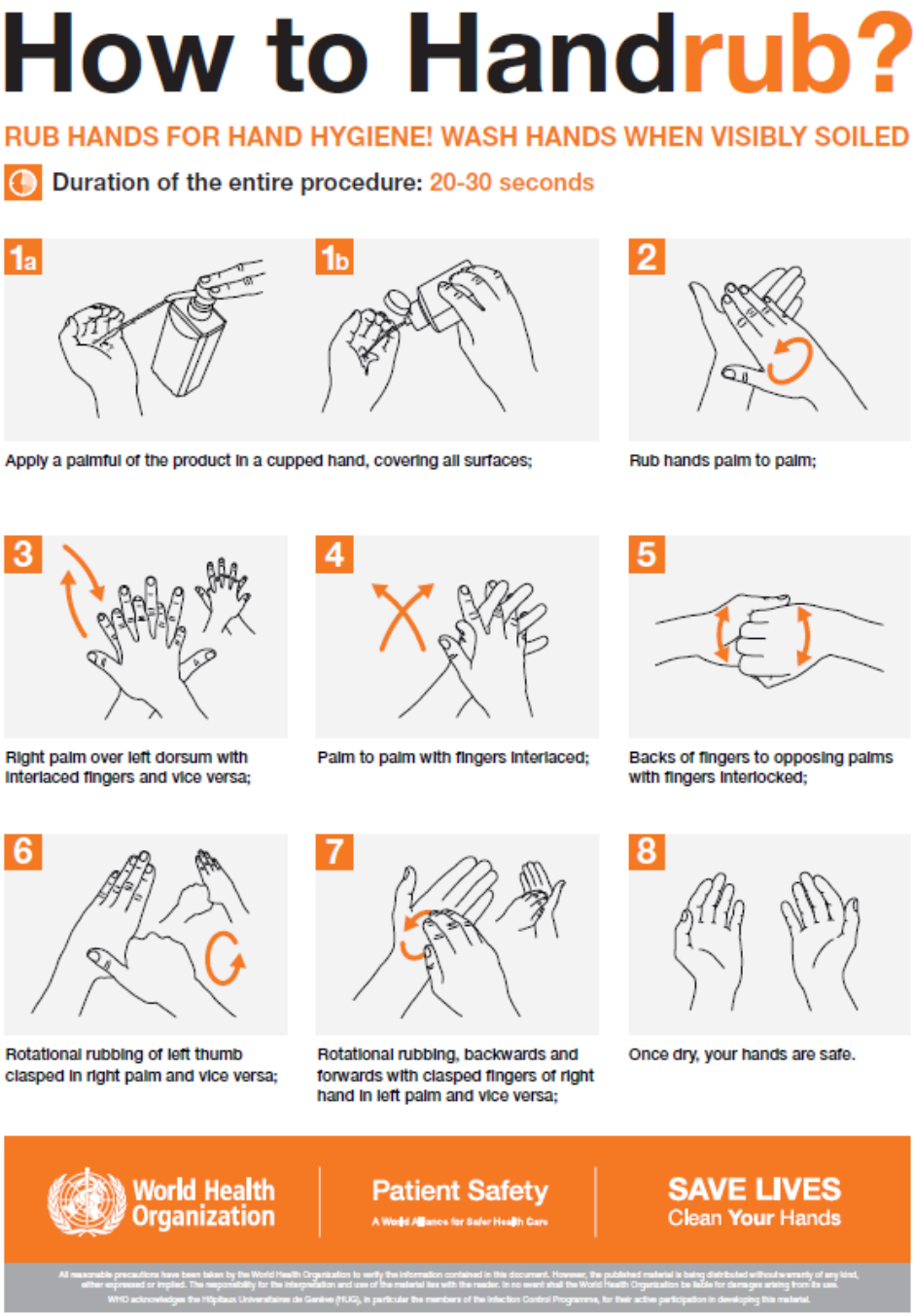
APPENDIX B. CHECKLIST TO USE DURING SUPERVISION

MDA Supervision Checklists for COVID-19		If yes, tick box.	Comments
Pre-MDA CDD check-in			
1	All CDDs had received trained on COVID-19 prevention measures		
2	CDDs were screened for illness and no sick person was allowed to work		
Observation at household			
1	Treatment was done outside		
2	CDDs always wore facemasks		
3	2 meters distance was maintained between HH members and CDDs at all times		
4	CDDs washed hands thoroughly on entry and leaving		
5	CDDs at HH were all of same family or kinship group.		
6	Appropriate communication was given to HH on entry, including Information on COVID-19 safety precautionary measures and how those would be applied during this visit.		
7	A clean and dry plate was provided by the family members for handling tablets		
8	The CDD did not touch the tablets with their hands		

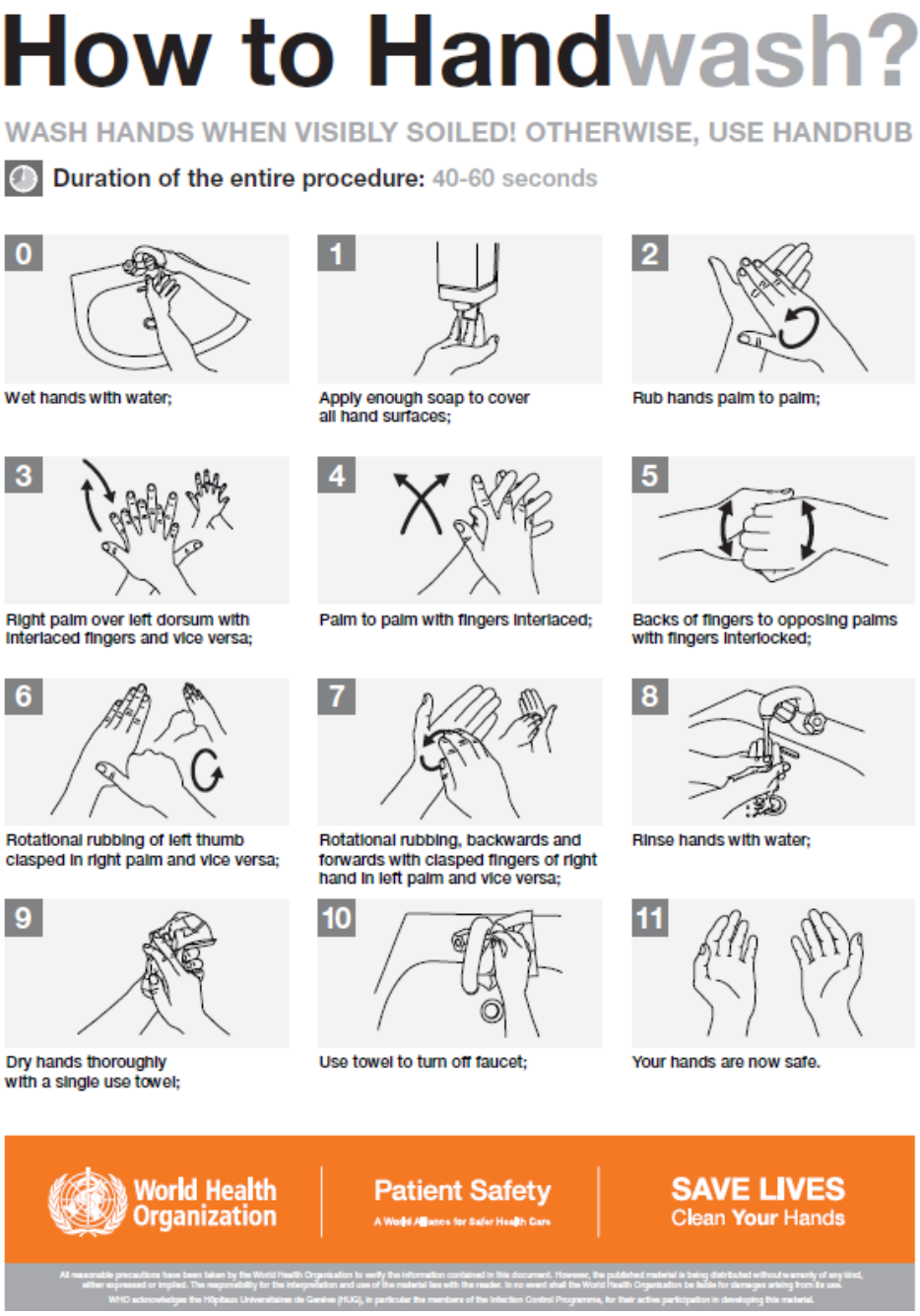
Documentation of Learning	
Time period	Description of relevant learning and adapting
Pre-survey (including planning and training)	
During survey implementation	
Post-survey	
Provide your top 1-2 recommendations for future activities	

APPENDIX C. GUIDE ON HOW TO CLEAN HANDS WITH SANITIZER OR SOAP AND WATER

These examples of hand-cleaning guidance can be replaced with material developed for a specific country.



World Health Organization. 2009. Save Lives, Clean Your Hands Campaign, unpublished.



World Health Organization. 2009. Save Lives, Clean Your Hands Campaign, unpublished.

APPENDIX D. GUIDE ON HOW TO WEAR A MASK

This example of mask-wearing guidance from the World Health Organization (WHO) can be replaced with material developed for a specific country. This infographic image is from WHO (2020), *Coronavirus Disease (COVID-19) Advice for the Public: When and How to Use Masks*. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks