**Mass Drug Administration (MDA)**

 **CDD and Supervisor To-Do List in the context of COVID-19**

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|  1.0 CDDs and supervisors* CDDs and supervisors with pre-existing health conditions or advanced age (>60 years) and therefore at higher risk for complications associated with COVID-19 should be encouraged to not participate in the distribution of treatments.

1.2 At start of each distribution day (CDDs)* Stay at home if you have had contact with someone infected with COVID-19.
* Do not leave home or visit public areas if you are feeling sick with fever, cough, body aches, sore throat or difficulty breathing. Seek immediate medical care.
* Do not wear the same clothes from previous day without washing – keep clothing clean
* Wash hands with soap and water for 30 seconds before leaving home
* Use disinfecting solution to disinfect all laminated Job Aids, pens, spoons, mobile phones, distribution poles, used for treatment administration. Do not permit anyone to touch disinfected materials during the day and do not place on dirty surfaces
* Check expiry dates of drug bottles – do not use if expired
* Bring materials needed for household treatment distribution and infection prevention.
* 2 facial masks (cloth); one to wear and one spare
* Soap or hand sanitizer
* Households will ensure clean drinking water is available during drug administration as well for demonstration of handwashing.
* Bleach solution in spray bottle with paper towels or disinfecting wipes
* Large plastic bag for waste disposal
* Chalk for marking out dosage heights

1.3 CDD Activities and procedures at each Household* Stop all activities in the community if you are feeling sick with fever, cough, body aches, sore throat or difficulty breathing
* Put on face mask before the first household and leave on for the entire day.
* At each household demonstrate handwashing with soap and water for 30 seconds
* Avoid touching mouth, nose, eyes and face with hands.
* Greet household members and invite eligible participants (depending on drug package), including caregivers and children to an area with good Ventilation (outdoors). Limit to 10 household members at a time.
* Inform individuals and caregivers about any self-limiting side effects of taking the treatment
* Emphasize the need for people to eat before taking medicines to avoid nausea or other temporary side effects
* Practice safe distance of 1 metre with household members at all times.
* Determine what Head of Household and caregivers know about COVID-19 and explain why you are wearing a mask and why physical distance of 1 metres must be maintained.
* Explain to Head of Household that your materials have been disinfected and the importance of washing your hands (Ask for water to demonstrate handwashing at this level).
* Explain what MDA is, why it is important, and how it will be administered safely.
* At a distance of 1 metre, ASK the Head of Household:
* Have any household members or close contacts had fever, chills, cough, body aches, sore throat or difficulty breathing in the past 14 days?
* Have any household members been exposed to anyone with high fever, chills, cough, body aches, sore throat or difficulty breathing in the past 14 days?
* Have any household members travelled outside the community in the past 14 days?
* Any YES response:
* Refer anyone with fever immediately to the health facility for testing and evaluation of COVID-19.
* Do NOT give MDA to anyone with fever.
* Refer anyone who are very sick or have danger signs to the health facility
* Refer anyone with cough or difficulty breathing to the health facility for evaluation of COVID-19.
* Report possible cases of COVID-19 according to local guidelines.
* Complete Referral Form and explain reason for referral.
* Disinfect materials after 5 households visited, or touched by anyone or accidentally placed on any surface.

 1.3,1 Treatment of eligible population * Gather disinfected bottles and dosing poles (if applicable):
* Ask head of household or caregiver to bring a clean cup with small amount of clean drinking water to assist with swallowing tablets
* Using a dose pole or dose tape, mark the dosage heights on an outdoor wall with chalk.
* At a distance of 1 metre, ask each eligible participant to stand next to chalk marking to calculate dose.
* Measure out dosage using a clean drug bottle cover (tablets) and place it in his clean hand
* At a distance of 1 metre, place tablet(s) in a clean hand for the eligible participant to swallow.
* CDD must perform Direct Observed treatment at all times
* Ensure child is awake and sitting upright.
* Give medicine slowly.
* Do not force child to swallow medicine.
* Do not hold child’s head and neck back or pinch nose.
* Ensure child drinks ALL the medicine (if applicable).
* Instruct the caregiver or participant to clean cup used or dispose of used cup in plastic bag (if applicable)
* Record treatment in community register or treatment tally sheet by age and sex. Indicate reasons for non-treatment including any suspected cases of COVID-19
* Report any drug stock outs and remaining stock to supervisor

1.4 Health messages about prevention of NTDs and COVID-19 * Give individuals and caregivers messages on the prevention of targeted NTDs
* Treatment prevents the targeted NTD in children and/or adults
* All eligible individuals in the community must be given an annual or bi-annual dose for X number of years to reduce transmission of disease
* Daily hygiene practices (particularly Face and hand Washing can prevent NTDs)
* Routine use of improved latrines can prevent the spread of schistosomiasis, STH, and trachoma
* Give individuals and caregivers messages on the prevention of COVID-19
* Frequently wash your hands with soap and water or alcohol-based hand sanitizer for 30 seconds
* Do not touch your eyes, nose or mouth with unclean hands or hands that have touched unclean surfaces.
* Cover your mouth and nose with the inside of your elbow when sneezing or coughing.
* Avoid physical greetings and contact with others outside the household.
* Do not attend public gatherings or events.
* Avoid spitting in public.
* Distance yourself from people outside the household by 1 meter.
* Stay home as much as possible.
* Wear a face mask or face covering if you are caring for a person with COVID-19.

1.5 Between each distribution day * Use disinfecting solution to disinfect all treatment materials.
* Remove face mask and dispose in sealable bag and place in other larger bio waste plastic bag. If facial mask is reusable, use new mask for following day while used mask is washed.
* Immediately wash hands with soap and water for 30 seconds
* Give large bio waste bag with contaminated mask and other generated waste during MDA to local health facility in-charge for proper disposal.
* Return any unused medicine containers and give completed Tally Sheet to supervisor. Supervisor to send confirmatory electronic message to sub-district or district supervisor on the number of treatments delivered
* Remove clothing and place in a separate wash basin. Wash clothes with detergent and place in sun to dry
* Report provisional treatment figures to sub-district, District, or Regional NTD supervisors using an appropriate electronic data platform.

2.0 National and Regional Supervisors2.1 Pre-planning* Disinfect Drug packages transported to and from the field with 10% dilution of ordinary bleach or any available disinfectant at central, regional and district warehouses before being deployed to health facilities (nurses) and communities (CDDs). The same should be done during reverse logistics when drugs return from the field.
* Provide facial masks, soap and/or hand sanitizers to those facilitating end to end transportation, training, and administration of drugs.
* the number CDDs and community supervisors should be increased to shorten the campaign duration (based on agreement with national priorities and funders)

2.2 Trainings* Training materials on MDA delivery reviewed to include COVID-19 prevention strategies.
* National social distancing guidelines for planning meetings and trainings at national, state/county/district level are respected (see 7 and 8 of supporting documents)
* Attendees to the trainings are provided with accurate and up-to date information on the activity, amendments to the activity and control and safety measures in place so that they can make informed decisions based on perceived risk and personal situations.

2.3 Before and During Supervisory visits * If travel restrictions prevent direct observation then, national or regional NTD teams have scheduled check-in calls with district facilitators/trainers and random assessment of trainees via phone/video calls during training.
* National, regional and district health teams to use ODK platform for e-monitoring of campaign to assess safety measures and application of MDA SOPs in the field (health area teams will use paper-based checklists)
* Training contents are made available through hard and soft copies using regular text or WhatsApp messages to facilitate access to information while in the field;

Before, during and after supervisory visits, daily self-checking of COVID symptoms; fever or, if not feasible, symptoms visibly apparent such as cough, shortness of breath, nasal congestion, red eyes. * For supervisors assigned to other parts of the country, out of their area of residence, COVID screening using PCR is done 72 hours before departing from their base
* Wear facial masks during supervisory visits to ensure community volunteers are also using them during distribution.

2.4 Assessing Coverage* Where available, use the Sightsavers MDA monitoring tool or similar approach to facilitate the monitoring of key performance indicators.
* Adapt supervisory coverage tools for in-process monitoring/reporting by field teams during MDA, to monitor household coverage.

2.5 Review/Appraisal Meetings* Restrict after MDA review/meetings to district teams only, with remote support from regional and national NTD supervisors and partners.
* Learnings from the MDA are well documented for adaptation during subsequent campaigns
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