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MINISTRY OF HEALTH-ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION

Standard Operating Procedure for Mass Drug Administration for Neglected Tropical Diseases in the Context of COVID-19

October 2020,
Addis Ababa,
Ethiopia

Contents

Acronyms	0
Acknowledgment	1
Foreword.....	2
1 Introduction	3
2 Objective of the SOP.....	4
2.1 Specific objectives	4
3 MDA Activities Requiring COVID-19 Adaptation.....	4
3.1 Coordination and management	4
3.2 Logistics management: drugs, supplies and consumables delivery.....	5
3.3 Community engagement in sensitization/mobilization.....	5
3.4 Mass drug administration training	7
3.5 Community level mass drug administration/treatment	8
3.6 Monitoring and supervision.....	12
3.7 Post-MDA review meeting.....	15
3.8 Reporting	15
Supplement 1 - Key Message to Communities.....	16
Supplement 2 - Hand Washing Steps.....	17
Supplement 3 - Hand Sanitization Steps	18

Acronyms

CDD	Community Drug Distributor
COVID-19	Coronavirus Disease - 2019
DHIS	Woreda Health Information System
DOT	Directly Observed Treatment
EPSA	Ethiopian Pharmaceuticals Supply Agency
FDRE	Federal Democratic Republic of Ethiopia
HEW	Health Extension Worker
IMDA	Integrated Mass Drug Administration
IPC	Infection Prevention and Control
IP	Implementing Partner
ITI	International Trachoma Initiative
MDA	Mass Drug Administration
MOH	Ministry of Health
NTD	Neglected Tropical Disease
POS	Powder for Oral Suspension
PZQ	Praziquantel
RAMA	Risk Assessment and Mitigation Action
SMS	Short Message Service
SOP	Standard Operating Procedure
TEO	Tetracycline Eye Ointment
TIS	Trachoma Impact Survey
WHO	World Health Organization

Acknowledgment

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The Ministry also wishes to express its indebtedness to our implementing partners, donors and all stakeholders not only for enriching the guidelines but also for your unprecedented support in combating both neglected tropical diseases (NTDs) and COVID-19 pandemic.

Foreword

Following the government's State of Emergency decree to contain COVID-19 pandemic, most of the regular health services were temporarily halted since March 2020. In addition, the World Health Organization (WHO) on 1 April 2020 advised member states to postpone mass treatment campaigns, active case-finding activities and population-based surveys for NTDs so as to reduce the risk of COVID-19 transmission associated with large-scale community-based health interventions until further notice.

Through time, the Ministry of Health (MOH) identified essential health services and issued a direction to the Regional Health Bureaus, relevant organs of the ministry and other stakeholders to resume providing such services to avoid preventable morbidities and mortalities. However, NTDs control activities were not included under this direction and resumption of interventions were delayed until obtaining better knowledge and acquiring clarification on the risk and mitigation of COVID-19 risks in community based health activities such as mass drug administration (MDA). Consequently, in July 2020, WHO circulated interim guidance titled 'Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of the COVID-19 pandemic'.

In light of the above, the Ministry of Health of the Federal Democratic Republic of Ethiopia (FDRE) developed this standard operating procedure (SOP) to guide safe implementation of MDA activities in the target communities by reducing risk of COVID-19 transmission. To this effect, this guideline provides important actions that should cautiously be taken to decide and organize MDA in the target communities. The guideline will be helpful for decision makers at regional, zone and woreda levels to keep both health personnel and communities safe from the threats of COVID-19 transmission before, during, and after conducting MDA related activities.

Lastly, the Ministry of Health expresses its gratefulness to our donors, implementing partners and all stakeholders for their commitments and continuous support not only in our fight against NTDs but also in mitigating the threats of COVID-19 pandemic.

Hiwot Solomon
Director, Disease Prevention and Control
Ministry of Health – Ethiopia

1 Introduction

Ethiopia, a country with over 100 million population, is one of the highly exposed countries for coronavirus disease 2019 (COVID-19) transmission. Ethiopia is among 13 African countries the World Health Organization (WHO) considers as top priority for COVID-19 preparedness and response. According to the Ethiopian Public Health Institute (EPHI), the epidemiological situation of COVID-19 is alarming in the country, with increasing number of confirmed cases. By the end of October 2020, there were 96,169 confirmed COVID-19 cases and 1,469 deaths recorded in the country.

On the 8th of April 2020 the government of Ethiopia issued a State of Emergency provisions in an effort to limit the further spread of COVID-19 pandemic in the country. Likewise, WHO issued an interim guideline to suspend most of the NTD activities, specially MDA, mass gatherings and trachoma surveys. When the COVID-19 outbreak first reported in Ethiopia, most health facilities suspended all healthcare services in an attempt to halt the further spread of the infection and partly due to panic of the unknown. Later, as the pandemic unfolds and increased knowledge, country governments, the WHO and the MOH continued issuing guidance on safe resumption of some of the regular health service activities with the aim of maintaining essential health service delivery to the community during the COVID-19 epidemic.

Mass Drug Administration (MDA) refers to the treatment of all people living in woredas endemic for Neglected Tropical Diseases (NTDs). In Ethiopia, Trachoma, Onchocerciasis, Lymphatic Filariasis, Soil Transmitted helminths and Schistosomiasis are included as NTDs that require MDA. MDAs are administered to people living in endemic woredas on annual or biannual basis, depending on the type of the disease until the disease is no longer a public health concern or until the disease is eliminated. To date, significant progress has been recorded in reducing burden from the aforementioned diseases and shrinking disease transmission through MDA. MDA is effective when the program is implemented without interruption of the recommended rounds of treatments, with adequate coverage. Hence, despite the challenges posed by the COVID-19 pandemic, MOH is committed to deliver safe MDA by putting all the necessary precautionary measures in place, in a way that ensures both the community and MDA service delivering health personnel are not put at risk of potential exposure to the virus.

The Standard Operating Procedure (SOP) for Mass Drug Administration is prepared to help regional health bureaus, NTD program managers, coordinators, drug distributors and other MDA stakeholders to conduct safe MDA within the context of COVID-19. It is important to note that this SOP is likely to undergo continuous revision as new scientific knowledge and developments on the COVID-19 pandemic continue to unfold.

2 Objective of the SOP

The main objective of this SOP is to ensure standard precautionary measures are followed and implemented routinely by all stakeholders involved in MDAs, in all MDA implementing areas, so that potential exposure to COVID-19 is minimized by both the community and service providers.

2.1 Specific objectives

- a) To provide guidance to reduce the risk of exposure to COVID-19 by all stakeholders (the community, health workers, health administrators, etc.) for a smooth and safe MDA implementation;
- b) To highlight precautionary measures to be abided during MDA activities to prevent potential community transmission of COVID-19;
- c) To support identification of recommended strategies and plan the required human resource, logistics, budget and time to implement a standard COVID-19 precautionary measures during MDA; and
- d) To outline measures to be taken when COVID-19 suspected or confirmed case is identified during MDA.

3 MDA Activities Requiring COVID-19 Adaptation

3.1 Coordination and management

- MOH will facilitate implementation of MDA as part and parcel of the non-COVID-19 essential health services.
- MOH will inform all pertinent Federal, Regional, Zone and Woreda level stakeholders, donors, WHO, International Trachoma Initiative (ITI), and implementing partners (IPs) about the resumption of MDA in the country.
- MOH will lead all communication efforts, both programmatic and administrative to ensure adherence to the National COVID-19 Protocol and government regulations.
- The WHO Risk Assessment and Mitigation Action (RAMA) plan should be conducted, and accordingly mitigation action plan should be developed by each region and woreda prior to conducting MDA.
- Whenever viable, use MDA as an opportunity for public health education, screening and testing for COVID-19 infection across the region, zone or woreda and, thereby, coordinate with local health authorities and COVID-19 Taskforce.
- Regional health bureaus (RHBs) will provide guidance to zone health departments and woreda health offices on how to manage suspected COVID-19 cases detected during the planned MDA activity, in collaboration with woreda based COVID-19 Taskforce.

- Whenever applicable, liaise with and learn from experiences of other actors who conducted health campaigns recently.

3.2 Logistics management: drugs, supplies and consumables delivery

- MDA drugs like Zithromax®, Tetracycline eye ointment (TEO), Praziquantel (PZQ), Ivermectin, Albendazole/Mebendazole will be delivered through the MOH channel via the Ethiopian Pharmaceuticals Supply Agency (EPSA);
- Last mile logistics from Woreda to distribution centers will be managed by IPs, RHBs, and woreda health offices;
- Avoid/minimize physical contact with packages during drug delivery, loading, transportation and unloading;
- Wash hands with soap and clean water or sanitize with hand sanitizer that contains at least 60% alcohol before loading and unloading;
- Using gloves is recommended for loading and unloading;
- Deliver drugs as early as possible and safely store for over 5 days before distribution (NO physical contact with packages and drugs during those days);
- Except the dedicated health worker or health extension worker (HEW) or community drug distributor (CDD), NO one should make physical contact with packed drugs;
- Provide packed adequate integrated MDA (IMDA) registers to woredas conducting MDA;
- Properly clean and disinfect drug packages using 70-90% ethanol (ethyl alcohol) for equipment and sodium hypochlorite at 0.1% (equivalent to 1000 ppm) for surfaces upon arrival at storage facilities and during reverse logistics when drugs return from the field.

3.3 Community engagement in sensitization/mobilization

While the standard MDA preferred practices remain intact during the implementation^{1,2}, the following adaptation interventions in a COVID-19 environment are recommended:

- Community leaders and trusted actors should be included in planning and implementation of the NTD activity, as well as in communicating mitigation plan and decision to the target population;
- Community sensitization must start at least two weeks before the beginning of MDA and should continue until the end of the campaign;

¹ http://www.trachomacoalition.org/sites/default/files/content/resources/files/ICTC_MDAToolkitEN_0.pdf

² <http://www.trachomacoalition.org/sites/default/files/content/resources/files/ICTC%20SupervisionMDA%20English%20Final.pdf>

- RHBs and ZHDs should use regional and local mass media to educate and mobilize the communities and all levels of the political and administrative structures;
- HEWs, health development armies, community volunteers and leaders should make local announcements using megaphones, town criers, or religious congregations at the church and mosque;
- With the COVID-19 pandemic, community mobilization should address the following key messages:
 - It is safe to take and receive medicines for NTDs during MDA because safety measures have been put in place;
 - Inform the benefit of continuing to take NTD treatment during COVID-19 pandemic;
 - Educate and emphasize COVID-19 and NTD prevention strategies - hand hygiene, facial cleanliness and environment improvement practices;
 - Inform the reason for safety and operational procedure of the MDA (door-to-door or limited number of treatments in selected community centers, with COVID-19 precautionary measures);
 - The need for each household to bring and use own drinking water to take NTD medicines;
 - The need to wear face mask or cloth face cover when coming for MDA;
 - The need to wash their hands with soap and water before taking medicines at the individual's house or community drug distribution site;
- Engage local leaders (political, religious and community leaders) to cascade the messages;
- Notify drug distribution site ahead of time (village/got level or preferably house-to-house);
- As much as possible, establish hand washing stations at MDA distribution sites;
- Inform community members to bring drinking water individually (NO sharing of drinking water);
- Community members attending MDA should wear masks (if possible) or should use face covers that cover mouth and nose;
- When taking the medicine(s), ask members of the same household to stand at least 2 meters from the MDA team and any other individual outside the household (avoid physical contacts, shaking hands, etc.);
- Use relevant mass and local media channels and platforms to ensure adequate dissemination of messages and timely response to rumors and fake news both to MDA and COVID-19;
- Train CDDs to convey key messages on COVID-19 prevention in line with national policies and regulations (e.g. public health and social measures, actions to take for suspected cases and their contacts).

3.4 Mass drug administration training

Under normal situations a standardized approach of training is given for regional, zonal and woreda level implementers including drug distributors. Due to the COVID-19 pandemic there will not be training at regional level. However, HEWs and CDDs will receive a refresher training/orientation at cluster level by trained and experienced woreda health office staff and MDA coordinators. The refresher training/orientation should adhere the below standards:

- Limited number of participants should attend a session to prevent COVID-19 transmission;
- Orientation sessions will be organized at outdoors, schools or community centers having adequate space for physical distancing of at least 2 meters between each individual;
- If indoors, ensure adequate physical distancing between participants - at least 1 to 2 meters and with good ventilation;
- The training facility should have adequate hand washing facilities with soap and clean water and with good ventilation;
- Daily monitoring of temperature will be in place for the drug distributing team, supervisors and coordinators using non-contact clinical thermometer (*often called Infrared Thermometer*);
- Participants will be instructed to report or self-report if one has COVID-19 symptoms (fever, cough, shortness of breath, etc.) and any exposure to suspected or confirmed COVID-19 case;
- Trainers and trainees must wear face masks, hand wash with soap and clean water or hand sanitize using at least 60% alcohol-based hand rubs;
- Regular cleaning and disinfection of the venue with special attention to most-attended areas and frequently touched surfaces;
- Individuals should be instructed not to be involved in the planned NTD activity if they experience any symptoms of respiratory infection or disease; instead they are advised to seek medical care at the nearby COVID-19 testing or treatment center, as recommended by the local COVID-19 Taskforce;
- Monitoring and supportive supervision should be conducted by trained MDA supervisors and all supervisors should wear face masks and hand sanitize;
- The training, in addition to the MDA, should cover basic COVID-19 prevention and reporting of suspected cases.

3.5 Community level mass drug administration/treatment

a. Strategy for selection

During COVID-19 pandemic, the normal MDA approaches may pose risk of COVID-19 transmission. Accordingly, the following two main approaches that would enable to maintain directly observed treatment (DOT) are recommended.

- **Approach I: House-to-house community-based MDA:** The drug distributors make a door-to-door visit, register and treat household by household. Experience from TT case-finding will further lay the foundation for this activity. Upon completion of the treatment mark the house with a chalk.
- **Approach II: Modified cluster/booth based MDA:** Treating in community centers such as schools, health facilities and other local institutions central to the targeted community; limited number of households will be summoned to the distribution center every day (at a time 5 to 10 households to ensure physical distancing of 2 meters. Children shall be accompanied by the head of household or guardian who will help the health worker/HEW/CDD in administering the medicine(s).

b. Screening

The following strategies are recommended for all people eligible for the MDA, who will be screened, registered and treated.

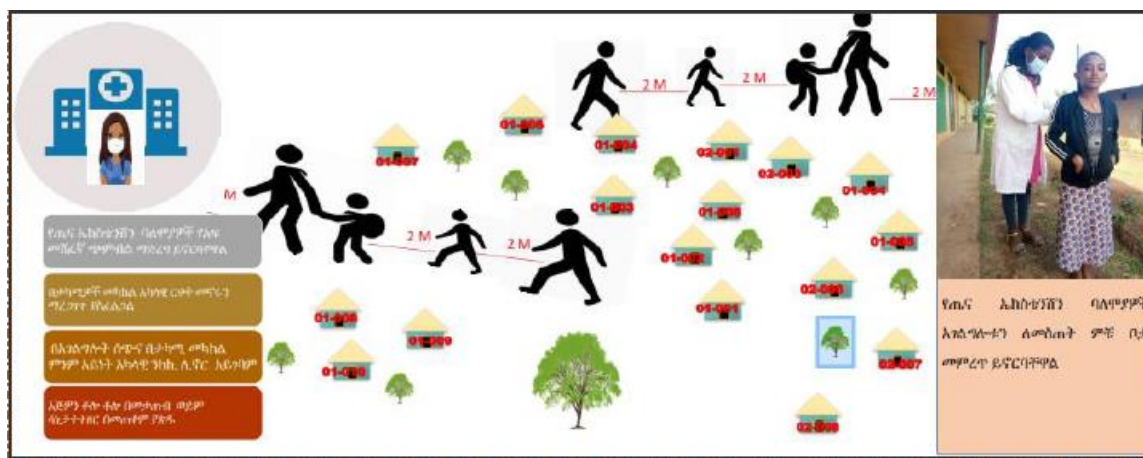
- Prior to participation in the MDA, screen individuals targeted by the activity and companions for:
 - COVID-19 symptoms: e.g. fever or, if not feasible, symptoms visibly apparent such as cough, shortness of breath, nasal congestion, red eyes;
 - Exposure to risk: e.g. contacts to confirmed or suspected COVID-19 case, or has come from areas with community transmission of COVID-19.
- If screening is positive:
 - Refer the individual to the nearby COVID-19 treatment or testing center; consider identifying an isolation space/room at the designated site for people screened positive;
 - Advise him/her that the NTD medicine will be given in a setting where appropriate infection prevention measures can be implemented.
- If possible, register and offer the NTD medicine(s) at a COVID-19 quarantine or treatment center by following all the precautionary measures;
- Alternatively, advice the individual to receive the NTD medicine(s) after two weeks or after recovery from COVID-19 infection;

- Counsel the individual to self-isolate/quarantine, educate on basic infection-prevention measures (hand hygiene, social distancing, respiratory protocol);
- Record the individual's contact address and report all suspected cases as per the national protocol or to the local COVID-19 Taskforce.

c. Registration

The IMDA register will be used for both house-to-house and booth/cluster drug distribution. Following are the recommended approaches:

- Due to COVID-19 adaptation plan, the number of MDA teams in a kebele may increase. Thus, deliver adequate number of IMDA registers;
- Limit the number of MDA team members to the minimum number – strongly advice health workers/HEW to register and treat by their own;
- Minimize/limit personnel that have physical contact with the IMDA Register;
- If there is a justifiable concern to use the IMDA register, use notebooks and copy to a safe IMDA Register later (new or quarantined for a while);
- Assign a strong crowd manager – local administrator or a community volunteer;
- Put signage for queuing up with 2 meters distancing during registration and community drug distribution;
- Register members of the same household at the same time;
- Stress individuals from different households not to mix with each other;
- If possible, hand washing stations should be established at NTD medicines distribution sites.



Pictorial illustration for MDA during COVID-19 pandemic.

e. Height measurement

The height of children and adults should be measured before taking the drugs. Measuring height requires close contact between the drug distribution team and the community members and this increase the risk of COVID-19 transmission. Therefore, for diseases that require a height measurement, the MDA team should implement the following precautionary measures:

- Those individuals who are measuring height should always wear face mask or cloth face cover/face shield, wash hands with soap and water or sanitize hands using hand rub that contains at least 60% alcohol and wear gloves;
- If dose-poles are used to calculate the number of tablets to administer, avoid contact between the person being measured and the pole;
- Dose pole should not be touched by any person other than the assigned individual to measure height;
- Place the dose pole on a flat surface and against a wall or tree to support the dose pole during height measurement. In areas where there is no wall or tree, it is advisable to install wood post temporarily to support the dose pole.
- The individual who is assigned to measure height should be at a distant to read;
- Those individuals who are measuring height should clean touched parts of the dose pole using disinfectant containing 70%-90% alcohol after each measure;
- Use the appropriate Zithromax POS and tab dose pole.

f. Directly observed treatment (DOTs)/drug administration

i) Approach I: House-to-house community based NTD drug distribution

The following precautionary measures should be in place during house-to-house NTD drug distribution:

- Screening for COVID-19, registration and treatment should occur outdoors or in a well-ventilated space;
- MDA team members - drug distributors, supervisors and coordinators involved should wear face masks;
- MDA team members should hand wash with soap and water or hand sanitize with hand sanitizer that contains at least 60% alcohol before and after administering NTD medicines at each household;
- Provide adequate hand sanitizer to each MDA team member to use appropriately and frequently;
- Ensure physical distancing of at least 2 meters between MDA team members and members of the same household when providing NTD medicines;

- Members of the same household should present in open space outside their house one by one during treatment;
- All MDA teams must have waste collection materials to safely collect used cups, empty POS and tablet bottles, gloves, masks, sanitizer, face shields and other wastes generated during an MDA, which SHOULD BE INCINERATED at the nearby health facility as per the MOH/EPHI infection prevention and control (IPC) guidelines;
- MDA teams must have disinfectants to clean equipment and materials used during house-to-house MDA;
- Make sure that each household brings adequate water and cups/bottles for individual use when taking the NTD medicine(s);
- MDA teams should be cautious not to touch tablets; use the cover of the bottles to count tablets and avoid any hand contact;
- MDA teams should be cautious not to touch recipients' hands when dispensing the medication;
- Always hand sanitize after accidental touch with any person or body fluids or object or interactions with the surrounding environment before continuing the next drug administration.

ii) Approach II: Modified cluster/booth based MDA

The following precautionary measures should be in place during modified cluster level and booth based distribution.

With the cluster level distribution, HEWs or health workers will provide NTD treatment at a central point selected in consultation with the communities. For woredas selecting this approach, the below precautionary measures need to be considered.

- Screening, registration and treatment should occur outdoors or in a well-ventilated space;
- MDA team members - drug distributors, supervisors and coordinators involved should wear face masks;
- MDA team members should wash hands with soap and water or hand sanitize with a hand sanitizer that contains at least 60% alcohol before and after administering NTD medicines for each household;
- Provide adequate hand sanitizer to each MDA team member to use appropriately and frequently;
- Ensure physical distancing of at least 2 meters between MDA team members and members of the same household when providing treatment;
- Members of the same household should be served at the same time;
- Individuals from different households shouldn't mix with each other;

- Assign strong crowd manager – local administrator or a volunteer;
- Community members and households should come with individual drinking water (NO sharing of drinking water, bottles or cups);
- HEWs/health workers should use spoons to provide the drug to avoid hand contact.
- For children taking POS, the medication should be provided ONLY with the assistance of a member of the same household;
- Wear gloves only if direct contact is expected with blood or other body fluids including secretions or excretions, mucous membranes or broken skin, as in the case of administering POS for children;
- Gloves should be changed after any interaction in which the distributor touches the skin of another person, in contact with secretion or excreta of a child.
- Dispose used gloves appropriately in a safe plastic bag and incinerate at the nearby health facility;
- Ensure social distancing throughout the distribution; maintaining at least 2-meters (an average of adult’s one stride) distance between any two individuals at all times;
- Community members attending MDA should cover their mouth by wearing face masks (when possible) or cloth face cover;
- All MDA teams must have waste collection materials to safely collect used cups, empty POS and tablet bottles, gloves, masks, sanitizer, face shields and other wastes generated during an MDA, which SHOULD BE INCINERATED at the nearby health facility as per the MOH/EPHI IPC guidelines;
- MDA distribution teams must have disinfectants to clean equipment and materials used during cluster level MDA;
- Minimize the duration of contact between the MDA team and target population and contact for ≥ 15 minutes between any two individuals is strictly NOT allowed.

3.6 Monitoring and supervision

- Integrate COVID-19 prevention activities with the tools available to monitor the implementation of MDA;
- Supervisors at woreda and field level should supervise MDA teams for adherence to COVID-19 mitigation measures, which include:
 - Availability and proper use of face mask, keeping hand hygiene, and glove use;
 - Screening participants for COVID-19 symptoms;
 - Reporting rumors and misconceptions to the next higher level/supervisor;
 - Maintaining physical distancing between participants - both MDA team members and community members;
- Document observations and feedback, and support should be given on the spot to the supervisee/MDA team;

- Supervisors should prevent the need for mopping up schedule by performing daily coverage survey and taking immediate corrective action.

Table 1. COVID-19 Mitigation Measures Supervision Checklist

Ser. No.	Indicator	Yes/No	Comments
I. Woreda level checklist			
1	Is the woreda COVID-19 Taskforce aware of the ongoing MDA?		
2	Is COVID-19 mitigation plan included in the MDA training?		
3	Does the woreda health office gave orientation to kebele leaders on COVID-19 prevention during MDA?		
4	Did the woreda provided sufficient face masks, hand sanitizers, gloves to the MDA teams?		
5	Is there a supervision and monitoring mechanism for COVID-19 mitigation measures?		
II. Field supervisor checklist			
1	Did the supervisor receive training on COVID-19 precautionary measures?		
2	Does the supervisor wore face mask and hand sanitized?		
3	Does the supervisor have COVID-19 activities checklist?		
4	Is the supervisor conducting supervision to service delivery teams?		
5	Is the supervisor providing feedback to the NTD teams?		
6	Does the supervisor monitor the daily report on COVID-19 mitigation measures?		
III. Service delivery team			
1	Did the HDAs receive orientation on the MDA-COVID-19 mitigation measures?		
2	Did the team leader receive training on the COVID-19 prevention measures for MDA activities?		
3	Does each MDA team member has sufficient supply of PPE (face masks, hand sanitizer and gloves)?		
4	Is treatment done outdoor?		
5	Does each MDA team member properly wore face mask?		
6	Does each MDA team member properly practice hand hygiene?		
7	Were NTD medication recipients from the same HH?		
8	Does each MDA team member maintained 2 meters distance from and between HH members at all times?		
9	Does the MDA team screen families for COVID-19 symptoms?		
10	Is height measurement being taken under precautionary measures?		
11	Does the MDA team leader practice precautionary measures while administering NTD medicines?		
12	Does the MDA team do NOT touch the tablets with their hands?		
13	Does the MDA team provide appropriate message to HH on entry, including information on COVID-19 safety precautionary measures and how those would be applied during this visit?		
14	Does the MDA team safely collect and daily incinerated wastes (used cups, empty POS and tablet bottles, gloves, masks, sanitizer, face shields, etc.) produced during the MDA activities?		
15	Does the MDA team practice daily self-check and report for COVID-19 infection?		

3.7 Post-MDA review meeting

- Conduct cluster level review by involving MDA team leaders, kebele leaders and supervisors;
- Conduct Woreda level review meeting with field supervisors, coordinators and woreda level supervisors;
- Carryout per diem payment at outdoors to MDA teams;
- Payments will be conducted by adhering to the National COVID-19 prevention measures:
 - Wearing face masks properly covering mouth and nose;
 - Keeping hand hygiene by availing handwashing station when possible or use hand sanitizers;
 - Cashiers should sanitize hands immediately after making payment to each individual;
 - Consider designated places or floor marking to ensure physical distancing of at least 2 meters between each individual.

3.8 Reporting

- All activities related to data collection and reporting will be managed electronically (SMS, email or DHIS-2 for NTD treatment data);
- HEWs must maintain hand hygiene when handling MDA registers and preparing and completing the summary report.
- Quarantine all IMDA registers at the health facility upon the completion of the MDA.

Supplement 1 - Key Message to Communities

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እንደ COVID-19 ያለ የመተንፈሻ አካል በሽታን ስርጭትን ለማቆም ያግዙ።



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How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands


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May 2009

Supplement 3 – Hand Sanitization Steps

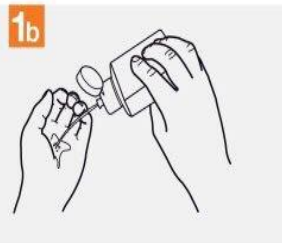
HOW TO HANDRUB?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

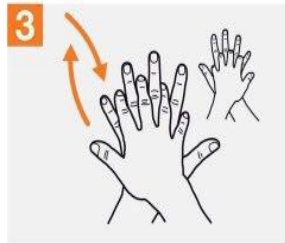
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.