

Monitoring and Evaluation of COVID-19 mitigation Standard Operating Procedures (SOPs) – DRAFT

Following WHO's interim guidance, Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of the COVID-19 pandemic (July 2020), and the use of Risk Assessment and Mitigation Action (RAMA) tools, national neglected tropical disease (NTD) programmes have developed standard operating procedures (SOPs) to mitigate the risk of spreading COVID-19 and to actively disseminate COVID-19 prevention messaging during the resumption of NTD activities.

NGDO partners play an integral role in ensuring technical and quality standards for NTD activities are being met, including implementation of SOPs in the context of COVID-19. While ongoing travel constraints may limit direct involvement in the monitoring and evaluation (M&E) of in-country activities, it is important to ensure that: 1) SOPs are implemented according to the timeframes proposed, 2) quality of NTD service delivery is not adversely affected, and 3) there is no change in transmission scenario – from lower to higher transmission associated with the resumption of NTD activities.

It is imperative that when and if issues are identified that national programme managers are notified immediately to resolve any deficiencies. Failure to do so casts doubt on the ability of the national NTD programme to resume activities in a safe manner.

The following actions are recommended to support the M&E of COVID-19 mitigation measures in order to answer the following questions:

- 1) To what extent were the key COVID-19 prevention measures (social distancing, mask wearing, handwashing, house to house delivery, etc.) followed by [health workers] during [NTD Activity]?
- 2) What, if any, were the key changes/deviations from the recommended SOPs?
- 3) What were the barriers or challenges in implementing the revised SOPs?
- 4) Did revised SOPs affect the quality of [NTD Activity]? In what way? For MDA evaluate coverage compared to previous rounds.
- 5) If there were COVID-19 cases in the community or amongst [health workers] during the NTD activity, how useful were the revised SOPs in identifying signs and symptoms?
- 6) Were there any changes in the transmission category for COVID-19 in the targeted area following [NTD activity]? If so, what factors contributed to the change?

Monitor the implementation of SOPs during training, facility-based, community-based, or school-based activities

- Conduct rapid **semi-structured interviews** with facilitators/ trainers/ technicians/ surgeons and a random selection of CDDs, trainees, or community leaders via phone/video calls during activity; Explore to what extent SOPs have been followed and identify any barriers and challenges to implementing the revised SOP, including safety and effectiveness of the activity
 - Appendix 1. Rapid semi-structured interview form
- Where feasible, assist supervisors to optimize available electronic data capture (EDC) platforms to enhance support supervision on **supervisory checklists, health facility assessments, and other feedback loops**.
 - Example: Covid-19 Response Monitoring Checklist app (ODK) – provides standardized questions that can be added to routine supervisory checklists and health facility assessments to monitor implementation of SOPs during trainings, MDA, or surgical outreach. Includes option of capturing photos. (contact [Sarah Bartlett](#))
 - What's App – creates feedback loops amongst supervisory teams to allow sharing the results of supervisory visits and assist with coordination of activities.
- Involve **third-party monitors** from within targeted Implementation Units (IUs), such as state or district officials to assist in the monitoring of activities.
 - Appendix 2. Third Party Daily Monitoring Form
- (For trainings) Compare results of **pre and post training tests** to ensure comprehension of COVID-19 mitigation SOPs.
 - Appendix 3: COVID-19 SOP Pre/post test

Evaluate impact of SOPs on the quality of NTD Programmes and outputs

- Review results from **daily restitution meetings** held by field teams to monitor progress towards output goals (e.g. # treatments administered/ # treatments targeted, # of Serious Adverse Events, # of Adverse Events following MDA, # of surgeries performed/ # of surgeries planned, etc.).
 - In some countries this process may be supported through call centres, TT-tracker, or DHIS2.
- Use of **QSAT process** to evaluate the quality of supervisory and technical support during the planning, training, and implementation of SOPs
- (For MDAs) Conduct **coverage evaluation surveys** (CES) soon after completion of MDA to help evaluate the impact of SOPs on coverage rates compared to historical rates. Where feasible, include additional questions to the standardized CES to evaluate potential barriers to or impact of implementing SOPs.
 - Appendix 4: CES – COVID-19 SOP questions

Evaluate impact of NTD activity on COVID-19 trends

- Request a **14-day COVID-19 case count** (probable or confirmed cases) for the districts or regions where the NTD activity resumed; up to 4 weeks after

completion of the NTD activity. Conduct a formal post-activity COVID-19 investigation if the 14 day trend indicates a change in transmission scenario – from lower to higher transmission - where transmission scenarios are defined as:

- o No (active) cases = area has reported no cases
- o Imported/ Sporadic cases = area reporting one or more cases, imported or locally detected
- o Cluster of cases = area reporting cases clustered in time, geographic location, and/or common exposure
- o Community transmission (CT) area experiencing larger outbreaks of local transmission
 - CT1 = Low incidence of locally acquired widely dispersed cases detected in the past 14 days
 - CT2 = Moderate incidence of locally acquired widely dispersed cases detected in the past 14 days
 - CT3 = High incidence of locally acquired widely dispersed cases in the past 14 days
 - CT4= Very high incidence of locally acquired widely dispersed cases in the past 14 days
- o Appendix 5: Post-activity COVID-19 investigation form

Appendix 1. Rapid semi-structured interview form (Example)

Date:

Title: facilitator/ trainer/ technician/ surgeon/ CDDs/ trainee / community leaders

Activity: MDA, DSA, Surgery

- On [date] did you observe or participate in the following [Activity X] in [district x]? Y/N
 - If No, End survey

- Were the majority of participants maintaining a distance of at least 1 meter between each other? (Y/N/ I don't know)
 - If No, What were the main changes you noted?

- Did [health workers] wash hands or use sanitizer prior to providing [activity x]? (Y/N/ I don't know)
 - If No, What were the main changes you noted?

- Did [health workers] wear a mask/facial covering throughout the interaction? (Y/N/ I don't know)
 - If No, What were the main changes you noted?

- Overall, did [health workers] appropriately handle [their duties] according to the SOPs? (Y/N/ I don't know)
 - If No, What were the main changes you noted?

- What else can you tell me about the implementation of SOPs during [activity] in this locality? (open-ended)

Appendix 2: Third Party Daily Monitoring Form (Example)

State:

Ward:

District:

Front line Health Facility:

Community:

Name/Designation of Supervisor(s):

Date and Time of Visit:

Activity Observed:

Implementation plan/ Activities	Yes	No	Not Sure	N/A	Comments/Action Plan
Sensitization					
Are members of the communities sensitized on Covid-19, including people living with disabilities, nomadic groups etc ?					
Are state/LGA Covid 19 helplines embedded in IEC Materials?					
Are community/religious leaders encouraged to disseminate Covid-19 prevention messages in this community/ward?					
Have community/religious leaders been consulted to ensure successful implementation of [activity] in adherence to [activity] protocol in covid-19 pandemic?					
Is any town announcer trained to disseminate Covid-19 messages in this community/ward?					
Are there social mobilization platforms (radio Jingles & town announcers) in place to inform and mobilize people about [activity]?					
MEETINGS/TRAININGS					
Are there established assessments measures in place for attendees/participants at training venues (e.g. temperature checks, screening for COVID-19 symptoms/exposure risk, training ground rules for participants)?					
Are there designated (entrances and exit) hand washing points with soap and running water, hand sanitizers, face masks, surface disinfectants in place and in use?					
Was the training venue decontaminated before and after each day of training?					
Is the meeting outdoor or indoor?					
If meeting/training is indoor, is there adequate ventilation?					

Is the venue spacious to accommodate participants while adhering to 2 meters distancing?					
For indoor meeting/trainings in addition to physical distancing, Is the number of participants less than [national limit for indoor gatherings]? State the number of participants in the comment.					
Are infection prevention measures for COVID-19 embedded into training content?					
Are training refreshments prepackaged and served to participants on their seats?					
FIELD IMPLEMENTATION					
Are there face masks, and other PPE, hand sanitizers, surface disinfectants provided to [health workers] and in use?					
Are [health workers] maintaining social distancing during distribution?					
Do [health workers] have an agreed protocol of who to contact to report suspected cases of Covid19?					
Is equipment (e.g. dose poles, registers, drugs, other distribution materials) adequately cleaned and disinfected before and after use?					
Are there other community-based health campaigns occurring in the community with associated Covid19 risk mitigation strategy in place?					
Did CDDs receive dispensing spatulas/spoons & dispensing tray?if No for any of the items comment					
Do community members wash hands or sanitize before receiving medicine?					
Are community members sharing cups?					
Are CDD administering drugs to households indoors?					
Are key messages of COVID 19 being passed to community members and the need to use face mask, hand sanitizers, maintaining 2 meters distance including state/LGA Covid 19 helplines?					
Do you wear a clean cloth everyday while administering medicines?					
Are people over ≥ 60 years involved in MDA activities?					
SUPERVISION & MONITORING					
Is monitoring of activity being done remotely? If so are mobile devices being used?					
Are treatment reports being sent electronically?					
Are face mask, hand sanitizers, surface disinfectants, disposable gloves and other PPE, available and used during supervision.					
Are MDA SOPs being adhered to by CDD/Healthworker in the community?if No comment					
Are feedback loops closed when supervisors receive feedback or complaints?					

Appendix 3: COVID-19 SOP Pre/post test (example)

Evaluation of HW & CDD Training - PRE/POST training questionnaire	
QUESTIONS	CIRCLE THE CORRECT ANSWER
1. Which of the following is true about the coronavirus (COVID-19)?	a) It's a respiratory disease caused by a new virus that is now a global pandemic. b) It is easily transmitted between people and can spread rapidly. c) In most people the symptoms are mild but can be severe and lead to death d) All of the above
2. COVID-19 is caused by a bacteria?	a) True b) False
3. Who is at greater risk to COVID-19?	a) Children b) Older people (60 years or older) or those with other health problems c) Women of childbearing age d) Everyone
4. How is coronavirus transmitted?	a) Respiratory droplets in the air. b) Infected hands (from touching contaminated surfaces) that then touch the mouth, nose or eyes c) houseflies d) A & B
5. How long can the virus live on a surface in general?	a) Up to 3 days b) Up to 21 days c) Up to 30 days d) Up to 40 days
6. What are the three main symptoms seen in someone who is infected with coronavirus?	a) Fever, tiredness, weak joints b) Fever/high temperature, Persistent cough/ breathing difficulty, tiredness c) Persistent cough, weak joints, loss of appetite d) Breathing difficulty, fever, skin rash
7. If you catch the virus, how long does it normally take to show symptoms?	a) 2-4 hours b) less than a day c) within 5-6 days d) 30 days
8. Does everyone who catches the virus show symptoms	a) Yes b) No, some people don't show symptoms, but can still spread the virus

9. How do you prevent coronavirus transmission in a community?	a) Social Distancing b) Regular hand hygiene (washing with soap or use of hand sanitizer) c) Avoid touching surfaces that may be contaminated d) Wear a face mask correctly e) All of the above
10. Is there a vaccine against COVID-19	a) Yes, it is available in Europe only b) Not yet
11. What advice would you give to someone who has coronavirus symptoms?	a) Get medical advice b) Isolate yourself to protect others c) Seek advice from friends and neighbors d) A & B

Appendix 4: CES – COVID-19 SOP questions

Suggested list of questions to ask individuals selected during coverage evaluation surveys

Communication and Social Mobilization

Was Messaging on COVID-19 and NTDs communicated to everyone in your household and included COVID-19 prevention measures? Yes/No?

Was social distancing of 2 metres between participants enforced during messaging and social mobilization (through local communication channels) Yes/No?

Mitigation measures during MDA

Were crowd control measures in place?

Were most people wearing masks in the community when the MDA was taking place?

Did you wear a mask during MDA?

Do all the CDDs involved in the MDA wear a mask?

Were handwashing devices with soap and water or hand-sanitizer gel made available to you?

Did recipients of the MDA use hand sanitizer or wash their hands before receiving medication?

Did CDDs use hand sanitizer before and after each household?

Were the dose poles and tables used disinfected and cleaned with a solution of disinfectant?

Did CDDs ask whether people were exhibiting COVID-19 symptoms (e.g. coughing, exhaustion, difficulty breathing, sneezing etc.)?

Community Perception

Are rumours of COVID-19 in the community reported to the supervisors by aides or community leaders?

Have community members expressed any concern or issues before and during MDA regarding the MDA?

Is the community satisfied with the hygiene and protective measures put in place before and during the MDA?

Problems/Issues encountered

Any other observations or challenges you would like to note

Appendix 5: Post-activity COVID-19 investigation form

To be completed by National Programme Manager following an increase in transmission scenario in a targeted Implementation Unit (IU) 14 days after completion of the activity

1. Name of IU:
2. Type of Activity:
3. Dates of implementation:
4. Transmission category at start of activity:
 - a. 14-day trend in active cases:
5. Transmission category 14 days after conclusion of activities:
 - a. 14-day trend in active cases:
6. For clusters of cases, please provide the following
 - a. Period of time cases were reported
 - b. Geographical areas associated with clusters (e.g. communities, schools, health facility catchment area, etc.)
 - c. Any common exposure between cases (e.g. particular event, establishment, contact with known case)
 - d. Any particular demographic affected (e.g. gender, age, profession, etc.)
7. Were potential super spreader events occurring in the IU during the period that the NTD activity was occurring (e.g. religious festival/ceremony, reopening of school, reopening of restaurants/bars, etc.)?
8. Were additional community-based activities occurring in the targeted IUs during the same period that NTD activity occurred (e.g. bed net distribution, immunizations, vitamin A distributions, etc.)?
9. According to results of contact tracing, can cases be attributed to health workers (e.g. CDDs, surgeons, field technicians) associated with the NTD activity?