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

**LYMPHATIC FILARIASIS (LF) SURVEYS**

Prepared by USAID’s Act to End NTDs | East and Act to End NTDs | West Programs
TABLE OF CONTENTS

Acknowledgements ..................................................2
Table of Contents ..................................................2
Rationale and Background ..........................................4
1. Coordination ......................................................4
  1.1 Coordination with COVID-19 Response Teams 4
  1.2 Coordination Within Health Ministries 5
  1.3 Coordination with Other Partners and Actors 5
2. Training ..........................................................5
  2.1 Virtual Training 5
  2.2 In-Person Training Venues 5
  2.3 Additional COVID-19 Curriculum 7
  2.4 Practical Training Sessions 8
3. Fieldwork .........................................................8
  3.1 Transportation: Getting to and from Survey Sites 8
    3.1.1 Before Travel 8
    3.1.2 While Inside the Vehicle 8
    3.1.3 AfterExiting the Vehicle 9
  3.2 Survey Preparation and Communication 9
    3.2.1 Communicating with Authorities at Regional and District Levels 10
    3.2.2 Communicating with the Community 10

ACKNOWLEDGEMENTS

This document was prepared with significant input from the USAID NTD team, including Emily Wainwright, Joe Shott, Rob Henry, and Emily Toubali; from the Act to End NTDs | East team, including Molly Adams, Stella Agunyo, Sharone Backers, Margaret Baker, Molly Brady, Endri Budiwan, Mawo Fall, Diana Lu, Belete Mengistu, Upendo Mwingira, Betty Nabatte, Benjamin Nwobi, Ukam Oyene, and Elizabeth Sutherland; and from the Act to End NTDs | West team, including Achille Kabore, Ernest Mensah, Stephanie Palmer, and Kisito Ogoussan.

We would also like to acknowledge the detailed review and feedback provided by others on the Act to End NTDs | East and Act to End NTDs | West teams.

This document is made possible by the generous support of the American People through the United States Agency for International Development (USAID). The contents are the responsibility of Act to End NTDs | East, led by RTI International in partnership with The Carter Center, Fred Hollows Foundation, Light for the World, Sightsavers, Results for Development, Save the Children, and WI-HER under cooperative agreement No. 7200AA18CA00040 and do not necessarily reflect the views of USAID or the United States Government.

Please send any feedback about this guidance document or recommendations for future versions to acteast@rti.org.
3.3 General Survey Team Precautions
3.4 Conducting LF Surveys
  3.4.1 Household LF Survey
  3.4.2 Fixed-Point LF Survey
  3.4.3 School-Based LF Survey
4. Survey Supervision
  4.1 COVID-19 Safety Measures Related to Supervisors
  4.2 Ensuring COVID-19 SOPs Are Being Followed
  4.3 Monitoring COVID-19 Cases
  4.4 Virtual Supervision
5. Documenting, Learning, and Adapting

Appendix
Appendix A. Checklist for COVID-19 Precautionary Measures
Appendix B. Checklist to Use During Training
Appendix C. Supervision Checklists
Appendix D. Documenting Learning

LIST OF EXHIBITS
Exhibit 1. Vehicle Seating Diagram
Exhibit 2. Survey at Households
Exhibit 3. Survey at Community/Static Point
Exhibit 4. Survey at School (Outdoor)

LIST OF ABBREVIATIONS
COVID-19  Coronavirus Disease 2019 (SARS-CoV-2)
FTS    Filariasis Test Strips
LF     Lymphatic Filariasis
NTD    Neglected Tropical Disease
SOP    Standard Operating Procedure
TAS    Transmission Assessment Survey
WHO    World Health Organization
RATIONALE AND BACKGROUND

Pre-transmission assessment surveys (pre-TASs) and transmission assessment surveys (TASs) are key surveys of lymphatic filariasis (LF) treatment programs, used to monitor progress, decide when to stop treatment, and monitor for recrudescence.

During this unprecedented time of coronavirus disease 2019 (COVID-19), national program staff and implementing agencies must make adjustments to ensure safe programming. This resource document complements the World Health Organization’s (WHO’s) guidance for NTD programs released on July 27, 2020 as well as an aide memoire published on May 31, 2021 detailing WHO’s guidance for use of masks during community outreach activities.\textsuperscript{1,2} It provides ideas and practical examples on operationalizing the guidance so that it can be applied to field activities.

This document is designed as a resource for national NTD programs as they develop their own country-specific standard operating procedures (SOPs), training materials, and supervision checklists to decrease the opportunity for COVID-19 transmission. Moreover, it can be adapted to align with country-specific contexts and environments.

The suggestions and examples presented in this document were led by in-country staff. They are based on lessons learned from experience with health ministry-led NTD programs supported by Act to End NTDs | East and Act to End NTDs | West. They also build on materials developed by health ministries and partners.

COORDINATION

Effective communication and coordination with other programs and sectors, including COVID-19 task forces 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. Where possible, NTD program managers should work with ministries to have NTD coordinator representation in national COVID-19 task forces.
- Advocate for provision of guidelines, protocols, and resources for safe implementation of health care services that include NTDs.
- Tap into resources that might support survey implementation, such as provision of handwashing facilities, masks, human resources for monitoring implementation, and SOPs.
- Look for opportunities to promote COVID-19 testing at the local level. Can also coordinate with mobile COVID-19 laboratory to attend survey times.
- Where possible, allow COVID-19 focal points to provide an overview of correct COVID-19 protection measures during opportunities such as mass drug administration or LF survey trainings.


• Where applicable, ensure LF surveys are being coordinated around COVID-19 vaccination efforts so as not to interfere.

1.2 Coordination Within Health Ministries
• Liaise with the relevant health authorities to ensure that suspected COVID-19 cases are referred to the appropriate COVID-19 structure 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 reading other program documents, reviewing photos and videos from the field, and asking to join their WhatsApp group or equivalent; or, if time allows, observe their activities.
• Consider using similar COVID-19 messages as other similar programs (e.g., malaria, WASH, immunizations).
• Leverage existing committee meetings, such as those of the NTD Steering Committees, to develop and adapt protocols, share experiences of implementation, and mobilize and train staff.
• Use NTD annual review and planning meetings at national, district, and subdistrict levels, as well as other platforms managed by the health ministry, to share experience and best practices. Consider inviting guest speakers who can share their experience firsthand.
• Make use of health ministry protocols as well as updated information on COVID-19 cases and emerging clusters to determine whether the activity should move forward and what precautions to take given the current state of the pandemic in the country.

1.3 Coordination with Other Partners and Actors
• Involve partners, nongovernmental organizations, civil society organizations, community and opinion leaders, and international health agencies and donors.
• Involve local leaders (administrative, cultural, religious, etc.) to understand nuances of conducting activities in specific areas of the country and with different population groups. Enlist their support in promoting community understanding and acceptance of the pandemic and continuation of other health-related activities during the pandemic.
• Liaise and build synergy when necessary with the United Nations Office for the Coordination of Humanitarian Affairs and Office of the High Commissioner for Refugees, humanitarian workers, nongovernmental organizations, and other refugee and humanitarian response agencies to adequately address health needs of refugees and internally displaced persons.

2 TRAINING
The LF survey team is usually trained/oriented on the protocol and standard procedures prior to the actual survey. This section addresses additional precautions to be taught.

2.1 Virtual Training
Although not the norm, virtual training is the safest method of training during the pandemic, especially when trainers live somewhere other than the survey location. Live, web-based training can be used where internet connection is good. Other options include sharing recorded trainings and frequently asked questions via a CD or USB drive and holding training via mobile application for those who have access to smartphone Internet connection. Virtual training has not been widely practiced for these types of NTD surveys, and some experimentation will be needed to find methods that ensure individuals are properly trained.
2.2 In-Person Training Venues

If in-person training must take place, the following guidelines and procedures should be observed.

**Additional Supply List**

- Masks: trainers and trainees should wear medical masks during training.
- Disinfectant to wipe surfaces (use 70%–90% ethanol/ethyl alcohol for equipment and sodium hypochlorite at 0.1%/1,000 ppm for surfaces)
- Handwashing water and soap or hand sanitizer
- Disposable paper towels
- Dustbin
- Signs and symptom checklist for screening of all participants
- Gloves
- Lab coat/gowns

**Conducting Training**

- The head trainer or a supervisor should screen the trainers and trainees for COVID-19 symptoms (see Box 1) every day when they arrive to the site. Should someone have symptoms or been exposed to risk, the supervisor should ensure they do not participate in the training.
- Consider excluding from training, and subsequent surveys, anyone who is at an increased risk of contracting COVID-19, including those aged 60 years and older 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 needed for surveys (e.g., drugs, diagnostic tests, job aides) and additional COVID-19 precautionary items (i.e., masks, gloves, etc.) before commencing the training.
- Require trainers and trainees always to wear masks and practice physical distancing.
- Ensure that the training venue can accommodate everyone with 2 meters of physical distance. Consider creating a cross breeze by opening opposite windows and doors.³ Where available, place fans in room openings to circulate air in the training space.
- Consider spacing chairs out in advance or marking the floor to identify preferred seating placement.
- Make wash stations available at every training. Trainers should explain how to wash hands thoroughly, and all attendees should wash their hands upon arrival and whenever appropriate during the training (i.e., when touching a contaminated surface, when returning to the training venue from another location, after eating or coffee break).
- Eating should be avoided in the training room. During meals, to maintain physical distancing, serve food for each individual separately (rather than in a group).
- Disinfect equipment and surfaces at least twice a day.

Box 1. Conducting surveys in a COVID-19 context requires screening individuals for signs and symptoms of the virus. This table summarizes WHO’s guidance about restarting mass treatment for NTDs during COVID-19 (item 3.6).4

**COVID-19 SCREENING**

1. **Symptoms suggestive of COVID-19:**
   - Fever (if not measurable, consider self-check)
   - Visibly apparent symptoms such as cough, shortness of breath, nasal congestion, or 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 [the] 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 in a manner that respects patient confidentiality.
   - Offer a medical mask.
   - Advise [individual(s)] to follow relevant national guidance on COVID-19.
   - Identify an isolation space or room at the activity site for people screening positive who cannot leave the site immediately.

### 2.3 Additional COVID-19 Curriculum

- All members of the survey team should be trained on the COVID-19 safety measures during the survey training. Training should cover all aspects of the NTD surveys being targeted in specific areas as well as training on how to protect themselves and their community against becoming infected with COVID-19.
  - Specific instructions should be given on how and when to wash hands, wear a mask, practice physical distancing, report cases, and communicate with community members.
  - Participants should also be given the opportunity to practice proper hand washing techniques, mask wearing, safety precautions, and ensuring physical distancing during training.
- Train the survey team in how to identify the common signs and symptoms of COVID-19 and how to make referrals to the health care system if they identify a suspected case of COVID-19 during screening.
- Where feasible, consider inviting the COVID-19 focal point for the region/district to present this information during the training.

---

2.4 Practical Training Sessions

Trainers should ensure that participants have adequate time to practice skills and engage in role playing during training. Set up as you would for the survey and practice walking through survey scenarios from arrival to departure, including testing participants. Consider adding scenarios to practice role playing such as “you observe that one of the participants has symptoms suggestive of COVID-19.”

Assign some group members to use checklists (see Appendix A) and report back to the group on which COVID-19 precaution practices were followed well and which were not. Practice again as needed.

FIELDWORK

LF survey teams will need to take additional precautions when conducting the survey in the field. The following precautions should be taken when administering surveys.

3.1 Transportation: Getting to and from Survey Sites

To minimize risks, avoid engaging trainees who do not live in or near the targeted communities when possible. Instead, it is preferred to engage people with required skills closest to the community. Consider excluding trainees who live in areas with known COVID-19 community infection (engage local authorities about community infection rates) or testing them before travel (as per local guidance).

3.1.1 Before Travel

- Depending on the availability of local COVID-19 testing and local guidance, consider testing all members of survey teams before they travel.
- Conduct an initial screening to identify and exclude anyone who has come into contact with suspected or confirmed COVID-19 cases in the past 14 days or who is experiencing symptoms associated with COVID-19 after traveling. Follow national guidelines to manage such situations, such as referrals to care. Note that WHO discourages accepting fever checks prior to international travel as a reliable measure for COVID-19, because those traveling may be in the incubation period of the virus (i.e., symptom-free but still contagious). Other symptom screening is still recommended (see Box 1).
- Always before they enter a vehicle, have the driver and passengers wash their hands.

3.1.2 While Inside the Vehicle

- Consider enforcing a policy that driver and passengers must wear face masks at all times during the trip.
  - Limit the amount of water and food consumed during the car ride to avoid contaminating surfaces.
  - Do not share water or food during the car ride unless packaged.
- When conditions permit, keep vehicle windows open.
- Consider limiting the number of people in cars and buses; specifically, there should be at least one empty seat between passengers (see Exhibit 1). This may vary based on local guidelines.
  - For vehicles that seat 5 passengers, consider permitting only 3 passengers in addition to the driver (4 total people).
  - For vehicles that seat 8 passengers, consider permitting only 5 passengers in addition to the driver (6 total people).

For 12-seater minibuses, consider permitting only 7 passengers in addition to the driver (8 total people).

For vehicles or buses with a large capacity, passengers’ seating will be arranged by the survey supervisor and the head of the medical district or region.

### 3.1.3 After Exiting the Vehicle

- Drivers and passengers should do the following before meeting with local leaders and representatives:
  - Remove face mask if it is notably soiled, moist, or wet and put on new mask. If disposable, place in designated dustbin.
  - Wash or sanitize hands.
- All survey team members (including driver and supervisor) will be screened for COVID-19 (fever and symptoms) twice daily: once in the morning before fieldwork and once in the afternoon/evening after fieldwork.

### 3.2 Survey Preparation and Communication

In this new COVID-19 environment, there is increased need for preparation and higher demand for information, specifically about the risk of COVID-19, on NTDs, and implementation changes to address this new reality. The rollout of health programs is also likely to be impacted at times by rumors, misinformation, and resistance from communities. Two way communication practices with both listening and informing are required.
Practical Approaches to Implementing WHO Guidance for Neglected Tropical Disease Programs in the Context of COVID-19: Lymphatic Filariasis Surveys

3.2.1 Communicating with Authorities at Regional and District Levels

Survey teams should consider...

- Obtaining approval beforehand from the local authorities. Inform them about the schedule and planning, and preferably designate local-authority roles for implementation, including supervision and crowd control. 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 – especially if this is the first time implementing surveys amidst COVID-19.

- Clearly explaining the objectives and rationale of the survey to the authorities, as well as COVID-19 precautionary measures that will be undertaken during the survey. Note the likely impact on resource requirements (e.g., more or larger venues and more human resources).

- Coordinating 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, on actions to take for suspected cases, and on contact with cases).

- Excluding people who have an increased risk of contracting COVID-19 and/or developing severe COVID-19 from fieldwork activities, such as those with pre-existing medical conditions and those who are aged 60 years and older.

- Emphasizing the heightened chance of rumors and misinformation as long as COVID-19 remains a serious community threat that could negatively impact NTD activities. Discuss with authorities whether they are aware of any rumors that have been circulating and plan to address misinformation and rumors.

- Maintaining regular contact with field locations to understand cultural issues and political situations.

3.2.2 Communicating with the Community

Communicating and planning with the community before beginning fieldwork is important. As always, trusted local leaders should be included in planning several weeks before surveys are to begin. General communications on LF surveys (where and when the survey is to be held, why it is being done, eligibility criteria, contact persons, etc.) still need to be conveyed. Additional information on COVID-19, and on procedural changes during the survey to reduce infection risk, will need to be incorporated into the messaging. Channels of communication will need to be reviewed to suit the current situation and to build trust with the message recipients.

At the start of the survey fieldwork, the survey team lead should liaise with the village authorities to appoint a guide who will accompany the team to the sampled households, schools or fixed points. The village authority should be briefed about the core messages below and assist the survey team with communicating with participating households, schools or individual participants. In addition, the village authorities should be briefed on measures being undertaken by the survey teams.

Communicate any information obtained on suspected and/or new COVID-19 cases in the community where surveys are taking place per guidance of the COVID-19 task force (or equivalent). The NTD program and the local COVID-19 task force will make the decisions on whether to continue or stop NTD surveys.

**Modes of Communication**

NTD programs use various communication methods. During COVID-19, MDA communication methods should be carefully chosen to reduce unnecessary exposure to others.

**Recommended:** letters and small meetings

**To be avoided initially:** face-to-face communication with households and large gatherings

* When communicating in person with community leaders and teachers, wear medical masks, and stand 2 meters apart. If a leader or teacher does not have a nonmedical mask, they should be given one.
Key Communication Messages to Communities

- Reiterate the health ministry’s health messages on COVID-19, including what it is, how it is transmitted, and what the most common symptoms are (see Box 1 above).
- Emphasize that this survey is for LF only and involves collecting blood samples.
- Note that safety measures have been put in place to reduce the possibility of COVID-19 transmission.
- Community members aged 60 years and older and those with pre-existing health conditions (including diabetes, high blood pressure, cancer, heart disease, cerebrovascular disease, chronic kidney disease, immunosuppression, chronic lung disease, and respiratory infections) are most at risk of having a severe case of COVID-19. Additional measures should be taken to reduce their exposure to potentially infected persons (including exclusion from the planned survey activity).
- People with a higher risk of transmitting infection should not participate. This category includes anyone experiencing COVID-19 symptoms and persons in close contact with known COVID-19 cases (e.g., living in the same house). Depending on local guidelines, this restriction may include community members who have arrived in the past 14 days.
- Explain how the survey will be conducted differently from past surveys in order to minimize the risk of COVID-19 transmission. The differences will vary according to activity, survey strategy, and location. Examples include the following:
  - Maintain distance at all times. During the household survey, community members should stay in their homes/compounds during the survey; the survey teams will go only to households selected for the survey. Note that in some instances, it has proven difficult for survey teams to manage visits from neighbors, especially children, who come to watch.
  - Where applicable, ask the households to provide water for themselves and for the survey team to wash hands.
  - If at all possible, conduct surveys outdoors.
  - Assure the community that all survey teams will wear a medical mask (over chin and nose) at all times. Rationalize the use of masks especially amidst negative perceptions of mask wearing.
  - Request participants to use face coverings per local guidance (see Box 2).
Addressing Rumors and Misinformation

Misinformation about the pandemic can be problematic. If not addressed, negative rumors could harm the quality of the survey (e.g., causing inability to reach the sample size, to visit all clusters or households selected, and to finish the survey). A system should be put in place to identify and manage rumors and misinformation before, during, and after completion of the survey.

Monitoring:

- Prior to the survey, discuss with authorities whether they are aware of any rumors that have been circulating and how such rumors should be addressed.
- Report any rumors related to COVID-19 during survey to appropriate authorities in the community, including the COVID-19 task force and local health ministry authorities.
- Ensure there is a person at appropriate administrative levels to monitor the news media (including social media if relevant), analyze the findings, and disseminate timely information for necessary action to be taken.
- Listen to the community to better understand rumors and to empower the community to make informed choices.

Responding:

- Enlist trusted community members to help dispel rumors by providing factual information.
- Liaise with relevant persons and authorities on delivering proper messages to the community through media engagement prior to and during survey, including COVID-19 messages.

Box 2. Implications of WHO guidance on mask usage during LF surveys

<table>
<thead>
<tr>
<th>WHO?</th>
<th>MASK GUIDANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All survey team members</td>
<td>Medical mask (refer to WHO guidance document for definition of medical mask and further details)</td>
</tr>
<tr>
<td>Children aged ≤ 5 years</td>
<td>Should not wear mask</td>
</tr>
<tr>
<td>Children aged 6–11 years</td>
<td>Use a risk-based approach when determining if mask use is necessary, including</td>
</tr>
<tr>
<td></td>
<td>• intensity of COVID-19 transmission</td>
</tr>
<tr>
<td></td>
<td>• child’s capacity to comply</td>
</tr>
<tr>
<td></td>
<td>• availability of adult supervision</td>
</tr>
<tr>
<td>Participants ≥ 12 years</td>
<td>Nonmedical masks (cloth or fabric masks) (refer to WHO guidance document for definition of nonmedical mask and further details)</td>
</tr>
<tr>
<td>Any persons at higher risk</td>
<td>Consider having them wear a medical mask or excluding them</td>
</tr>
</tbody>
</table>

3.3 General Survey Team Precautions

Minimum Additional Requirements: Staff will need to respect the precaution measures and have in their work bag/vehicles the following supplies (in addition to normal disease-specific requirements such as filariasis test strips [FTS], etc.).

**Minimum additional supplies**

- Masks: make medical masks available to each survey team member. Local guidance about the use of masks (medical or nonmedical) should be followed for survey participants (see Box 2)
- Disinfectant: alcohol or a bleach solution (use 70%–90% ethanol/ethyl alcohol for equipment and sodium hypochlorite at 0.1%/1,000 ppm for surfaces)
- Handwashing supplies (water and soap) or hand sanitizer (60%–80% alcohol)
- Checklists for COVID-19 symptoms
- Supplies like tape, chalk, or sticks to mark required separation distance between community members for school and fixed-point surveys
- Gloves for surveyors
- Pens (should not be shared)
- Dustbin to collect waste
- 2-meter stick to measure distances between community members
- Consider bringing your own folding table and chairs (when possible)
- Poster with images of COVID-19 signs and symptoms
- Handheld infrared thermometer for fever screening
- Soap, if not available in the surveyed households

**General Protocol**

Survey teams should...

- Be aware of the signs and symptoms of COVID-19 and should be screened twice daily (once in the morning before fieldwork and once in the afternoon after fieldwork). If anyone feels unwell at any time during the survey, they should inform their supervisor, stop work immediately, and seek medical care. The supervisor should follow up, and if the staff member tests positive for COVID-19; this should be reported immediately.
- Always wear medical masks. If masks must be removed temporarily to speak clearly, team members should make sure to extend their distance from community members.
- Remember that even when eating, drinking, and smoking, survey team should keep proper physical distance and wash or sanitize hands before and after. Food, drinks, and cigarettes should NOT be shared. If possible, meals should be individually packaged verses communally distributed.
- Disinfect all equipment and surfaces at least twice a day. Consider using a surface or covering that can be easily wiped down.
- Designate additional personnel (i.e., volunteer or additional survey team member) to ensure compliance with precautionary measures.
- Consider excluding from fieldwork activities people who have an increased risk of contracting severe forms of COVID-19, including those with pre-existing medical conditions and those who are aged 60 years and older.
3.4 Conducting LF Surveys

Pre-TAS targets individuals aged 5 and older and is conducted at the community level. If possible and resources allow, conduct the survey house-to-house as this poses less infection risk. However, fixed points can also be used, with additional precaution measures in place.

TAS targets children aged 6–7 years and is usually conducted in schools. Ideally, these surveys should be conducted once schools are open, following the protocols established for managing COVID-19, with the support of teachers. They can also be done at fixed points in the community or at the household level.

3.4.1 Household LF Survey

Standard protocol upon arrival

- Set up survey outdoors to minimize risk of COVID-19 transmission, which is much higher indoors.
- Upon arrival at a home, the team leader should introduce themselves and explain the purpose of the visit. In addition to routine messages given on NTDs, the team leader should explain to the household head the COVID-19 safety precautionary measures that should be followed, including explanations of the following:
  - Common signs and symptoms of COVID-19. Enquire whether any of the household's members have experienced the symptoms. If yes, then ask what action has been taken. In case no action has been taken, the survey team leader should notify their supervisor so that action can be taken.
  - The importance of maintaining physical distance, specifically, to minimize their risk of infection. Household members should remain at least 2 meters apart from the survey team. Exhibit 2 presents a sample set-up.
  - Proper hand washing hygiene. Everyone should wash their hands with soap and water for at least 20 seconds. Depending on how water will be provided, households may have been asked in advance to provide hand washing water.

Conducting the examination

- The survey team leader should request that everybody in the household wash their hands with clean water and soap, ensuring that the 2-meter distance between them and the survey team is maintained. The survey team should also wash their hands.
  - If there is no readily available water for handwashing at the home, hand sanitizer should be distributed by the survey team to participants before they enter the test area.
- If tables are provided, the survey team should disinfect them upon arrival.
- Household members will maintain a 2-meter distance from the survey team, except when being examined.
- Enrollment and registration:
  - If the consent form will be shared between participants for reading, the consent form should be laminated to allow sanitizing between participants.
  - Everyone should sanitize their hands before and after touching a pen and the laminated consent form.
- The technician should call everyone one by one to avoid crowding in the testing area.
- The participant should place one arm on the testing surface (best to use a surface that can be easily and quickly disinfected).
- The technician will conduct FTS as normal while wearing a pair of new gloves.
- The reader will sit 2 meters away and record the results.
- Repeat steps above for everyone in the household.
- The survey team and local organizers must designate staff/volunteer to ensure that household members and neighbors not participating in the survey stay outside of the survey and waiting area. Consider how crowd control will handle curious children crowding to look at the survey process.
3.4.2 Fixed-Point LF Survey

Standard protocol before day of survey

- A fixed-point survey requires additional preparation to ensure that preventive measures will be practiced. If possible, the survey team could arrive at the survey location one day before the scheduled start of the survey to coordinate with local organizers/volunteers.
- The day before the survey starts, the survey team leader should evaluate the selected survey location and ensure that it allows for good ventilation (preferably outdoors) and that is has enough space to accommodate expected participants with physical distancing.
- Consider assigning timeslots to community members to reduce the potential of overcrowding.
- Set up the following stations with appropriate space between them: waiting area, welcome table, handwashing, testing, and recording. Designate one person amongst the team to manage each station.
- Identify the waiting area and the maximum number of participants allowed in the waiting area. If necessary, identify a secondary waiting area. Set up with markings on the ground (with chalk or tape) to designate spaces 2 meters apart.
- Set up welcome working space to register participants.
- Survey team and local organizers must designate staff/volunteer to ensure household members and neighbors not participating in the survey stay out of the survey and waiting areas. Consider how to handle curious children crowding around to look at the survey process.
- Post signs at the entrance providing information on COVID-19.
- Ensure that waste is disposed of properly, daily.

Conducting the examination

- Use megaphones to ensure that community members hear and are aware of the COVID-19 precautionary measures.
- Community members should maintain a distance of 2 meters from the survey team, except when being examined. Everyone should wash their hands. Mask usage for participants should be determined in accordance with WHO guidance in Box 2 (above).
• Enrollment and registration:
  › If the consent form will be shared between participants for reading, the consent form should be laminated to allow sanitizing between participants.
  › Everyone should sanitize their hands before and after touching a pen and laminated consent form.
• Station managers will call people to come forward. Family groups 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.
• At the hand washing station, the station manager should ensure that everyone washes their hands with soap and water for at least 20 seconds.
• At the testing station:
  › The surface of the working space should be easily disinfected or covered with something that can be easily disinfected.
  › The technician should ask participants to place one arm on the testing surface and turn their face away.
  › The technicians will add blood to the FTS, write the participant ID and time to be read on it, and hand the test to the recorder.
  › Participants will move and wait at a safe distance from the recorder and from other participants.
  › The technician should change gloves between each participant and dispose of gloves in the waste bag (sharps will be disposed of in a sharps container per safety protocol).
  › The technician will wipe the arm rest surface with a sanitizing solution and paper towel between testing participants.
• At the recording station:
  › The reader reads results at the appropriate time and records the results.
  › When called, participants step forward, and while still maintaining physical distance, receive their results. Ensure confidentiality is observed when sharing the results.
  › If the test is positive or invalid, the participant is asked to return for a second test and shown where to wait.
3.4.3 School-Based LF Survey

Standard protocol upon arrival

• Before testing begins, the survey team should work with school and health post staff to set up the testing site to ensure that the additional safety precautions are made.

• In addition to routine messages discussed about NTD surveys, they should explain the COVID-19 safety precautionary measures that should be followed.

• Risk of infection is significantly lower outdoors, so this is highly preferred.

• If test will be conducted inside a classroom: ensure that windows are open, move desks and chairs against the wall to provide an open space, use chalk or other marking devices to designate locations where students will stand while waiting, always maintaining a 2-meter distance from the survey team, except for the person being examined.

• Set up so that a 2-meter distance is maintained between survey team and the children and teachers. See Exhibit 3 for a sample set-up (e.g., use chalk or tape to designate locations where students will stand while waiting that are 2 meters apart from each other).

• Determine the maximum number of spots available for waiting and coordinate with each classroom’s teacher to determine the number of students that should be brought at one time. There should be enough school personnel present to manage the number of students in the waiting area. If space allows, an additional nearby space can be used as a secondary waiting area for large groups of students.
The survey team should work with the school to designate someone who will ensure that individuals not participating in the survey stay out of the survey and waiting areas. They should also ensure crowd control, keeping a minimum 2 meter distance between people.

- Set up (if not already in place) handwashing stations.
- For surveys with a sampling interval, a prior selection can be done to select participants to separate them from non-selected individuals.
- Ensure that waste is disposed of properly, daily.

**Conducting the examination**

- Before examination, everyone must wash their hands. The teacher should allow students to move one by one to the handwashing point after their name has been called out to ensure physical distancing. All children should wash their hands for at least 20 seconds. If examination is conducted indoors with poor ventilation, teachers and students should wear cloth masks (reference Box 2).
- Everyone should maintain a 2-meter distance from the survey team, except when being examined; ensure participants wash hands thoroughly and abide by school guidelines on mask wearing.
- A teacher should call everyone, one by one, to avoid crowding around the testing area and record their details.
- At testing station:
  - The selected student/participant should place one arm on the testing surface (best to use a plastic surface that can be easily and quickly disinfected) while facing away from the technician.
  - The technicians will add blood to the FTS, write the participant ID and time to be read on it, and hand the test to the reader.
  - Students will move and wait at a safe distance from the reader and from other participants.
  - The technician should change gloves between each student and dispose of gloves in the waste bag (sharps will be disposed of in a sharps container as usual).
  - The technician will wipe the arm rest surface with a sanitizing solution and paper towel between tests.
- At the recording station:
  - Recorder reads results at appropriate time and records the result.
  - If the test is positive or invalid, the student is asked to return for a second test and shown where to wait.
Practical Approaches to Implementing WHO Guidance for Neglected Tropical Disease Programs in the Context of COVID-19: Lymphatic Filariasis Surveys

4. SURVEY SUPERVISION

In addition to routine survey supervision, supervisors should ensure that COVID-19 preventative measures are followed from start to end. Where possible, a dedicated person from the survey team (e.g., the village guide) should observe adherence to measures and provide immediate feedback to allow for supportive supervision and corrective action (e.g., if surveyor is not wearing their mask correctly, signal to them that it needs adjusting).

4.1 COVID-19 Safety Measures Related to Supervisors

- Supervisors should follow the same infection control measures as surveyors (see section 3.3 above).
- In-person survey supervision should be delegated to local supervisors as much as possible. If other supervisors must be brought in (i.e., from district or national level), they should not come from areas with higher COVID-19 infection rates than the area being surveyed, and risk control measures should be taken during travel (see section 3.1 above).

Communication after the Survey

- Hold feedback sessions between community leaders and supervisors – keep group numbers small, maintain safe distancing, meet outside where possible, and ensure use of cloth masks. Feedback sessions should be held as frequently as survey team bandwidth allows.
- Listen to their comments and opinions about the survey and commend them for their active participation.
- Emphasize the need for continual adherence to COVID-19 precautions.
- Discuss and agree on follow-up actions.

Exhibit 4. Survey at school (outdoor)
4.2 Ensuring COVID-19 SOPs Are Being Followed

• Supervisors should ensure that SOPs related to COVID-19 are being followed. See Appendix C for items that can be added to a supervision checklist.
  › When the supervisor observes something that is not correct, they should provide immediate feedback to the surveyors so that the issue can be corrected.
  › They should also summarize issues being addressed as part of regular feedback to their LF program manager during survey, highlighting any high-priority concerns for district- and central-level staff.

4.3 Monitoring COVID-19 Cases

• Team supervisors should work with local health authorities to receive reports on reported community COVID-19 cases and should provide updates to NTD program managers.
  › Receive daily reports on numbers of COVID-19 cases in the activity area while the team is working.
  › If increases are seen, the program manager will need to coordinate with the COVID-19 task force to decide whether the team needs to withdraw.
  › Consider testing staff for COVID-19 when they return from the field.
  › Record and document reported community COVID-19 cases for 2 weeks after the team has left.

4.4 Virtual Supervision

• To minimize risk, consider keeping the number of persons traveling to the field to a minimum. Some supervision (e.g., at the district and national levels) may be done virtually. Virtual supervision methods include the following:
  › Use group chat applications such as WhatsApp during surveys to share observations and advice during surveys between survey teams and supervisors.
  › Have active survey staff share photos and videos (of ongoing training and fieldwork) taken with their phones. Supervisors can check for adherence to correct mask wearing and physical distancing.
  › Call survey team supervisors frequently (e.g., daily) to check on progress, to assess whether SOPs are being followed, and to discuss any issues that arose that day. Supervisors should follow up as needed.
  › When electronic data capture methods are used, have remote supervisors check data daily and call teams if they note inconsistencies.

5 DOCUMENTING, LEARNING, AND ADAPTING

As the whole world looks to adapt surveys to the new COVID-19 environment, programs should prioritize the rapid sharing of key lessons learned and recommendations.

In addition to the immediate sharing of information that allows real-time changes to be made during LF surveys (see supervision section 4 above), it will be helpful to document and share more widely lessons learned. Below are a few ways that this can be done; see also Appendix D.

• Post-survey review meetings.
  › Hold review meetings after surveys are finished and adapt them to capture COVID-19-related learning also. What worked well? What new challenges arose? How were these managed? How did costs differ compared with pre-COVID-19 operations? Include any notes taken during the meeting in post-survey fieldwork reports and make them available for future learning and adapting exercises.
  › Consider organizing virtual meetings. If the meetings are held in person, follow the same infection control measures outlined under training (see section 2).
• Supervisor reports.
  › Supervisors should submit a short end-of-survey report that includes observations and lessons learned on operating in the COVID-19 context, including during meetings with leaders, planning, training, survey fieldwork, and post-survey activities. Observations can include documenting the changes made as well as any challenges faced, solutions found, and recommendations made. See Appendix C for a sample form that can be combined with TAS supervision checklists or modified.
  › Summarize and synthesize completed forms at the district level and again at the regional/national level. Highlight key learnings and recommendations for planning and future activities, share them in post-survey reviews and other meetings, and save the documents for future access.

• Program-level synthesis and sharing of learning. National programs will want to synthesize, document, and share lessons learned. This includes the following:
  › 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-survey reports that include a section on learning from COVID-19. Under this section, material documented in supervisors' reports, post-survey review meetings, and from other sources can be brought together and summarized.
  › Reports at district and/or national levels with 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

Appendix A. Checklist for COVID-19 Precautionary Measures

- This checklist should be used by the focal person appointed to monitor compliance with risk mitigation measures by participants (i.e., household or community members) and survey team members.
- Refer to this checklist any time they observe behavior not in line with guidance and take measures to tactfully correct. This could be with a simple gesture or by communicating to the survey lead, e.g., to the recorder to pull up their mask or politely asking household member to stand back or asking parents if they could help keep children away.

<table>
<thead>
<tr>
<th>Question</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the survey teams wearing medical masks correctly during the survey?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are participants wearing masks correctly in accordance with the guidance?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the survey teams/participants washing or sanitizing hands upon arrival at the survey site?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are survey teams conducting surveys outdoors?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are survey team members informing the participants about COVID-19 precautions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are survey teams/participants observing 2-meter physical distancing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are survey teams asking participants about COVID-19 signs and symptoms before the survey?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the LF technician wash their hands after examining each participant?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix B. Checklist to Use During Training

Survey Training Checklist During COVID-19

Pre-training Checklist

1. Is the venue large enough to accommodate the intended number of participants with a 2-meter distance between them?  
2. Are seats, benches, or desks arranged at least 2 meters 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 disinfectant before participants arrive?
## Survey Training Checklist During COVID-19

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Is the shared bathroom cleaned and disinfected at the beginning of the day and again at midday?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Is there a washing area set up and equipped with an adequate supply of water and soap at the beginning of the training?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Is there a focal person assigned to monitor all hygiene and sanitation supplies and activities during the event?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Is adequate alcohol-based sanitizer available in areas where water is scarce?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Is every attendant wearing a mask (non-medical for socially distanced training, medical mask for testing portion of the training)? Is the mask worn properly (covering nose and chin)?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>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)?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Is every participant screened for signs and symptoms of COVID-19 using a checklist (see Box 1) before entering the venue?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>If any participant reported COVID-19 symptoms, were they managed according to local guidelines?</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

## Post-training Checklist

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Was the venue cleaned and disinfected with standard cleaning and disinfectants at the end of the day?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Was the shared bathroom cleaned and disinfected at the beginning and end of the day?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Were all materials and equipment disinfected after each use?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did participants wash their hands with soap or use hand sanitizer properly as they exited and returned to the venue for any reason and/or before and after meals?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Were disposable masks properly disposed of in the dustbin after the training?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did any participant develop signs and symptoms of COVID-19 during training?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>If any participant developed COVID-19 symptoms during training, were they managed according to local guidelines?</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C. Supervision Checklists

An additional checklist should be used during the COVID-19 pandemic. This checklist should be distributed to all supervisors before survey restart. The checklist is meant to be used during the fieldwork so supervisors can identify errors in the procedure while they are happening and correct them in real time.

Daily Survey Supervision Checklist for COVID-19

- Supervisors should complete this checklist daily before the survey teams depart for fieldwork.

<table>
<thead>
<tr>
<th>Daily Survey Supervision Checklist for COVID-19</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Is there any member of survey team (reader, recorder, driver, supervisor) with signs and symptoms of COVID-19?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, what actions have you taken?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Do all survey team members have sufficient supplies and equipment for fieldwork?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3 Are there any extenuating COVID-19 issues that require the survey activities to be stopped?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, list in the column to the right and communicate with the survey coordinator immediately.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Survey Supervision Checklist for COVID-19

- Supervisors should complete this checklist periodically throughout the survey (e.g., after conducting a sample of 5–10 households per cluster, after every tenth school child tested, etc.).
- The checklist is based on observations and checks that the supervisor is required to complete during the survey.
- The checklist can also be developed for electronic data capture using the software development kit system.

<table>
<thead>
<tr>
<th>Survey Supervision Checklist for COVID-19</th>
<th>If yes, tick box</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Are the survey teams wearing medical masks at all times during the survey?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>2 Is the survey being conducted outdoors?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>3 Is the survey team informing participants about COVID-19 precautions?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>4 Are the participants and surveyors observing physical distancing (2 meters) during the interview and when waiting for the survey to be done?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>5 Have the surveyors asked all household participants if they have COVID-19 symptoms before the survey starts?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Survey Supervision Checklist for COVID-19</td>
<td>If yes, tick box</td>
<td>Comments</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------</td>
<td>----------</td>
</tr>
<tr>
<td>6 Are all the eligible participants (12 years and older) wearing non-medical masks during the survey? Are children aged 6–11 years following the agreed-upon mask guidance for this context (see Box 2)?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>7 Is the LF technician washing their hands with soap/water or alcohol-based sanitizer after completing the FTS test of each participant?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>8 Is the survey team properly disinfecting survey equipment with an alcohol-based disinfectant after every participant?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>9 Has the survey team properly disposed of gloves (if using) after completing the test?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>10 Are there any recommendations that you are advising for the survey team based on your observations?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, please summarize recommendations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Are there any concerning rumors or misinformation circulating in the community that you need to share with the LF program manager?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, please summarize concerns.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Are there any other important concerns that you need to share with the LF program manager based on your observations?</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If yes, please summarize concerns.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D. Documenting Learning

At the end of the survey, the survey team should consider holding a debriefing session to document lessons learned from the activity. For each of the survey time periods (pre-survey, during survey, and post-survey), discuss and document “What went well” and “What did not go well.” Using a template like the one below, document key recommendations to improve survey activity in the future.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>What Went Well</th>
<th>What Did Not Go Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-survey (including planning and training)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During survey implementation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post-survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide your top 1–2 recommendations for future activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>