

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

## TRACHOMA SURVEYS

*Prepared by USAID's Act to End NTDs | East and Act to End NTDs | West Programs*



Photo: RTI International



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Please send any feedback about this guidance document or recommendations for future versions to [acteast@rti.org](mailto:acteast@rti.org).



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## LIST OF ABBREVIATIONS

<b>COVID-19</b>	Coronavirus Disease 2019 (SARS-CoV-2)
<b>MDA</b>	Mass Drug Administration
<b>NTD</b>	Neglected Tropical Disease
<b>SOP</b>	Standard Operating Procedure
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization



## RATIONALE AND BACKGROUND

Trachoma baseline surveys, trachoma impact surveys, trachoma surveillance surveys, and trichiasis-only surveys are key disease-specific assessments of trachoma elimination programs, used to start mass drug administration (MDA), monitor progress, decide when to stop MDA, and inform attainment of elimination of trachoma as a public health problem.

During this unprecedented coronavirus disease 2019 (COVID-19) pandemic, adjustments are needed 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.<sup>1,2</sup> It provides ideas and practical examples on operationalizing the guidance so that it can be applied to field activities.

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**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.**

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The suggestions and examples contained 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 USAID's Act to End NTDs | East and Act to End NTDs | West programs. They also build on materials developed by health ministries and partners.

## 1

## 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 addressing NTDs.
- Tap into resources that might support survey implementation, such as provision of handwashing facilities, personal protective equipment such as masks, human resources for monitoring implementation, and SOPs.
- Look for opportunities to promote COVID-19 testing at the local level. Consider coordination with mobile COVID 19 laboratory to accompany survey teams.

1 WHO. (2020, July 27). Considerations for implementing mass treatment, active case-finding and population-based surveys for neglected tropical diseases in the context of the COVID-19 pandemic. Interim guidance, 27 July 2020. [https://www.who.int/neglected\\_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/](https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/)

2 WHO. (2021, May 31). Use of medical and non-medical/fabric masks for community outreach activities during the COVID-19 pandemic, based on current WHO guidance. Aide memoire. <http://apps.who.int/iris/bitstream/handle/10665/341570/WHO-2019-nCoV-IPC-Masks-Comm-health-care-2021.1-eng.pdf?sequence=1&isAllowed=y>



- Where possible, allow COVID-19 focal points to provide an overview of correct COVID-19 protection measures during opportunities such as MDA or trachoma survey trainings.
- Where applicable, ensure trachoma surveys are being coordinated around COVID-19 vaccination efforts so not to interfere.

## 1.2 Coordination Within Health Ministries

- Liaise with the relevant health authorities to ensure that suspected COVID-19 cases are referred appropriately for testing and treatment.
- Review recent experiences of working in the community with other public health efforts, e.g., those addressing malaria and immunization. What went well? What difficulties did they encounter? Consider reading other programs' documents, reviewing their photos and videos, and asking to join their WhatsApp group or equivalent; or, if time allows, observe their activities.
- Consider using or adapting established COVID-19 messages from other similar programs.
- 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 experiences and best practices. Consider inviting guest speakers who can share their firsthand experience with COVID-19 caregiving or illness.
- 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/Actors

- Involve partners, nongovernmental organizations, community and opinion leaders, WHO and other international health agencies, and donors when making decisions about whether to move forward with trachoma surveys. First and foremost is the safety of both survey teams and community members.
- 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 trachoma survey team is usually trained and 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 a USB storage device, or training via a mobile application for those who have access to a smart phone

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.

If refresher training of trainers is needed before the survey, contact Tropical Data ([admin@tropicaldata.org](mailto:admin@tropicaldata.org)) to arrange virtual training via a virtual platform such as Zoom.

## 2.2 In-Person Training Venues

If training must be done in person, 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 or 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-symptoms checklist for screening all participants
- Gloves for graders, if required by health ministries
- Loupes with face shield for graders (see [Appendix A](#) for assembly instructions)

### 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 at the site. Should someone have symptoms or have been exposed to someone with COVID 19, the supervisor should ensure that they do not participate in the training.
- Consider excluding from training, and from subsequent surveys, any persons who are at increased risk of severe COVID-19 symptoms, including those over 60 years and those with pre-existing medical conditions.
- Avoid (or minimize) delays between training and field implementation. Activities should start shortly after the training (preferably within a day) to avoid additional travel to and from the survey site or to and from the capital, which opens up additional opportunities for COVID-19 transmission.
  - Therefore, have ready all materials needed for survey (e.g., loupe face-shield, masks, 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.<sup>3</sup> 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 shared or frequently touched surface, when returning to the training venue from another location, before and after eating or drinking).
- 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.

3 WHO. (2021). Roadmap to improve and ensure good indoor ventilation in the context of COVID-19. 978-92-4-002128-0

**Box 1.** Conducting surveys in a COVID-19 context requires screening for signs and symptoms of the virus. This table presents information from WHO's guidance on restart of mass treatment for NTDs during COVID-19 (item 3.6).<sup>4</sup>

## 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

- Train all members of the survey team 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.
  - Give specific instructions on *how and when* to wash hands, wear a mask, practice physical distancing, report cases, and communicate with community members.
  - Allow participants opportunities to practice proper handwashing techniques, wearing masks as a safety precaution, 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.

<sup>4</sup> WHO. (2020, July 27). Considerations for implementing mass treatment, active case-finding, and population-based surveys for neglected tropical diseases in the context of COVID-19 pandemic. Interim guidance, 27 July 2020. <https://www.who.int/publications/i/item/WHO-2019-nCoV-neglected-tropical-diseases-2020-1>

## 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 eye examination of participants. Consider adding scenarios to practice role-playing, such as “you observe that one of the field team or a member of a selected household has symptoms or signs suggestive of COVID-19.”

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

## 3 FIELDWORK

Trachoma survey teams will need to take additional precautions when conducting surveys, as follows.

### 3.1 Transportation: Getting to and from Survey Sites

To minimize risks, where possible, avoid engaging graders and recorder who do not live in or near the targeted communities. Instead, it is preferred to engage people with required skills closest to the community. Consider excluding team members 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 quality 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 possible 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).<sup>5</sup> 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

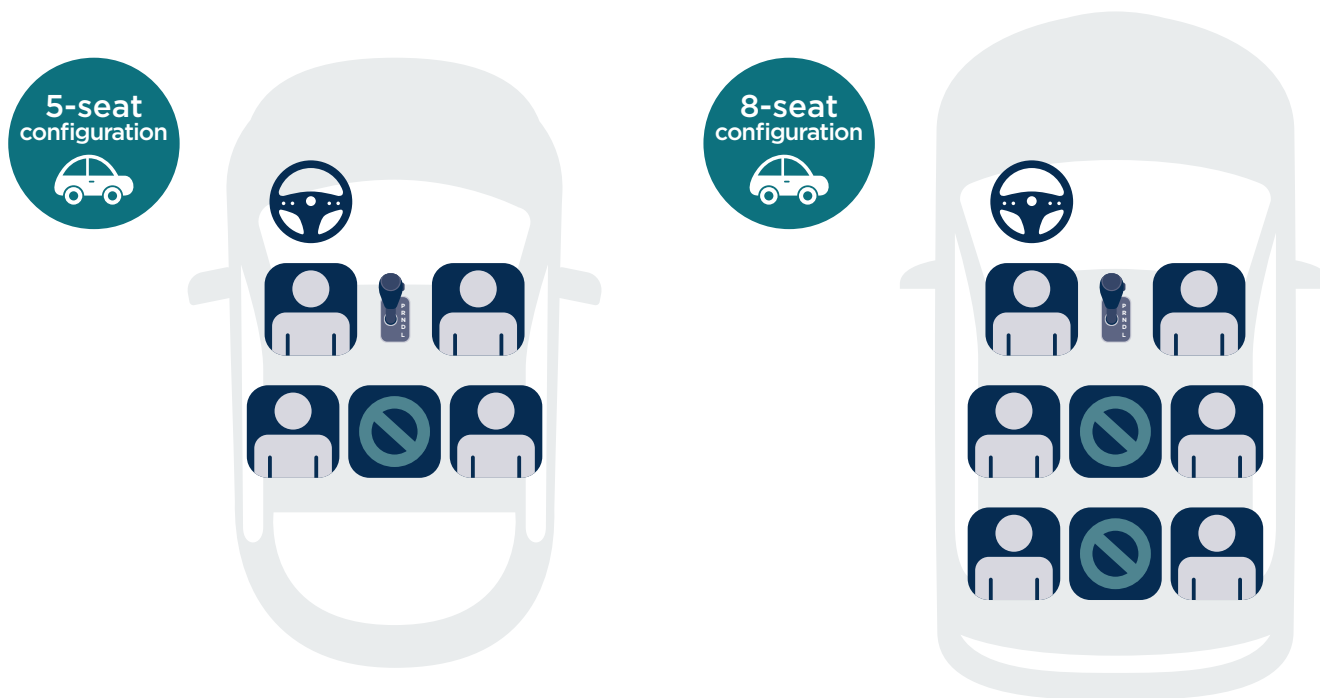
- Consider enforcing a policy that driver and passengers must wear face masks at all times during the trip.
  - Limit the amount of water and food consumed during car rides, to avoid contaminating surfaces.
  - Do not share water or food during car ride unless the supplies are packaged in individual servings.
  - Have vehicle occupants sanitize their hands both before and after consuming any food.
- 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](#) for one example, noting that the exact arrangements may vary based on local guidelines and car design.
  - For vehicles that seat 5 passengers, consider permitting only 3 passengers in addition to the driver (4 total people).

<sup>5</sup> WHO. (2020, December 16). Considerations for implementing a risk-based approach to international travel in the context of COVID-19. [Considerations for implementing a risk-based approach to international travel in the context of COVID-19 \(who.int\)](#)



- 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, the survey supervisor and the head of the medical district or region will arrange the passengers' seating.

**Exhibit 1.** Vehicle seating diagram



### 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.

## 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.

### 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 persons to be tested in a day should be reevaluated to consider these new safety measures, which could be more time consuming.
- 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 developing severe COVID-19 from fieldwork activities, including 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 trachoma 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, survey communication methods should be carefully chosen to reduce unnecessary exposure to others.

**Recommended:** letters, small meetings, and radio and TV announcements

**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 trachoma and involves examination of the eyelids. If the team plans to collect biological samples, e.g., for operational research, emphasize that the tests are for trachoma and not COVID-19.
- Note that safety measures have been put in place to reduce the possibility of COVID-19 transmission. Surveys may take longer due to increased precautions.
- 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 developing severe 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 household 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. Household 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 (covering 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 the survey, including COVID-19 messages.

### Box 2. Implications of WHO guidance on mask usage during LF surveys<sup>6</sup>

WHO?	MASK GUIDANCE
All survey team members	Medical mask (refer to <a href="#">WHO guidance document</a> for definition of medical mask and further details)
Children aged ≤ 5 years	Should not wear mask
Children aged 6–11 years	Use a risk-based approach when determining if mask use is necessary, including <ul style="list-style-type: none"> <li>• intensity of COVID-19 transmission</li> <li>• child's capacity to comply</li> <li>• availability of adult supervision</li> <li>• local, social, and cultural environment</li> <li>• specific settings (e.g., schools, or households with elderly residents)</li> </ul>
Participants ≥ 12 years	Nonmedical masks (cloth or fabric masks) (refer to <a href="#">WHO guidance document</a> for definition of nonmedical mask and further details)
Any persons at higher risk	Consider having them wear a medical mask or excluding them

6 WHO. (2020, December 1). Mask use in the context of COVID-19. Interim guidance. <https://apps.who.int/iris/handle/10665/337199>

### 3.3 General Survey Team Precautions

Minimum additional requirements: Staff will need to respect the precautionary measures and have in their work bag or vehicles the following supplies (in addition to normal survey requirements such as tetracycline ointments, hand gels, and loupes).

#### 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](#))
- Grader loupes with face shield
- Disinfectant: alcohol or a bleach solution (use 70%–90% ethanol or 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
- Gloves for graders (as per health ministry's protocol)
- Pens (should not be shared)
- Dustbin to collect waste
- 2-meter stick to measure distances between community members
- Poster with images of COVID-19 signs and symptoms
- Handheld infrared thermometer for fever screening
- Soap, if not available in the surveyed households



Photo: RTI International

#### Loupe Face-Shield Pilot

In the Democratic Republic of Congo, a grader wears gloves, a mask and a loupe-face shield when examining a community member's eyelid for trachoma.

### 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 developing severe COVID-19, including those with pre-existing medical conditions and those who are aged 60 years and older.



### 3.4 Conducting Trachoma Surveys

As per WHO standards, trachoma baseline, impact, and surveillance surveys involve examining the eyelids of all eligible residents aged 1 year and above; for trachomatous trichiasis-only surveys, adults aged 15 years and above are examined.

Surveys are undertaken house-to-house in the sampled households based on the predefined household sampling plan. Therefore, the survey teams must travel to each sampled household. The team should communicate to village leaders beforehand that community members should remain in their households during the survey, and also take measures to discourage people gathering to watch survey teams (children are especially likely to do this).

#### Standard protocol upon arrival

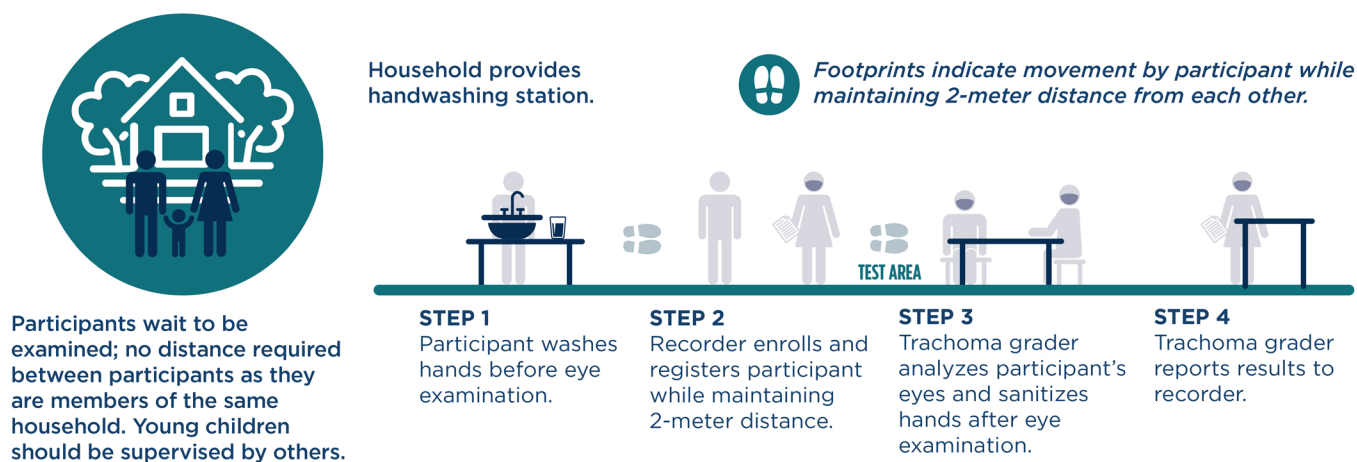
- On arrival at a home, have the team leader do a self-introduction and explain the purpose of the visit. In addition to routine messages given on trachoma surveys, they should explain to the household head the COVID-19 safety precautionary measures that should be followed:
  - State the common signs and symptoms of COVID-19 and inquire whether any of the household members have such or experienced such. If yes, then ask what action has been taken. In case no action has been taken, the survey team lead should notify the supervisor so that action can be taken.
  - Explain how things will be set up so that household members remain at least 2 meters away from the survey team, except during eyelid examination, when one participant will be in close contact with the grader. See [Exhibit 2](#) for an example of a possible set-up.
  - Emphasize the need for everyone to wash hands with soap and water for at least 20 seconds. Depending on how water is to be provided, households may have been asked in advance to provide handwashing water. The survey team will supply soap for this purpose.
- Conduct the household interview and eyelid examination outdoors.

#### Conducting the eyelid examination

- Have the survey team and local organizers designate staff or a volunteer to ensure that household members remain in their respective compounds and avoid neighborhood crowding. Consider how to handle curious children crowding to look at the survey process.
- Ensure that all household members maintain 2 meters of distance from the survey team, except when being examined.
- Have the survey team lead request that everybody in the household wash their hands with clean water and soap, while continuing to maintain 2 meters of distance between them and the survey team. The survey team should also wash their hands.
- Household interview:
  - Arrange for the recorder to maintain 2 meters of physical distance from the grader and household members during the household interview when undertaking required observations and obtaining global positioning system coordinates. Practice in advance how to tactfully communicate this requirement to the interviewees.
  - If the household head touches the laminated photos of water sources and sanitation facilities, assign the recorder to sanitize them.
- Enrollment and registration:
  - Have the recorder register each survey participant in the Tropical Data App while maintaining 2 meters of physical distance from the grader and household members.
  - If survey team members will share the consent form, have it laminated before the fieldwork begins, to allow sanitizing between households.

- Enforce a policy that ensures one phone per recorder, not to be shared with others because it might be contaminated and disinfecting the phone could damage it.
- Eyelid examination:
  - Ensure that the grader wears the medical mask and the loupe-face shield during the eyelid examination.
  - If the health ministry's protocol requires gloves, have the grader wear gloves for eyelid examinations – a new, clean pair for each examined case. If the grader uses gloves, they will place them afterward in a dustbin that the team will properly dispose of after the survey.
  - Have the grader call everyone who is to be examined one by one, to avoid crowding around the eyelid examination area. Position small children correctly with the help of their parents or guardians.
  - Require the grader to sanitize hands with alcohol gel or to wash hands with soap and water after examining each participant (whether wearing gloves or not).
- Have the recorder sit or stand 2 meters away from the eyelid examination point and record results.
- Repeat the steps above for everyone in the household.
- Ensure that the grader disinfects the face shield with alcohol spray after examining all household members and before the survey team moves to the next household.

## Exhibit 2. Trachoma survey in households



## 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.

## 4 SURVEY SUPERVISION

In addition to managing routine survey supervision, supervisors should ensure that their team follows COVID-19 preventative measures from start to finish ([Appendix D](#)). A dedicated person from the survey team should observe adherence to the measures at every household and provide immediate feedback to allow for corrective action. For example, if the grader is not wearing their loupe-face shield correctly, the observer should signal to them that it needs adjusting ([Appendix A](#)).

### 4.1 COVID-19 Safety Measures Related to Supervisors

- Have supervisors follow the same infection-control measures as surveyors (see [section 3.3](#) above).
- As much as possible, delegate in-person survey supervision to local supervisors. If district- or national-level supervisors must be brought in, they should not come from areas with higher COVID-19 infection rates than the area being surveyed, and they should take risk-control measures during travel (see [section 3.1](#) above).

### 4.2 Ensuring COVID-19 SOPs Are Being Followed

- Have supervisors ensure that SOPs related to COVID-19 are being followed. See [Appendix D](#) for items that can be added to a supervision checklist.
  - **If supervisors observe something that is not correct, have them provide immediate feedback to the surveyors so that the issue can be corrected.**
  - Summarize issues being addressed as part of regular feedback to their trachoma program manager during the survey, highlighting any high-priority concerns for national/regional/district-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 as soon as they return from the field.
  - Record and document reported 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., 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 immediately sharing information that allows real-time changes to be made during trachoma surveys (see [supervision section 4](#) above), programs can help by documenting and sharing more widely the lessons they learn. Below are a few ways that this can be done; see also [Appendix E](#).

- 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 under COVID-19, 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 D](#) for a sample form that can be combined with trachoma survey 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 effort includes the following best practices:
  - › Quickly share photos and stories (e.g., via Twitter, Instagram, on websites, and in blogs) that illustrate adaptations being made during surveys.
  - › In post-survey reports, include a section on learning from COVID-19. Under this section, bring together material documented in supervisors' reports, from post-survey review meetings, and from other sources, and summarize it.
  - › Reports at national/regional/district level should include recommendations for future SOPs, training, planning, etc.
  - › Materials from reports can be further shared in review and other meetings, group chats, blogs, tweets, publications, etc.

If you have any feedback on this document or recommendations for future versions, please email [acteast@rti.org](mailto:acteast@rti.org).

## APPENDIX

### Appendix A. Instructions for Fabrication and Assembly of Loupe-Face Shield

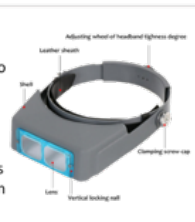
#### Assembly instructions for the Integrated Optivisor/face shield Magnifying loupe



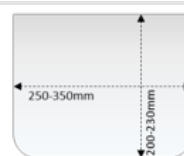
#### Materials Required for Assembly

##### 1. Optivisor Magnifying Loupe with Headband.

- The loupes are usually supplied to country programs free of charge by Tropical Data.
- Most recent batch of loupes are supplied with magnifying lens attached to **shell** with pair of nuts and bolts (3mm diameter x 10mm long).



##### 2. Clear face shield/ plexi visor (width 250-350 mm x height (200 to 230mm). The ideal thickness of the plexi visor should be 0.5mm.



\*Figure not drawn to scale

##### 3. Adhesive Velcro strips (width 20mm x length 80-100mm)

- You can buy a roll of 20mm adhesive Velcro and cut the strips into appropriate length.



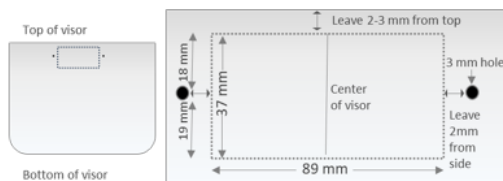
##### 4. Tools

- a) Ruler 300mm
- b) Sharp cutting knife
- c) Leather punch
- d) Flat screwdriver

#### Assembly instructions (1)

##### STEP 1: Make measurements on the plexi visor

- A rectangular aperture 89mm x 37mm in the center (magnifying lens will fit in here)
- Two 3mm holes (2mm from each vertical side of aperture) for securing the plexi visor (and magnifying lens) on to *Optivisor Shell*



##### STEP 2: Cut out measurements

Cut out the rectangular magnifying lens aperture (using a sharp cutting knife – Tool B) and punch two 3mm holes (using a leather punch – Tool C) as shown by the markings (see Figure 2.).



##### STEP 3: Prepare Optivisor Shell (not shown)

Use flat screw driver – Tool D – to unscrew the pair of bolts and nuts on Optivisor eye section. The 3mm holes made from Step 2 will be used to attach the visor to the Optivisor in Step 5.

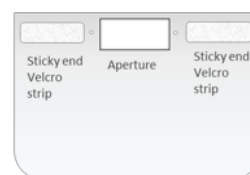
\*Figures appearing in Assembly Instructions not drawn to scale

#### Assembly instructions (2)

##### STEP 4: Attach Velcro

Cut the Velcro strips (80 to 100mm). Attach sticky side on the (A) plexi visor and soft side to (B) the *Optivisor Shell* as shown in the illustrations below.

Top of visor



Bottom of visor



##### STEP 5: Assemble integrated equipment

- Attach the plexi visor (together with the magnifying lens) into the *Optivisor Shell* using the pair of bolts and nuts and tighten using a screw driver.
- Secure the plexi visor on the sides of the *Optivisor Shell* with the Velcro strip.

The Integrated Optivisor face shield loupe is now ready to use.





## Appendix B. Checklist to Use During Training

Survey Training Checklist During COVID-19		If yes, tick box	Comments
<b>Pre-training Checklist</b>			
1	Is the venue large enough to accommodate the intended number of participants with a 2-meter distance between them?	<input type="checkbox"/>	
2	Are seats, benches, or desks arranged 2-meter apart?	<input type="checkbox"/>	
3	Is the venue well ventilated? Are windows and doors functioning well and are open?	<input type="checkbox"/>	
4	Is the venue marked to limit access of unauthorized personnel?	<input type="checkbox"/>	
5	Is the venue cleaned and disinfected with standard cleaning solutions and disinfectants before participants arrive?	<input type="checkbox"/>	
6	Is the shared bathroom cleaned and disinfected at the beginning of the day and again at midday?	<input type="checkbox"/>	
7	Is there a washing area set up and equipped with an adequate supply of water and soap at the beginning of the training?	<input type="checkbox"/>	
8	Is there a focal person assigned to monitor all hygiene and sanitation supplies and activities during the event?	<input type="checkbox"/>	
9	Is adequate alcohol-based sanitizer available in areas where water is scarce?	<input type="checkbox"/>	
10	Is every attendee wearing a medical face mask properly (covering nose and chin)?	<input type="checkbox"/>	
11	Is there a focal point assigned to manage screening? Do they have a COVID-19 signs and symptoms checklist (see <a href="#">Box 1</a> ) available to them?	<input type="checkbox"/>	
12	Is every participant screened for signs and symptoms of COVID-19 using a checklist (see <a href="#">Box 1</a> ) before entering the venue?	<input type="checkbox"/>	
13	If any participant reported COVID-19 symptoms, were they managed according to local guidelines?	<input type="checkbox"/>	

Survey Training Checklist During COVID-19		If yes, tick box	Comments
<b>Post-training Checklist</b>			
1	Was the venue cleaned and disinfected with standard cleaning and disinfectants at the end of the day?	<input type="checkbox"/>	
2	Was the shared bathroom cleaned and disinfected at the beginning and end of the day?	<input type="checkbox"/>	
3	Were all materials and equipment disinfected after each use?	<input type="checkbox"/>	
4	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?	<input type="checkbox"/>	
5	Were disposable medical masks properly disposed of in the dustbin after the training?	<input type="checkbox"/>	
6	Did any participant develop signs and symptoms of COVID-19 during training?	<input type="checkbox"/>	
7	If any participant developed COVID-19 symptoms during training, were they managed according to local guidelines?	<input type="checkbox"/>	

## Appendix C. COVID-19 Precaution Adherence Checklist

- This check list should be use by the focal person appointed to monitor compliance with risk mitigation measures by household 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, e.g., to the grader to pull up their mask or politely asking household member to stand back or asking parents if they could help keep children away.

- 
- ☐ Are the survey teams always wearing medical masks correctly during the visit to this household? Are household members wearing masks correctly in accordance with the guidance?
  - ☐ Are the survey teams/household members washing or sanitizing hands on when the survey team arrives?
  - ☐ Are survey teams conducting interviews and eye examinations outdoors?
  - ☐ Are survey team members informing the household members about COVID-19 precautions?
  - ☐ Are survey teams/household members observing a 2-meter physical distancing?
  - ☐ Are survey teams asking household members about COVID-19 signs and symptoms before the examination?
  - ☐ Does the grader use a loupe-face shield during examination of participants?
  - ☐ Does the grader wash their hands after examining each participant?
  - ☐ Is the grader disinfecting the face shield with an alcohol-based cleaner after examining all the participants of the household?
  - ☐ Is the grader properly disposing gloves (if using) after the examination ends?
-

## Appendix D. 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 survey 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.

Daily Survey Supervision Checklist for COVID-19		If yes, tick box	Comments
1	Is there any member of survey team (grader, recorder, driver, supervisor) with signs and symptoms of COVID-19?	<input type="checkbox"/>	
	If yes, what actions have you taken?		
2	Do all the graders and recorders have sufficient supplies and equipment for fieldwork?	<input type="checkbox"/>	
3	Are there any extenuating COVID-19 issues that require the survey activities to be stopped?	<input type="checkbox"/>	
	If yes, list in the column to the right and communicate with the survey coordinator immediately.		

### Household 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.

Household Survey Supervision Checklist for COVID-19		If yes, tick box	Comments
1	Are the recorder and village guide wearing medical masks at all times during the visit to this household?	<input type="checkbox"/>	
2	Is the grader wearing a medical mask at all times during the visit to this household? Are they wearing the loupe-face shield during all examinations?	<input type="checkbox"/>	
3	Is the eyelid examination being conducted outdoors for all household participants in this household?	<input type="checkbox"/>	
4	Is the survey team informing household members about COVID-19 precautions?	<input type="checkbox"/>	
5	Are the household participants and surveyors observing physical distancing (2 meters) during the household interview and when waiting for their eyelids to be examined?	<input type="checkbox"/>	
6	Have the surveyors asked all household participants if they have COVID-19 symptoms before the eye examination starts?	<input type="checkbox"/>	
7	Are all the eligible household participants (12 years and older) wearing non-medical masks during the eyelid examination in this household? Are children aged 6–11 years following the agreed-upon mask guidance for this context (see <a href="#">Box 2</a> )?	<input type="checkbox"/>	
8	Is the grader washing their hands with soap/water or alcohol-based sanitizer after completing the eyelid examination of each participant in this household?	<input type="checkbox"/>	
9	Is the grader disinfecting the face shield with an alcohol-based cleaner after examining all the participants in this household?	<input type="checkbox"/>	
10	Has the grader properly disposed of gloves (if using) after completing the examination?	<input type="checkbox"/>	
11	Is the grader experiencing any difficulties with using the loupe-face shield while conducting the eye examination with this household?	<input type="checkbox"/>	



<b>Household Survey Supervision Checklist for COVID-19</b>		<b>If yes, tick box</b>	<b>Comments</b>
<b>12</b>	Do you have any concerns with how the recorder is performing their tasks in this household?	<input type="checkbox"/>	
<b>13</b>	Are there any recommendations that you are advising the survey team based on your observations in this household?	<input type="checkbox"/>	
If yes, please summarize recommendations.			
<b>14</b>	Are there any concerning rumors or misinformation circulating in the community that you need to share with the trachoma program manager?	<input type="checkbox"/>	
If yes, please summarize concerns.			
<b>15</b>	Are there any other important concerns that you need to share with the Trachoma Program Manager based on your observations of this household?	<input type="checkbox"/>	
If yes, please summarize concerns.			

## Appendix E. Documenting Learning

At the end of the survey, the survey team should consider doing 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.

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