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Please send any feedback about this guidance document or recommendations for future versions to acteast@rti.org.



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LIST OF ABBREVIATIONS

CD	compact disc
COVID-19	coronavirus disease 2019 (SARS-CoV-2)
MDA	mass drug administration
NTD	neglected tropical disease
PPE	personal protective equipment
ppm	parts per million
SOP	standard operating procedure
TRA	trachoma
UN	United Nations
USAID	United States Agency for International Development
USB	universal serial bus
WHO	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 World Health Organization's (WHO's) guidance for neglected tropical disease (NTD) programs released on July 27, 2020.¹ 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 contained in this document were led by in-country staff. They are based on lessons learned from experience with Ministry of Health-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.

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, have NTD coordinator representation on the national COVID-19 task force.
- 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 (PPE) 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.
- 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.

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. https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/



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 by NTD programs as well as by 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 committees—such as nongovernmental development organization coalitions and NTD Steering Committees—to develop and adapt protocols, share implementation experiences, and mobilize and train the workforce.
- 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. COMMUNICATION

In the context of the COVID-19 pandemic, there is a high demand for information—specifically, about the risk of COVID-19 as related to NTD activities—and an increased desire for 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.



2.1 BEFORE AND DURING SURVEY: COMMUNICATION WITH AUTHORITIES AT THE 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.
- 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).
- 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.

2.2 BEFORE AND DURING SURVEYS: COMMUNICATION 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. The village guide should be briefed about the core messages below and assist the survey team with communicating to participating households. In addition, the village guide should be briefed on measures being undertaken by the survey teams and should observe the precautionary measures being undertaken in each household using Appendix A.

New communication messages:

- 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 below).
- 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 preexisting 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 household members who have arrived in the past 14 days.

- Explain how the annual survey will be different this year. 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 proved 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 at all times.
 - Require participants to use face coverings per local guidance (see Box 2).
- 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.
- 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.

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 3.6.²

COVID-19 Screening	
1	Symptoms suggestive of COVID-19: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 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. <https://www.who.int/publications/i/item/WHO-2019-nCoV-neglected-tropical-diseases-2020-1>



Box 2. Implications of WHO guidance on mask usage during trachoma surveys.³

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

Means of communication

Letters, small meetings, and radio and TV announcements remain safe modes of communication. However, face-to-face communication with households and large gatherings should be avoided where possible and should always follow the health ministry’s guidance.

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.

2.3 AFTER SURVEYS: COMMUNICATION WITH THE COMMUNITY

- If necessary, provide feedback to community leaders and supervisors. Maintain physical distancing, meet outside where possible, and ensure use of a medical mask as per the health ministry’s guidelines.
- 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 prevention measures.
- Discuss and agree on follow-up actions.

³ WHO. (2020, December 1). *Mask use in the context of COVID-19. Interim guidance.* <https://apps.who.int/iris/handle/10665/337199>



2.4 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.

- 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 drug distribution to appropriate authorities in the community, including the COVID-19 task force, local health ministry authorities, and the NTD program manager.
- Appoint a staff member at the regional/district level 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.
- Enlist trusted community members to help dispel rumors.

3. 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.

3.1 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 connections are 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) to arrange virtual training via a virtual platform such as Zoom.

3.2 IN-PERSON TRAINING VENUES

If training must be done in person, the following guidelines and procedures should be observed.

Additional supplies list

- Masks: nonmedical masks for physically distanced training activities (i.e., listening to training module at training venue) and medical masks for survey trainees and trainers when working with samples or leading training in the field



- Disinfectant to wipe surfaces (use 70%–90% ethanol or ethyl alcohol for equipment, and sodium hypochlorite at 0.1%/1,000 parts per million (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 B 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 severity of COVID-19 symptoms, including those over 60 years and those with preexisting medical conditions.
- Have ready at the training all materials needed for the surveys that will follow: drugs, diagnostic tests, job aids, and PPE (such as medical masks and face shields for the survey team).
- 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, which opens up additional opportunities for COVID-19 transmission.
- 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; outdoors is preferred. If indoors, ensure that the space is well ventilated, and, when possible, keep windows open. 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).
- Enforce a policy of no eating 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.



3.3 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 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 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.

3.4 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 C) and report back to the group on which COVID-19 precaution practices were followed well and which were not. Practice again as needed.

4. FIELDWORK

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

4.1 TRANSPORTATION: GETTING TO AND FROM SURVEY SITES

4.1.1 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).⁴ Other symptom screening is still recommended (see Box 1).

⁴ WHO. (2020, December 16). *Risk assessment tool to inform mitigation measures for international travel in the context of COVID-19. Annex to: Considerations for implementing mass treatment, active case-finding, and population-based surveys for neglected tropical diseases in the context of COVID-19 pandemic.* <https://apps.who.int/iris/handle/10665/337850>

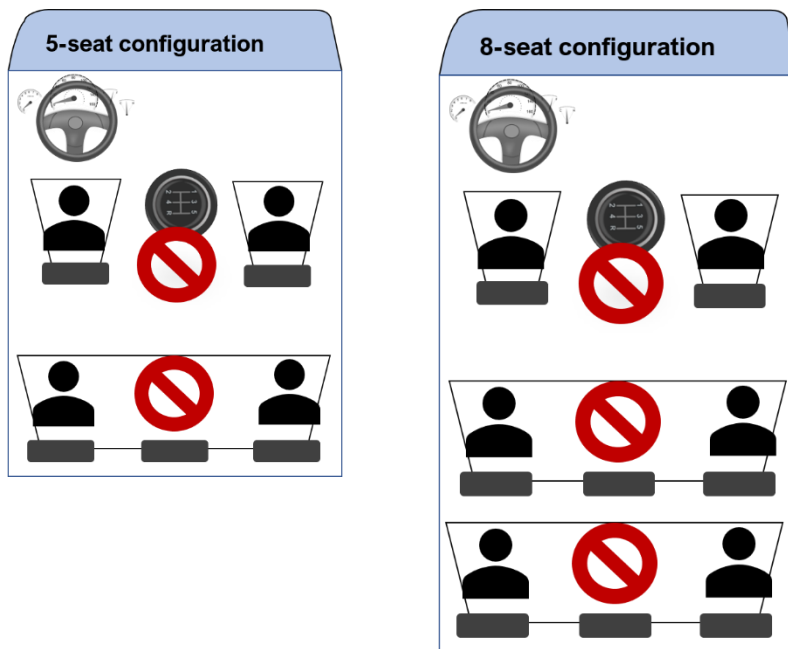


- Always before they enter a vehicle, have the driver and passengers wash their hands.

4.1.2 WHILE INSIDE THE VEHICLE

- Enforce 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 removal of masks and contamination of 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).
 - 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





4.1.3 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.

4.2 GENERAL SURVEY TEAM PRECAUTIONS

- To minimize risks, consider engaging only grader and recorder trainees who live in or near the targeted survey districts. Consider excluding grader and recorder trainees who live in areas with known COVID-19 community transmission (engage local authorities about community infection rates).
- 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 materials:

- 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
- 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
- Supplies such as tape, chalk, or sticks to mark required separation distance between community members
- Gloves for graders (as per health ministry's protocol)
- Pens (should not be shared)
- Dustbin to collect PPE 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



General protocols

- Note that implementing these additional precautions may cause the activity to take longer than normal.
- Ensure that all survey team members (from the local community or the ministry) are aware of the signs and symptoms of COVID-19. If anyone feels unwell at any time during the survey, have them 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 finding should be reported immediately following local communication protocols. Development of even one positive case among the survey team may require stopping the survey.
- Enforce a policy that team members who are identified as having come into contact with positive COVID-19 cases in the past 14 days should not report for work. If survey team members come into contact with suspected COVID-19 cases during the survey, mandate that they contact the supervisor immediately, and follow national guidelines.
- Screen all survey team members (including driver and supervisor) for COVID-19 (fever and symptoms) twice daily: once in the morning before fieldwork and once in the afternoon or evening after fieldwork.
- Designate additional personnel (e.g., a volunteer or an additional survey team member) as the focal point to ensure compliance with SOPs (i.e., physical distancing, use of PPE, and handwashing).
- Before starting the survey, have the team leader introduce and discuss the purpose, methodology and timing of the survey to the community leaders (chief of village, religious leaders, guides). The survey team should be accompanied by a representative from the health district team or local health facility.
- Enforce a policy that survey team members always wear masks. If team members find they must remove their temporarily in order to be heard clearly, have them extend their distance from community members until the mask is replaced.
- Ensure that, to the greatest degree possible, the survey team members avoid eating or drinking while conducting the survey fieldwork. Anyone who consumes food or drink should keep proper physical distance from others when masks are off, and wash hands with soap and water or sanitize them with hand sanitizer both before and after eating or drinking.
- During planning, reevaluate the number of persons on a team and the number of persons to be tested in a day to account for these new safety measures, which could be more time consuming.
- As much as practicable, when the weather allows, conduct surveys outdoors, in bright light.
- Consider using a surface or covering that can be easily wiped down. Disinfect all equipment and surfaces twice a day.
- Consider excluding from fieldwork activities people who have an increased risk of developing severe illness from COVID-19 if infected, including those with preexisting medical conditions and those who are aged 60 years and older.
- Maintain regular contact with field locations and understand cultural issues and political situations.



4.3 CONDUCTING TRACHOMA SURVEYS

As per WHO standards, trachoma baseline, impact, and surveillance surveys involve examining the eyes 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 want to do this).

Standard protocol upon arrival

- Conduct the household interview and eye examination outdoors.
- 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.

Conducting the eye 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.

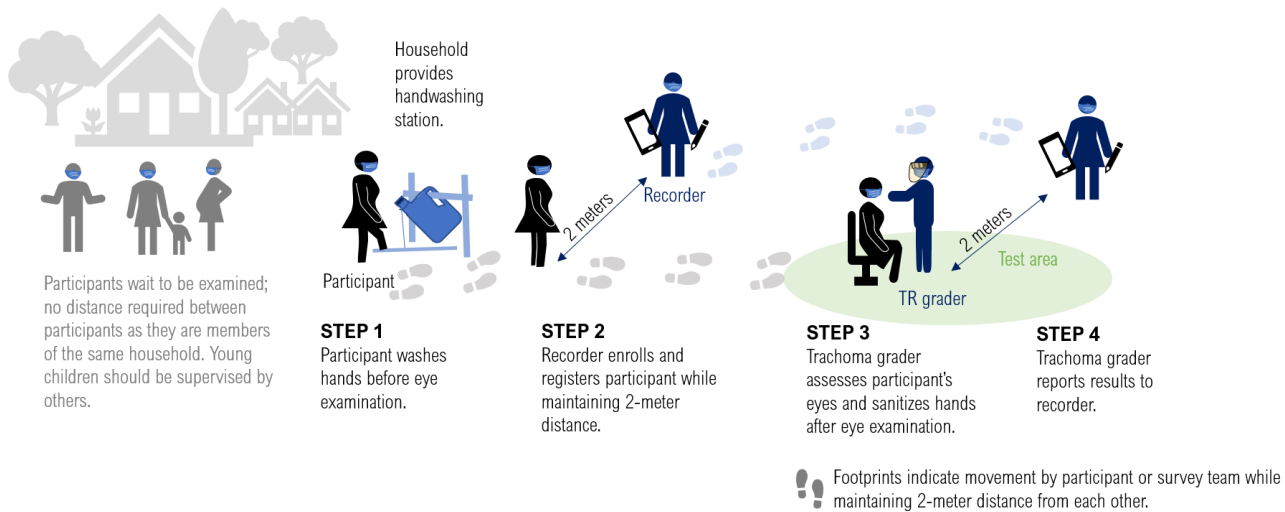


- If the household head touches the laminated photos of water sources and sanitation facilities, assign the recorder to sanitize them.
- Enrollment and registration:
 - Have the recorder register each survey participant in the Tropical Data App while maintaining 2 meters of physical distance from the 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.
- Eye examination:
 - Ensure that the grader wears the medical mask **and** the loupe-face shield during the eye 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 eye 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

Household Trachoma Survey



5. SURVEY SUPERVISION

In addition to managing routine survey supervision, supervisors should ensure that their team follow COVID-19 preventative measures from start to finish (Appendix D). A dedicated person from the survey team (e.g., the village guide) 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 mask correctly, the observer should signal to them that it needs adjusting (Appendix B).

5.1 COVID-19 SAFETY MEASURES RELATED TO SUPERVISORS

- Have supervisors follow the same infection-control measures as surveyors (see section 4.2 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 4.1 above).

5.2 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.



5.3 MONITORING OF COVID-19 CASES

- Team supervisors are responsible for receiving reports on reported community COVID-19 cases and providing 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.

5.4 VIRTUAL SUPERVISION

- To minimize risk, consider keeping the number of persons traveling to the field to a minimum. District- and national-level supervision may be done virtually. Virtual supervision methods include the following:
 - Use group chat applications such as WhatsApp during surveys to share observations and advise 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.

6. DOCUMENTATION, 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 5 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 3).



- **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.



APPENDIX A. HOUSEHOLD/SURVEY TEAM COVID-19 PRECAUTION ADHERENCE CHECKLIST

- This check list should be use by the focal person (e.g., the village guide) appointed to monitor compliance with risk mitigation measures by household members.
- Refer to this checklist and 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.

Household Survey Supervision Checklist for COVID-19

	Are the survey teams always wearing medical masks correctly during the visit to this household?
	Are the survey teams washing or sanitizing hands on arrival at the household?
	Are survey teams conducting interviews and eye examinations outdoors?
	Are survey team members informing the household members about COVID-19 precautions?
	Are survey teams and 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 B. INSTRUCTIONS FOR FABRICATION AND ASSEMBLY OF LOUPE-FACE SHIELD

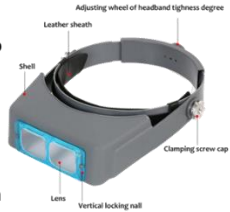
Assembly instructions for the Integrated Optivisor/face shield Magnifying loupe



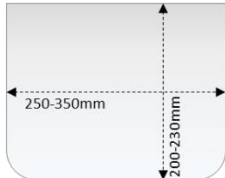
Materials Required for Assembly

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.



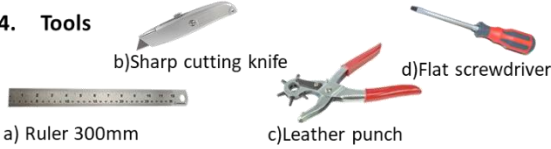
*Figure not drawn to scale

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

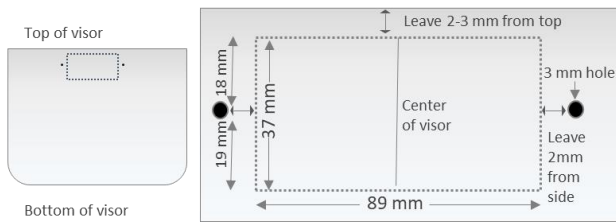




Assembly instructions (1)

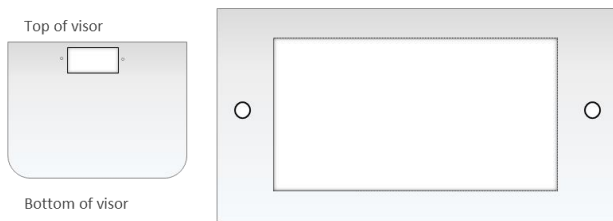
STEP 1: Make measurements on the plexi visor

- 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)

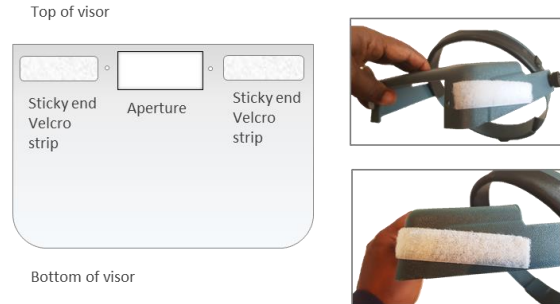
Use flat screw driver – Tool D – to unscrew the pair of bolts and nuts on Optivisor eye section. The 3mm holes made from Step 2 will be used to attach the visor to the Optivisor in Step 5.

*Figures appearing in Assembly Instructions not drawn to scale

Assembly instructions (2)

STEP 4: Attach Velcro

Cut the Velcro strips (80 to 10mm). Attach sticky side on the (A) plexi visor and soft side to (B) the *Optivisor Shell* as shown in the illustrations below.



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 C. CHECKLIST TO USE DURING TRAINING

Survey Training Checklists during COVID-19		Yes/No	Comments
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 2-meter 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 solutions and disinfectants before participants arrive?		
6	Is the shared bathroom cleaned and disinfected at the beginning of the day and again at midday?		
7	Is there a washing area set up and equipped with an adequate supply of water and soap at the beginning of the training?		
8	Is there a focal person assigned to monitor all hygiene and sanitation supplies and activities during the event?		
9	Is adequate alcohol-based sanitizer available in areas where water is scarce?		
10	Is every attendee wearing a medical face mask properly (covering nose and chin)?		
11	Is there a focal point assigned to manage screening? Do they have a COVID-19 signs and symptoms checklist (see Box 1) available to them?		
12	Is every participant screened for signs and symptoms of COVID-19 using a checklist (see Box 1) before entering the venue?		
13	If any participant reported COVID-19 symptoms, were they managed according to local guidelines?		
Post-training checklist			
1	Was the venue cleaned and disinfected with standard cleaning and disinfectants at the end of the day?		
2	Was the shared bathroom cleaned and disinfected at the beginning and end of the day?		
3	Were all materials and equipment disinfected after each use?		
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?		
5	Were disposable medical masks properly disposed of in the dustbin after the training?		
6	Did any participant develop signs and symptoms of COVID-19 during training?		



Survey Training Checklists during COVID-19		Yes/No	Comments
7	If any participant developed COVID-19 symptoms during training, were they managed according to local guidelines?		



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		Yes/No	Comments
1	Is there any member of survey team (grader, recorder, driver, supervisor) with signs and symptoms of COVID-19?	Yes/No	
2	If yes, what actions have you taken?		
3	Do all the graders and recorders have sufficient supplies and equipment for fieldwork?	Yes/No	
4	Are there any extenuating COVID-19 issues that require the survey activities to be stopped?	Yes/No	
5	If Yes, list below and communicate with the survey coordinator immediately.		



Household Survey Supervision Checklist for COVID-19

- Supervisors should complete this checklist after conducting a sample of 5-10 households per cluster during the supervision visit.
- The checklist is based on observations and required checks that the supervisor is required to complete during the household visit.
- The checklist can also be developed for electronic data capture using the software development kit system.

Household Survey Supervision Checklist for COVID-19		Yes/No	Comments
1	Are the recorder and village guide wearing medical masks at all times during the visit to this household?	Yes/No	
2	Is the grader wearing a medical mask and loupe-face shield at all times during the visit to this household?	Yes/No	
3	Is the eye examination being conducted outdoors for all household participants in this household?	Yes/No	
4	Is the survey team informing household members about COVID-19 precautions?	Yes/No	
5	Are the household participants and surveyors observing physical distancing (2 meters) during the household interview and when waiting for eye examination to be done?	Yes/No	
6	Have the surveyors asked all household participants if they have COVID-19 symptoms before the eye examination starts?	Yes/No	
7	Are all the eligible household participants (12 years and older) wearing non-medical masks during the eye examination in this household? Are children aged 6–11 years following the agreed-upon mask guidance for this context (see Box 2)?	Yes/No	
8	Is the grader washing their hands with soap/water or alcohol-based sanitizer after completing the eye examination of each participant in this household?	Yes/No	
9	Is the grader disinfecting the face shield with an alcohol-based cleaner after examining all the participants in this household?	Yes/No	
10	Has the grader properly disposed of gloves (if using) after completing the examination?	Yes/No	
11	Is the grader experiencing any difficulties with using the loupe-face shield while conducting the eye examination with this household?	Yes/No	



Household Survey Supervision Checklist for COVID-19		Yes/No	Comments
12	Do you have any concerns with how the recorder is performing their tasks in this household?	Yes/No	
13	Are there any recommendations that you are advising the survey team based on your observations in this household?	Yes/No	
14	If yes, please summarize recommendations.		
15	Are there any important concerns that you need to share with the Trachoma Program Manager based on your observations of this household?	Yes/No	
16	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 period (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.

Time Period	Description of Relevant Learning and Adapting
Pre-survey (including planning and training)	
During survey implementation	
Post-survey	
Provide your top 1–2 recommendations for future activities	