



ASCEND
 Accelerating Sustainable Control and
 Elimination of Neglected Tropical Diseases



Bangladesh • Ethiopia • India • Kenya • Malawi • Mozambique • Nepal • South Sudan • Sudan • Tanzania • Uganda • Zambia



Guidance for continuing MDA safely during the global COVID-19 pandemic

Country Lead Guidance for supporting MDAs

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1. BACKGROUND /

Accelerating Sustainable Control and Elimination of NTDs (ASCEND) is an investment from the UK government's Department for International Development (DFID), to advance the impact and sustainability of national programmes tackling neglected tropical diseases (NTDs) in 12 countries spread across South Asia, East and Southern Africa (Lot 1), as well as in West and Central Africa (Lot 2). Central to the ASCEND approach is collaboration with national governments and other implementing partners, to enhance national approaches to NTD control and elimination. ASCEND's goal is to contribute to the global goal of reducing /eliminating the burden of targeted NTDs so that they are no longer a public health problem.

COVID-19 is caused by a highly infectious coronavirus known as SARS-CoV-2. The virus spreads between people primarily through close contact and via respiratory droplets emitted from infected persons through coughing, sneezing, as well as laughing, singing and talking. Crowded spaces, especially indoors where there is no free flowing air, is a likely major spreader of the virus. Standard MDA delivery programmes involve close contact between individuals, commonly in crowded space, and provide a potential risk for transmission of COVID-19. Added to that is the model of bringing trainees from various regions of the country together for trainings frequently in closed, indoor spaces, for a period of time. If infection happens during these trainings, these individuals could therefore be potential vectors of transmission to previously uninfected regions.

The current COVID-19 global pandemic presents unique challenges to health systems and health policies and requires both an appropriate response to the COVID-19 outbreak, and appropriate and safe management of existing health care services and structures. The additional burden of planning and responding to the pandemic runs the risk of overwhelming health systems, leaving ongoing preventive care activities by the wayside, and leading to increased secondary morbidity and mortality, in particular to vulnerable populations.

NTD delivery activities within the ASCEND project have been interrupted with the emergence of the COVID-19 pandemic in accordance with WHO recommended guidance on NTD programming during the pandemic¹. Thus, all mass drug administration (MDA), disease specific assessments, as well as morbidity management and disability prevention (MMDP) activities have been suspended as of March 2020. The exception is continued treatment and care to patients presenting at health care facilities.

As the initial preparedness phase is passing, more is being understood about the nature of the virus and its transmission, and aligned with WHO guidance², governments are now looking to identify health services that can continue. ASCEND lot 1 is now looking to support continued MDA and NTD control activities under amended protocols sensitive to preventing COVID-19 transmission risk between and within communities. Any continued delivery of NTD health services during the COVID-19 pandemic will need to be adaptive and agile, involving constant monitoring of the situation, re-evaluation of decisions and responding to changing country and local situations in relation to both COVID-19 transmission, to ongoing and potential outbreaks and resurgence of disease, at the same time as ensuring critical preventive activities can continue.

This document, developed with support from NTD coordinators, aims to provide guidance to ASCEND country leads and ASCEND programmes to safely conduct MDA during the global pandemic. It identifies a series of actions and considerations for continuing MDA, including steps to ensure that delivery is adapted and amended appropriately to ensure the safety of the communities they serve.

¹ COVID-19: WHO issues interim guidance for implementation of NTD programmes

https://www.who.int/neglected_diseases/news/COVID19-WHO-interim-guidance-implementation-NTD-programmes/en/ accessed 12 May 2020

² Community based health care, including outreach and campaigns in the context of the COVID-19 pandemic, WHO 2020

<https://www.who.int/publications-detail/community-based-health-care-including-outreach-and-campaigns-in-the-context-of-the-covid-19-pandemic> accessed 28th May 2020

2. PROCESS FOR APPROVAL /

ITEM	REQUIREMENT	RELATED STEP IN GUIDANCE DOCUMENT
1	<p>Supporting documentation</p> <p>Overview report including:</p> <ul style="list-style-type: none"> Name of Disease to be targeted and drugs to be distributed; Number of IUs , total population to be targeted and targeted population (SAC, Adults etc) COVID-19 situation, including total and local case numbers, deaths and preparedness in country. NTD transmission in the focus area, and risk to delaying MDA Capacity of NTD programme to deliver Local perceptions to the activity Government national guidance 	Step 1: Review of current national and local situation
2	<p>Risk Assessment and risk mitigation plan</p> <p>Completed risk assessment tool and mitigation plan for minimising risk of transmission of COVID-19 during MDA</p>	Step 2: Risk assessment and development of mitigation plan and accompanying risk assessment and mitigation tool
3	<p>Amended MDA process</p> <p>Overview document documenting an amended strategy for delivering MDA, and associated amended SOPs for:</p> <ul style="list-style-type: none"> Planning Training Delivery Monitoring and Reporting 	Step 3: Review and amendment of the MDA process and SOPs
4	<p>Approvals</p> <p>At a minimum the following is required:</p> <ul style="list-style-type: none"> MOH <i>Signed letter of approval from Minister of Health and COVID-19 Task Force</i> WHO <i>Letter from head of local WHO office supporting the plan of action</i> DFID local office sign off <i>note of discussion with local DFID office</i> Acknowledgement from Drug donation programme of any deviation from the MOU and the amended delivery 	Step 4: Approval for implementation and acknowledgement of adaptations
5	<p>Inventory list</p> <p>Confirmation that materials for MDA are available, as well as additional protective equipment (see Appendix A in Guidelines)</p>	Step 5: Updating inventory management and delivery
6	<p>Amended IEC and BCC strategy</p> <p>Amended materials and details of planned distribution</p>	Step 6: updating IEC and BCC content and delivery strategy

7	Reporting and M&E	Amended reporting and monitoring plan, including for reverse cascade of information, amended supervision tools and plan, amended reporting forms inclusive of COVID-19 indicators if relevant. Plan for ICS	Step 7: Reporting and Monitoring and Evaluation
8	Re-budgeting	Updated detailed budget with clear COVID-19 related budget lines highlighted.	Step 8: Re-budgeting

3. IMPACT ON NTD PROGRAMMES AND RATIONALE FOR CONTINUING SUPPORT TO MDA PROGRAMMES DURING COVID-19 IN SPECIFIC CONTEXTS /

Many NTD programmes are faced with multiple challenges as a result of the COVID-19 pandemic, including adverse impacts on elimination targets and missed treatment opportunities for protecting against NTD associated morbidities. Furthermore, interruption of NTD care and treatment may result in loss of committed personnel, trained resources and hamper supply chains.

Already countries are reporting loss of human resources as health staff are being repurposed to the COVID-19 response, interrupted communication and focus on drug shipments is creating bottlenecks in the supply chain of essential donated drugs, and a risk of missed submissions for drug requests to the WHO threatens a shortage of drugs for NTDs once normal programming resumes. Mitigating strategies to reinforce NTD programmes during this period of interrupted programming will support seamless rapid scale up of MDA once these programmes are allowed to resume.

Within ASCEND lot 1, governments in multiple countries, have expressed interest in pursuing MDA at this point in time. The reasoning for these requests revolves around approaching drug expiry dates, recognition of the threat of secondary impacts and morbidity due to missed chemotherapy rounds, and a desire for maintaining progress on the path to elimination. This drive by governments to continue MDA despite setbacks and requirements for adaptation of programmes speaks strongly to the ownership of the NTD programme by national governments. As partners with government, The ASCEND lot 1 consortium wishes to support governments in conducting MDA while ensuring a safe, and well designed set of procedures for ensuring a successful and safe MDA.

This guide does not supersede existing national guidance and plans for control of COVID-19 and/or NTD. Rather it is proposed to be used to support effective and safe adaptation of existing national PC NTD programmes in the context of COVID-19.

4. AMENDED MDA DELIVERY DURING COVID-19 /

Any MDA activity will need to be carefully assessed on the risk versus benefits of continuation before making the decision for commencement. This process requires an early risk assessment, adaptation and amendments made to MDA delivery, and appropriate control measures implemented.

Appropriate protective measures to prevent infection and onward transmission of COVID-19 should be encouraged throughout the MDA activity, for the safety of all beneficiaries from the health workers and trainers, to the community members receiving the tablets.

Threaded throughout all activities during MDA the following guidance for personal protection and protection of communities should be applied:

Box 1: Overarching guidance for all stages of planning and delivery:

To avoid being infected, or unknowingly transmit COVID-19 all individuals should:

- avoid groups of people and enclosed, crowded spaces;
- maintain physical distance of at least 1 metre from other persons, and a distance of 2 metres from those with respiratory symptoms (e.g., coughing, sneezing);
- perform hand hygiene frequently, using an alcohol-based hand rub if hands are not visibly dirty or soap and water when hands are visibly dirty;
- cover their nose and mouth with a bent elbow or paper tissue when coughing or sneezing, dispose of the tissue immediately after use, and perform hand hygiene;
- refrain from touching their mouth, nose, and eyes;
- Wear face masks or cloth coverings when around other people following appropriate WHO guidelines³
- If possible, interact in outdoor locations

³ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks> WHO, accessed 12.6.2020

Box 2: Precautions required for conducting trainings and holding meetings

All guidelines for activities need to be optimized to focus on social and physical distancing and ensuring appropriate hand hygiene and respiratory etiquette. The safety of the beneficiaries, inclusive of health workers and drug distributors, while maintaining focus on vulnerable populations, needs to be at the centre of the approach for amended MDA delivery.

- Planning meetings should be organised remotely wherever possible;
- If not possible, the preference would be to hold the meeting outside in the open air. A secondary option if this is not feasible is to ensure no more than 10 individuals in one meeting room, and seating arrangements should ensure social distancing guidelines ahead of the meeting (6ft or 2m). Rooms that are used should be as well ventilated as possible (eg open windows and doors);
- In addition, access to handwashing facilities with soap will be required and should be highlighted at the start of the meeting;
- Ideally attendees should provide their own drinks and refreshments, which should not be shared. If this is not possible, provision of refreshments should include additional protection measures and assessments applied to any catering staff, including provision of handwashing facilities, and personal protective equipment (PPE). Pre-portioned food should be provided, and buffets should be avoided;
- Meeting rooms should be cleaned before and after the meetings;
- Careful and regular cleaning of toilets, with advise and reminders to adhere to the 1 metre rule clearly visible. Handwashing facilities should be available with soap provided and paper towels for drying hands – no reusable towels;
- Careful recording of contact details of all present to facilitate contact tracing if anyone member is found to be infected;
- Face covering, according to national policies, should be adhered to. Masks should be provided, with guidance on appropriate use, and taking on and off;
- All attendees should self-report symptoms at the start of each day, and at the beginning of the training week, confirm absence of symptoms and confirm no contact with COVID-19 patients within the previous 14 days;
- Anyone who does take ill during the meeting should have their temperature checked and be isolated in an appropriate facility and monitored. If a positive or suspected COVID-19 case develops, contact tracing should occur, the meeting should be halted and all attendees should be provided instructions for self-isolating according to government guidelines.

5. COORDINATION AND COMMUNICATION FOR CONTEXTUALIZED, GOVERNMENT LED APPROACHES /

Coordination with Government

The ASCEND country lead should identify a counterpart at the MOH who they can work together with to compile documentation and conduct risk assessments required for decision making.

Ideally, there would be a government identified COVID-19 task force in existence who can serve the role of a decision-making body within the country. The task-force should be kept abreast of all activities, and provided with compiled documentation for informed decision making, input and approval as part of step 4 of the process. If a task force is not in place, consideration should be provided to the practicalities of forming a team from the NTD programme with representatives from supply chain, disease control, NTD delivery, and communication as a minimum.

Communication with regional groups

Consideration should be given to how to involve the CDC Africa, WHO Afro and the African Union in the risk assessment and decision-making process. We recommend that sufficient notice should be provided to appropriate individuals at these organizations with regards to plans to restart MDA, with request for guidance and input as appropriate.

Partner coordination

It is critically important to ensure all stakeholders are aware of the activity, and coordination, decision making, and accountability mechanisms should be identified and communicated as early as possible. Partner coordination and stakeholder meetings should be held to discuss the revised plan and strategies. Stakeholders include national and local government health sectors, health MDA implementation unit officer, key technical and operational partners at country level including WHO and appropriate regional organizations (e.g. WHO), and donors.

Effective ongoing communication to affected stakeholders so that they are aware of and understand reasoning behind amended processes will ensure a more successful MDA activity.

In the case of Implementing Partners conducting the MDA, they should be involved in supporting the below processes alongside the MOH.

Regular monitoring of the situation and re-evaluation of the decision to start or stop MDA is required to ensure the response is tailored to the changing transmission context and proportional to the current risk posed to public health and health delivery personnel. Reassessment should be based on: transmission of COVID-19; outbreaks and pre-COVID-19 transmission intensity of NTDs; and local and beneficiary perceptions towards the activity (described in detail in table 1).

The guidelines below lay out a series of steps to achieving a fully reviewed and adapted MDA delivery programme. These steps are to be undertaken in conjunction with ministry officials and local authorities where relevant. Clear and open communication and decision making between all stakeholders will be essential for ensuring a successful and safely executed MDA activity.

6. STEP-WISE GUIDELINES FOR SAFELY DELIVERING MDAS DURING COVID-19 /

Step 1 : Review of the current national and local situation

A first step to understanding the feasibility of delivering an MDA campaign is to review the transmission of COVID-19 in target areas, and balancing this against the risk of not conducting the MDA activity. Table 1 below presents the main considerations for a situational analysis for deciding on the appropriateness of initiating an MDA. This step should be completed, documented and assessed prior to initiating a full risk assessment or any further coordination activities.

Table 1: Considerations for initiating an MDA activity

Review activity	Purpose	Information source
Transmission of COVID-19 in the country	Understanding of current COVID-19 situation at national level and MDA targeted area. To identify the risk of onward transmission of COVID-19	National and target region COVID-19 reporting statistics including: <ul style="list-style-type: none"> - Regional and local bureau reports on actual, inferred and suspected cases and deaths due to COVID-19 or pneumonia - Number of confirmed positive cases per test conducted (rate)
NTD transmission in focus area	Detection of a sudden increase in incidence of NTD infections Known burden of disease in the area Missed MDA rounds will have a greater impact on infection transmission in areas with higher baseline infection intensity	<ul style="list-style-type: none"> - ASCEND IU level NTD data sets - ESPEN - Regional and local bureau reports on incidence of NTD infections
Capacity of NTD programme to deliver	Many resources and health staff have been reallocated during the pandemic, and appropriate PPE, hand hygiene supplies, cleaning and disinfectant will be required in sufficient quantities. MDA can only continue if the health system is adequately resourced across the entire MDA activity.	<ul style="list-style-type: none"> - Reports from health facilities and bureaus at all levels - Reports from implementing partners - Inventory checklist for all required materials
Capacity of the health system to manage a potential surge in COVID-19 incidence	Delivery of MDA can only be done if the health system has capacity to manage a surge of cases if onward transmission does occur. Sufficient PPE and supplies to reduce transmission risk; and health facilities are equipped to deal with an outbreak (COVID-19 SOPs and training of all staff including for infection, prevention and control, adequate PPE, adequate staff)	<ul style="list-style-type: none"> - Reports from target region health facilities and hospitals inclusive of: <ul style="list-style-type: none"> - PPE inventory at facility level - Number of equipped isolation units - Number of trained health care workers - Reports and assessment from local health bureaus
Local community perceptions of the risk of COVID-19	Misunderstanding and fear of the virus could result in sub-optimal coverage and wasted resources if community is not prepared to accept the MDA activity. This activity can help inform the IEC/BCC strategy described in step 7 below.	<ul style="list-style-type: none"> - Reports from community and community leaders - Local health bureaus - Social media monitoring - Information from ongoing COVID-19 Knowledge, attitudes and practices (KAP) survey

<p>Current Government restrictions and guidance</p>	<p>MDA activity should align, and not supersede any government guidance</p>	<ul style="list-style-type: none"> - Government COVID-19 policy documentation - Travel and movement restrictions - Any government recommended or mandated protective measures should be followed
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Step 2 : Risk assessment and development of mitigation plan

The [risk assessment tool](#) needs to be applied in a systematic manner, to gather, assess and document information and assign a level of risk. It provides the basis for taking action to manage and reduce the negative consequences of acute public health risks⁴. It should be a cyclical process and will require continuous monitoring of the evolving situation for the duration of the MDA activity.

The risk assessment tool for MDA has been developed by Sightsavers as a tool to support NTD programme managers, together with partners, to assess the overall risk of COVID-19 on delivery of NTD treatments as well as the spread of COVID-19. The tool also supports consideration of mitigating measures to hold a successful MDA activity during the COVID-19 pandemic.

The risk assessment tool and accompanying mitigation plan is to be conducted by the nominated team, with support from ASCEND global and country teams where relevant, with effective ongoing communication to all stakeholders involved. It should consider each stage of the MDA campaign (planning, training, delivery, reporting, reverse cascade) with risks posed by each stage as well as considerations for mitigating steps. In addition, consideration of vulnerable populations and secondary risk factors should be included.

As the team moves through the risk assessment, the anticipated impact and probability of both the transmission of COVID-19, as well as risk of increase in NTD transmission should be evaluated, and mitigating strategies should be proposed for each stage.

Step 3: Review and amendment of the MDA process and SOPs

- 1. Identifying alternative strategies for MDA delivery during COVID-19**
 - NTD programme managers will identify other agencies who may be travelling to the field and local health posts for service delivery.
 - Leverage/integrate with ongoing activities to minimize interaction with communities.
 - Identify alternative delivery strategies dependent on context – eg are schools in session, is house-to-house more appropriate
 - Identify appropriate supervision strategies, for eg phone based supervision
 - Request advice from National Level Taskforce Committee for COVID-19 pandemic control at MOH on best methods to serve communities identified for MDA without violating travel restrictions.
 - Explore and seek approval from MOH to use alternative delivery strategies if schools are closed and central community distribution is not possible.

- 2. Adjusting MDA delivery strategies to align to COVID-19 specific infection prevention and control (IPC) practices**
 - Health worker and community safety should be central to modified SOPs

⁴ Risk Assessment of Acute Public Health Events, WHO 2012
https://apps.who.int/iris/bitstream/handle/10665/70810/WHO_HSE_GAR_ARO_2012.1_eng.pdf?sequence=1 accessed May 28 2020

- identified vulnerable populations should have appropriate protective measures adapted to their needs as indicated by the risk assessment.
 - Revise current MDA protocols to delivery in COVID-19 context, to cover:
 - Training
 - Drug transportation
 - Drug distribution
 - Community sensitization and mobilization
 - Inventory management
 - Reporting and reverse cascade of drugs.
 - Conduct regular operational reviews and adjust the intervention strategy as required.
 - Procure personal protective equipment (PPE) for frontline MDA implementer including managers, supervisors, community health workers, village elders, and community drug distributors (CDD), in line with WHO or national guidelines.
 - Coordinate with MOH and WHO local office for the procurement of PPE (if not available, follow ASCEND supply chain specific guidance - see accompanying supply chain guidelines).
 - Ensure that local health facilities and posts are notified of the amended activity, and have support to manage Severe adverse effects (SAEs) from MDA
 - Confirm appropriate protocols for managing suspected COVID-19 cases are in place, including who to contact, provision of health materials including details of social distancing, household quarantine, appropriate notification to COVID-19 reporting systems.
 - Protocols for rapidly adjusting the programme in the case of any detected COVID-19 suspected cases should be in place –e.g. cessation of the activity, quarantine of health workers and contact tracing to be conducted.
- 3. Updating training protocols for all levels of the health system (National Level Supervisors, CHW, CDD, village elders)**
- Training materials MDA delivery to be reviewed to include COVID-19 prevention strategies.
 - Respect national social distancing guidelines for planning meetings and trainings at national, state/county/district level (as listed in Box 2 above).
 - Any provision of refreshments should be carefully considered with additional protection measures and assessments applied to catering staff, including provision of handwashing facilities. Provide pre-portioned food and avoid buffet to reduce risk of transmission.
 - MoH Risk Communication training materials for COVID-19 should be included as part of the training, and trainers should be invited to provide COVID-19 sessions and materials.
 - All attendees to the trainings should be provided with accurate and up-to date information on the activity, amendments to the activity and control and safety measures in place so that they can make informed decisions based on perceived risk and personal situations, and if possible identification of where they might obtain updated information (eg national/WHO websites)
 - Where trainers cannot travel due to lockdown, previous coordinators, officers/CDD who have worked on previous MDAs should be invited.

Step 4 : Approval for implementation and acknowledgement of adaptations

Following submission of the documents developed in steps 1-3, appropriate approval to advance with MDA delivery during COVID-19 should be provided by national and sub-national stakeholders, as detailed below.

National Level Authorization

An overriding decision-making body in the government, with support from relevant partners, should be identified to review and approval the risk assessment and amended protocols. This group should be responsible for constant assessment of the COVID-19 situation in the country, and approval of modifications, restrictions, postponement and cancelling the MDA.

- The NTD director / coordinator to obtain request(s) from the Ministry of Health (MOH) as well as any other relevant government ministries to allow MDA during COVID-19 pandemic, inclusive of any identified required travel to regions.
- Validation by the ASCEND programme team, and documented approval from the DFID local office and coordinated partners.
- Updated terms of references for delivery, including budgets to reflect adaptations.
- Notification to the WHO country office of plans to proceed
- If necessary, confirmed approval from the WHO or donation programme if donated drugs are to be distributed contrary to the signed MOU

Sub-national level approval

- Engage with national authorities to identify appropriate coordination mechanisms including health MDA implementation unit officers and key technical/operational partners at country level.
- Micro-planning and coordination with the District/County Health Department (CHD)
- Adapted community mobilisation plans, training, and MDA dates and content need to be adjusted and approved by the county/district team.

Community level notification and acknowledgement

- Village elders, Community health workers, religious leaders and community leaders need to be notified of the planned activity as early as possible to ensure no undue resistance to the MDA activity.

Step 5 : Updating inventory management and delivery

- The NTDs state/ regional / county coordinator should coordinate with the national supervisors to develop or secure materials needed for MDA, including COVID-19 protective equipment. A list of potential additional materials required for delivery of MDA during COVID-19 is attached at the end of this document.

Step 6 : Updating information, education and communication (IEC) and behaviour change and communication (BCC) content and delivery strategy

- Careful consideration to delivery of IEC/BCC strategies is required to ensure messaging is delivered in an appropriate and clear manner.
- The social mobilisation strategy related to MDA needs to be revised based on local context and understanding (or misunderstanding) of COVID-19 risks. IEC and BCC materials to be designed/redesigned by IP to integrate COVID-19 messages (see accompanying IEC/BCC guidance document). Designing of IEC/BCC material to be followed by pre-testing.
- The NTD programme and IP or NTD programme will review advocacy and awareness materials to sensitise communities on new strategies for MDA delivery to ensure optimum MDA up-take.
- Follow MDA protocols for IEC and BCC community sensitization and liaise with local leaders ahead of the activity
- Identify local community members such as village chiefs and leaders who have previously participated in MDA activities and who could deliver community sensitization messages. Provide refresher training for MDA specific messaging at village level inclusive of COVID-19 guidance.
- Pre-MDA sensitization messages should be delivered via microphones, radio broadcasts, and/or meetings with small numbers of people following physical distancing guidelines.

Step 7: Reporting and monitoring & evaluation

- Consider any existing ehealth channels that can be leveraged for reporting systems
- Consider development of amended SAE and reporting forms to include COVID-19 symptoms, if appropriate
- Identify reporting strategy for MDA activity: NTD team, COVID team, messaging team (including for monitoring social media and reports from communities of inaccurate information on MDAs, and COVID), Ensure reporting of any COVID-19 symptoms to appropriate channels
- Amended strategies for effectively conducting Independent coverage surveys should be considered e.g. determine coverage by LQAS or follow-up phone calls

Step 8 : Re-budgeting

- Update budgets for amended MDA delivery to reflect lengthier distribution times and need for additional resources including those needed for COVID-19 BCC/IEC and prevention.
- Identify sources for additional budget requirements with ASCEND, MOH and country partners
- Communicate budgetary variance to regional leads

Key resources:

- [Rapid Risk Assessment of Acute Public Health Events](#), WHO, 2012
- COVID-19 [Strategic Preparedness and Response Plan](#), WHO, 2020
- [Community-based health care, including outreach and campaigns in the context of the COVID-19 pandemic](#), Interim Guidance, WHO, 2020

APPENDIX A: ADDITIONAL MATERIALS REQUIRED FOR MDA DELIVERY DURING COVID-19

1. Household registers
2. Amended relevant posters, IEC kits, flyers etc.
3. Dose poles, drinking water and cups
4. Morbidity control manual, medicines, supplies
5. Amended reporting forms and pens
6. Measuring tape
7. Tape or chalk to mark one-meter distance
8. Hand washing soap
9. Rubber/Nitrile gloves
10. Masks
11. Water cans with taps
12. Water for handwashing in case not available in the community
13. Stool to mount the water cans
14. Sanitizing materials
15. Wash cloths for disinfecting repeatedly touched items