

ACT TO END NTDS | EAST

Improving MDA tools



1. Planning





- **NTD Data for Action Guide** to guide you through process of data review, including reports available from coverage surveys conducted in the past
- **LF Sub District Collection Tool** to collate sub district level MDA coverage data
- **Rapid qualitative data collection methods**

[illegible]

Effective MDAs require many elements to work well



Planning improved MDA

Improving TAS Outcomes Checklist 3

IMPROVING TAS OUTCOMES CHECKLIST SET		
FAI	FAILED TASI RESPONSE	CHECKLIST 3
17. Dn	Population Selected	Completed
18. Dn	1. Was sample size lower than the target and the number of positives less than the cut-off value?	<input type="checkbox"/>
19. Dn	2. Was sample size higher than the target and the number of positives more than the cut-off value?	<input type="checkbox"/>
20. Dn	Distribution of Results	Completed
21. Dn	3. How were positive results distributed by cluster (school or enumeration area)?	<input type="checkbox"/>
22. Dn	4. How were positive results distributed by team?	<input type="checkbox"/>
23. Dn	Diagnostic Test Quality	Completed
24. Dn	5. Were tests used before the expiration date?	<input type="checkbox"/>
25. Dn	6. Was the kit used in the failed TAS-EU also used in EUs which passed TAS?	<input type="checkbox"/>
26. Dn	7. Were positive controls conducted on all kits within 6 weeks of survey?	<input type="checkbox"/>
27. Dn	8. Did team members participate in TAS training and demonstrate capacity to use the test and interpret results?	<input type="checkbox"/>
28. Dn	9. Were teams evaluated frequently by the supervisor in the field?	<input type="checkbox"/>
29. Dn	10. Is area co-endemic for Loa loa?	<input type="checkbox"/>
30. Dn	EU Setting	Completed
31. Dn	11. Was the baseline infection prevalence of areas in the EU considered high?	<input type="checkbox"/>
32. Dn	12. Is the primary parasite in the EU drug-resistant?	<input type="checkbox"/>
33. Dn	13. Are contiguous areas endemic and implementing MDA?	<input type="checkbox"/>
34. Dn	MDA Evaluation Using Available Data	Completed
35. Dn	14. Was coverage calculated and reported correctly?	<input type="checkbox"/>
36. Dn	15. Were drug registers updated before each MDA?	<input type="checkbox"/>
37. Dn	16. Are there sub-district areas with low coverage?	<input type="checkbox"/>
38. Dn	17. Are there age/sex/ethnic/occupation groups with low coverage?	<input type="checkbox"/>

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MDA PREFERRED PRACTICES

MASS DRUG ADMINISTRATION (MDA) / NEGLECTED TROPICAL DISEASES

Objective: To provide an evidence-based practical guide for an effective mass drug administration program. Not all of these recommendations need to be followed all of the time. In easier-to-treat populations, a simpler program will obtain the coverage necessary. However, where populations are especially hard to reach, where coverage has been low or where baseline prevalence is high, then efforts should be made to include as many of these practices as is feasible. This list was developed based on a review of literature that associated specific practices with positive or negative MDA outcomes and reviewed by experts.

TRAINING DISTRIBUTION

- ☐ Normal drug distribution
- ☐ Key top
- ☐ Intra-mural
- ☐ Intra
- ☐ Out
- ☐ Home
- ☐ School-based
- ☐ A mix of the above.

DRUG DISTRIBUTION PLATFORMS

- ☐ Identify the target populations (e.g. farmers, fishermen, factory workers, refugees, migrants, urban slum dwellers, school-aged children in schools, school-aged children out of school) in the targeted EU and decide on the best platform to reach them. Be prepared to re-evaluate this decision. Platforms commonly used include:
 - House-to-house.
 - Fixed point.
 - School-based.
 - Work-based.
 - A mix of the above.
- ☐ Consider the optimal number of drug distributors to the target population.
- ☐ Have a small (at least 1:10) ratio of drug distributors to first level supervisors (first level supervisors may also be community volunteers).
- ☐ Consider how to incentivize drug distributors to encourage high performance and low turn-over.

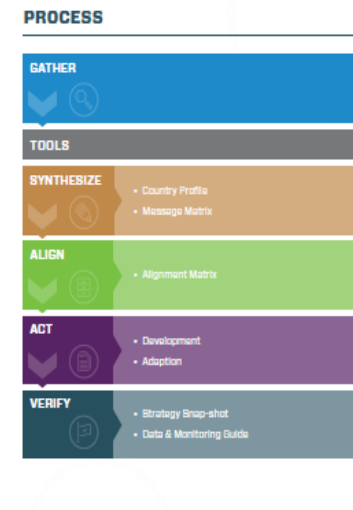
SUPERVISION AND MONITORING

- ☐ Implement directly observed treatment and enforce this policy through communication, training, supervision, and evaluation.
- ☐ Have supervisors use supervision monitoring form.
- ☐ Have supervisors hold during- and post-MDA review meetings at the community level to assess what is working well and to problem solve.
- ☐ Have supervisors review daily data on persons treated and assessed against targets, extending the length of MDA and adding mop-up activities as necessary.
- ☐ Use recommended formats of drug registers or tally sheets, tested at the local level. Ensure that registers are updated before the MDA.
- ☐ Ensure that program supplies, log books, and registers are stored properly for future access after conducting post-review meetings.

SELECTION AND RETENTION OF DRUG DISTRIBUTORS AND SUPERVISORS

- ☐ Have written roles and responsibilities for drug distributors and for each level of supervision.
- ☐ Intentionally build trust between community members and the drug distributor.
 - Select drug distributors that are known and respected by the community either because of their position (e.g. health worker, leader, teacher) or because they live in the area where they are distributing drugs.
 - When selecting supervisors put increased emphasis on their being known and respected and on having experience with similar activities.
 - Provide drug distributors with identity cards and/or t-shirts.

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1. Use Improving TAS outcomes checklist 3 or MDA preferred practices guide to think through each element of the MDA and what the appropriate design might be.
2. Use the IEC and Social Mobilization NTD Tool Kit to review and design social mobilization

GROUP DISCUSSION (10 minutes):

THINKING ABOUT THESE TOOLS:

- NTD Data for Action Guide
- LF Sub District Collection Tool
- Rapid qualitative data collection methods
- Improving TAS outcomes checklist 3
- MDA preferred practices guide
- IEC and Social Mobilization NTD Tool Kit

Has anyone used any of these tools or something similar? When did you use it? Why? What changed as a result of using the tool?

MDA may need to be adapted to different populations and contexts

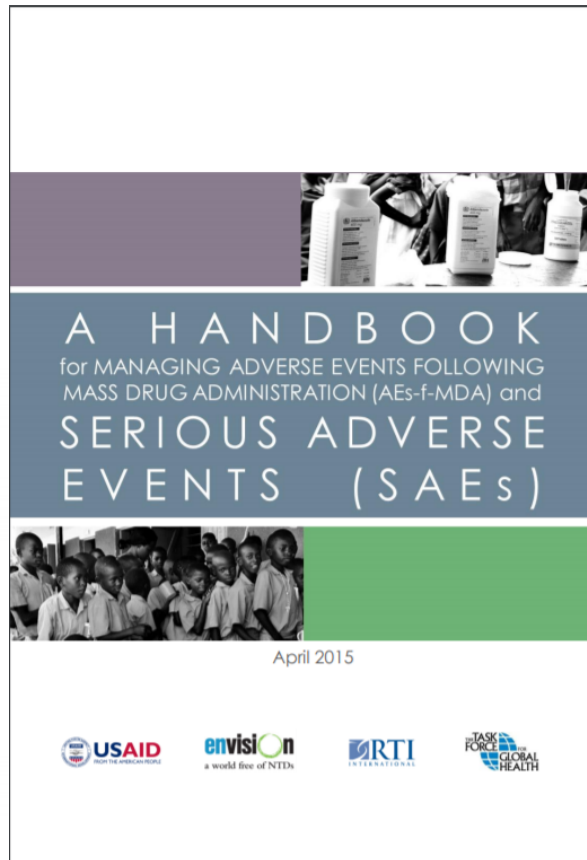
For example:

- Women of reproductive age who may miss all MDAs
- Men aged 20-50 years
- Migrants and mobile populations
- Refugees
- Urban dwellers
- Persons living in conflict zones
- Traditional populations
- Post disaster e.g. earthquake, flooding, ebola
- Areas with low trust of government programs
- Following rumored or real SAEs where there is fear of the drugs

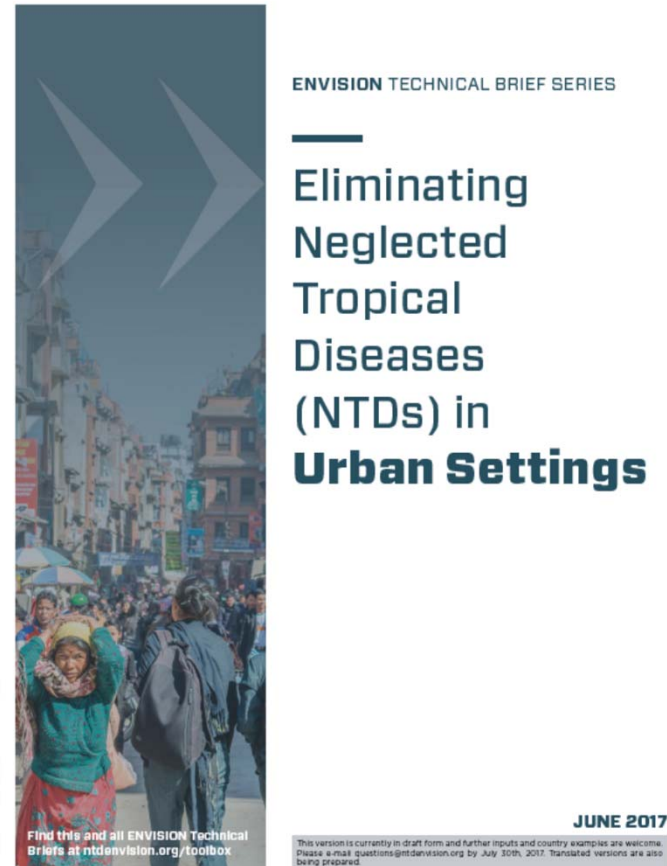
Consider who might be harboring infection and never have been treated.



Tools for managing SAEs and reaching urban populations



SAE Handbook



Technical brief for urban MDAs

GROUP DISCUSSION (10 minutes):

Which of these types of populations and contexts have you faced? How important are they to managing failed pre-TAS or TAS? What tools and approaches have you used? What was the result?

2. During MDA



Strengthening during MDA Supervision

PREVENTIVE CHEMOTHERAPY:

Tools for improving the quality of reported data and information

A field manual for implementation



This new WHO Manual includes:

- Coverage Evaluation Survey (CES)
- Data Quality Assessment (DQA)
- Supervisors Coverage Tool (SCT)

Use:

- **Supervisors Coverage Tool** to assess coverage during MDA and adapt as needed.
- **Supervisor Checklists** to ensure all steps of MDA are being implemented correctly and empower supervisors to take action where not.
- **DQA-S** – a mini version of the DQA that can be used during MDA supervision to improve quality of reported data

MDA Supportive Supervision Checklist

Data and Coverage	<p>What is the total population in the supervision area?</p> <p>What is the target population in the supervision area?</p> <p>How many people were treated?</p> <p>How many drugs are required?</p> <p>How many drugs were used?</p> <p>Do the [CDDs, district focal person, etc.] know the coverage for their area? (For example, ask 3-5 CDDs to indicate the coverage. How was it calculated? If they don't know, calculate with them. Discuss implications of reaching versus not reaching benchmark.)</p> <p>Are tally sheets/registers completed daily and correctly?</p>
Training and knowledge	<p>Was a CDD training conducted?</p> <p>If so, how much time was spent on data collection and reporting?</p> <p>Do the CDDs have knowledge of how to use the dose poles? (Ask 3-5 CDDs to explain. How many answered correctly?)</p> <p>Can the CDDs accurately identify the non-eligible populations? (Ask 3-5 CDDs about eligibility requirements. How many answered correctly?)</p> <p>Do the [CDDs, district focal person, etc.] know how to accurately report key indicators? (For example, ask 3-5 CDDs to explain how to calculate the number of persons treated for LF. How many explained it correctly?)</p>
Planning	<p>Was a planning meeting conducted before the MDA? If so, did it incorporate strategies to address previously identified issues (e.g. low coverage)?</p> <p>Did the community participate in the planning meeting?</p> <p>Was there a review meeting after MDA? If so, did they review address, data quality, coverage issues, SAEs that occurred, other challenges?</p>
Social Mobilization	<p>Were IEC/promotional materials received on time?</p> <p>Was the site identified by a poster or banner?</p> <p>Are health workers or volunteers actively searching for persons needing to be treated and bringing them to the site?</p>
Safety	<p>Do healthcare workers explain possible side effects and what to do if a person experiences an AE? (Ask 3-5 HWs to explain. How many answered correctly?)</p> <p>Do the health care workers know how to manage SAEs/AEs? (Ask 3-5 HWs to explain. How many answered correctly?)</p> <p>Do all of those involved in the MDAs understand the potential impact of SAEs on the program and how to address possible SAEs in the community? Is there a plan?</p> <p>Are there reporting forms for SAEs? Are they being used?</p>

3. After MDA



Coverage Evaluation Survey

PREVENTIVE CHEMOTHERAPY:

Tools for improving the quality
of reported data and information

A field manual for implementation



Use the **Coverage evaluation survey** to validate reported coverage, assess compliance and identify reasons for not receiving or swallowing the treatment.

Training and tools for sampling can be found on the **TFGH** website and a supplemental KAP questionnaire in in the **NTD Toolbox**

GROUP DISCUSSION (10 minutes):

THINKING ABOUT THESE TOOLS:

- Coverage Evaluation Survey (CES)-
- Data Quality Assessment – Supervision (DQA-S)
- Supervisors Coverage Tool (SCT)
- Supervisors Checklist

Has anyone used any of these tools or something similar? When did you use it? Why? What changed as a result of using the tool?

INDIVIDUAL REFLECTION

1. Individual reflection exercise (5 mins):

Write down:

a) one challenge that you faced in trying to implement any of these tools. What might you do differently next time?

b) one tool that you plan to use for the first time. When and where will you use it?

2. Feedback (10 mins):

Opportunity to share reflections in plenary or with a neighbor.



NTD TOOLBOX

the most-used NTD guidance, tools and resources developed by WHO, ENVISION & other organizations



Tools



Job aids



WHO
Guidance



Trainings



Videos



Hand-
books



Webinars



Reports

Find what you're looking for by searching by disease or NTD program phase.



VIEW TOOLS BY DISEASE



LF



STH



ONCHO



SCHISTO



TRACHOM
A



VIEW TOOLS BY PROGRAM PHASE

- 1 PLANNING NTD PROGRAMS
- 2 MDA MANAGEMENT
- 3 DATA MANAGEMENT AND M&E
- 4 IMPACT ASSESSMENTS & SURVEILLANCE

www.ntdenvision.org/toolbox