



COR-NTD 2021

Research Links Series

Spread Truth, Not Disease

Session Date: Wednesday, August 25th, 2021

Session Time: 9 am (EST)

Session Description: Rising to the challenge: Operational Research Results and Recommendations for NTD Programs in the COVID-19 Context

Session Chairs: Kevin Bardosh

Session Rapporteur: Leshawn Benedict

1) **Rapid Assessment of Community Preparedness for Neglected Tropical Diseases Mass Drug Administration (MDA) Activities in the Context of COVID-19, Kenya**

Background and Methods

- *Objectives:*
 - *To establish the perceptions of the community members on LF activities in the face of COVID-19*
 - *To assess the willingness of communities to take part in LF MDA & survey activities planned for November 2020*
 - *To explore the perceptions of the CDDs and the frontline health providers on their involvement in the program activities given the COVID-19 context.*
- *The study was done in Mombassa County due to the high risk of COVID-19 transmission and Kilifi was selected due to the low preparedness towards COVID-19 mitigation.*
 - *In Mombasa, the study was conducted in Jomvu sub-county and in Kilifi, the study was conducted in Margarini sub-county*
- *This was a cross-sectional study using mixed methods*
 - *52 IDIs were conducted with CDDs, frontline health providers, local community leaders, religious leaders, program implementers etc.*
 - *Observation checklists*
 - *A short questionnaire that involved 969 community members*
 - *Online survey - shared through WhatsApp.*
 - *Qualitative data were transcribed, translate, and typed before analysis*
 - *Quantitative data analysis was done by SPSS*



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Key Findings & Recommendations

- *Participation in the LF MDA activities:*
 - *In Kilifi, when asked if they would attend an MDA campaign in the context of COVID-19, the majority of respondents (93.1%, n=491) said yes.*
 - *When asked if they would allow CDDs to visit their homes to deliver LF drugs during the MDA - 98.7% (n=457) of respondents said they would allow it.*
 - *The residents of Mombasa County were asked if they would be willing to participate in a study to be conducted by MoH on LF - the majority (90.8%, n=477) said yes.*
- *Community Adherence to the MOH guidelines on COVID-19*
 - *In both counties, most community members were taking preventative precautions at the time of assessment.*
- *Most appropriate Social Mobilization Channels*
 - *Community leaders, Radio, and use of CDDs/CHVs*
- *Adherence to MOH Measures on Preventing the Spread of COVID-19*
 - *Most of the CDDs were doing their best to adhere to MOH measures on preventing the spread of COVID-19 (using plastic spoons to distribute drugs and sanitizing their hands)*
- *The willingness of the community to take part in the MDA*
 - *The community was willing and ready to cooperate by following the instructions given by the CDDs*
 - *The uptake of drugs was good*
 - *University students at universities and colleges were not covered because they were not at home.*
 - *Some community members had expectations such as money, nets etc.*
- *CDD behavior during LF MDA*
 - *The CDD asked for the age before dispensing drugs*
 - *They were all dressed in branded reflectors*
 - *Explained that the drugs had adverse effects that may be experienced*
- *Recommendations:*
 - *Social mobilization incorporating COVID-19 messages should be done at least two weeks prior to the MDA*
 - *Social mobilization channels include elders responsible for nyumba kumi (10 households), religious institutions, radio, public address systems, posters to target the elites, pictorial posters etc.*
 - *CHVs, assistant chiefs and chiefs/local leaders involved in the MDA campaign should be well trained before engaging them in the activities*



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- *Local administration should be involved in enforcing COVID-19 measures and the youths in sensitization.*
- *Support of the frontline workers is critical. This can be done through the issuance of insurance coverage against COVID-19, risk allowance, mental health counseling and provision of fuel for the field supervisors during contact tracing.*

2) Preventing the spread of COVID-19 during MDA in Anambra State, Nigeria

Background and Methods

- *Anambra State in Nigeria has 21 districts known as Local Government Areas (LGAs)*
 - *On average, 2-3 million people are treated per year for LF, Oncho SCH or STH*
 - *Total population = ~5.9 million*
- *Objective: document scope of and adherence to COVID-19 prevention and mitigation measures.*
- *Methods*
 - *Observation, primarily capturing data electronically*
 - *Interviews and focus groups*
 - *Cost analysis*
 - *The timeframe was between December 2020 to August 2021*

Key Findings & Recommendations

- *Observations conducted so far:*
 - *132 health facilities visited in 16 LGAs*
 - *132 house to house MDAs in 16 LGAs*
 - *132 community observations and reporting processes in 16 LGAs*
 - *92 centrally distributed MDAs in 12 LGAs*
 - *70 trainings in 8 LGAS*
 - *Adherence to protocols was excellent during training, except for a lack of COVID-19 testing before training*
 - *Nearly all CDD's were adhering to all the prevention measures*
 - *When MDA was observed in the community, most people were able to wash their hands frequently.*
 - *There was some ability to maintain physical distancing but people didn't wear masks regularly.*
- *Interviews and Focus Groups*
 - *48 focus groups*



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- *CDD: noted that MDA took longer and took more effort (more supplies to carry, out-of-pocket spending etc.)*
- *Coverage may have been increased - maybe because more people were at home and there were more visits. They had to do extra sensitization this time around due to misinformation and disinformation.*
- *Communities: In general, adaptations were viewed favorably by communities particularly by washing hands. They saw value in the extra precautions.*
- **Cost implications**
 - *Need to train more people*
 - *Increases in transport costs (some due to social distancing)*
 - *Overall costs increased by 34%.*
 - *New costs due to PPE*
- **Recommendations:**
 - *NTD programs and partners must actively address misinformation*
 - *Particularly necessary in rural areas*
 - *Maintain extra attention to hygiene, health education and mobilization efforts*

3) Evaluation of MDA Restart in the context of COVID-19 in Benin

Background and Methods

- *First COVID-19 case in March 2020*
- *There have been over 9000 confirmed cases of COVID-19 and 113 deaths in Benin*
- **Aims:**
 - *Evaluate fidelity to new guidance and standard operating procedures for implementing MDA during the COVID-19 pandemic in Benin.*
 - *Describe strengths and challenges in the implementation of the national level SOP, from the perspective of CDDs and MPH personnel*
 - *Assess the difference in implementation costs for adapted MDA approaches during the COVID-19 pandemic.*
- *Sites: Glazoue (semi-urban), Karimama (rural) and Boukoumbe (semi-urban)*
- **Qualitative Data Collection:**
 - *Focus groups discussions with CDDs*
 - *Key informant interviews with purposefully selected national, commune, and health center level stakeholders*
 - *Rapid framework analysis, with coders in Benin and the US*



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- *Costing: Costs associated with COVID-19 adaptations entered into a standardized excel spreadsheet, based on revised campaign budgets.*

Key Findings & Recommendations

- *Qualitative data:*
 - *Theme 1: COVID-19 misconceptions are common*
 - *COVID-19 does not exist etc*
 - *CDDs are a source of COVID-19*
 - *Theme 2: There was a disconnect between administrative levels during restarts*
 - *Theme 3: In some cases CDDs did not adhere to preventative measures, largely due to reasons beyond their control*
 - *CDDs report that they were not always provided with adequate PPE.*
- *Cost:*
 - *Total additional costs associated with COVID-19 precautions, in three communities was \$7731 US*
 - *Additional supervision*
 - *Hand sanitizer*
- *MDA coverage was high, with over 80% treatment coverage in each commune*
- *MDA delivery was challenging due to widespread misinformation*
- *Perceptions of MDA implementation were different across stakeholders. There was ambiguity regarding how the distribution of PPE was taking place and how to fill in PPE gaps.*
- *Several opportunities to improve future delivery were identified, including:*
 - *Focusing on CDD training to dispel myths*
 - *Focusing on the supply chain of PPE*

4) Evaluation of MDA Restart in Kwara and Kano States, Nigeria

Background and Methods

- *Due to COVID-19, the World Health Organization suspended all MDA activities*
 - *Nigeria stopped MDA in April 2020*
 - *ESPEN/COR-NTD supported countries to develop SOPs for restarting MDA.*
- *Study Aim:*



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- *To document the processes, successes, and difficulties in implementing guidelines to support NTD program restarts and informing policy and program adaptations in other countries and future activities.*
- **Study Objectives:**
 - *To gain insight regarding program challenges with adherence to new guidance and SOPs*
 - *Understand the barriers and challenges among community CDDs in the implementation of revised SOPs, including issues with enhanced CDD training*
 - *Understand the communities' perspective as it relates to the adapted MDA campaign in the COVID-19 context.*
 - *Assess differences in implementation costs for adapted MDA approach*
- **Study location: Kano and Kwara - in one urban and one rural LGA**
 - *COVID-19 is documented more in urban compared to rural contexts*
- **Mixed methods approach**
 - *Pre and post-MDA key informant interviews with stakeholders at the federal, national, and sub-national levels.*
 - *Advocacy checklist*
 - *Training observation checklists to observe MDA processes.*
 - *CDD interviews and community interviews*
 - *Costing spreadsheet*

Key Findings & Recommendations

- **Key Findings:**
 - *Urban concentration of cases*
 - *Multiple sectors of the economy affected*
 - *Health sector suspension of services*
 - *The initial fear of the pandemic, lessened by available resources for prevention and management*
 - *Reopened economy and positive community adherence to COVID-19 regulations.*
- **Cost implications of MDA restart:**
 - *Travel (for distribution of PPE, supervision activities)*
 - *PPE*
 - *Additional venues for meetings to accommodate social distancing*
 - *Total costs = 75, 110 (Naira)*
- **Practical realities of restarting MDA**
 - *Adaptations to MDA training*



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- *The majority said that it was successful*
 - *Challenges-adherence to preventive measures*
 - *Due to COVID-19*
 - *Time was taken to train*
 - *Pictorial learning aids utilized*
 - *Preventative Measures were discussed*
 - *Adherence to preventive measures*
 - *The majority adhered to the measures*
 - *Difficulties to social distancing*
 - *Mainly due to small hall sizes*
- *Adaptation of distribution*
 - *House to house distributions utilized for safety - normal in rural areas but adaptations were made in rural areas.*
- *CDD Challenges:*
 - *Inadequate supplies of PPE; discomfort with wearing face coverings; stigma; high workload; out-of-pocket expenses.*
- *Acceptability of MDA in Communities*
 - *Sensitization, mobilization and COVID-19 led to high acceptance*
 - *Reasons for refusal were similar to previous MDA*
 - *Some refused to participate due to a variety of reasons*
 - *Perceived as COVID-19 vaccines*
 - *Lack of trust in the health system stemming from fears linked to COVID-19*
- *MDA Restarts Outcome:*
 - *The MDA was more successful than previous MDAs*
 - *Higher geographical coverage*
 - *Use of health information systems*
 - *Improved planning, training, and coordination of MDA during the pandemic*
- *Similar contexts will benefit from this all-inclusive preparatory phase and context applicable messaging:*
 - *Successes*
 - *Collaborative decision making in designing context-specific guidelines*
 - *Promotion of participation and inclusion*
 - *Challenges*
 - *Lower level risk assessment could be better articulated*
 - *Adequate, collaborative and timely planning and budgeting.*



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5) Conducting NTD Control Activities in a Pandemic: Experiences from the Asia-pacific region

Background and Methods

- *Limited work to date has been conducted to look at positive changes/adaptations on programs (anecdotal only)*
- *Research Questions*
 - *How has the pandemic impacted NTD Programs?*
 - *How have NTD programs changed/adapted to continue during the pandemic?*
 - *Have existing WaSH programs been repurposed or strengthened as a result of the pandemic?*
- *Qualitative interviews with:*
 - *NTD program managers*
 - *Ministry of Health Staff*
 - *WHO*
 - *People on the ground*
 - *Conducted via Zoom/MS Teams in English*
 - *Countries where interviews were confirmed*
 - *Cambodia, Fiji, Papua New Guinea, Solomon Islands, Timor-Leste, Philippines, and Vanuatu*
 - *To date, 3 interviews in 2 countries have been completed.*

Key Findings & Recommendations

- *Preliminary results:*
 - *Pandemic impact on NTD activities*
 - *MDA stopped or delayed*
 - *Surveillance and active case finding through mass screening stopped*
 - *People unable to seek treatment for NTD-related morbidities*
 - *Funds and staff for NTD programs are being diverted to the COVID-19 response.*
 - *Drug supply chain affected*
 - *Ivermectin emerging as a possible COVID-19 treatment*
 - *School-based to community-based MDA (STH)*
 - *Worse MDA coverage in remote areas where long distances between communities.*
 - *More time and resources*
 - *Innovations*
 - *Integrating NTDS with other government programs*



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- *Nutrition, education, immunizations*
- *Integrate surveillance with door to door MDA*
- *Delivery of field training online e.g. teaching health care workers how to use filarial test kits via zoom*
- *WaSH and Pandemic: Impact*
 - *In general WaSH (infrastructure and health promotion) under a different government department (not health-related)*
 - *Poor coordination and integration with NTD/health programs was a common theme*
 - *Increased resource allocation to health promotion and education for WaSH to prevent SARS-CoV2 transmission.*
- *Recommendations:*
 - *Only 3 interviews conducted to date*
 - *Pandemic has negatively impacted NTDs from resource/funding/staffing perspective*
 - *A key theme is integration with other programs (resource sharing etc) and finding innovative ways to deliver NTD activities e.g. MDA drugs.*



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6) Exploring the impact of COVID-19 on the experiences and wellbeing of Neglected Tropical Diseases (NTDs) Frontline Health Workers and Implementers in Kaduna, Kwara and Ogun States, Nigeria.

Background and Methods

- *The current pandemic presents worldwide challenges to health systems, with many NTD services disrupted*
- *Aims and Objectives:*
 - *To explore the experiences of frontline health workers and the impact of COVID-19 on their wellbeing*
 - *To identify the challenges faced by health workers regarding workload, stigma, and community perceptions during the pandemic and whether this varies by gender, age, and community.*
 - *To recommend strategies to support health workers and strengthen the health system in managing NTDs in future outbreaks.*
- *Methods*
 - *Photovoice*
 - *Participants were taught about the process of photovoice as a method of data collection and how it can be used to document their experiences and wellbeing*
 - *Participants take 1-2 photos/drawings per day and record diaries/captions related to the main theme over two weeks*
 - *Participants shared key photos and captions every day over a 10 day period with the researchers using WhatsApp*
 - *Focus group discussions*
 - *Participants presented printed key photos and summarized their meanings.*
 - *Pictures and findings were developed and produced into a photo booklet*
 - *Findings were disseminated through a report, photo booklet and recommendations.*
 - *Analysis*
 - *Data that was collected was validated, organized, and summarized into themes to reflect the experiences and wellbeing of research participants across the three states.*



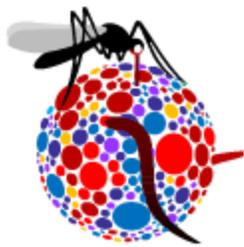
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Key Findings & Recommendations

- 12 emerging themes
 - Fear of contracting COVID-19
 - Stigma
 - Health workers have to deal with stigma from community members.
 - Challenges in providing routine care
 - Health workers could not give routine vaccines
 - Sense of responsibility
 - Added workloads
 - Greater number of patients and inadequate number of staff
 - Lack of resources
 - Environmental health
 - Dumpsites around the community
 - Pride in role
 - Community support
 - Personal impacts
 - Could not go to church
 - Friends or family passing away
 - Gendered impact
 - Food and insecurity
 - Prices of food increased
- Recommendations:
 - Provision of necessary equipment and materials like hand gloves, sanitizers, cotton wools and antiseptics to help ease the work of health workers
 - Capacity-building should be done on a regular basis to aid health workers with updated knowledge and improve their performance
 - Support for transportation for health workers to help them access their facilities easily.
 - Create a support network for health workers where they can share their experiences and issues affecting them and how to health each other.
 - Continuous health education and awareness on hygiene practices to patients and the public even after the COVID-19 pandemic
 - Recruitment of more frontline health workers to ease the workload burden
 - Provide enumeration and create income generation opportunities



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7) Determinants of willingness to work among NTD implementers during Health Shocks: case of Implementers in Ogun State during the COVID-19 pandemic

Background and Methods

- COVID-19 put a stop to major NTD interventions and affected the delivery of NTD services at the health facility level.
- Understanding the willingness of NTD workforce to deliver NTD services in the context of COVID-19 is an essential requirement for NTD planners.
- A cross-sectional study across two locations Abeokuta South and Odeda local government areas.
 - Structured paper-based questionnaires were used to collect data
 - Study Sample
 - Randomly selected 10 health facilities, 10 CDDs per facility
 - A purposeful sampling of 3 health workers per facility
 - Total sample size of 260 participants across the two locations

Key Findings & Recommendations

- 85.7% of the implementers are knowledgeable about COVID-19 pandemic and how to deliver NTD services during the pandemic
- 80.2% of implementers have positive attitudes towards the covid-19 pandemic
- Overall, 39.9% of implementers are willing to deliver NTD services during the COVID-19 pandemic
- Major factors that influence willingness to work
 - Early coordinated response
 - The significant factors driving unwillingness to work are the risk of infecting families, colleagues dying, children and partners falling ill and risk of self infection.
- Recommendations:
 - There is a need for increased knowledge about pandemics and how to deliver NTD services during the pandemic among implementers
 - Sustained structure of training for implementers, proper risk assessment of health shocks should be done prior to deployment of implementers to protect older implementers and their dependents.
 - The health systems easily coordinated response to the pandemic is necessary for implementers to be confident and willing to work during the pandemic



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- *Interventions such as the provision of transport, PPEs, antiviral drugs, commensurate hazard allowance, disability allowance and flexible work hours to reduce absenteeism from work during the pandemic.*