ADMINISTRATION OF COVERAGE SURVEYS

1. PURPOSE
This document describes the process by which DeWorm3 coverage surveys will be administered following each round of mass drug administration (MDA).

2. INTENDED USER
Site Principal Investigators (PIs), enumerators, and coverage survey teams.

3. RESPONSIBILITIES
All DeWorm3 study staff should understand and follow this SOP. It is the responsibility of the site’s PI to ensure that all study staff comply with this SOP during the administration of post-MDA coverage surveys.

4. DEFINITIONS
4.1. Proxy response: When someone else in a household answers a survey question on behalf of the individual questioned.
4.2. Treatment coverage: The proportion of eligible individuals who ingested albendazole during the preceding MDA. The number of eligible individuals is informed by the baseline census and annual census updates.
4.3. Community drug distributor (CDD): Volunteer drug distributors who will be conducting mass drug administration (MDA) in intervention (i.e. community-wide MDA) clusters.
4.4. Consent Form: A document that describes study related procedures to eligible participants. This form should disclose the risks and benefits of study participation so that potential participants can make an informed and voluntary choice regarding their participation in the study. Consent is provided by signature or a thumbprint verified in the presence of a witness.

5. REQUIRED MATERIALS
5.1. Smartphone, preloaded with SurveyCTO Coverage Survey Form
5.2. Coverage survey consent form in local language
5.3. Black pen, ink pad, and wiping cloth
5.4. Albendazole tablets in a ziplock bag to serve as example
5.5. Household Sampling List

6. PROCEDURE
6.1. Coverage survey timeline
   a. The coverage survey should be conducted within 2 days of the completion of the initial MDA period and should not extend past 7 days of the completion of MDA.
   b. The coverage survey will be conducted in all 40 clusters (control and intervention). All questions will be asked to all household members in all clusters, to assess potential contamination in control clusters as well as school treatment.

6.2. Survey teams
   a. The individuals who conduct the coverage survey in a given cluster should not be the same individuals who delivered the drugs during MDA or who accompanied the MOH officers as they delivered the drugs.
6.3. Coverage survey sensitization
a. Prior to coverage survey administration the site survey coordinator will conduct a sensitization visit or phone call to village leaders to ensure that they are aware of the coverage survey in advance of the survey team’s visit and to discuss the optimal time of day for the survey team to visit in order to maximize participation.
b. The community should not be given advanced sensitization of the coverage survey as this may influence their responses.

6.4. Household sampling
a. A random sample of 50 households in all 40 (control and intervention) clusters will be selected to participate in the post-MDA coverage survey.
b. Coverage survey teams will be provided with a Household Sampling List listing 50 households per cluster. The list will contain the cluster name, village name, household ID, household location information, household head name, head of household phone number and number of household members.
c. A list of reserve/replacement households shall also be provided. There will be two reserve stage lists, each with 20 households. These will be released sequentially and are locked by a cluster-specific pin code so can only be accessed once the data team releases these and a survey has been started for all the original households in the sample.
d. It is not envisioned many reserve households will be required as a coverage survey can be conducted providing an adult is present at the household.

6.5. Household identification and introduction
a. Select the form “MDA Community Coverage Survey” and SurveyCTO will begin to load the form.
b. First record your name. Select which block you are in, swipe right and select your name from the list. You will then need to select the cluster you are surveying in.
c. On the next screen, select if you are “Surveying at household” or “Surveying elsewhere”. It is envisioned that most surveys will occur at households, but the form is designed to also allow you to survey household members where they are found elsewhere (e.g. in the field or at their workplace).
d. You will be provided with a paper listing of the households in the village and cluster to be treated. This listing will match the households available on the SurveyCTO form. They will be ordered by household ID.
e. Once you have selected the village you are working in, select the household on the SurveyCTO form you are currently visiting. Once you have selected the household, the address and/or phone number displayed will be displayed to help you confirm that you have selected the correct household on the phone.
f. After confirming the household is correct, select yes. The next screen will ask you whether you can locate the house. If there is a house on the paper Household Sample List you cannot locate or identify, you must still fill in a form for this household and record “no” for not located.
g. Record whether there is an adult member of the household present (this also covers locked households where nobody is home).
h. If there is no adult member of the household present, then you cannot obtain consent to conduct the coverage survey on this visit. If no an adult member of the
household present or no one is present, then select ‘no’ and record whether they are not at home, whether they have moved away permanently or temporarily migrated. Finalise the form and then select “Save and Exit”. Reopen another form when you revisit the household.

i. If there is an adult member present, then select ‘yes’ and proceed.

j. If the household’s DeWorm3 study card is available, scan it into the phone to confirm that you are at the correct household as you selected. If the card is not available record the reason why it is not available. You can scan the consent form if the card is not available. If not, manually enter the ID from the paper household list.

k. Once you have entered the ID and got confirmation this is correct the next question will ask if the household agrees to participate in the treatment.

l. If no one is available during the visit who can agree to participate for the household then select ‘unable to answer at this time’ and save and finalise the form. You will need to revisit this household at another time when the person who can consent for the household members to participate is available.

m. If an entire household is not present, study staff should make two attempts to return to the household on the two following days (one return visit on each day). If the entire household is still not present on the second return visit, it is possible to replace the household using the backup household sampling list.

6.6. Consent procedure

a. An adult will be asked to consent on behalf of all of the household members to participate in the coverage survey.

b. If the potential participant is less than 18 years of age, they cannot provide consent on behalf of their household. Ask when you may be able to return and speak with an adult member of the household.

c. An adult household member cannot provide consent and coverage survey responses for another house, unless the two houses are considered a single household.

d. Determine which language the adult household member prefers and whether the individual can read and write. Using the provided script, verbally explain to the adult household member the purpose of the coverage survey.

e. Tell the adult household member that participation in the study is completely voluntary and if they do not feel comfortable, they need not participate.

f. If the adult household member is willing to participate in the coverage survey and is able to read, she/he will be given an information sheet and a Consent Form in their preferred language to review.

g. Read the Consent Form to the adult household member. Answer any questions that the adult household member has regarding coverage survey participation.

h. If the adult household member agrees to participate in the coverage survey, she/he will be invited to sign the Consent Form. After consent is provided, counter sign the Consent Form.

i. If the adult household member is unable to sign the Consent Form, she/he will apply a thumbprint using the inkpad. However, her/his name must be written on the same page by an impartial witness. The impartial witness must be an adult of the participant’s choice (not study staff) who has sat through the consenting
process.

j. Provide two copies of the Consent Form for the adult household member to sign. The participant will be offered one copy and the other copy will be kept by study staff.

k. If the potential participant is reluctant to sign the Consent Form, then ask her/him if she/he has questions that need to be clarified.

l. If the potential participant indicates unwillingness to participate in the study, then thank her/him for the time and assure him/her that this will not affect their access to MDA in the future. Record that consent was not received and move on to the next household.

6.7. Recording treatment status of household members

a. After you have obtained the household’s consent to participate, the form will begin to display information for each of the household members recorded during the census.

b. The phone will display their name, nicknames, sex, age, date of birth, and survey status.

c. Status indicates their survey status and refers to whether a response has been recorded for them or not.

d. At the bottom of the screen it will ask “can [name] answer some questions at this time.” The options below will be displayed.
   1. Yes, agreed – individual present and can answer
   2. Not present – individual absent and cannot answer
   3. No, refused – individual present but refuses to answer
   4. No, other – specify the reason

e. If the individual refused, the survey will move to the next member.

f. If the individual is not present, it will ask where they are and then move to the next member on the first visit. On the second visit to the household, when you open the form, if the individual is not present again, it will ask for a proxy response on this person’s behalf and will ask you to identify which member is answering for them.

g. **NOTE:** If household members are absent on the first visit, you should make a revisit to try and speak to them. If they are absent on the second visit, a proxy response will be taken for them and this will appear as an option on the phone. You will be asked to select the name of the household member answering the questions on behalf of the absent member.

h. If the individual is present and agrees, a series of questions about the deworming treatment will appear.

i. Children under five are too young to respond, so a proxy respondent will always need to be selected when they appear on the phone.

6.8. Recording reported treatment

a. During survey administration, it is very important to stress the difference between being offered/given the tablet as opposed to swallowing the tablet. These are separate questions on the survey.

b. As individuals may have been treated by the school programme or the community
programme, the questions start from the premise of did someone give you a tablet like this so that whichever programme they received it from, they should be able to answer the questions in the same way.

c. Produce the ziplock bag with the albendazole tablets in and hold this out to the individual and ask “Did someone give you a tablet like this in the past month to treat worms (at home, at school or in the community)?” treatment could have been in any of these locations depending on whether the individual was treated in the NDD or DeWorm3 community programme.

d. If they say no, the follow up question will ask why they did not receive the tablet, with multiple options, including a section on recent treatment for LF, and then will move to the next individual.

e. If the individual says “yes” someone gave them a tablet, the next question will ask whether they swallowed the tablet.

f. If they say no (they did not swallow the tablet), the follow up question will ask why they did not swallow the tablet, with multiple options. Then the survey will ask:
   1. Who gave the tablet? e.g. teacher, health staff etc.
   2. Where did they give you the tablet? e.g. at home at school etc.

g. If they say yes (they did swallow the tablet), the follow up question will ask why they did swallow the tablet, with multiple options (select the primary reason). Then the survey will ask:
   1. Did you swallow the tablet in front of the person who gave it to you?
   2. Who gave the tablet? e.g. teacher, health staff etc.
   3. Where did they give you the tablet? e.g. at home at school etc.
   4. Did you feel any side effects after swallowing the tablet?
   5. Which of the following statements are true about the side effects?
   6. How many tablets did you swallow?

h. Then regardless of whether the individual swallowed the tablet or not and where they were treated a few questions will be asked about programme sensitization and the programme overall:
   1. Were you aware tablets would be distributed before it happened?
   2. How did you know the distribution was going to happen? (multiple responses can be selected here)

i. If the individual reports being treated at home or in the community, regardless of whether the individual swallowed the tablet or not, several additional questions will be asked about the programme overall:
   1. Did any of your neighbours take the distributed tablet?
   2. What did you like about the community treatment programme?
   3. Next time the tablets are given, how would you want them distributed?
   4. Did you have to change your daily routine to participate in the treatment day?
   5. About how much time did it take (including waiting for the distributor to arrive)?
   6. About how many minutes did the drug distributor spend at your house on the treatment day?

6.9. Previous LF treatment programme questions

a. If the individual is school-age or above, several questions on the previous LF programme from several years ago will be asked:
1. Several years ago, LF programmes delivered treatment to individuals of all ages in this community. Do you remember the LF treatment days?
2. Think about the most recent LF treatment day that you can remember. Did you swallow the medicine being distributed during the LF treatment day?
3. Did you like participating in the LF treatment day?
4. Why did you not swallow the medicine being distributed during the LF treatment day?
5. Do you remember hearing communication and advertising about the LF programme before it occurred?

6.10 Surveying elsewhere

a. Ideally all members will be surveyed at the household but you can use the surveyed elsewhere option:
   1. To survey a member of the household when you find them at work, or on the way from their house at another house etc.
   2. To survey anyone who originally refused to answer.

b. Follow the initial steps as usual, selecting field officer name, admin levels, cluster and CDD. Select “Surveying elsewhere” and then select the village you are in.

c. The individual found out of their household will not have access to their DeWorm3 household ID card, so you can search for the household of the person you are surveying by entering the name of the head of household or the household’s phone number (recorded during the census).

d. If searching by HOH name, enter a minimum of three letters of the HOH name. All names with that combination of letters in that cluster will appear and you can select the correct household. It is recommended not to enter the name in full as it will only bring up exact matches and this will increase the chance of spelling errors/mismatches.

e. If searching by phone number, this must be the household head’s which was recorded in the census, not the individual's who is being surveyed now.

f. You will then see a list of household IDs and head of household names so you can select the household of the person you are surveying.

g. The household address and phone number (where available) will then be displayed to help you confirm that you have selected the correct household for the person you are surveying.

h. It is assumed that the head of household or adult at the house has previously provided consent on behalf of the household for these questions to be asked.

i. The form will then display all the members in the household. You can then select the household member you are surveying. You will only be able to select one individual per form for surveyed elsewhere.

j. The form will display the name and information for each member of the household. Only the person you selected will be modifiable, however, so you will need to scroll through until you find the person that you wish to survey.

k. Once you have found them, indicate that they are ‘yes, agree’ for surveying and record their answers as described above. Save and finalise the form once this is complete.
I. If two family members are being surveyed elsewhere, then you will need to complete a form for each of them. Save and finalise and then start a new form for the other member (you do not have to wait for the dataset to update – you can survey the next person straight away.
## Current Document

<table>
<thead>
<tr>
<th>Version No.</th>
<th>Effective Date</th>
<th>Author(s)</th>
<th>Brief description of change(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>14 Mar 2018</td>
<td>Arianna Means, Kristjana Asbjornsdottir, Katherine Halliday, William Oswald</td>
<td></td>
</tr>
<tr>
<td>2.0</td>
<td>27 September 2018</td>
<td>Katherine Halliday</td>
<td>• Removed SOP reference in 6.4a</td>
</tr>
</tbody>
</table>

## Approvals

*I have reviewed and approve this SOP for implementation.*

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Principal Investigator</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
SITE NAME
Read and Review Log
List of individuals who read and reviewed the SOP

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Title</th>
<th>Signature*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
*By signing this log, study staff confirm that they have read and understood the content of the SOP