

IMPROVING TAS PREPARATION

CHECKLIST 1

 Effective Coverage	Completed
1. Has at least 65% of the total population been reported to have taken the medicines during MDA for at least 5 rounds?	<input type="checkbox"/>
2. If independent coverage assessments (independent monitoring, supervisor's coverage tool or coverage surveys) have been done, do results support the conclusion that effective coverage has been achieved?	<input type="checkbox"/>
3. If evidence of systematic non-compliance (consistent refusal to take medicines) exists, has this been accounted for in eligibility assessments? <ul style="list-style-type: none"> - In which groups is the reported or surveyed coverage lowest? - Is there any evidence of systematic non-compliance in these or other sub-groups of the population requiring MDA? - Were there strategies in place for inclusion of migrants in MDA? 	<input type="checkbox"/>
 Pre-TAS Site Selection and Sampling	Completed
4. Were at least one sentinel and one spot-check site per EU (not exceeding 1 million population) assessed during Pre-TAS?	<input type="checkbox"/>
5. Were spot-check sites chosen based on low MDA coverage and/or high baseline prevalence?	<input type="checkbox"/>
6. In areas with heightened potential for ongoing risk of transmission, were extra spot-check sites assessed?	<input type="checkbox"/>
7. Did each sentinel or spot-check site have at least 300 samples, from people aged 5 years and above?	<input type="checkbox"/>
 Pre-TAS Diagnostic Tests	Completed
8. Was pre-TAS conducted at least 6 months after the last round of MDA?	<input type="checkbox"/>
9. If blood slides for microfilaremia were used, was blood taken at peak circulation times according to known periodicity of the parasite?	<input type="checkbox"/>
10. If blood slides for microfilaremia were used, was blood taken at peak circulation times according to known periodicity of the parasite?	<input type="checkbox"/>
11. If FTS were used, were people with positive results re-tested?	<input type="checkbox"/>
 Infection Thresholds	Completed
12. For each sentinel and spot-check site, was microfilaremia <1% or antigenemia <2% in <i>W. bancrofti</i> areas?	<input type="checkbox"/>

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CHECKLIST 1

 TAS Preparation	Completed
13. Has the TAS Eligibility and Planning Form been submitted and reviewed by WHO?	<input type="checkbox"/>
 EU Formation	Completed
14. Is the total population of the EU less than 2 million people? Accounting for projected population growth, will it still be less than 2 million people by TAS3?	<input type="checkbox"/>
15. In an EU with more than one IU, do all IUs compare in terms of baseline prevalence, MDA rounds and coverage, or other factors that may affect transmission risk?	<input type="checkbox"/>
16. In an EU with more than one IU, if IUs are not geographically adjoining, will there be any logistical or political challenges from stopping or continuing MDA?	<input type="checkbox"/>
 Rapid Diagnostic Tests	Completed
17. Will the diagnostic tests be used before the expiry date?	<input type="checkbox"/>
18. Are the kit lot numbers being used in each TAS written down for the central LF program records?	<input type="checkbox"/>
19. Does the team have extra diagnostic tests in case retesting or oversampling is needed?	<input type="checkbox"/>
20. Are the diagnostic tests being stored appropriately at customs and sub-national level (if applicable)?	<input type="checkbox"/>
21. Have at least 5 tests from each kit lot been left at central level in case further testing is needed?	<input type="checkbox"/>
22. Was at least one test from each kit lot tested with a positive control? If so, when?	<input type="checkbox"/>
23. Was at least one test from each kit lot tested with a negative control? If so, when?	<input type="checkbox"/>
 Sampling	Completed
24. If the net primary school enrolment rate <75%, is a community-based TAS being implemented using enumeration areas as clusters?	<input type="checkbox"/>
25. Were schools or enumeration areas arranged in geographic order before sampling using the Survey Sample Builder?	<input type="checkbox"/>
26. Has attendance and/or need for written permission been taken into account in terms of 'non-response' rate?	<input type="checkbox"/>
27. If implementing school-based surveys, has the list of schools and number of students in levels 1 and 2 been confirmed?	<input type="checkbox"/>
 Training and Data Quality	Completed
28. Have all teams been trained on TAS methodology and use of diagnostic tests?	<input type="checkbox"/>
29. Is there a printed standard operating procedure (SOP) for data recording, management and reporting?	<input type="checkbox"/>

IMPROVING TAS SUPERVISION

CHECKLIST 2

 Responsibilities	Completed
<p>1. Have supervisory responsibilities been decided for each team and/or sub-team?</p>	<input type="checkbox"/>
 Logistics and Communication	Completed
<p>2. Does the supervisor have contact numbers for each team?</p>	<input type="checkbox"/>
<p>3. Has a standard operating procedure (SOP) been established for team communication with the supervisor?</p>	<input type="checkbox"/>
 Sampling	Completed
<p>4. Are enough children being sampled in each school or enumeration area?</p>	<input type="checkbox"/>
<p>5. Does the survey cover the correct age groups (or grade levels)?</p>	<input type="checkbox"/>
<p>6. Is random or systematic sampling being followed, as per protocol?</p>	<input type="checkbox"/>
 Diagnostic Test Use	Completed
<p>7. Are technicians following recommended procedures for conducting the test (quantity of blood, method of application to sample pad, use of buffer, universal safety precautions)?</p>	<input type="checkbox"/>
<p>8. Are the results being read at exactly the recommended time (10 minutes for FTS and 25 minutes for Brugia Rapid)?</p>	<input type="checkbox"/>
<p>9. Are the results of the test being written directly on the test strip at the time of reading?</p>	<input type="checkbox"/>
<p>10. Are irregularities with tests being documented by the survey team?</p>	<input type="checkbox"/>
 Follow Up of Positive Test Results	Completed
<p>11. Are positive results confirmed by more than one team member or supervisor?</p>	<input type="checkbox"/>
<p>12. Are children with positive results tested again?</p>	<input type="checkbox"/>
<p>13. Are photos being taken of positive results?</p>	<input type="checkbox"/>
<p>14. Are positive children being treated?</p>	<input type="checkbox"/>
 Data Quality, Management and Reporting	Completed
<p>14. Are captured results linked accurately to the surveyed child and school or enumeration area?</p>	<input type="checkbox"/>
<p>15. Is a supervisor collecting and aggregating data from each team?</p>	<input type="checkbox"/>



FAILED TAS1 RESPONSE

CHECKLIST 3

 Population Selected	Completed
1. Was sample size lower than the target and the number of positives less than the cut-off value?	<input type="checkbox"/>
2. Was sample size higher than the target and the number of positives more than the cut-off value?	<input type="checkbox"/>
 Distribution of Results	Completed
3. How were positive results distributed by cluster (school or enumeration area)?	<input type="checkbox"/>
4. How were positive results distributed by team?	<input type="checkbox"/>
 Diagnostic Test Quality	Completed
5. Were tests used before the expiration date?	<input type="checkbox"/>
6. Was the lot used in the failed TAS EU also used in EUs which passed TAS?	<input type="checkbox"/>
7. Were positive controls conducted on all lots within 6 weeks of survey?	<input type="checkbox"/>
8. Did team members participate in TAS training and demonstrate capacity to use the test and interpret results?	<input type="checkbox"/>
9. Were teams evaluated frequently by the supervisor in the field?	<input type="checkbox"/>
10. Is area co-endemic for <i>Loa loa</i> ?	<input type="checkbox"/>
 EU Setting	Completed
11. Was the baseline infection prevalence of areas in the EU considered high?	<input type="checkbox"/>
12. Is the primary parasite in the EU <i>Brugia</i> ssp.?	<input type="checkbox"/>
13. Are contiguous areas endemic and implementing MDA?	<input type="checkbox"/>
 MDA Evaluation Using Available Data	Completed
14. Was coverage calculated and reported correctly? - Were drug registers updated before each MDA?	<input type="checkbox"/>
15. Are there sub-district areas with low coverage?	<input type="checkbox"/>
16. Are there age/sex/ethnic/occupation groups with low coverage?	<input type="checkbox"/>

FAILED TAS1 RESPONSE

CHECKLIST 3



MDA Evaluation Using Available Data, continued

Completed

- | | |
|---|--------------------------|
| 17. Did drug distribution platforms ensure delivery of medicines to all communities and groups? <ul style="list-style-type: none"> - What platforms were used? - Were a buffer stock of supplies available during MDA at all levels? - If fixed posts were used, was the ratio of posts to number of people targeted and the geographic location of posts appropriate? | <input type="checkbox"/> |
| 18. Did drug distribution platforms ensure proper dosage of medicines to all communities and groups? | <input type="checkbox"/> |
| 19. Did the MDA take less than 2 months to implement? | <input type="checkbox"/> |
| 20. If drugs are locally procured, have they been quality controlled? | <input type="checkbox"/> |



MDA Evaluation Using Newly Collected Data

Completed

- | | |
|---|--------------------------|
| 21. Is there evidence of systematic non-compliance (consistent refusal to take medicines)? | <input type="checkbox"/> |
| 22. Is there evidence of systematic exclusion (medicines consistently not delivered/offered)? | <input type="checkbox"/> |
| 23. Was directly observed treatment used? | <input type="checkbox"/> |
| 24. Was MDA conducted at a time of year when most people are available? | <input type="checkbox"/> |
| 25. Was the MDA integrated with other activities? | <input type="checkbox"/> |
| 26. Were drug distributors trained and motivated? <ul style="list-style-type: none"> - Were roles and responsibilities for drug distributors written and distributed? - Were drug distributors selected because they were well known and respected by the community? - Were training aides and a manual provided? - Was information on responding to real or perceived side effects included in trainings? - Were standard post-tests used to test ability of drug distributors at end of trainings? | <input type="checkbox"/> |
| 27. Did social mobilization strategies and IEC materials contain appropriate messages and use community preferred means of dissemination? <ul style="list-style-type: none"> - Were community leaders involved in planning the MDA? - Were individuals with lymphedema or hydrocele involved in the campaign, if willing? - Were one-page job aids with photos of persons with the disease used as visual aids in discussions with communities? - Were side effects addressed in key communication messages? | <input type="checkbox"/> |
| 28. Was there adequate supervision of MDA? <ul style="list-style-type: none"> - Were roles and responsibilities for supervisors at each level written and distributed? - Did supervisors use supervision monitoring forms? - Were during and/or post-MDA review meetings held with communities to problem solve? - Did a system exist for handling reports of serious side effects? | <input type="checkbox"/> |
| 29. What is the drug distributor-supervisor ratio? (At least 1:10 is appropriate.) | <input type="checkbox"/> |

RE-TAS1 PREPARATION

CHECKLIST 4

 Effective Coverage	Completed
1. Has at least 65% of the total population been reported to have taken the medicines during the two re-MDA rounds?	<input type="checkbox"/>
2. If independent coverage assessments (independent monitoring, supervisor's coverage tool or coverage surveys) have been done, do results support the conclusion that effective coverage has been achieved?	<input type="checkbox"/>
 Pre-TAS Site Selection and Sampling	Completed
3. Were at least 2 spot-check sites (not sentinel sites) per 1 million people in each implementation unit assessed during Pre-reTAS?	<input type="checkbox"/>
4. Were spot-check sites chosen based on areas where the most positives were identified in the failed TAS?	<input type="checkbox"/>
5. Did each spot-check site have at least 300 samples, from people aged 5 years and above?	<input type="checkbox"/>
 Pre-reTAS Diagnostic Tests	Completed
6. Were antigen tests used for Pre-reTAS spot-check site assessments in <i>W. bancrofti</i> areas?	<input type="checkbox"/>
7. If FTS were used, were people with positive results re-tested?	<input type="checkbox"/>
8. In <i>Brugia</i> spp. areas, were blood slides for microfilaremia conducted at least 6 months after the last round of MDA?	<input type="checkbox"/>
9. In <i>Brugia</i> spp. areas, were blood slides for microfilaremia taken at peak circulation times according to known periodicity of the parasite?	<input type="checkbox"/>
10. In <i>Brugia</i> spp. areas, during examination of blood slides for microfilaremia, were 10% of negatives and all positives re-read by experienced technicians for quality control?	<input type="checkbox"/>
 Infection Thresholds	Completed
11. For each spot-check site, was microfilaremia <1% in <i>Brugia</i> spp. areas or antigenemia <2% in <i>W. bancrofti</i> areas?	<input type="checkbox"/>
 Re-TAS Preparation	Completed
11. Has the TAS Eligibility and Planning form been submitted and reviewed by WHO?	<input type="checkbox"/>

RE-TAS1 PREPARATION

CHECKLIST 4

 EU Formation	Completed
<p>12. Do all areas within the previous EU have a similar level of risk of transmission?</p> <ul style="list-style-type: none"> - Have data been reviewed to determine whether the previous EU should be split into smaller EUs for the re-TAS? 	<input type="checkbox"/>
 Rapid Diagnostic Tests	Completed
13. Will the diagnostic tests be used before the expiry date?	<input type="checkbox"/>
14. Are the kit lot numbers being used in each TAS written down for the central LF program records?	<input type="checkbox"/>
15. Does the team have extra diagnostic tests in case retesting or oversampling is needed?	<input type="checkbox"/>
16. Are the diagnostic tests being stored appropriately at customs and sub-national level (if applicable)?	<input type="checkbox"/>
17. Have at least 5 tests from each kit lot been left at central level in case further testing is needed?	<input type="checkbox"/>
18. Was at least one test from each kit lot tested with a positive control? If so, when?	<input type="checkbox"/>
19. Was at least one test from each kit lot tested with a negative control? If so, when?	<input type="checkbox"/>
 Sampling	Completed
20. If the net primary school enrolment rate <75%, is a community-based TAS being implemented using enumeration areas as clusters?	<input type="checkbox"/>
21. Were schools or enumeration areas arranged in geographic order before sampling using the Survey Sample Builder?	<input type="checkbox"/>
22. Has attendance and/or need for written permission been taken into account in terms of 'non-response' rate?	<input type="checkbox"/>
23. If implementing school-based surveys, has the list of schools and number of students in levels 1 and 2 been confirmed?	<input type="checkbox"/>
 Training	Completed
24. Have all teams been trained on TAS methodology and use of diagnostic tests?	<input type="checkbox"/>
25. Is there a printed standard operating procedure (SOP) for data recording, management and reporting?	<input type="checkbox"/>