

## **PARTICIPANT SELECTION FOR STRUCTURAL READINESS SURVEY**

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### **1. PURPOSE**

This document describes the process by which DeWorm3 implementation science study staff will select and invite individuals to participate in structural readiness surveys.

### **2. INTENDED USERS**

Implementation science point persons and their teams

### **3. RESPONSIBILITIES**

All DeWorm3 implementation science teams should understand and follow this SOP during the selection of individuals to participate in the structural readiness surveys. It is the responsibility of the site's Principal Investigator (PI) to ensure that all study staff and implementation science teams comply with this SOP.

### **4. DEFINITIONS**

4.1. **Structural readiness survey:** A survey used to quantify a health system's structural readiness to implement community-wide MDA for STH for the first time.

4.2. **Stakeholder group:** Individuals who are in the same stakeholder level, which includes individuals working in: government ministries at the national level, state level (or equivalent), district-level (or equivalent), and sub-district level (or equivalent); health centre staff; community drug distributors (CDDs), and technical/financial partners, including community based organizations (CBOs).

### **5. REQUIRED MATERIALS**

- 5.1. Completed Stakeholder Identification Worksheet (from stakeholder mapping exercises)
- 5.2. Structural Readiness Participant Tracking Log

### **6. PROCEDURE**

#### **Baseline key informant sampling**

- 6.1. During baseline stakeholder mapping exercises (See *DeWorm3\_SOP\_103. Baseline Stakeholder Mapping*), implementation science teams will have generated lists of individuals who are involved in MDA delivery at each stakeholder level, including: national, state (or equivalent), district-level (or equivalent), and sub-district government workers (or equivalent); health centre staff; CDDs; CBOS; and technical/financial partners.
- 6.2. Implementation science teams should use the completed Stakeholder Identification Worksheet for community-wide MDA to identify 6-8 individuals who have extensive experience working in or interacting with the country's NTD Programme. These individuals will serve as key informants to help refine the final version of the readiness survey. These individuals should work within the following stakeholder levels: national, state/regional (or equivalent), and district (or equivalent) . Additionally, the individuals should have at least three years of STH-related work experience. Two individuals per stakeholder group will be provided with the key informant version of the survey ("Readiness Survey\_KI") prior to other selected participants in order to finalize answer choice options (See *DeWorm3 SOP\_808. Conducting structural readiness surveys*).

#### **Determining the sampling frame for the final readiness survey**

- 6.3. Once the readiness survey has been finalized after administration of the key informant version, implementation science teams should then use the completed Stakeholder

Identification Worksheet to define the sampling frame of potential survey participants who will complete the survey.

- a. Community members who are not CDDs should not be considered part of the Structural Readiness survey sampling frame as they will not participate in the surveys.
- b. Individuals who participated in qualitative research studies (See DeWorm3 SOP\_806. *Conducting individual interviews*) should also be removed from the sampling frame, unless there are less than 10 individuals in the stakeholder level, in which case all individuals should remain in the sampling frame.
- c. Individuals who participated as baseline key informants should not be excluded from the sampling frame. If randomly selected, they will not need to be contacted again as they will have already completed the survey.

### Government and partner selection

6.4. Ten percent of each stakeholder group (with the exception of cluster-level stakeholders: health centre staff and CDDs) will be randomly selected (see below) and invited to complete the structural readiness survey in order to attain sufficient representation from each stakeholder group and variation across stakeholder groups.

- a. For small stakeholder groups (less than 50 individuals) a minimum of 5 individuals must be sampled.
- b. The number needed to sample (equivalent to 10% of each stakeholder group, or minimum 5 people) should be identified. For example, if there are 60 individuals in the stakeholder group the number needed to sample should be set at six.
  - i. If there are less than 50 individuals in the stakeholder group, then five individual from the group will be randomly selected.
  - ii. If there are five or less individuals in the stakeholder group, then all individuals from the group will be selected to participate in the survey.
- c. Once the sampling frame has been created, the Implementation Science point person should share it with the site data manager who will use a random number generator to create a random structural readiness sampling list of stakeholders from each group.
- d. Individuals should be sampled in order from this list until the necessary sample size has been achieved. If a stakeholder does not consent to participate, the next stakeholder on the sampling list should be contacted until the sample size has been reached.
- e. Logs provided by the central DeWorm3 team should be maintained to record the number of individuals who were informed about the structural readiness survey and the number who agreed to participate. The logs also track if the participants prefer to take the survey online or in-person.

### Health centre staff selection

6.5. At least 20 health centre staff from two randomly selected intervention clusters (10 from each cluster) should complete the readiness survey.

- a. The site data manager should randomly select two intervention clusters using a random number generator.
- b. DeWorm3 implementation science teams should approach health centre staff supervisors in these clusters, and ask for the participation of health centre staff who are involved in MDA campaign preparation and CDD supervision. This is a convenience sample of health centre staff so they do not need to be randomly selected.

### **CDD Selection**

- 6.6. At least 10 CDDs from five intervention clusters should complete the structural readiness survey (50 CDDs total).
  - a. The site data manager should randomly select five intervention clusters using a random number generator.
  - b. At the CDD trainings in the selected cluster, the survey should be introduced and drug distributors should be invited to complete the survey (see DeWorm3\_SOP\_808. *Conducting structural readiness surveys*).
  - c. For CDDs who are not literate, personnel should be available to administer the survey in the local/most appropriate language (see DeWorm3\_SOP\_808. *Conducting structural readiness surveys*).
  - d. At least 10 CDDs should complete the survey in the cluster. If more than 10 CDDs agree to participate when the survey is introduced at the training, they are welcome to do so.