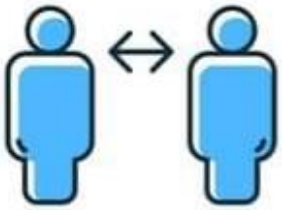
Participants Manual

Introduction to COVID-19 Pandemic

For Outreach Workers

Wash hands often

Wear a cloth mask



Practice social distancing

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Hand out: 1. Community Based Health Care

Community Based Health Care including outreach and campaigns in the context of COVID-19 pandemic

Overview

The COVID-19 pandemic is challenging health systems across the world. Rapidly increasing demand for care of people with COVID-19 is compounded by fear, misinformation and limitations on the movement of people and supplies that disrupt the delivery of frontline health care for all people. When health systems are overwhelmed and people fail to access needed services, both direct mortality and indirect mortality from preventable and treatable conditions increase (*1-3*). Decision-makers will need to make difficult choices to ensure that COVID-19 and other urgent, ongoing public health problems are addressed while minimizing risks to health workers and communities. As established at the 2018 Astana Global Conference on Primary Health Care, the community level is an integral platform for primary health care, key to the delivery of services and essential public health functions, and to the engagement and empowerment of communities in relation to their health. This community-based platform, with its distinct capacities for health care delivery and social engagement, has a critical role to play in the response to COVID-19 and is essential to meeting people's ongoing health needs, especially those of the most vulnerable.

Existing delivery approaches will need to be adapted as the risk–benefit analysis for any given activity changes in the context of a pandemic. Certain activities may need to be anticipated in areas where COVID-19 transmission has not yet begun, modified where an alternative mode of delivery is safe or temporarily suspended where the risk of COVID-19 transmission is high. Where appropriate, in-person encounters should be limited through the use of alternative delivery mechanisms, such as mobile phone applications, telemedicine and other digital platforms. Specific adaptations will depend on the context, including the local overall disease burden, the COVID-19 transmission scenario, and the local capacity to deliver services safely and effectively.

Decisions should be aligned with relevant national and subnational policies and should be re-evaluated at regular intervals as the outbreak evolves. Taking a comprehensive and coordinated approach to community-based activities provides an opportunity to strengthen the resilience of the community-based platform into early recovery and beyond.

Community-based delivery of essential health services

To meet ongoing population health needs and mitigate the negative impacts of the COVID-19 outbreak, nationally agreed primary care programmes need to ensure capacity for preventing morbidity and mortality through the community-based delivery of essential services (*4*), including:

- Preventing communicable disease through delivery of vaccines, chemoprevention, vector control and treatment;
- Avoiding acute exacerbations and treatment failures by maintaining established treatment regimens for people living with chronic conditions;
- Taking specific measures to protect vulnerable populations, including pregnant and lactating women, young children and older adults;

- Managing emergency conditions that require time-sensitive intervention and maintaining functioning referral systems.

National, provincial and district level processes for identifying essential services, coordinating with COVID-19 response planning and optimizing the health care workforce and service delivery should incorporate relevant community-based activities and include consultation with relevant community health workforce representatives.

Outreach and campaign-based prevention services

Community-based prevention activities include outreach services (an extension of facility-based primary care services used to reach the underserved), campaigns (supplementary activities to routine services used to achieve high population coverage) and outbreak responses (used to curb an emerging health threat). While these activities are life-saving, they may also increase the risk of COVID-19 transmission within communities and between health workers and communities. The decision to continue, modify or postpone these activities should take into account the impact on COVID-19 transmission, the speed of disease resurgence and the consequences of withholding the intervention. For example, mass vaccination campaigns, will need to be suspended where COVID-19 transmission is established, although oral vaccines delivered in monodose vials for polio, could be safely self-administered or administered by a caregiver during a home visit while a health worker monitors from 3 feet away. However, outbreaks of vaccine-preventable diseases (VPDs) create immediate health needs and require a risk−benefit assessment on an event-by-event basis.

Maintaining therapies for chronic disease

While face-to-face routine monitoring visits for people with a stable chronic disease can likely be temporarily suspended, ensuring the continuity of treatment regimens through alternative provision methods is essential to mitigate the risk of life-threatening acute exacerbations, such as diabetic crisis, heart attack, psychosis or the emergence or re-emergence of clinical symptoms and treatment resistance in the case of chronic infectious diseases such as tuberculosis (TB) or HIV infection. Replenishment procedures should be adapted to avoid medicine and supply shortages and to allow people to obtain needed resources without undue risk to themselves or others. Where supply levels permit, consider dispensing multiple months of treatment for patients with chronic conditions.

Time-sensitive conditions and community-based acute care

Most acute and emergency care services will need to continue throughout the COVID-19 pandemic because of their highly time-sensitive nature and potential to avert death and disability across all phases of the life course. Ensuring that the community health workforce is trained and equipped to address acute conditions is critical, as restrictions on movement, recommendations to limit in-person encounters in facilities and fears about the safety of facility-based care will increasingly shift acute care to the community setting. The community-based health workforce is likely to face expanding numbers of acutely ill patients, including people with respiratory compromise from COVID-19 and those with other emergency conditions indirectly related to the pandemic context: interruptions in therapies for chronic conditions contribute to acute exacerbations (such as severe asthma or heart attacks), while decreased access and delayed care-seeking result in later and more severe presentations such

as sepsis that has evolved from a localized infection or shock in the setting of injury or pregnancy-related bleeding.

Ensuring early recognition, rapid treatment and timely referral for acute conditions maximizes the impact of subsequent interventions and often mitigates the need for them. Robust community-based acute and emergency care can help avoid excess morbidity and mortality during and after the COVID-19 pandemic, facilitating a return to comprehensive service delivery and thus building a more resilient system.

KEY ACTIONS:

- Review community health service interventions and delivery channels and identify essential services and delivery channels that need to be maintained, linking these processes with national or subnational planning.
- **Define nonessential services that can be interrupted or postponed and identify triggers** for their phased resumption and catch-up strategies that can be used during early recovery.
- Modify community-level service delivery to avoid large gatherings of people.
- **Update registers of vulnerable households** (for example, those with pregnant or lactating women, newborns or older people; or people living with disabilities (*5*), or chronic conditions), and monitor such households to ensure continuity of care and establish social safety nets.
- **Adapt diagnosis and treatment protocols** and train and equip the community health workforce to screen for COVID-19 symptoms, recognize danger signs and appropriately activate notification and referral pathways.
- Monitor the utilization of essential health services in the community by liaising regularly with the community health workforce.

Strengthen the COVID-19 response in the community

The community health workforce can be leveraged to strengthen the COVID-19 response because they are trusted members of the community with important links to the facilities, leaders and organizations that are key contributors to an effective response.

KEY ACTIONS:

- **Ensure that community-based activities are incorporated into national response plans**, and engage networks of community service providers (including NGOs, private health providers and volunteers) to support response efforts in a coordinated manner.
- **Identify context-relevant ways** for the community health workforce to contribute to the COVID-19 response; these might include screening, making referrals, providing support for home care, staffing community-based isolation centres, and engaging in surveillance, contact tracing, risk communication and community engagement
- **Establish protocols** for community-based COVID-19 screening using standard case definitions (*6*), recognizing danger signs and making appropriate referrals. Prepare home-to-hospital protocols and adapt community-level referral and counter-referral protocols for suspected cases of COVID-19.

Community Engagement and Communication

As outlined in the Astana 2018 document, systematic engagement and communication with individuals and communities are essential to maintain trust in the capacity of the health system to provide safe, high-quality essential services and to ensure appropriate care-seeking behavior and adherence to public health advice (*7*). Communication and engagement strategies for COVID-19 should include all dimensions of community-based health care and aim to facilitate optimal care-seeking, health behaviors and home care practices. Communities will rely on local health facilities, and trusted community actors, including local media, for information. It is important to ensure that they have up-to-date, accurate and contextualized information in the local language.

Communication should focus on building trust, reducing fear, strengthening collaboration and promoting the uptake of public health measures and essential services.

Key topics for communication include:

- COVID-19 transmission, public health actions to reduce the risk of transmission and risk factors associated with severe illness (*8*). Consider developing hotlines, implementing question and answer (Q & A) sessions and leveraging digital platforms where available to dispel harmful myths, curb the spread of misinformation, reduce stigma associated with COVID-19 and support the reintegration of recovered COVID-19 patients into the community;
- **continued care-seeking for essential services**, how care can be sought safely and any changes in service delivery settings or points of care;
- **self-care and family care practices in the home**, which should be provided to all members of the household to address their health needs and avoid reinforcing traditional gender roles;
- home care for people with mild to moderate COVID-19 symptoms, according to national guidance (*9*); share information about who to contact and where to seek care in case the patient has danger signs;
- the role of the community health workforce as trusted actors in protecting the community;
- **Mental health and psychosocial well-being**, addressing the increased risks of domestic violence against women (*10*), children, adolescents, persons with disabilities and older people, and providing information about accessible services. Community resources may help to identify trusted family, friends and neighbors who can keep in touch with and support persons subjected to violence.

The community health workforce and broader community support will become increasingly important in the COVID-19 context as stay-at-home measures have been reported to decrease care-seeking for essential services and to increase violence, the use of alcohol and other substances, addictive behaviors and stress related conditions.

KEY ACTIONS:

- **Engage stakeholders and the community in designing and implementing communication plans, strategies and materials**. Include vulnerable populations (*11*), such as women, children, adolescents, older people, people with disabilities (*5*) and people living with HIV.

- **Engage with community stakeholders to identify and address barriers to access** caused by stay-at-home policies, the suspension of public transport, concerns about infection and other factors.
- Engage women's, parents', and adolescent and youth groups to ensure there is effective, targeted peer outreach.
- Coordinate with and provide resources for community governance committees so they can offer strategic guidance for the delivery of community-based health services, act as a conduit for community feedback and contribute to oversight of the community health workforce (*12*).
- Establish or reinforce existing mechanisms for communities to hold health authorities accountable, including those in the private sector, to ensure the equitable allocation of resources and to improve the responsiveness and quality of service delivery (*13*).
- Avoid community-level mobilization approaches that entail large gatherings of people.
- **Use existing digital platforms** for teleconsultations and to disseminate information and alerts to communities. Identify **inclusive delivery mechanisms** for people with disabilities.
- Leverage trusted community resources, such as primary care facilities, local authorities, influencers and religious leaders (*14*), to promote the dissemination of helpful information, including about safe worship and burial practices, the need to avoid gathering, to prevent and reduce fear and stigma, and to provide reassurance to people in their communities.

Adapting key health system functions in the pandemic context

This section addresses select health system functions for which strategic adaptations are needed to ensure a robust COVID-19 response and safe ongoing delivery of essential services at the community level.

Community health workforce

Adapting roles and responsibilities for the community health workforce in the context of the COVID-19 pandemic can include developing new approaches to existing activities and reassigning existing workers or recruiting additional workers (*15*). In the setting of such changes, it is important to avoid burnout, attrition, lapses in service delivery, reductions in quality and increases in infection risk. Since the availability of referral services may be limited in the context of increasing demands on the health system, all health workers should be prepared to take on additional responsibilities related to the initial management of key life-threatening syndromes (*16*). Where the COVID-19 context necessitates workload modifications, reassignment or recruitment, care should be taken to adequately resource, train, equip and supervise all health workers, leveraging digital solutions if available. Timely remuneration and reasonable working conditions will promote the retention of the community health workforce during the COVID-19 response and beyond.

To ensure the occupational safety and health of the community health workforce, all health staff should be provided with adequate personal protective equipment (PPE) and trained in its use and safe disposal.

Work in the COVID-19 context may result in stigmatization (*17*), and health workers may need mental health and psychosocial support, and particular consideration should be given to gender issues (*18*). Older workers and those with high-risk conditions should be assigned to duties that do not put them at additional risk.

KEY ACTIONS:

- **Ensure that the community health workforce is included in workforce assessments associated with the COVID-19 response**. Create or leverage existing databases of workers with different skills to fill critical gaps; ensure these are updated regularly. Identify qualified workers, including unemployed and retired workers, who could be part of a surge cohort (ensuring protections as above).
- Clearly define roles for the community health workforce in the context of the COVID-19 response and involve that workforce in planning and decision-making.
- **Ensure that the community health workforce and other critical personnel** (for example, those who are part of the supply chain) are classified as essential and exempted from movement restrictions.
- **Recognize and remunerate the community health workforce supporting the COVID-19 response** with payments and non-performance-based incentives; coordinate remuneration with partners and stakeholders.
- **Quantify training needs and invest in rapid, remote training** on new COVID-19 roles and tasks and adaptations to existing activities. Leverage digital solutions to modify training modalities, including e-health learning platforms.
- **Modify supportive supervision and communication modalities** as needed (including by using digital solutions) to ensure the timely dissemination of information and access to clinical decision support to reinforce newly acquired skills while strengthening referral linkages among the community health workforce, facilities and district health management teams.
- **Ensure that health workers have sufficient phone credit** or are compensated for the credit they use to engage with clients, access information, seek advice from supervisors, send data and receive payments using mobile phones.
- **Ensure the safety and health of all health workers** by providing PPE appropriate to the tasks performed, protecting against violence and harassment and offering psychosocial support.

Supply chain

In the pandemic context, with its associated impacts on care-seeking and access, there may be an increased reliance on primary care services and the community health workforce and increased utilization of medicines and supplies at the community level. Strengthening supply chains, anticipating interruptions and preparing mitigation strategies are critical to maintaining the availability of essential medicines and supplies (*15*).

Strategies should address (a) commonly used supplies, (b) any medicines or other necessary products that are at risk for constraint due to increased demand and (c) supply and distribution mechanisms that reduce the number of visits to health facilities to replenish supplies.

Where stock is available in the country, allocating at least 1 month of essential supplies at the community level, assuming safe, secure storage is possible, may help to reduce disruptions due to transportation delays. If supplies are sufficient and if storage conditions allow, larger quantities can be dispensed. When supplies are constrained, more frequent deliveries may be needed, and it will be important to have a plan to minimize exposure at health facilities. Options may include establishing secure pick-up locations with timed appointments or secure

drop-off zones where access is restricted to necessary personnel. For inventory management, additional flexibility may be required and, where feasible, electronic systems should be used.

Similarly, to mitigate the transmission risk, if medicines cannot be delivered to homes, each pick-up location should include physical barriers, such as plastic screens, to protect patients and staff. If possible, hand sanitizer or handwashing stations should be available at all pick-up locations for clients to use. To the extent possible, people should pick up products at windows or counters at the perimeter of the facility, and queue management measures, such as distancing and advance scheduling, should be used. Adapted and expedited procedures may be required in certain areas to pre-position supplies, and special considerations apply to urban and periurban areas, informal settlements and other densely populated settings where there may be widespread community transmission.

Information about stocks and safe storage capacity at the national and subnational levels should inform these strategic choices, and when needed, rapid assessments should be conducted electronically or by phone. Where possible, resources should be designated specifically for use by the community health workforce to ensure continuity of care for people with acute or chronic conditions.

KEY ACTIONS:

- **Develop supply and distribution strategies** for medicines and other health commodities that may be in short supply or are likely to be in high demand, taking into account safety and security.
- **Adapt replenishment procedures to avoid community shortages**, limiting facility encounters through multimonth dispensing, if supplies permit
- **As supply levels allow, consider pre-positioning** a buffer supply of at least a 1 month (and ideally longer) of essential resources for community-level service delivery. Designate resources specifically for use by the community health workforce, and anticipate increased resource needs.
- Coordinate the assessment, ordering and distribution of essential medicines, supplies (including PPE) and equipment with partners and community stakeholders.
- Ensure that pharmacies, health posts and other relevant public and private community-based entities are included in capacity assessments for the production and distribution of essential resources.
- Ensure that community-based pathways for medicine stock and distribution are included in electronic systems for order management, assessments and planning, if possible.
- For those making or accepting deliveries and when dispensing medicine or supplies, avoid excessive contact inside a health facility; for patients with chronic conditions, schedule medicine pick up via text (SMS) message or phone and maintain distance between patients while they wait.
- **Consider using reverse logistics to reposition supplies** based on the transmission scenario and feasibility in the local context.

Health information systems

Community data are needed to monitor and maintain essential health services and to inform public health actions that can slow and stop COVID-19 transmission. As diagnostic technologies become widely available, surveillance strategies will change.

In settings where the community health workforce depends on paper forms to collect data, alternative solutions should be explored that do not require the workforce to appear in person to submit data to a health facility.

If a mobile network is available, data could be called in to supervisors or facilities, or photos could be submitted to capture monthly reports. In situations in which technology cannot be leveraged, the workforce should be involved in creating a process for aggregating data at the community level and identifying appropriate pathways to ensure that data reach the health facility. The usual accountability mechanisms that increase contact, such as requiring confirmatory signatures, should be suspended. The timeliness and quality of the reporting of community data will likely decline during the pandemic, and programmes should consider prioritizing a limited set of indicators that is based on existing community data.

KEY ACTIONS:

- Strengthen community-based surveillance for COVID-19 to identify early warnings and ensure early case identification and immediate action, according to national guidance (*19*). Invest in adapted approaches in hotspots to mitigate transmission.
- Incorporate data collected by the community health workforce into the health information management system (*15*). Use data to produce dashboards to inform transmission scenarios, and identify COVID-19 hotspots and disruptions in logistics and service delivery.
- Collect and monitor data on COVID-19 infections and deaths in the community health workforce that are disaggregated by gender, age and tasks performed.
- Use community data to monitor the utilization of essential health services for COVID-19 infections and for other priority health conditions (for example, measles) in order to mitigate outbreaks, especially if services are postponed or care-seeking declines (*15*).
- Engage the community health workforce in establishing a community alert system, and use context appropriate technology, if feasible.
- Leverage existing investments in digital platforms [1] for data collection, real-time monitoring and for obtaining feedback from the community (*20*).
- **In the absence of community meetings, establish a remote digital mechanism to ensure two-way feedback** for data and for interpreting surveillance information. Support communities in using their data for decision making, collecting community feedback (for example, questions and information about beliefs, rumors and concerns) and acting on data to inform changes in services and community engagement actions.
- **Ensure the community health workforce has sufficient access to data collection tools (whether paper or digital, as relevant)**, including disease surveillance and death notification forms and registers, providing at least 1 month of buffer supply and anticipating a surge in cases. Where possible, adapt existing register forms.

1 Such digital platforms include, for example, SMS text messaging, UNICEF's RapidPro, IntraHealth's mHero, Dimagi's CommCare, U-Report, and community health toolkit coronavirus alert applications.

Infection prevention and control

In order to keep health workers and communities safe, initial screening and appropriate IPC measures should be incorporated into all community-based health care activities (*21*). Adherence to the use of standard precautions for all patients at all times should be strengthened, particularly regarding hand hygiene, surface and environmental cleaning and disinfection, and the appropriate use of PPE. Which additional IPC measures are needed will depend on the local COVID-19 transmission scenario and the type of contact required by the activity. Physical distancing should be implemented as much as possible.

Logistics planning, budgeting and supply-chain and waste management for PPE and hand hygiene supplies should address the needs of the community-based health workforce (*22*). Potential shortages in PPE must be addressed proactively, and clear guidance must be provided on how to adapt essential activities and services in the absence of PPE.

In the setting of the COVID-19 pandemic, the following standard IPC precautions should be strengthened during all health care encounters.

- Hand hygiene: Using WHO's 5 moments approach, always clean hands before and after direct patient contact, after the risk of exposure to body fluids and after interactions with the environment (for example, after touching surfaces) (*23*). Hand hygiene includes cleansing hands either with an alcohol-based hand rub (if hands are not visibly dirty) or with soap and water and drying them with a single-use or clean towel, if available.
- Use of gloves*:* Gloves are required only if direct contact with blood or other body fluids is expected, including secretions or excretions, mucous membranes or broken skin (for example, while performing a rapid diagnostic test [RDT] for malaria or during certain antenatal and postnatal examinations).
- Equipment and surfaces: Equipment and surfaces should be cleaned with water and soap or a detergent, followed by a disinfectant; safe waste management protocols must be followed.
- Medical masks: Whether medical masks should be used depends on the task performed (for example, if splashes are expected) and the context and transmission scenario (Table 1).

Furthermore, the community health workforce should ensure that patients and workforce members adhere to respiratory hygiene, and when sneezing or coughing cover their nose and mouth with a tissue or bent elbow, and then dispose of the tissue safely in a bin (ideally, one with a lid).

Screening for COVID-19 infection

Screening for COVID-19 should be done in all settings where it is indicated by the transmission scenario or local policy, or both, as part of every health care encounter (*24*). Screening for COVID-19 involves evaluating risk using a set of questions, and **PPE is not required for screening if a physical distance of at least 1 m can be maintained**.

Where this distance cannot be ensured, health workers should wear a medical mask and eye protection.

Screening should include assessments of:

- COVID-19 exposure risk (that is, contact with a suspected or confirmed COVID-19 case or other people with COVID-like symptoms in the household, personal travel to or contact with travelers from an area with known cases);
- Symptoms as described in COVID-19 case definitions for adults and children.

For people whose screening is negative, the health care visit can continue. No mask is required if a distance of at least 1 m can be maintained and there is no direct contact.

People whose screening is positive are considered suspected COVID-19 cases, and the local system for isolation and management, must be activated according to national protocols. WHO recommends that all people with suspected or confirmed COVID-19 infection should be isolated and cared for in a health care facility or dedicated community isolation facility. Where isolation in a facility is not feasible, people with no symptoms (that is, those who are asymptomatic or presymptomatic) or mild symptoms can be managed at home, as long as there is strict adherence to IPC measures and precautions and advice is given about when to seek care (*9*). This situation might apply, for example, when it is not feasible to separate young children from their caregivers.

Note that a positive result on screening does not necessarily preclude delivering care, as long as it can be done safely. When a patient is suspected to have COVID-19 infection, health care workers should only deliver care that allows them to maintain a distance of at least 1 m or they should use the IPC precautions and protections required according to the standards for specific activities in the setting of a positive screening (Table 1, Interaction with a person with suspected or confirmed COVID-19).

Additional infection prevention and control precautions

This section discusses the use of additional IPC precautions when a health care worker is in contact with people with suspected or confirmed COVID-19 and when essential services are delivered in settings where there is widespread community transmission.

In addition to using standard precautions for all patients, contact and droplet precautions should be used when care is provided to a person with suspected or confirmed COVID-19. Contact and droplet precautions include the use of a medical mask, gown, gloves and eye protection. These precautions should be taken by the community health workforce and any other individuals, including family members, involved in supporting a person with suspected or confirmed COVID-19. In the context of widespread community transmission, some additional precautions, such as wearing a medical mask, may also be considered when community health workers provide essential routine services. In addition, the community health workforce together with other community actors have key roles to play in ensuring that basic IPC measures are implemented and in advising and supporting community members during quarantine and home care.

Table 1 gives examples of the precautions to be taken and the PPE required in the community health setting in the context of widespread community transmission of COVID-19. It is important to note that beyond these examples, standard precautions should be used at all times and for all patients.

Table 1. Examples of health care activities and appropriate infection prevention and control precautions in the context of community transmission of COVID-19

Activity	Type of precautions and personal protective equipment
Home visit (for example, for antenatal or postnatal care, or care for a person with tuberculosis, HIV or another chronic condition)	• If feasible, conduct home visits outside in a well-ventilated space and keep a distance of at least 1 m. • Perform hand hygiene frequently and while providing care, according to WHO's recommendations on the 5 moments for hand hygiene. • Wear gloves only if exposure is expected to blood, body fluids, secretions, excretions, mucous membranes or broken skin. • Consider wearing a medical mask when in direct contact or when a distance of at least 1 m cannot be maintained.
Outreach activities and campaigns	When no direct contact is involved (for example, during the distribution of insecticide-treated nets) • Maintain distance of at least 1 m. • No screening required. • No PPE required. • Perform hand hygiene frequently. When direct contact is involved (for example, delivering vaccinations) • Perform hand hygiene between each patient. • Consider wearing a medical mask.
Community case management of acute illness in children	• Perform hand hygiene according to WHO's recommendations on the 5 moments for hand hygiene. • PPE needs depend on the outcome of screening. • If the patient is not suspected to have COVID-19: wear a medical mask and gloves for a malaria rapid diagnostic test, as per standard protocol. • If the patient is suspected to have COVID-19: wear full PPE (medical mask, eye protection, gloves, gown). – If full PPE is not available, use the modified distance community case management protocol, which maintains distance and does not involve direct contact.
Any activity involving direct physical contact with a person with suspected or confirmed COVID-19	• Perform hand hygiene according to WHO's recommendations on the 5 moments for hand hygiene. • Wear a medical mask. • Wear a gown. • Wear gloves. • Wear eye protection.
Any activity not involving physical contact (including entering the room of a person with suspected or confirmed COVID-19, but not providing direct care)	• Perform hand hygiene according to the WHO recommendations on the 5 moments for hand hygiene. • Wear a medical mask. • Maintain distance of at least 1 m. • When possible, conduct interviews outdoors, with the patient also wearing a medical mask, if tolerated.

PPE: personal protective equipment.

KEY ACTIONS:

- **Develop and disseminate standard operating procedures for IPC** that include the community health workforce and are informed by the transmission scenario and local guidance and protocols.
- Define IPC precautions depending on the activity or service being delivered, and include information about who requires PPE and what type is required to inform quantification and distribution and to ensure continued availability and the rational use of supplies.
- Ensure that the community health workforce is included in the national policy on the use of PPE.
- Ensure adequate access to and supplies for hand hygiene and the disinfection of equipment and the environment.
- **Designate a district-level health care officer trained in IPC** to be in charge of supervising IPC activities at primary care facilities and in the community.
- **Incorporate screening for COVID-19** into the essential services provided by the community health workforce as per local guidance and protocols.
- Ensure thorough training for all users of standard and additional (transmission-based) IPC precautions, including how to properly wear, remove, use and dispose of PPE, and consider how to limit direct contact between health care providers and patients and how to deliver health services using physical distancing where possible, especially in areas with widespread community transmission.

Key considerations across the life course

Services for sexual and reproductive health; maternal, newborn, and child and adolescent health; and the health of older people will require modifications as access to and the availability of essential services shifts during the COVID-19 outbreak. The sections below support programme managers and other stakeholders in safely adapting select services based on risk assessments. Providing ongoing support for self-care and family care practices will be important in sustaining community-based health services (*25*).

Family planning

- Support trained community health workers to continue providing counselling at the community level about contraceptive options in contexts in which these services are usually provided. Users' preferences for contraceptive methods may change in the setting of the COVID-19 pandemic, based on potential disruptions of supply chains and limitations on access to health care facilities.
- Determine whether the community health workforce includes health workers who are appropriately trained to safely provide family planning services and information (that is, information about contraception, the prevention of unsafe abortion and sexually transmitted infections [STIs]) if access to health facilities is reduced during the COVID-19 pandemic. Where appropriate, offer digital decision support tools to assist the community health workforce to safely provide contraception (*26*).
- Increase the availability of methods that do not require the direct supervision of health workers through pharmacies and other channels.

Maternal and newborn health

- Facility-based maternal and newborn health services, including antenatal care (ANC), childbirth and postnatal care (PNC) and the management of maternal and neonatal complications should continue to be prioritized throughout the pandemic (*27-29*).
- In pregnant or postnatal women with mild COVID-19 not requiring hospitalization, routine ANC or PNC can be provided through alternative delivery platforms (such as, telemedicine, mobile phone, home visits) or can be postponed until after the period of self-isolation, provided this is in accordance with national guidelines and recommendations of the health care team.
- Focus community efforts on promoting care-seeking, addressing concerns about the potential risks of COVID-19 transmission at health facilities and supporting self-care and family care practices.
- If service delivery is modified to restrict ANC or PNC visits in health facilities, then adapt birth preparedness and complication readiness plans at every ANC and PNC contact to take into account changes to services.
- Ensure that ANC, childbirth and PNC services in the community are provided by skilled health personnel, including professional community midwives, who should have access to appropriate PPE and IPC strategies (*30*).
  - Engage trained lady health workers to support basic ANC or PNC through home visits, ensuring that they use IPC measures, including PPE, depending on context and tasks performed (*31*).
  - Prioritize ANC contacts for women with high-risk pregnancies, women with signs of depression, women who are underweight or overweight, adolescent girls, other vulnerable groups and for low-risk women during the third trimester (from 28 weeks).
  - Prioritize PNC contacts for women and babies during the first week after birth and to follow up on babies born preterm or with low birth weight.
- Maintain maternity waiting homes where they exist, ensuring that appropriate IPC guidance is followed in the context of COVID-19 (*32*).
- If access to facilities for births is restricted due to COVID-19:
  - ensure that home births are assisted by skilled health professionals, including professional community based midwives, and ensure that the health professionals are associated with a facility, authorized and fully equipped to attend home births;
  - provide clean birth kits (*33*) to pregnant women and to skilled health personnel (*30*) who attend home births;
  - ensure that someone who can obtain assistance in case of complications stays with the mother and newborn for a minimum of 24 hours;
  - ensure that women and families are aware that women should receive respectful care, have a labor companion present, mothers and their newborns should remain together, mothers should practice skin-to skin contact and maintain early and exclusive breastfeeding;
  - consider training community health workers to safely implement procedures for newborns, such as eye care, infant vitamin K administration and vaccination, if feasible;
  - ensure that skilled health personnel can provide follow up in the community for small and sick newborns, support kangaroo mother care for babies born weighing less than 2000 g, and support breastfeeding or breast milk feeding where home birth or early hospital discharge is needed;

  - ensure that women and their families know where to register the baby if there was a home birth.
- Clarify information regarding the risks for pregnant and breastfeeding women and their newborns in relation to COVID-19 and address any fears about maintaining breastfeeding and skin-to-skin practices.
- Encourage the mother to express breast milk while applying appropriate IPC measures if she has a severe illness that prevents her from caring for her infant or from continuing direct breastfeeding (*34*).
- Ensure that all pregnant and lactating women continue to receive nutritional care as part of their ANC and PNC. After the baby is born, continue counselling about infant and young child feeding, as well as offering lactation support.
- Continue to supply all pregnant women during ANC contacts with iron and folic acid supplements and calcium supplements in populations with low calcium intakes (*27*). Where food distribution is significantly interrupted and in populations with a high prevalence of nutritional deficiencies, the use of multiple micronutrient supplements that include iron and folic acid may be considered for pregnant and lactating women (*35*).
- In situations in which ANC, PNC and community contacts are periodic, offer 2–3 months of micronutrient supplements, ITNs and family planning methods.
- Support mothers and caregivers in using appropriate newborn care practices, including hygiene practices and caregiver hand washing.
- Identify appropriately trained workers to provide mental health and psychosocial support to, parents and caregivers who may need to be separated from the newborn and for parents of newborns with complications.
- Where feasible, provide virtual support to pregnant women and parents via established support groups.

Children and adolescents

(See also the Section Community case management of acute illness in childhood in the context of COVID-19.)

- Consider replacing health promotion visits with teleconsultations and tele counselling.
- Provide information to families (*36*) on coping, positive parenting (*37*), responsive caregiving and early stimulation, feeding, and protecting children from abuse and violence, which is reported to be increasing in the setting of confinement measures.
- Share ideas for home-based activities that are safe and entertaining, provide learning opportunities, and help children adapt to the changes associated with the pandemic (*38*).
- Support the capacity of the community health workforce to identify and respond to signs of stress, isolation or poor mental health in parents and children and to refer families to suitable psychosocial support services.
- Help parents identify relevant social protection mechanisms available to them to mitigate stress due to economic hardship. Pregnant and parenting adolescents may be most vulnerable.
- Continue to provide iron supplements (*39*) or multiple micronutrient powders (*40*) for children in populations with a high prevalence of anemia. Consider delaying distribution in areas where the provision of supplements is recommended for only 3–6 months of the year, while monitoring for deterioration in diet.
- Ensure that children and adolescents have accurate information about COVID-19 and how to protect themselves. Improve adolescents' health literacy related to the COVID-19

pandemic and general health to ensure that they are knowledgeable about their own health and know where and when to obtain health services in times of crisis (*41*).

- Involve adolescents in planning for service provision in their community in times of crisis and involve them in appropriate aspects of service provision, such as peer-to-peer support.

Older people

- Recognize non-specific signs and symptoms of COVID-19 in older people, including fatigue, reduced alertness, reduced mobility, diarrhoea, loss of appetite, delirium and the absence of fever (*42*).
- Reach out (for example, by phone or telehealth connection) to older people who have additional risk factors (*6)* for developing severe illness from COVID-19, such as those with chronic lung disease, cardiovascular disease including hypertension, immunodeficiency including HIV, diabetes, renal disease, liver disease, chronic neurological or neuromuscular disease, malignancy, or undernutrition.
- Advise older people to have at home, if possible, at least 2 weeks of critical medicines and supplies. Provide repeat prescriptions and mechanisms for delivering refills.
- Discuss advanced care planning and the possibilities of palliative care, including end-of-life care, to allow informed, inclusive and autonomous decisions, if appropriate.
- Follow up (for example, by phone or with a home visit) if the older person fails to attend appointments.
- Recognize that older people, particularly those in isolation and with impairments (such as visual impairment, hearing loss, cognitive decline or dementia), may become more anxious, angry and stressed (*18*).
  - Adapt communication (verbal and written) to older people with impairments so that information is accessible and clearly understood (*5*).
  - Provide practical advice in a clear, concise, respectful and calm way, and repeat simple facts as frequently as needed.
  - Be mindful that wearing a mask prevents lip reading and decreases vocal clarity for those with hearing loss (*43*).
- Ensure that assistive devices are provided, such as wheelchairs and walkers, to those older people who need them, and communicate the importance of ensuring that these are disinfected before and after use.
- Ensure that older people who live alone or are institutionalized have access to nutritious food. Consider individual preferences and underlying physical limitations when ensuring this access (such as problems with chewing, swallowing or digestion) (*44*).
- Engage the community health workforce to help older persons who depend on care (*45*).
- Discuss with the older person and their household an alternative plan to ensure continuity of care in case the main caregiver is unavailable (*46*):
  - identify alternative caregivers and prepare a readily available care plan for handover;
  - identify possible facilities (such as long-term care facilities, community centers) for short-term admissions.

Outreach activities and campaigns for prevention

Vaccination

Overview

Immunizations are an essential health service that protects individuals from VPDs. By providing immunizations, individuals and communities remain protected and the likelihood of an outbreak of a VPD decreases. Preventing a VPD outbreak saves lives, requires fewer resources than an outbreak response, and reduces the burden on a health system strained by the COVID-19 pandemic. While sustaining immunization systems, countries should respect the principle of do no harm and work to limit transmission of COVID-19 while providing immunization services.

Specific considerations

Fixed-site immunization services should be implemented while ensuring that physical distancing measures are maintained, as well as appropriate infection control precautions (for example, ensure that health workers are protected, appropriately handle injection waste, and safeguard the public).

- The appropriateness of implementing outreach or mobile services (*55*) for vaccine delivery, as well as activities requiring community interaction for VPD surveillance, must be assessed in the local context and be adapted to ensure the safety of health workers and the community.
  - Strategies for delivering immunizations through outreach, such as house-to-house strategies, should not increase the transmission of COVID-19; if there is a risk that they will, they should be temporarily suspended (*47*).
- Based on current understanding of COVID-19 transmission and the recommended prevention measure of physical distancing, **it is advisable to temporarily suspend mass vaccination campaigns where community-based COVID-19 transmission has begun**.
  - Vaccination campaigns can be implemented in areas where COVID-19 transmission is not yet occurring.
  - Countries should monitor and re-evaluate at regular intervals the necessity for delaying mass vaccination campaigns.
- During a VPD outbreak, the decision to conduct outbreak response mass vaccination campaigns requires conducting a risk-benefit assessment on an event-by-event basis, and this assessment must factor in the health system's capacity to effectively conduct a safe and high-quality mass campaign in the context of the COVID-19 pandemic. The assessment should weigh the risks of a delayed response against the risks associated with an immediate response, both in terms of morbidity and mortality from the VPD and the potential impact of further transmission of COVID-19.
  - If an outbreak response vaccination campaign is pursued, stringent measures are required to ensure the use of standard and COVID-19 IPC strategies, manage injection waste, protect health workers and safeguard the public (*48*).
  - If an outbreak response vaccination campaign is delayed, a periodic assessment based on local VPD morbidity and mortality, as well as regional and international epidemiology, will be required to evaluate the risk of further delay and to inform the response strategy when the implementation of mass vaccination is feasible.

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Handout 2- Risk Communication and Community Engagement (RCCE) COVID-19 preparedness and response

Objective

Risk Communication and Community Engagement (RCCE) is an essential component of health emergency preparedness and response action plan.

This handout will support risk communication, community engagement staff and responders working with health authorities, and other partners to develop, implement and monitor an effective action plan for communicating effectively with the public, engaging with communities, local partners and other stakeholders to help prepare and protect individuals, families and the public's health during early response to COVID-19.

How to use this tool

This handout can be used to develop an RCCE plan that, once completed, will constitute a basic evidence based source for engaging and communicating effectively with identified audiences.

The resulting plan will facilitate effective RCCE, two-way communication between health authorities and at-risk populations in response to COVID-19. It includes planning for engagement with and within local at-risk communities, broader segments of the public at the country-level, and other relevant stakeholders (such as health care providers).

Key considerations

- Adapt the elements according to your needs and situation. Some elements of the action plan guidance may differ between countries, provinces and districts depending upon their risk levels, people's perceptions, needs, local capacities and current situations.
- Revise your action plan according to the situation evolution. Note that your objectives and priorities may change over time depending on the evolution of COVID-19 outbreak (epidemiology) and people's reactions to the response.
- Coordinate and plan together with authorities and partners. To strengthen your preparedness, ensure effectiveness, and avoid duplication, it is important from the start to identify, meet, plan and coordinate with your partners, existing community networks and government counterparts. Remember that communities should play a major role as implementers and leaders in promoting individual and collective behavior change to prevent and respond to COVID-19.
- Proactively communicate and promote a two-way dialogue with communities, the public and other stakeholders in order to understand risk perceptions, behaviors and existing barriers, specific needs, knowledge gaps and provide the identified communities/groups with accurate information tailored to their circumstances. People have the right to be informed about and understand the health risks that they and their loved ones face. They also have the right to actively participate in the response process. Dialogue must be established with affected populations from the beginning. Make sure that this happens through diverse channels, at all levels and throughout the response.
- Reduce stigma. Regular and proactive communication with the public and at-risk populations can help to reduce stigma, build trust and increase social support and access to basic needs for affected people and their families. Stigma can undermine social

cohesion and prompt social isolation of groups, which might contribute to a situation where the virus is more, not less, likely to spread. Accurate information can help alleviate confusion and avoid misunderstandings. The language used in describing the outbreak, its origins, and prevention steps can reduce stigma. See WHO's Guide to preventing and addressing social stigma for more tips (https://www.who.int/ docs/default-source/coronaviruse/covid19-stigma-guide.pdf).

- Conduct early and ongoing assessments to identify essential information about at-risk populations and other stakeholders (their perception, knowledge, preferred and accessible communication channels, existing barriers that prevent people to uptake the promoted behaviors…) to develop your plan. Do not assume or take for granted local understandings and perceptions. Qualitative methods such as focus groups and interviews can produce rich, contextual information from a few people. Quantitative methods such as internet or telephone surveys can help characterize larger numbers of people, but with less context. Both approaches can help you systematically ask relevant questions that will shape your intervention strategy. As the threat of COVID-19 evolves, people's knowledge and beliefs will change, so assessments will need to be ongoing to ensure that interventions remain relevant to people at-risk.
- Ensure that all people at-risk of acquiring COVID-19 are identified, reached and involved.

The Process

This exercise can be completed at district level, we will practice in group work following steps based on the information available:

Step 1. Assess and collect

Collect existing information and conduct rapid qualitative and/or quantitative assessments to learn about the communities (knowledge, attitudes and perceptions about COVID-19, most at risk population, communication patterns and channels, language, religion, influencers, health services and situation). With your team, analyze and assess the situation.

Step 2. Coordinate

Use existing coordination mechanisms or create new ones to engage with RCCE counterparts in partner organizations at all levels of the response: local, regional and national.

These include health authorities, ministries and agencies of other government sectors, international organizations, NGOs, academia, etc. Develop and maintain an up-to-date contact list of all partners and their focal points. Regular contact with all partners will help avoid duplication and identify potential gaps in the RCCE response.

Step 3. Define

Define and prioritize your key RCCE objectives with your team and partners. Review them regularly to ensure they are responding to your priorities as COVID-19 evolves

Step 4. Identify key audiences and influencers

Identify target audiences and key influencers. These include policy-makers, influential bloggers or other social media leaders, local leaders, women and youth groups, religious and elders' groups, local and international NGOs health experts and practitioners, volunteers, and people who have real-life experience with COVID-19 (those who have had COVID-19 or their

family members have contracted the virus). Match audiences and influencers with channels and partners that reach them.

Step 5. Develop RCCE strategy

Based on the qualitative analysis' results, your defined key objectives and audiences, develop an RCCE strategy that fits into the country's comprehensive COVID-19 response strategy. Adapt to the local context: focus on messages that are tailored to the relevant national and local context, reflecting key audience questions, perceptions, beliefs and practices.

Define and prioritize your strategic objectives with your team and partners in alignment with the general objectives of the country's COVID-19 response. Review them regularly with partners and community to ensure they are responding to evolving priorities. Work with the different technical groups of the response to ensure alignment, coordination and internal dialogue between RCCE leadership/field staff and other response teams.

Define and describe actions/activities that will contribute to achieve the RCCE objectives. Develop messages, and materials to transmit health protection steps and situation updates in line with World Health Organization's message. Messages and materials should be tailored to reflect audience perceptions and knowledge at the level to which the RCCE products are targeted whether national, regional, or local (see assessment process in Step 1).

While defining the list of activities tailored to your country, simultaneously disseminate recommendations from the World Health Organization and your Deaprtment of Health. These sources provide accurate information that can mitigate concerns and promote prevention actions, even though they are not tailored to local communities.

Create relevant information, education and communication (IEC) materials tailored for and pre-tested with representatives of audiences for whom they are intended. Pre-testing messages and materials with target audiences ensures that messages are context specific and increases ownership from communities and at-risk populations and other stakeholders. As much as possible IEC materials should contain actions that people can take:

a. an instruction to follow
b. a behavior to adopt
c. information you can share with friends and family

Step 6. Implement

Develop and implement the endorsed RCCE plan with relevant partners to engage with identified audiences and community. This should include capacity building and integration of RCCE counterparts from international, national, regional, local groups, ensuring participation and accountability mechanisms are co-defined. Make sure to identify human, material, and financial resource needs. Define staff and partners who will do the work (number of people required in the team/organizations) and budget according to the resources. Ensure strong and regular supervision and coordination mechanisms. Close monitoring of field work is essential and mechanisms should be defined before starting implementation.

Set up and implement a rumor tracking system to closely watch misinformation and report to relevant technical partners/sectors. Make sure to respond to rumors and misinformation with evidence based guidance so that all rumors can be effectively refuted. Adapt materials, messages and methodologies accordingly with help of the relevant technical group.

Step 7. Monitor

Develop a monitoring plan to evaluate how well the objectives of the RCCE plan are being fulfilled. Identify the activities the RCCE team will perform and the outcomes they are designed to achieve with target audiences (communities, at-risk populations, stakeholders, etc.) Establish a baseline (for example, note the level of awareness or knowledge of a community at the time before the RCCE plan is implemented). Measure the impact of the RCCE strategy by monitoring changes in the baseline during and after RCCE strategy activities are implemented.

If minimal or no positive changes are achieved, find where the problems are: check if the activities are fit for purpose, check the content of the narratives, the methodologies, the quality of work conducted by the teams (it is very important to supervise the way team members conduct the activities). Develop checklists to monitor activities and process indicators for every activity.

Defining and prioritizing your RCCE objectives

What are your RCCE objectives?

Identify your objectives: Consider reviewing all the objectives below. Circle those that apply to your country's current epidemiological situation, the response priorities and public reactions. Note that many of the objectives are interdependent, so broad objectives may require fulfilling some that are more focused. Please add other objectives if needed for your country situation.

Just circle all that apply to your situation:

- To ensure that people have the life-saving information they need to protect themselves and others (from the virus and to reduce its impact on health, social life, and the economy)
- To ensure effective feedback mechanisms are in place and used to ensure two-way communication between health/response authorities and communities, the public and stakeholders.
- To ensure that healthcare workers know how to engage with patients and care givers, detect possible cases, communicate with patients about COVID-19, and report to the relevant health authorities and also to protect themselves in context of their exposure to the disease.
- To position country health officials as the main/first trusted source of information about COVID-19.
- To ensure consistency in information and language from all partners and avoid misinformation/rumors.
- To inform the general public how the public health response is being conducted and health authorities are being pro-active in monitoring, detecting, and preventing the spread of COVID-19.
- To ensure participation of and engagement with relevant communities to work out barriers to the implementation and uptake of public health measures.

Prioritize your objectives:

Look at the objectives you have circled and priorities them in order of their importance in your country. Remember your objectives need to be SMART (specific, measurable, actionable, realistic and time bound).

Review objectives regularly, asking if the communication products and activities you are developing are serving these most important priorities. If they are not, consider expending more energy on high priority objectives or changing your objectives (if circumstances have changed). A phased-in approach to your plan should also be considered.

Defining and prioritizing RCCE audiences and other stakeholders

Who are your audiences, partners and other stakeholders?

Consider the categories of people who must be engaged in order to achieve outbreak control.

- What are the at-risk groups?
- Who are the influencers, gatekeepers, decision makers and practitioners in the different com-munities that must be engaged to mobilize interventions?
- What other government sectors need to coordinate engagement and communication activities with your health authorities?
- What local partners will need to respond to requests for support?

Under each category, identify specific groups, government units, types of individuals in your country who you will need to engage to achieve your objectives.

Add categories for key audiences, partners, and stakeholders who are important to your country that may not be included in the list below.

- All people at-risk of acquiring COVID-19, for example: elderly, people with underlying health conditions, health care workers, travelers, etc.
- Stakeholders and partners:
    - Key policy-makers (who provide funding or create legislation related to public health)
    - Other relevant government sectors (such as education and transportation)
    - NGO partners (who may have strong relationships with at-risk groups)
    - Community leaders and organizations
    - International organizations
        - Health-care providers (e.g. physicians' organizations, hospitals, community health centers)
        - Others

Choosing Channels

What channels or engagement strategies can you use to share important information and guidance?

Identify channels and fora that audiences use to seek health information and partners who regularly communicate with these groups.

For example:

Some channels that might reach broad national audiences: mass media, radio listeners club, daily emissions addressing different topics with open mic for public calls, social media platforms such as Twitter and Facebook

Policy-makers and influencers might be reached through weekly engagement meetings with religious, administrative, youth, and women's groups.

Individual communities might be reached through theatre performances engagement meetings with women groups, edutainment, H2H activities, youth groups, training of peer educators, etc.

Ensure your health agency has relationships and agreements with relevant partners and access to identified and trusted media channels including:

- Broadcast media: (television and radio)
- Trusted organizations' websites
- Social media (Facebook, Twitter, etc.)
- Text messages for mobile phones
- Hand-outs and brochures in community and health centers
- Town forums
- Community health boards
- Billboards

Plan to tailor key information and guidance to stakeholders and disseminate it through their preferred channels and trusted partners.

Required actions and information needed

What information or guidance will each stakeholder need to know and accept in order take required steps or actions?

Identify the information or guidance each group will need to know and accept in order to take actions for public health goals to be fulfilled. Fill in the far box on the right. For example if health care providers need to understand the importance for their life and patients' lives to wear protective gear when treating patients with COVID-19-type symptoms, they will need to be aware of the COVID-19 situation in your country (level of risk), COVID-19 symptoms, and understand the severity of the disease. They also need to be trained in how to use protective gear. At the same time supply must ensure protective materials are available.

Add the objectives for each group identified as high priorities and identify the type of information and guidance required.

General content needed by all stakeholders: you are likely to see that many types of content are needed by all groups to:

- Raise awareness of COVID-19 signs, symptoms, and severity.
- Communicate status of COVID-19 in your country and globally.
- Promote understanding of what health officials and partners are doing to prevent spread and reduce disease harms.
- Identify sources of credible, updated information.
- Identify behaviors, perceptions and information needs.
- Increase knowledge of steps to prevent COVID-19 infections.

These general contents should be widely disseminated to all groups and regularly updated.

List of general information

Obtaining content for communication messages, products, and activities

Make sure to visit the WHO COVID-19 web content often, since it will be regularly updated so you can edit your materials to stay up-to-date.

Below is a list of content needed to fulfil most of your needs for creating messages communication products and activities. As you consider each topic, note whether content is available and where it can be found. Some relevant WHO resources are filled in as examples. This content was developed for global audience and needs adaptation for country and community contexts where relevant and possible.

Sources of feedback and guidance

How can you learn what your audiences and stakeholders are wondering about, worried about, and misunderstand?

Knowing what your audiences don't understand is necessary so your team can respond to those questions. Two other issues require similar activities in which you need to actively "listen" to audiences: what are they worried about and what information do they believe but misunderstand (misinformation, questions, concerns and rumors).

In the same way that those health authorities must identify and address new questions, they must also know about and address worries, questions and rumors. The mechanisms for gathering information about concerns, questions, believes and rumors can be the same as those for identifying new stakeholder questions. Some common sources include:

- Media monitoring (traditional news and social media)
- Key informant interviews and focused groups
- Rapid assessments and surveys
- Community leaders and mobilizers
- Partners who are trusted by communities and at-risk groups
- Monitoring radio talk shows
- Tracking calls and content of health "hotlines"
- Feedback mechanisms

Health authorities will want to make use of as many sources as possible to understand their audiences' and stakeholders' understanding of COVID-19.

Identify sources above that the health authority and/or your partners have ready access to. Choose a source or a combination of sources that will yield information about concerns from all your stakeholders. If partners have intelligence on communities or at-risk groups that your health authority lacks, create an agreement to share what you are each learning about questions, believes, rumors and concerns.

Reviewing and responding to public/community concerns, misinformation and rumors.

Regularly review the information that you gather about public/community rumors and concerns (daily at the height of an outbreak) to determine:

What rumors or misinformation is circulating? For each rumor, ask:

- Is the misinformation harmful? Will it lead to harmful action? If so, your health authority must address it and correct it.

Are people worried about issues that aren't considered big threats nor realistic risks? Are they not worried about COVID-19 risks that health authorities consider the biggest threats? If so:

- Address public/community worries with respect
- Communicate the factual information that points to more accurate risk perception

Does the monitoring reveal questions that your health agency hasn't answered? If so:

- Find or develop answers, even if questions are unresolved
- Add answers to talking points, post them on the health authority's web site, and disseminate them through social media and other channels
- Monitoring can help you create a relevant Q&A list that, overtime can address a broad range of audience and stakeholder concerns

Identify a staff member or team whose job it is to gather information on stakeholders' questions, concerns, and circulating rumors. Create a checklist from the review questions above and use these to analyze information that is circulating on the sources you are reviewing. Report out high level findings of these analyses in briefings with your emergency leadership, communication coordination meetings, and in communication operation meetings.

Tell you facilitator when complete the reading

Group Work 1 Risk Communication & Community Engagement (RCCE) Action Plan COVID-19 Preparedness and Response

Date Venue: Group:

Objective

Risk Communication and Community Engagement (RCCE) is an essential component of your health emergency preparedness and response action plan.

Planning tool

RCCE objectives What are the objectives of an RCCE to ensure participation and accountability towards at-risk populations and communities?	
What are the issues that need to be addressed by the RCCE strategy?	
Audiences Who are the audiences for your activities? Who do you want to communicate with?	
Primary audience	
Secondary audience	
Actions/Activities How will you engage in two-way communication with the different audiences identified?	
What are the key suggested interventions?	

RCCE Capacity What materials, job aids and other resources will be required to reach needed capacity?	

Messages:

Write down at least 3 messages for each category

Community	
Lactating Mother	
Pregnant Mother	
Elderly	

Handout 3: Communication
Key Tips and Discussion Points for community workers, volunteers and community networks

During an epidemic, there are often confusion and rumors about the disease. People will get a lot of different information from media, friends, family, social media, organizations or other sources. Some of these sources may give conflicting information.

What happens when people have too much information about a problem that makes it difficult to identify a solution?

- People might become fearful and mistrust health recommendations. They might resist and deny the situation.
- This can lead to people not using medical help and ignore life-saving health advice or escape measures (i.e quarantine) put in place by authorities and health services to prevent spread of the disease.
- Misunderstandings about the disease can lead people to refuse help from health workers. They may even make threats or use violence.
- Fearful people might start mistreating people who have or seem to be sick. This can happen even when they are cured already due to a lack of knowledge about effectiveness of treatment.

Field staff, volunteers and community members are in the best place to build trust with communities and community leaders. Therefore, it is important to listen to people and respond to their questions, fears and misinformation with fact-checked information that is useful to them.

Social mobilizers, community workers and volunteers have an important role in providing timely and actionable health information, so people know how to protect themselves and stay healthy. They can then feel they have the right skills to help reduce risks and prevent the spread of COVID-19

FOUR THINGS ABOUT MYTHS AND RUMOURS

1. Myths and rumors often occur when people do not have enough accurate information and understanding about a disease. They can occur when there are strong cultural beliefs surrounding the disease or prevention measures.
2. Myths or rumors can also happen when contradictory messages are coming from different sources
3. Myths and rumors can increase fear among communities, which can unfortunately keep individuals, households and communities from practicing the correct prevention and control practices
4. This means that providing accurate information to increase knowledge and understanding about transmission of the new coronavirus disease (COVID-19) becomes important. This can change the myth or misconception.

Step 1: how to engage

This section provides a list of key tips and information which can be shared with communities. It is intended as guidance and should be adapted by national staff. It should be kept up-to-date.

- Explain who you are, which organization you come from and what you do in the community. This can include:
  - We work to share accurate information about the new coronavirus disease (COVID-19) and its symptoms. We also work to share what people can do to protect themselves and their communities from it.
  - To do this, the teams reach out to community members in several ways, such as radio, SMS message, posters, billboards, face-to-face visits, and community meetings.
  - Introduce yourself and show empathy: We understand you are all worried about this new disease. We are here to help you understand it and make sure you know what you can do to protect yourself and others.
- Understand what people are saying: Listen first to what people have to say about the new coronavirus disease (COVID-19), before sharing what you know. We might also need to collect information to better understand the community and its concerns, so that we can adapt our activities and information to better meet their needs. The activities can be adapted to what you need most
- Encourage awareness and action: Information shared with communities should use simple words and language (don't use acronyms or 'foreign language terms') and include practical advice people can put into action. For example:
  - an instruction to follow (e.g. if you get sick, seek medical care at hospital xyz),
  - a behaviour to adopt (e.g. wash your hands frequently to protect yourself and others from getting sick…) and
  - information they can share with friends and family (such as where and when to access services, e.g. treatment is free of charge and available at health facilities XXX).
  - information that addresses myths and misconceptions that are recorded in the community (e.g. it is safe to receive a package from china as coronaviruses do not survive long on objects).
- Do not only tell people what to do but engage people in a conversation - first listen, to understand key concerns and questions. Ask people what they already know, want and need to know about COVID-19, Involve them in designing and delivering health activities, because they are more likely to trust you and the information you share, and play an active role in prevention measures.
- Explain few, clear and simple messages to the community (including families/care givers, local leaders) in the language they prefer and avoiding technical terms (i.e transmission, spreading is easier to understand)
- Make sure everybody has understood your information. Ask questions to understand levels of understanding
- Get peers and leaders to talk: People are more likely to pay attention to information from people they already know, trust and whom they feel are concerned about their wellbeing.

Remember

- Be honest when you don't know something and tell the community that you will try and find out and come back to them.
- Do not attach race or location with the disease e.g. Chinese virus.
- Do not refer tp people as cases or victims. Talk about person who have or are being treated for COVID-19.
- Do not repeat rumors!

- Talk positively about prevention and treatment measures. For most people, they can safely recover from disease

Step 2: ask the right questions

Begin by learning more about people's concerns and what questions they have. Make sure to answer questions.

Key guiding questions for starting a dialogue with people and communities (translate and adapt to local context).

- What have you heard about this new coronavirus disease (COVID-19)?
- What information would you like to know about the new coronavirus?
- Do you know what the symptoms are?
- Do you know what to do if someone in your family or community gets sick with cold-like symptoms?
- Would you be afraid of someone who has the new coronavirus disease (COVID-19)?
- Do you know how to prevent yourself and your loved ones from contracting the new coronavirus disease (COVID-19)?
- Do people in your community wash their hands regularly? If yes, why? And if no, why not?
- Do people in your community keep a safe distance (i.e 1 meter – 3 feet from another person) and cover their mouths with a tissue or elbow when sneezing? If yes, why? And if no, why not?
- Do members of your household open windows and doors to let fresh air in and thoroughly clean surfaces to kills germs?
- Do you think there is a group/or person in your community who is responsible for spreading the virus (to check stigmatizing attitudes)? If people refer to Chinese people and/or Asian people, ask an additional question. Why do you think these people are spreading the virus in your community?

Step 3: what to say?

Make sure to update this part of the document based on new questions, misunderstandings of community members and new health information.

What is the novel coronavirus disease (COVID-19)?

- Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from a cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). (use local names for these diseases)
- The new coronavirus and its disease (COVID-19) is a new strain of coronavirus first found in Wuhan, China in December 2019.
- There are still some things we don't know about the virus, but researchers are working hard to find out how to prevent and cure it.

How dangerous is it?

- For most people, coronavirus is mild and similar to a cold (runny nose, fever, sore throat, cough and shortness of breath);
- It can be more severe for some persons and can lead to pneumonia or breathing difficulties.

- For example, older people, and people with weak immune system or existing illnesses (such as diabetes, high blood pressure and heart or lung disease) appear to be more vulnerable to becoming severely ill with the virus.
- The disease can lead to death, but this is rare.

How does someone get the virus?

- A healthy person can get the virus from an infected person. The virus spreads through direct contact with 'drops' of saliva containing the virus. These fluids come out of the nose or mouth.
  - For example, when an infected person coughs or sneezes, these droplets can enter the eyes, nose or mouth of another person or
  - If an infected person sneezes and coughs into their hands and touch another person or a surface
  - When a person touches surfaces and objects that are contaminated by those droplets. It is not yet known if and how long the virus lasts on surfaces, but alcohol-based hand gel can kill it.
- The new coronavirus is usually transmitted through close contact with an infected person, for example, when caring for them. "Close contact" means physically touching them, touching items they have used or coughed on, or spending a lot of time within 1 metre of them while they are sick.

What can I do to protect myself and my family?

Here are five precautions you and your family can take to avoid infection:

1. Wash your hands frequently using soap and water. If soap is not available, alcohol-based hand gel may be used to wash away germs.
2. When coughing or sneezing, cover your mouth or nose with your bent elbow. or a tissue Try to not sneeze and cough into your hands because then you will spread the virus with your hands. Throw the tissue into a bin. If you cough/sneeze into your hand, don't touch anything and immediately wash your hands with soap and water.
3. Avoid close contact with anyone who is coughing, sneezing, or sick. Keep at least 1 metre (3 feet) distance and encourage them to go to a nearby healthcare center.
4. Avoid touching eyes, nose and mouth. Hands touch many things which can be contaminated with the virus.
5. Go to the doctor if you have a fever, cough or feel that it is difficult to breathe. This is the best way to look after yourself and stop the infection spreading to your family and others. Make sure to first call the doctor and let them know your symptoms so you don't infect other people.

Cough / sneeze into your elbow or a tissue paper to stop spreading the virus

Remember: older people and people with health issues are more likely to get sick. We need to protect them and stop spreading virus

What should I do if a family member or I have symptoms?

- Seek medical care early if you or your family member has a fever, cough or difficulty breathing.
- Call your doctor or health provider before coming to the clinic. You should also call if you have travelled to an area where the new coronavirus disease (COVID-19)has been reported, or if you have been in close contact with someone with who has travelled from one of these areas and has symptoms.

Remember: If an infected person does not go to the health center or ask for help they may be risk of becoming very ill or spreading the virus.

Frequently asked Questions about COVID-19

Is the new coronavirus disease (COVID-19) very contagious/ is it easy to get the virus?

Coronavirus is harder to catch than you think. It takes close, direct contact with a sick person (or with objects and surfaces the person has used) to become infected with the virus. Many of the people who get the disease are caregivers and family members caring for a sick person without personal protective equipment.

Can I get the new coronavirus disease (COVID-19) by talking to someone or sitting next to them?

You are very unlikely to catch the virus by talking to people, walking in the street or shopping in the market or another crowded space. Being nearby a person generally doesn't spread the virus. There is no change you will get the virus if you have not travelled to the affected countries recently or have not been in contact with a person who is sick with coronavirus.

Are there any specific medicines to prevent or treat the new coronavirus?

The disease can be treated, and many people have already recovered from it. While there is no specific medicine recommended, those infected with the virus should receive care to relieve and treat symptoms. Those with severe illness should get care in a hospital.

Is there a vaccine?

Yes, At this time, there are number of vaccines available and in use and more than 200 candidate vaccines globally. The Pfizer-BioNTech vaccine has now been cleared for use across North America, Europe and the Middle East, and vaccination campaigns have begun in at least 51 countries. That shot and the vaccine from Moderna were both found to reduce coronavirus infections by 95% in trials of tens of thousands of volunteers. A vaccine by AstraZeneca Plc and University of Oxford got its first major authorization by the U.K., on Dec. 30, 2020. China and Russia authorized their own shots in July and August 2020, before they'd been fully tested. Since then, the countries have administered millions of doses, though they provide less frequent updates on their progress. More than 46.2 million doses have been administered in 51 countries. Two doses are needed for full protection with the vaccines currently in use. With the start of the global vaccination campaign, countries have experienced unequal access to vaccines and varying degrees of efficiency in getting shots into people's arms.

Pakistan (DRAAP) has approved AstaZeneca/Oxford and Sinovac Biotech vaccines.

Does having a COVID-19 patient in a hospital in my country put all people at risk?

Hospitals are prepared to care for patients with infectious diseases. Having a patient of the new coronavirus disease (COVID-19) in a hospital means they will receive the right treatment to help them get healthy and prevent the disease from spreading.

Should we avoid people coming from China?

We should use the same protective measures with any person (no matter the nationality, origin, etc) who may be sick and have symptoms similar to a cold (runny nose, fever, sore throat, cough and short-ness of breath). These include washing hands often with water and soap or alcohol-based hand gel to wash the germs off hands; keeping a distance from anyone who is coughing, sneezing, or sick (at least 1 metre (3 feet) distance and encouraging them to go to a nearby healthcare center.

Should we avoid Chinese food?

The new coronavirus disease (COVID-19) is not spread by eating Chinese food. It is safe to eat any fully cooked food in a hygienic and clean environment.

How can I keep my child safe?

It is important to teach your children to wash their hands regularly with soap and water or alcohol-based hand sanitiser. You should also teach them to cough/sneeze into their bent elbow or into a tissue and put the tissue directly into the garbage and wash their hands right after. Keep windows open at home and on public transport so the air circulates and carries germs away!

Choosing Communication Channels

Some messages will not be appropriate for every channel of communication. Messages should be created with consideration of audience needs and intervention activity.

Understanding the behaviors, knowledge, aspirations, and feelings of an audience can help identify messages and activities that resonate and motivate behavior change. It also informs the selection of approaches and delivery channels to which audiences are more likely to respond for the desired changes to occur.

What Is a Communication Channel?

A communication channel is a medium or method used to deliver a message to the intended audience.

A variety of communication channels exist, and examples include:

- Mass media, such as television, radio (including community radio) and newspapers
- Community engagement, also known as social mobilization with two-way participation that fosters community ownership, such as community dialogues, listening groups or action planning
- Print media, such as posters, flyers and leaflets
- Social and digital media, such as mobile phones, applications and social media
- Inter-Personal Communication, such as door-to-door visits, phone lines and discussion groups

Different channels are appropriate for different audiences, and the choice of channel will depend on the audience being targeted, the messages being delivered and the context of the emergency. Using a variety of channels or a channel mix, is recommended so that messages can be reinforced through multiple sources.

Tool: Choosing the Appropriate Communication Channel

Channel	In outbreak context this channel is most appropriate for..
Community Engagement	• Engaging communities • Promoting discussion and reflection among communities about the issues or regarding the adoption of complex prevention practices (ex. changes to burial practices, mixing chlorine solutions) • Modeling behaviors • Communicating with low literacy and/or hard-to-reach audiences
Mass Media	✓ Raising awareness across audiences (informing and educating) ✓ Modeling behaviors ✓ Communicating with low literacy audiences ✓ Rapid and/or frequent information sharing
Print Media	• Supporting other communication channels • Providing more detailed information on a particular topic that individuals can look through at home • Providing information about personal and confidential issues • Engaging with policy and decision makers
Social & Digital Media	▪ Obtaining a large reach (if Internet is widely available and accessible) ▪ Promoting discussions through chat rooms or email exchanges ▪ Providing information about personal and confidential issues
Interpersonal Communication	• Creating a two-way communication process with the audience • Engaging community members and creating community action plans • Promoting discussion, reflection and challenging dominant norms • Informing and educating (increase knowledge) • Imparting skills • Discussing sensitive topics

Tell you facilitator when complete the reading

Group work – 2. Message Development[2]

Group: Venue: Date:

Theme	Suggested message
Introduction message	
Disease	
Transmission	
Hand washing	
Protect Yourself	
Mask Usage	
Myth busters	

[2] Refer Annex- A

Theme	**Suggested message**
Symptoms	
Self-Quarantine	
Vaccine	
treatment	
Play your part	
Home care	
Washing Hands	
Stay active at home	

Hand out 4: Community Outreach, Social Distancing and Home Care

House to House Community Outreach Protocol

Protecting Health Volunteers and the Community during COVID-19:

Ten Daily Risk Assessment Questions

The daily safety risk assessment should be reviewed by supervisors along with the volunteer before the volunteer is sent into the community.

Is anyone in your household experiencing symptoms of COVID-19 such as fever, difficulty breathing, or coughing? If yes, you should not conduct house-to-house visits to avoid risk of spreading the disease to others. Also notify the health system, isolate the sick person, have the patient wear a mask, seek testing if available, observe other household members for symptoms, and remain home for at least 14 days to avoid spreading the disease.

1. Does your government allow house-to-house visits?
2. Does your NGO/INGO allow you to conduct house-to-house visits?
3. Can the volunteer practice social distance during house-to-house visits?
4. Can the volunteer avoid large gatherings?
5. Does the volunteer have hand sanitizer and a face mask?
    - If you answer NO to the any of the above questions, STOP. Do not conduct house-to-house activities.
    - If you answer YES to ALL of the questions above, PROCEED:
6. Can this activity be done remotely through mobile messaging such as SMS, WhatsApp, Telegram, radio, leaflets, mobile phone or posters to avoid personal contact?
7. Can this information be disseminated by phone or any other means to an influential leader who can communicate to community members while practicing social distancing and safe communication practices?
8. Can this information be disseminated using a loud speaker mounted to a vehicle, motorbike or bicycle?
9. Can the information be disseminated using a megaphone?
10. Can the number of households visited and days or hours worked be limited to minimize exposure?
    - If you answer NO to any of above questions, PROCEED with safe house-to house visits and minimize direct contact when possible.
    - If you answer YES to any of the above questions, conduct surveillance and health promotion at a distance.

Protecting Volunteers and the Community during COVID-19:

House-to-House Guidelines

Always

- Cough into your elbow
- Do not spit
- Do not touch your face
- Stop working and self-isolate or go to a health facility if you are ill

Before the house-to-house visit

- Minimize direct contact: Use social media, mobile phone, megaphone instead
- Avoid wearing jewelry, watches or other things that would need to be cleaned afterwards
- Make sure you have face mask and sanitizer

During the house-to-house visit

- Wear face mask
- Clean hands with sanitizer every hour
- Stand 2 meters away from others at all times
- Do not enter the homes
- Avoid shaking hands or other physical greetings or contact
- Use large format IEC materials to maintain distance (posters and banners)
- Limit duration of visit
- Leave behind leaflets
- Refer all suspected COVID-19 cases for testing

After the house-to-house visit

- Designate a space for removing and cleaning clothing at home
- Immediately wash your hands with soap or use sanitizer
- Clean/disinfect pens, megaphone, clipboard, and other items with bleach mixed with water

Simplified list of precautions to stay healthy and safe

- Cough into your elbow
- Do not spit
- Do not touch your face
- Use hand sanitizer or soap and wash hands many times between house visits
- Wear a mask
- Stand 2 meters away from others at all times
- Avoid shaking hands or other physical greetings or contact
- Do not enter the homes
- Avoid gatherings and community meetings

How to Wear a Homemade Face Mask to Protect Yourself and Others

Good hand hygiene and physical distancing are the best ways to prevent COVID-19 transmission. Masks can be used along with these practices to help lower the risk of transmission.

Mask should:

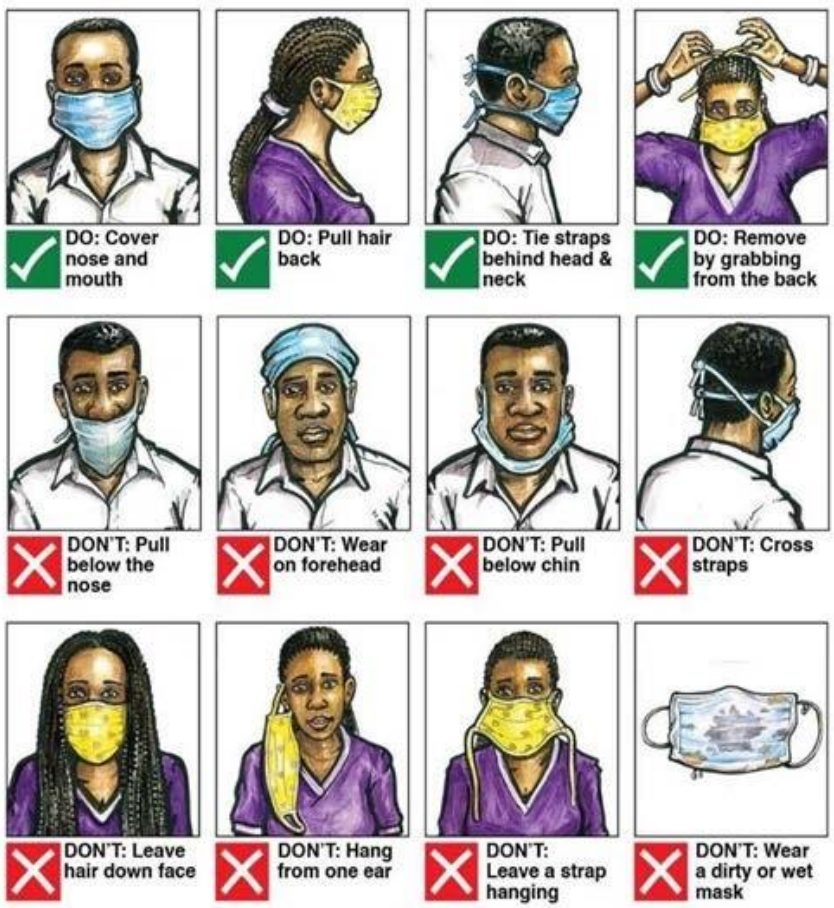
- Be made of 2 or 3 layers of breathable cotton fabric.
- Cover nose, mouth and chin tightly.
- Be washable. (Obtain two masks to change out during washes.)

Mask should NOT:

- Be shared with anyone.
- Be used if wet or damp.

Before putting on mask:

- Ensure mask is clean, dry, and undamaged.
- Wash hands with soap and water or hand sanitizer.



While the face mask is worn:

- Keep mask on when speaking, coughing or sneezing. Do not lower it.
- Keep hands away from mask, eyes, nose, and mouth.

When taking off mask:

- Remove using string or ties on ears.
- Do NOT touch the front or any surface of the mask.
- Do NOT touch eyes, nose, or mouth.
- Place in laundry basket or washing tub immediately.
- Wash hands immediately.
- At the end of each day, wash mask in hot soapy water and dry mask completely.
- If you wear a disposable mask, cut it into pieces before discarding to prevent reinfection,

Social Distancing during COVID 19 Outbreak

- Stay home when there is no urgent need to go out.
- Avoid physical contact with others as much as possible e.g. handshakes.
- Do not give your mobile to any of the household member. In case there is a need to share it someone, clean it with a disinfectant.
- If going out is necessary, keep a distance of two arm's length (about 6 feet) from others.
- Do not leave home even when you are sick:
  - First call your doctor and follow his advice.
  - Stay in contact with others by phone or email.
  - Keep away from others when you or they are sick.
  - If you decide to stay home and one or more of the following symptoms appear, immediately report to your doctor:
    - Fever or o Cough or
    - Shortness of breath or trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to arouse o Bluish lips or face
  - Make sure you have access to several weeks of medications and supplies in case you need to stay home.
  - Closely monitor your symptoms, if they prolong, immediately reach out to your health care provider for guidance.
  - If you become suspected for COVID 19, ensure home quarantine till there is a confirmed lab diagnosis. (Separate guidelines for Home Quarantine and Home Isolations) • Stay informed about the local outbreak situation.
- Avoid large and small gatherings in public spaces like restaurants, parks, libraries and other such venues to reduce the occurrence of transmission.
- Avoid gatherings with friends and family within the home premises. Avoid having any unnecessary visitors.
- Avoid unnecessary use of public transport.
- Work from home using digital media sources.
- Take care of the emotional health of your household members, including yourself.
- Take everyday preventive steps:
  - Wash your hands frequently with soap and water for 40-60 seconds. If soap and water are not available, rub your hands for 20-30 seconds with an alcohol-based hand sanitizer that contains 60-80% alcohol.
  - Avoid touching your eyes, nose, and mouth.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the bin.
- Clean and disinfect frequently touched objects and surfaces within home e.g. door handles, switch boards etc. (Separate Guidelines on Surface Disinfection)

Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.

References:

www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people

Home Isolation and Discharge during COVID 19

Objective:

To provide the diagnosed (test positive) individuals, health care provider and the caretakers of the diagnosed persons with the guidelines regarding **home isolation** (and discharge) when they or more of the household members become infected with COVID-19 virus.

Rationale

The guidelines provide evidence-based care measures to limit the spread of a COVID 19. These measures can help to ensure the infection prevention control (IPC) and reduce the unnecessary burden on care facilities.

Fever Armpit temperature of 37.5^{o} C or more.

Care Guidelines for the Confirmed Case

- Stay home when there is no urgent need to go out.
- Limit physical contact with others as much as possible.
- When you need to go out, keep a distance of two arm's length (about 6 feet) from others.
- Do not leave home even if you are sick:
  - First call your doctor and then follow his advice. o Stay in contact with others by phone or email.
  - If you decide to stay home and one or more of the following symptoms appear, immediately report to your doctor:
    - Fever or
    - Cough or
    - Shortness of breath or trouble breathing
    - Persistent pain or pressure in the chest
    - New confusion or inability to arouse
    - Bluish lips or face o Make sure you have access to several weeks of medications and supplies in case you need to stay home.
  - In case of a preexisting underlying medical condition like hypertension, cardiovascular disease, diabetes: reach out to your medical care provider to discuss the management
- Ill person should stay in a separate room maintaining distance from others in the household
- Take everyday preventive steps:
  - Wash your hands frequently with soap and water for at least 20 seconds. If soap and water are not available, rub your hands for 20-30 seconds with an alcohol-based hand sanitizer that contains 60-80% alcohol.
  - Avoid touching your eyes, nose, and mouth. o Cover your cough or sneeze in the bend of elbow or a tissue, then throw the tissue in the bin.
- Clean and disinfect frequently touched objects and surfaces within home e.g. door handles, switch boards etc. (Separate Guidelines on Surface Disinfection)
- Stay informed about the local outbreak situation.
- Notify your health condition at your work (adopt work from home) • Avoid having any unnecessary visitors.
- Take additional precautions for those at higher risk, particularly older adults and those who have severe underlying health conditions.

Safety Measures for the Caretaker of the Confirmed Case:

If caring for a sick household member, follow recommended precautions and monitor your own health.

- Keep surfaces disinfected.
- Avoid sharing personal items like dishes, towels, and bedding.
- If possible, have them use a separate washroom.
- Have them wear a facemask when they are around people, including you.
- It the sick person cannot wear a face mask; you should wear one while in the same room with them.
- The ill person in a house should eat/be fed in their room if possible.
- Non-disposable food service items used should be handled with gloves and washed with hot water or in a dishwasher. Clean hands after handling used food service items.
- If possible, dedicate a lined trash can for the ill person. Use gloves when removing garbage bags, handling, and disposing of trash. Wash hands after handling or disposing of trash.
- Dirty laundry from an ill person can be washed with other people's items o Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use.
    - If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
    - If possible, do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
    - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
    - Clean and disinfect clothes hampers according to guidance above for surfaces.
    - If possible, place a disposable or washable bag liner that is disposable.
- Take care of the emotional health of the other household members, including yourself.

Discontinuation of Home Isolation

For Symptomatic patients with confirmed COVID-19:

Symptom-based strategy

- At least 3 days (72 hours) have passed since recovery with no or improved respiratory symptoms e.g. dry cough, shortness of breath and resolution of fever without the use of fever reducing medications
- At least 10 days have passed since first symptoms observed

For Asymptomatic Patients with confirmed COVID-19:

Time-based strategy

• At least 10 days have passed since the first COVID-19 diagnostic test came out positive, assuming no symptoms were developed following the positive test.

A test to document cure is generally **not** required in the above-mentioned cases.

However, for the following individuals, two consecutive negative results of molecular assay for detection of SARS-CoV-2 RNA from respiratory specimens collected ≥24 hours apart (total of two negative specimens) are required to discontinue isolation

1. Immunocompromised patients
2. Those living in congregations such as jails, dorms or madarsas
3. Healthcare workers dealing with immunocompromised patients

The molecular assay must be an FDA Emergency Use Authorized for COVID-19

Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international & national recommendations and best practices.

The Ministry acknowledges the contribution of Dr Irfan Mirza, Syeda Shehirbano Akhtar and HSA/ HPSIU/ NIH team to compile these guidelines.

Reference: https://www.cdc.gov/coronavirus/2019ncov/community/home/index.html

Group work – 3: Checklist for supporting home Isolation

Date: _____ Venue: _____ Group:

CONFIRMED CASE

SUSPECTED CASES

DISCHARGE CRITERAI

Annex –A: COVID-19 Information - SMS Message

Description: This message library, provided by WHO, is intended to be locally adapted and delivered to the general public in countries around the world via SMS or voice message. Member States are encouraged to localize and translate the messages below as necessary. WHO and ITU have called on all telecommunications companies worldwide to support the delivery of these messages and unleash the power of communication technology to save lives from COVID-19.

Theme	Suggested message	Characters
Introduction message	This service provides information and guidance from WHO about the coronavirus disease (COVID-19). If you do not wish to receive these messages, reply STOP	155
Disease	COVID-19 is the infectious disease caused by the most recently discovered coronavirus	85
Transmission	The disease spreads mainly through respiratory droplets expelled by someone who is coughing. It is possible to catch it from someone with mild symptoms.	152
	The time between catching the virus and beginning to have symptoms of the disease range from 1-14 days, most commonly around five days	134
Hand washing	To protect yourself and others, wash your hands with alcohol-based hand rub or soap and water as frequently as possible.	120
	Wash your hands thoroughly: Hands touch surfaces & can pick up viruses. Contaminated hands can transfer the virus to your body through your eyes, nose or mouth	160
Protect Yourself	To protect yourself against COVID-19, avoid touching your eyes, nose or mouth with unwashed hands	96
	Stop the spread: Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze. Dispose of used tissues immediately and wash hands regularly.	158
	Stay home if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call in advance.	126

Mask Usage	Only wear a mask if you are ill with coronavirus symptoms (especially coughing) or if you are looking after someone who may have coronavirus.	130
	Before putting on a mask, clean hands with alcohol-based rub or soap and water. Avoid touching the mask while using it and remove it from behind.	145
Myth busters	People of all ages can be infected by the coronavirus. WHO advises we ALL take steps to protect ourselves from the virus, e.g. cleaning hands regularly	151
Symptoms	If you have a fever, cough and difficulty breathing, seek medical attention and call in advance. Follow the directions of your local health authority.	150
	Symptoms are usually mild & gradual. some people don't develop symptoms. Most people recover without needing special treatment. Only 1 in 6 becomes very ill.	157
	People over 60 and people with underlying medical conditions are more likely to get very sick from COVID-19.	109
Self Quarantine	If you think you were exposed to someone with COVID-19, you should avoid human contact as much as possible for 14 days, even if you feel healthy.	146
	Even if you have mild symptoms e.g. headache, low grade fever (>37.3 C) & slight runny nose, stay home until you recover. Ask for help to get essential supplies	160
	If you are in or have recently visited (past 14 days) areas where COVID-19 is spreading, stay at home if you begin to feel unwell, until you recover.	150
Home care	People with suspected or confirmed coronavirus should stay in a separate room from other family members. If not possible, wear a mask and keep 1 meter distance.	160
	For those with suspected or confirmed coronavirus receiving care at home, do not visit public places. Rest, drink plenty of fluids, and eat nutritious food.	156

Washing Hands	Wash your hands after coughing or sneezing, when caring for the sick, when preparing food, before eating, after toilet use, after handling animals.	147
Healthy Parenting	COVID-19 Parenting: One-on-one time with your children makes them feel loved and secure. Listen to them. Look at them. Give them your full attention. Have fun!	159
	COVID-19 Parenting: Children are much more likely to do what we ask if we give them positive instructions and lots of praise for what they do right.	149
	COVID-19 Parenting: Create a flexible but consistent daily routine. Make handwashing and hygiene fun. Remember, you are a model for your child's behavior.	155
People with disability	People with disability may have risks of developing more severe cases of coronavirus because COVID-19 can exacerbate existing health conditions.	144
	People with disability should prepare your household in case COVID-19 is contracted and inform people you trust on what they should do if you become ill.	154
	People with disability can reduce their potential exposure by avoiding crowds, working from home, gathering urgent items and disinfecting assistive products.	157
Older people	Older people are valued and valuable members of our families and communities. But they are at higher risk of the more serious complications of COVID-19.	152
	Older people need to keep in contact with family, friends and neighbors and ask for help with shopping, or picking up medicines or other necessities if needed.	160
	Older people should keep the house stocked with at least two weeks of essential food and supplies, including prescription medicine.	131
	Older people can keep healthy by establishing a routine to keep active and positive. This may include online courses, physical activities, and reading.	151