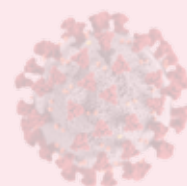
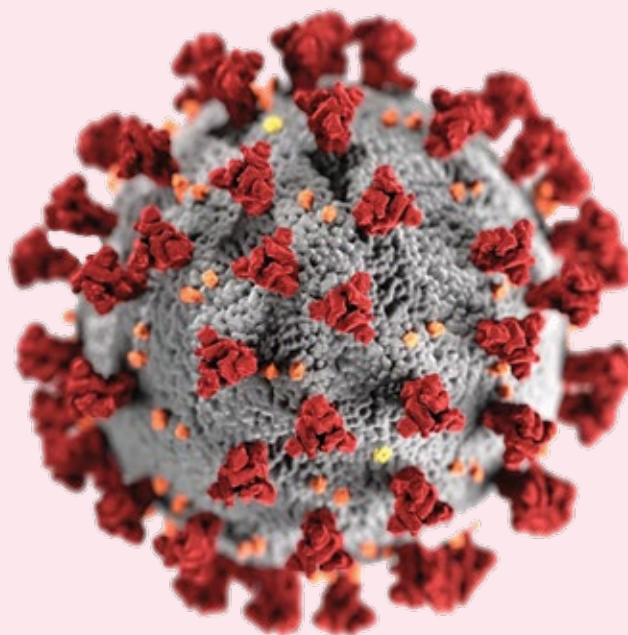
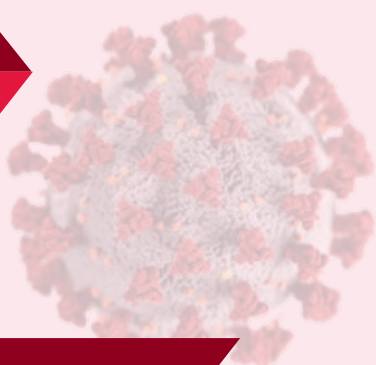


# AMREF OPERATIONAL GUIDELINES FOR COMMUNITY HEALTH WORKERS IN THE CONTEXT OF COVID-19





**With support from:**



Ministry of Foreign Affairs of the  
Netherlands

**Copyright © Amref Health Africa 2020  
All rights reserved.**

Design layout and print by:-



**ROM Enterprises Ltd.**

Colours inspired

Tel: +254 720 290863

Email:romenterprisesltd@gmail.com

# Table of Contents

Abbreviations	i
Foreword	ii
Acknowledgement	iii
Background	iv
Introduction	v
Rationale	v
Purpose and Objectives	vi
Module 1: Knowing Coronavirus Disease (COVID-19)	1
Module 2: Prevention and Controls of Coronavirus (COVID-19) at Community Level	2
Module 3: Managing COVID-19 at Community Level	12
Module 4: Psychological Support	12
Module 5: Monitoring and Surveillance of COVID-19 in the Community	14
Module 6: Roles of stakeholders in Coronavirus (COVID-19) Pandemic Response	15
Module 7: Community engagement in Coronavirus (COVID-19) Pandemic Response	16
Module 8: Integrating Coronavirus (COVID-19) Pandemic Response Into Regular Community Health Programming	16

# Abbreviations

AMIU	Amref International University
AU	African Union
CBOs	Community Based Organisation
CHAGs	Community Health Action groups
CHWs	Community Health Workers
COVID-19	Coronavirus
FBOs	Faith Based Organisation
IEC	Information, Education, and Communication
ILO	International Labour Organisation
INGOs	International Non-Governmental Organisation
IPC	Infection Prevention and Control
ITN	Insecticide-Treated bed Nets
MoH	Ministry of Health
PPE	Personal Protective Equipment
VHCs	Village Health Councils
WHO	World Health Organisation

# Foreword



With the global shortage of millions of health workers, most of which are found in the primary health care facilities, it is acknowledged that Community Health Workers (CHW's) bridge the gap between their communities and the formal health system, and brings health care closer to where people live and work. It is no different especially now as the world is heavily relying on health care workers to deal with the pandemic. Success in control of COVID-19 outbreak in Africa will require CHW's to contribute to the fight against this pandemic.

The role of CHWs in bridging the gap between communities and the health system has been shown to lead to prevention of common illnesses, preventable deaths and curb the disrupted planned efforts to end child marriages, gender based violence and female genital mutilation that cause wide-reaching economic consequences. Their involvement leads to increased utilization of health information and services both at community and health facilities through referral African countries have been

consistent in following good practices learnt in countries where COVID-19 have hit hard. To control explosion in numbers, countries start with promoting handwashing and social distance. This is followed by progressive restriction in movement and ultimately a lockdown. CHWs have roles which increase in complexity as control measures get tightened.

This is based on the principle that the community is both a user and supporter in the delivery of community health services including prevention and control of disasters and disease outbreaks. Further, effective and efficient delivery of community health services for disaster management depends upon proper guidance on policy and stakeholder engagement.

Recognizing the importance of the critical role of community health in disaster management, the Amref health Africa has developed this operational guide to provide policy direction on COVID-19 response at community level. This guide has been developed in collaboration with all the implementing countries in supporting prevention and control of COVID-19. With a strong community COVID-19 response system at community level, we can all contribute to prevention and control of COVID-19, and thereby improve health and livelihoods for all people .

Overall, community health teams will be key to interrupting the epidemic, maintaining existing health services and shielding the vulnerable from socioeconomic shocks. Community health workers are particularly well placed to build on the foundations of trust they have already established, and to communicate and implement new and rapidly evolving recommendations for prevention within their communities.

A handwritten signature in black ink, appearing to be 'Githinji Gitahi', written over a faint circular line.

Dr. Githinji Gitahi  
Group Chief Executive Officer  
Amref Health Africa

# Acknowledgement



Amref Health Africa developed this operational guide as part of our response to the COVID-19 pandemic at community level. This guide provides the policy direction towards COVID-19 prevention and control with support from different stakeholders and structures at community level. Therefore, these guidelines will be implemented jointly with the Government through Ministry of Health recommended measures for COVID-19 prevention and control.

The guideline also borrowed from different literatures of the Operational Guide for Community Health Workers on COVID-19 in Malawi, Ministry of Health Coronavirus disease (COVID-19) Curriculum and Guide for Training Community Health Volunteers in Kenya, Operational guide on COVID -19 for Village Health Teams Uganda, Corona Virus Disease COVID -19 information for VHTs among others Amref health Africa is

grateful for and recognizes the contributions of senior management for providing valuable inputs to the development of this guide. Further, the Amref is thankful to the Community Health Workers Community of practice for their continuous support towards the development of this guide.

A handwritten signature in black ink, appearing to be 'J. Osur', written in a cursive style.

Prof. Joachim Osur  
Technical Director for Programmes at Amref Health Africa  
and Dean, School of Medical Sciences at AMIU

# Background

Since early 2020, the global community has been racing to slow down and eventually stop the spread of COVID-19, a pandemic that has claimed thousands of lives and sickened millions. In Africa, the virus has spread to all the countries. It is therefore apparent that interventions in preventing the spread of any disease in Africa including COVID-19 cannot be complete without the involvement of community health structures including CHWs who are key in the primary health care set up which constitutes the largest part of health systems in Africa.

World Health Organisation (WHO) has issued guidance to countries, which is regularly updated to take into account the evolving situation. The guidelines include measures such as quarantine, repatriations of citizens and preparedness at workplaces. The Organization is also working with a network of experts to coordinate regional surveillance efforts, epidemiology, modeling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit widespread transmission.

The urgency for full implementation of the World Health Organization (WHO) CHW's guidelines in Africa, is real. Particularly the need to:

- Standardize and endorse a staffing and readiness protocol to support health workers including CHWs in responding to COVID-19. Health workers are at the front line of any outbreak response and exposed to hazards that put them at a risk of infection with some being infected and lose their lives. When health workers contract COVID-19 it not only depletes morale, it also depletes our ability to fight the virus today, and strengthen our health systems tomorrow;
- Weak health systems mean that case management will be less than adequate and case fatality rate is expected to be high. It also means that the already overburdened health systems will not provide continuity of care for other medical conditions and mortality from other common diseases will go up and
- Health seeking behavior in Africa is different with likelihood of delays and hesitation in seeking care as has been seen in outbreaks such as Ebola. There are multiplicities of cultures, languages, levels of education and trust between people and their governments that make it difficult to be all-inclusive in interventions and sections of society are likely to be left behind with the risk of these populations becoming clusters of on-going infection.

# Introduction

Amref Health Africa believes that community health workers (CHWs) close the gap between communities and the formal health system. They have a very important role in referral, health promotion and disease prevention at community level. Their effective involvement leads to significantly better health outcomes. CHWs provide health education and referrals for a wide range of services, and provide support and assistance to communities, families and individuals with preventive health measures and gaining access to appropriate curative health and social services. They create a bridge between providers of health, social and community services to communities that may have difficulty in accessing these services<sup>2</sup> (ILO definition). In short, community health workers save lives.

It is no different now, as the world is heavily relying on health care workers to deal with the pandemic. Success in control of the COVID-19 outbreak in Africa will require CHWs to contribute to the fight against this pandemic, both in terms of prevention as well as response. During COVID-19 outbreaks, these two phases are inseparable. In this regard, the response to COVID-19 in Africa could be void if CHWs could not be meaningfully involved in this response. Therefore, community health workers who have already proved to be the face-saver in alleviating the shortages of health workers in many health systems appear to be handy in dealing with the COVID-19 pandemic. This is evidenced by WHO in its CHWs Guidelines of 2018 which acknowledges that 'there is growing recognition that CHWs and other types of community-based health workers are effective in the delivery of a range of preventive, promotive and curative health services, and that they can contribute to reducing inequities in access to care.

# Rationale

World health organisation (WHO), and other countries have made efforts to regulate and guide the work of CHWs considering the important role they play in the delivery of preventive, promotive and curative health services. The WHO developed CHWs Guidelines in 2018. While some countries in Africa are in the process of developing theirs, most countries also developed their own CHWs guidelines. It should be noted that these Guidelines are general focusing on giving direction to the work of CHWs. However, with the coming of COVID-19, the need to develop CHWs guidelines specifically focusing on the pandemic cannot be overemphasized. It is commendable that some countries in Africa have already taken this step.

Amref Health Africa, being one of the leading health NGOs in Africa, has seen the need to develop its own CHWs Guidelines on COVID-19, which can be used by countries as a reference point in addition to their own Guidelines.

# Target Audience

The target audience for these guidelines is at two levels, primary and secondary.

**The primary level** target audience include policy and decision makers and health managers at national, sub-national and local levels.

**Secondary target** audience includes community health structures, civil society organizations and community health organizations, opinion leaders at community level, CHWs and volunteers of all types.



# Purpose and Objectives

## Purpose

The purpose of these guidelines is to provide guidance on how stakeholders including CHWs will continue providing community-based health services at the community and household level in the context of the COVID-19 Pandemic.

## Objectives

These guidelines are in line with the World Health Organization's (WHO) strategic objectives, which are:

1. To interrupt human-to-human transmission including reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread by strengthening Infection Prevention and Control (IPC) actions while providing community health services;
2. To identify, isolate and care for patients early, including providing optimized care for infected patients;
3. To address crucial unknowns regarding clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics and therapeutics;
4. To communicate critical risk and event information to all communities and counter misinformation to saturate awareness creation and support behavior change in the households;
5. To minimize social and economic impact through multi-sectoral partnerships by providing linkage with the other sectors and community resources to provide social protection including food supplies, mitigate gender-based violence and protection of vulnerable groups in households;
6. To ensure that the community health workers are provided with Personal Protective Equipment (PPEs) and
7. To facilitate involvement of the community health structures in the COVID-19 preparedness and response at the community level.

## Amref CHWs Campaign

Amref Health Africa in collaboration with the African Union (AU) and intra-health is carrying out a campaign to make Community Health Workers (CHWs) available and accessible everywhere within Africa. The campaign is also advocating for the CHWs to be recognized and remunerated for the work that they carry out. Amref Health Africa given the evidences has noted the important role played by Community Health Workers (CHWs).

Further, the organization noted the multiplicity of individuals who provide some sort of care, health promotion and health advocacy in communities and the difficulty of putting all these players under one umbrella of CHWs. The amorphous nature of these players means that they cannot be trusted to provide a full package of CHW services. It also means they cannot be certified and supervised; more importantly, they cannot be remunerated for the work they do.

Community Health Workers (CHWs) bridge the gap of service delivery between the formal health system and the communities. CHWs are attached to households; therefore, community health strategies in countries have created a framework that makes it possible for each household to be reached by a CHW.

Their involvement has led to increased utilization of health information and services both at community and health facilities through referral of cases. Success in control of COVID-19 outbreak in Africa will require utilizing CHWs to contribute to the fight against this pandemic.

# Module 1:

## Knowing Coronavirus Disease (COVID-19)

### 1.1 Basic information about Coronavirus Disease (COVID-19)

#### What is Coronavirus (COVID-19)?

Coronaviruses are a large family of viruses, which may cause illness in animals or humans. In humans, several coronaviruses are known to cause respiratory infections. All available evidence suggests that COVID-19 has a natural animal origin and is not a genetically engineered virus i.e. made in a scientific laboratory. The first human cases of COVID-19 were identified in China in December 2019.

#### How long is the incubation period for COVID-19?

“Incubation period” means the time between catching the virus and beginning to have symptoms of the disease. Most estimates of the incubation period for COVID-19 ranges from 1-14 days, however, signs and symptoms most commonly show around five days.

#### How does COVID-19 spread?

The main way the virus that causes the disease spreads is through respiratory droplets expelled by someone who is infected with COVID-19, such as coughing and/or sneezing; and then touching your eyes, nose or mouth. This corona virus can also be spread through contact with contaminated surfaces and objects.

#### How is one likely to contract COVID-19?

The risk depends on where you are and more specifically, whether there is a COVID-19 outbreak unfolding there. Risk factors include:

- Overcrowding and standing in very proximity with infected people (less than 1 metre apart), for example: People in group residential settings;
- People in detention facilities, Schools, Hospitals;
- Market places and Shops or shopping centers or bottle stores; such as weddings and community events;
- Public transport facilities such as buses, etc. Travel/movement to and from infected areas and
- Taking care of infected person without proper protective wear and Poor hygiene practices.

*Note: an infected person without symptoms can still spread/infect other people with the corona virus.*

#### What are the major signs and symptoms of Coronavirus (COVID-19)?

Symptoms may vary in different people, but they are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell.

#### These signs and symptoms include:

- Fever
- Sore throat
- Body pains
- Difficulty breathing or fast breathing
- Cough
- Runny nose
- Exhaustion

#### Who is at risk of developing severe Corona virus (COVID-19) illness?

Everyone is at risk of Coronavirus disease (COVID-19). However, some groups of people are at higher risk of serious illness and death, especially:

- People with compromised immune systems (e.g. cancer, transplant, HIV/AIDS);
- Elderly people (older than 60) in the general population and
- People with chronic medical conditions (e.g. heart, liver, lung, kidney disease, diabetes)



# Module 2:

## Prevention and Controls of Coronavirus (COVID-19) at Community Level

### 2.1 Community Awareness

Community Health Workers, in collaboration with other stakeholders such as community leaders and community structures, should continuously provide correct key information on Coronavirus (COVID-19) to communities and the public through all available opportunities and channels, additional awareness information can be accessed through:

- Radio messages
- Leaflets
- Posters
- Visual aids
- Training manuals

#### Conducting risk communication

To raise awareness in the community, Community Health Care Workers and other stakeholders are critical in providing key messages including the risk of the virus (COVID-19) to their communities. In order to ensure good risk communication, the CHW and other key stakeholders should do the following:

- Communicate with the communities using simple and straightforward messages from a trusted source;
- Feedback mechanisms: provide opportunities for communities to ask questions and receive accurate, up-to-date information from a trusted source;
- Allow communities to be free to share rumors with their CHWs in order to provide a chance to clarify and provide correct information on COVID-19;
- Work with key extension workers such as Child Protection, social workers etc. On appropriate health friendly risk communication messages and
- Always ensure inclusion of people with vulnerabilities e.g. people with disabilities, the elderly as well as women and children are included and specifically targeted with COVID-19 risk messages.



## Conducting community engagement

Community engagement on COVID-19 response is critical as it allows community leadership to support in prevention and control. Use community structures to engage the community in COVID-19 response by:

- Utilizing existing community health volunteers/workers and other relevant groups such as peer educators, youth groups, etc. To reinforce hygiene promotion messaging (specifically focusing on hand hygiene and respiratory hygiene);
- Working peer educators that have been oriented on COVID-19 symptoms and prevention. The peer educators could conduct various health information sessions at community level to ensure that appropriate messages reach potentially at risk-marginalized groups such as unaccompanied children, adolescent mothers and illiterate persons;
- Arranging community meetings as appropriate. COVID-19 awareness meetings in non-outbreak settings) meetings could be set up to create opportunities for communities to ask questions, to voice concerns, and to identify and troubleshoot community issues and
- Mitigating social and psychosocial impact as well as stigma and discrimination associated with COVID-19.

### Did you know?

**Most people (about 80%) recover from the disease without needing special treatment?**

## 2.2. Specific prevention and control measures

Coronavirus (COVID-19) is preventable if Infection Prevention and Control (IPC) principles and precautions are followed at all levels. People infected with corona virus but without symptoms may still spread the corona virus. People can catch Coronavirus by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth. Therefore, any measures that can interrupt the transmission of COVID-19 have to be promoted.

### Individual measures

Each individual must follow the key steps outlined below in order to interrupt transmission of the Coronavirus (COVID-19):

- Frequent hand washing with soap and clean water or use of hand sanitizers;
- Avoid touching face to prevent introduction of the virus;
- Cover the mouth with flexed elbow when coughing;
- Avoid attending overcrowded places;
- Report to health worker once you develop signs and symptoms of COVID-19;
- Avoid greetings that involve body contact.

### How to wash hands

Washing hands regularly, for at least 20 seconds, is important to prevent the spread of COVID-19, as shown in the image below:



## **Home/village measures**

Family members or groups of people have to observe the steps outlined below in order to stop the transmission of the Coronavirus:

- Frequent hand washing with soap and clean water or use of hand sanitizers;
- Support and demonstrate social distancing;
- Maintain social distancing practices when providing routine care and services at the community level;
- Promote the consumption of food rich in Vitamin C (lemons, oranges and other seasonal fruits);
- Houses should be well ventilated;
- Report to health worker once individuals develop signs and symptoms of COVID-19 and
- Restrict unnecessary visitors around your house.

## **Public measures**

People meet in different public places/institutions or events such as markets, shops, meetings/workshops/conferences, funerals. People in these public places or events must do the following:

- Frequent hand washing with soap and clean water or use of hand sanitizers;
- Support and demonstrate social distancing at the community level and
- Maintain social distancing practices when providing routine care and services at the community level.

## **Institutional measures**

The public facilities such as work places, banks, etc., where many people meet and spend considerable time for most of the day or as an occupation. Therefore, IPC and other prevention measures are required to be complied to prevent and control COVID-19 infection. Some of measures are:

- Frequent hand washing with soap and clean water or use of hand sanitizers;
- Support and demonstrate social distancing;
- Reduce numbers in meeting rooms and spending long times in meetings;
- Increase ventilation in the rooms;
- Encourage people to work from home or make meetings through social media and
- Control people going into the work places from outside and put handwashing or sanitizers before they get into the building or work spaces.

## **Markets**

Market places are one of the difficult places to control people since most people fetch food and livelihoods. Work with market committees and leadership as well as Ministry of Local Government and Rural Development (MLGRD) officials to enforce the following measures:

- Promote frequent hand washing with soap and clean water at strategic points and use of hand sanitizers;
- Avoid overcrowding at the market;
- Traders and buyers should stay at home or close their shops if they have fever and flu like symptoms;
- Workers in shops and super markets should maintain a social distance of at least 1 metre when serving customers. Encourage shop workers to handle goods and avoid the general public handling goods anyhow;
- Do not use gloves because they may spread the infections;
- Notify medical authorities if you come across a person with recent travel from an area of COVID-19 and
- Use designated COVID-19 emergency numbers.

## **Food premises (Restaurants, Cafeteria, Hotels and Fast Food Pickup areas)**

Cold and unpackaged food are another good environment where the virus can survive. Ensure that both traders and customers are observing the following:

- Frequent hand washing with soap and clean water and use of hand sanitizers;
- Support and demonstrate social distancing at the community level and
- Always use clean dishes and disinfected utensils e.g. disinfect spoons with boiling water.

## Churches/Mosques

Avoid overcrowding in religious gatherings and limit the number of attendants.

- Stagger services to carry few per session and if possible, gather in open space;
- Maintain social distance of at least one meter apart;
- Suspend large gatherings wedding and baptism functions.
- Place Hand washing facilities with soap at strategic places
- Mainstream COVID-19 messages in the ceremonies.
- Where possible, encourage other forms of worship that minimizes number of congregates e.g. worshipping at home, practicing more than one mass and for very short period time (40mins-1hour) even for churches that traditionally do not practice mass to avoid overcrowding when only one mass is conducted.

## Burial/Funeral ceremony

- People who have died from COVID-19 can be buried or cremated.
- Family and friends may view the body after it has been prepared for burial, in accordance with customs. They should not touch or kiss the body and should wash hands thoroughly with soap and water after the viewing;
- Those tasked with placing the body in the grave, on the funeral pyre, etc., should wear gloves and wash hands with soap and water after removal of the gloves once the burial is complete;
- In contexts where mortuary services are not standard or reliably available, or where it is usual for ill people to die at home, families and traditional burial attendants can be equipped and educated to bury people under supervision.
- Any person (e.g. family member, religious leader) preparing the deceased (e.g. washing, cleaning or dressing body, tidying hair, trimming nails or shaving) in a community setting should wear gloves for any contact with the body.
- People with respiratory symptoms should not participate in the viewing or at least wear a medical mask to prevent contamination of the place and further transmission of the disease to others;
- Those tasked with placing the body in the grave, on the funeral pyre, etc. should wear gloves and wash hands with soap and water once the burial is complete;
- Cleaning of reusable PPE should be conducted in accordance with manufacturer's instructions for all cleaning and disinfection products (e.g. concentration, application method and contact time, etc.) and
- Children, adults > 60 years, and immunosuppressed persons should not directly interact with the body; Although burials should take place in a timely manner, in accordance with local practices, funeral ceremonies not involving the burial should be postponed, as much as possible, until the end of the epidemic.

Most of the people who contract COVID-19 can recover and eliminate the virus from their bodies. If you contract the disease, make sure you treat your symptoms. If you have cough, fever and difficulty breathing, seek medical care early - but call your health facility by telephone first if possible. Most patients recover thanks to supportive care.

### FACT:

You can recover from the Coronavirus disease. Contracting COVID-19, DOES NOT mean you will have it for life.

## 2.3. Identification and follow-up of COVID-19 suspected and confirmed

### Case Identification

Identification of cases will be based on official reports from health facilities. Case investigation is the process of verifying whether suspected cases are indeed COVID-19 cases by officially assessing their reported symptoms. Health care workers who are designated members of the nearest health facility rapid response team do this. Community members must be vigilant and inform a Community Health Worker urgently when they suspect another person may have COVID-19 symptoms.

## **Case Definition**

COVID-19 cases are defined as suspected, probable, or confirmed, depending on the patient's situation. Case definitions for COVID-19 are included below:

### **Suspected case:**

- A patient with acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath), AND a history of travel to or residence in a location reporting community transmission of COVID-19 disease during the 14 days prior to symptom onset;
- A patient with any acute respiratory illness AND having been in contact with a confirmed or probable COVID-19 case (see definition of contact) in the last 14 days prior to symptom onset and
- A patient with severe acute respiratory illness (fever and at least one sign/symptom of respiratory disease, e.g., cough, shortness of breath; and requiring hospitalization) and in the absence of an alternative diagnosis that fully explains the clinical presentation.

### **Probable case:**

- A suspect case for whom testing for the COVID-19 virus is inconclusive. Inconclusive being the result of the test reported by the laboratory;
- A suspect case for whom testing could not be performed for any reason.

### **Confirmed case:**

- A confirmed case is a person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms.

## **Contact**

A contact is a person who experienced any one of the following exposures during the 2 days before and the 14 days after the onset of symptoms of a probable or confirmed case:

- Face-to-face contact with a probable or confirmed case within 1 meter and for more than 15 minute
- Direct physical contact with a probable or confirmed case;
- Direct care for a patient with probable or confirmed COVID-19 disease without using proper personal protective equipment;
- Other situations as indicated by local risk assessments..

## **Contact tracing**

This is a process of identifying and collecting information about a person who may have been exposed to a COVID-19 infected person.

A team composed of trained personnel such as Community Health Nurse, HSAs, other clinical staff and trained community volunteers/leaders, can do this process. Personnel should be equipped with PPE.

### **Why is contact tracing important?**

If implemented quickly and properly, contact tracing is vital to stop the transmission of COVID-19 by identifying individuals who become symptomatic and contagious.

### **How to conduct contact tracing**

#### **a. Contact identification**

Contacts are identified by finding out about the infected/suspected individuals' activities and the activities and roles of the people around them since onset of illness.

#### **b. Contact Listing**

All persons considered to have interacted with the infected person should be listed as contacts, using the Contact Listing Form (see below). Efforts should be made to identify every listed contact and inform them of their contact status, what it means, the actions that will follow, and the importance of receiving early care if they develop symptoms.

## Contact Follow up

Regular follow up should be conducted with all contacts to monitor the symptoms and test for signs of infections through use of designed tools.

### Steps to follow during a contact tracing home visit

#### 1. Preparation for contact tracing visit

- Wash your hands with soap and clean water or sanitize your hands;
- Put on appropriate PPE (Face mask, gloves, apron, boots/closed shoes) and
- Introduce yourself and your role in the community.

#### 2. Interacting with the contact

- Show empathy;
- Speak calmly and patiently;
- Explain that you have come because they are a suspect case that might have Coronavirus (COVID-19), and you want to make sure that anyone that they might have been in touch with is healthy and supported. They might not have spread Coronavirus (COVID-19), but you would like to make sure if the patient is not available, ask when you can come back. If the patient is not able to speak, (they are too sick or they have died), you may speak to a household member. It is best to speak to the patient directly!
- Remove PPE after completing visit, in an open area and put on new PPE for the next visit.

### Check list of some questions to ask to screen the contact

Ask them if they are experiencing any of the following COVID-19 symptoms:

- Fever
- Cough
- Difficulty breathing or fast breathing
- Tiredness
- Sore throat
- Runny nose
- Body pains



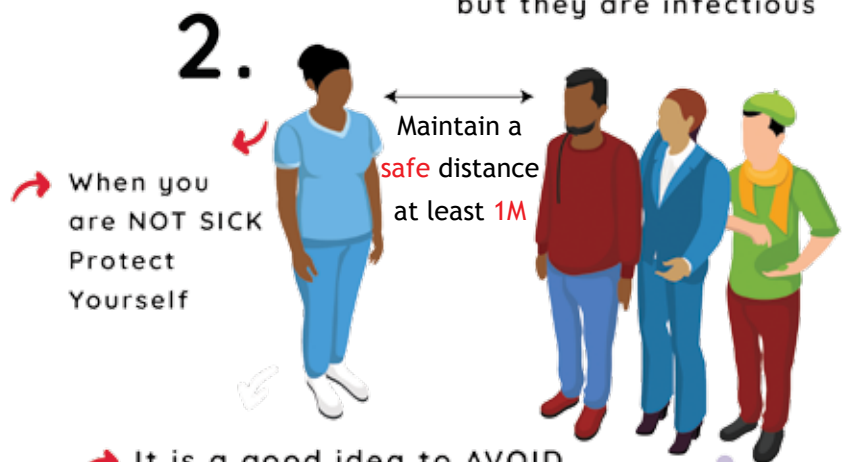
## Simple ways of reducing the spread

1.



KEEP YOUR DISTANCE  
from an infected  
person at least 1M  
distance

2.



It is a good idea to AVOID  
large crowds of people  
Avoid handshake  
Avoid hugging



**Table 1 Contact Listing Form**

**A sample Contact Listing Form**

In order to have systematic approach there is a need to use a structured contact listing form as stipulated below

Index	Surname	Other	Head of	Address	Village	T/A	Date of	Location case identified			
Case ID		Names	House-hold				Symptom				
Contact Information											
Surname	Other Name	Sex (M/F)	Age (Yrs)	Relation to Case	Type of Contact	Head of Household	Address	Village	District	Phone Number	Health Care (Y/N), if yes, what facility

## Case Information

### A sample Contact tracing form

Similarly, there is need to have a structured contact tracing form to properly undertake contact tracing exercise as indicated below.

Table 2: Contact tracing form

## COVID-19 DAILY CONTACT TRACING FORM

Name of Contact: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Last Contact (DD/MM/YYYY): \_\_\_\_\_

District: \_\_\_\_\_ Facility: \_\_\_\_\_ Catchment Area: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date of Visit														
Symptoms														
Cough														
Fever														
Difficult Breathing														
Tiredness														
Runny nose														
Sore throat														
Remarks & Signature for CHW														

## **2.4 Adherence to quarantine**

### **What is to quarantine?**

This is a process of separating an exposed individual who is suspected to have COVID-19 from the public to monitor if they will develop symptom of COVID-19 within the 14-day incubation period for Coronavirus.

### **What is self-quarantine?**

Self-quarantine is strictly self-driven avoidance of contact with other people to prevent spreading COVID-19 virus if one is suspected to be infected with COVID-19 but the person is not showing any signs of sickness. This is done by ensuring the person is restricted in a home or an identified accommodation that would restrict their engagement with other people for a period of 14-days.

### **How can a Community Health Worker encourage people that have been put on self-quarantine?**

- Generally, self-quarantine can be very difficult because we are used to being with other people in close proximity;
- Self-quarantine will also be very difficult because we live in small communal houses where we share eating and sanitary utensils, rooms and beddings among other things with a number of people;
- Many households also have small children who will make it difficult to implement self-isolation;
- The clients should understand that it is difficult to implement. However, the main idea is to have the sick person, or the person suspected of COVID-19, separated from the rest of the family members and the community at large and
- How the family intends to do this can be discussed based on what is available to them so long as the suspected case is isolated from direct contact with the family and community.

## **2.5 Isolation of suspected or confirmed Coronavirus (COVID-19) cases**

### **What is Case Isolation?**

Isolation is the process of removing/separating the Coronavirus (COVID-19) positive (confirmed) case for care or treatment, and prevent further transmission to other people.

The non-positive members of the household will be quarantined elsewhere and included for follow up by a Contact Tracing team for 14 days to assess if they develop COVID-19 symptoms or not. Mild cases of COVID-19 can isolate at home while severe cases of COVID-19 may be moved to an isolation facility if available in the locality.

*NOTE: To facilitate case isolation in the rural communities, the household may decide to remove the non-positive household members from the household to enable the sick person to be isolated.*

## **2.6 Use of risk appropriate Personal Protective Equipment**

When faced with COVID-19 infected cases, community Health Care Workers will be expected to put on Personal Protective Equipment. Personal Protective Equipment (PPE) is special equipment that CHWs can wear to protect themselves from infection. This equipment reduces the chances of touching, being exposed to, and spreading the virus to others. Below are the steps CHWs are supposed to follow in order to use PPEs.

## Putting on PPE

1. Wash hands with soap and water for 20 seconds prior to putting on PPE.
2. Put on face mask.
  - Check that the mask is not ripped and does not have any holes;
  - Turn the mask so that the iron/rubber part is on top;
  - Make sure the colored side of the mask is facing outwards;
  - Place the mask on your face with the elastic bands around your ears;
  - Pinch the top edge of the mask so that it fits your nose;
  - Pull on the bottom of the mask to cover your mouth and chin and
  - WASH HANDS WITH SOAP AND WATER OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY after touching face to put on mask.
1. Put on goggles or face shield
2. Place over face and eyes and adjust to fit
3. Put on gloves
  - a. If wearing a gown, make sure the gloves cover the wrist of the gown. Use thumb holes if the gown has them.
  - b. If the gown is made of disposable fabric, you can make your own thumb holes.



## Taking off PPE

1. Take off gloves
  - a. Outside of gloves are unclean! If your hands get unclean during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer;
  - b. Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove;
  - c. Hold removed glove in gloved hand;
  - d. Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove and
  - e. Discard gloves in a waste container.
1. Wash hands as outlined above.
2. Take off goggles/face shield.
3. Wash hands again as outlined above.



# Module 3:

## Managing COVID-19 at Community Level

### 3.1 Case Management and Disposal of Coronavirus

When communities are equipped with accurate and reliable information they are able to make informed choices about their health which don't just benefit the individual but the community at large. During health pandemics, CHWs act as a reliable and accurate source of information within their communities and thus make them a valuable resource. Equipped with valuable information, skills and management, CHWs can help manage, detect and prevent COVID-19 spread within their communities.

#### 3.1.1 Prevention and Information on COVID-19

Preventative measures adopted by community members is an integral part in reducing the risk of spread during a pandemic. Misinformation within communities can be a common occurrence during a pandemic. This can lead to:

- i) Distrust of health services by community members which can lead to avoidance of necessary health;
- ii) Fear of health facilities and stigma of those infected and
- iii) Misinformation about the disease may result in people undertaking their own remedies.

#### 3.1.2 Case Management and Response

Early identification and isolation of COVID-19 patients is critical to reduce the spread of the disease and preserves the functioning of the health care system efficiently. Health care systems should have a systemic way to respond to assess and identify suspected COVID-19 patients. As CHWs are members of their communities, they can be important in the surveillance of COVID-19 patients.

#### 3.1.3 Disposal of COVID-19 Infected Bodies

To date there has been no evidence of the spread of COVID-19 from infected dead bodies to a person although evidence has shown that there is limited exposure from dead bodies. However, hastily decisions filled with misconceptions can lead to fear and abandonment of bodies, which can be overwhelming to local communities when dealing with dead bodies. This has to be corrected by following the MoH guidelines on handling dead bodies. Furthermore, for the safety and wellbeing of members within the communities infected bodies should be handled with caution.

# Module 4:

## Psychological Support

The COVID-19 Pandemic has presented an unprecedented set of circumstances and has negatively affected many aspects of society whether economic, social and personal. Furthermore, has disrupted communities' social norms and behaviors. With these levels of uncertainty can bring stress and anxiety at individual and personal level. Some healthcare workers under the pressure COVID-19 has presented may also experience stress as well as be the victims of stigma within their communities. For this, CHWs being equipped with the skills and information to support psychological education within the community and ensure their own mental health is fine, can benefit the community.

## **4.1 Providing Psychological And Social Support To The Community**

Communities during COVID-19 have experienced disruptions to their daily and social interactions. These disruptions can also extend to their work and negatively affect their incomes. With the uncertainty, communities can experience high levels of fear, anxiety and stress.

A COVID-19 diagnosis apart from being physically taxing can also be taxing on an individual's mental health. COVID-19 patients on top of the stress that comes with being ill can also find the added aspect of being isolated from their families and communities challenging. Moreover, they may also experience stigma from their surrounding communities. These challenges can also affect their immediate contact e.g. families.

### **a. Psychosocial support for a person being treated with COVID-19**

- Encourage the person to stay connected and maintain social networks through their phones;
- Encourage them to maintain daily routines even during their isolation or create new routines;
- Acknowledge any anxieties and feelings that may arise and employ them to discuss with their available health professional;
- Under the advice of their Health professional, if possible they such maintain some sort of exercise;
- Refer to them as a person being treated with COVID-19. In order to separate their identity, from their diagnosis. This can also dispel any feeling of shame that can come with being treated for COVID-19 and help deal with possible stigma and
- Avoid listening to any news that may cause anxiety to rise.

### **b. Psychosocial support for people affected by COVID-19**

- Engage them in empathetic discussion in how they are feeling;
- Share simple facts about what is happening and share clear information that may help alleviate anxieties and
- In the scenario that a person being dealt with is affected because a family member or close contact is being treated.
  - i) Refer to the person as someone being treated for COVID-19;
  - ii) Encourage maintaining daily routines and getting regular exercise and
  - iii) If possible, by phone encourage them to maintain communication with the person being treated.
- In the scenario, that the person dealt with is affected because a family member is a front line worker,
  - i) Use the time to amplify the positive stories of people who have recovered or supported their communities in reducing the spread of COVID-19 and
  - ii) Discuss and acknowledge frontline workers and caretakers who are supporting COVID-19 in the community and the important role they play within the community.

### **Dealing with Stigma at Community Level**

The current COVID-19 pandemic has led to an increase in social discrimination and stigma attitudes within people in the community. This can be due to the fact that it is a new disease and not well understood. Affected and infected community members and frontline Health workers experience social stigma. Stigma can also affect communities negatively as a whole, by driving people to socially isolate themselves thus avoid seeking vital healthcare. It is important that communities and those who are at a high risk of being victims to the stigma be supported.

### **Psychosocial support for CHWs during COVID-19.**

The COVID-19 pandemic has led to an unprecedented level of pressure on health systems. Resulting to health care workers feeling overwhelmed and stressed. Moreover, some may experience isolation from their families and communities out of stigma or fear of contracting COVID-19. Managing the mental health and wellbeing is essential for CHWs during this period.

# Module 5:

## Monitoring and surveillance of COVID-19 in the community

### 5.1 Community-Based Surveillance

#### **Community Health Workers will support community-based Surveillance**

##### **Coronavirus (COVID-19) surveillance and reporting**

Community Health Workers play a very critical role in following up each Coronavirus (COVID-19) suspected and confirmed case that is residing in their catchment (both urban and rural). This is very crucial as it helps the Ministry of Health to keep track of what is happening to all the COVID-19 cases and the social events surrounding transmission, management, and behaviors of the people.

##### **Definition of community-based surveillance**

This is an active process of community participation in detecting, reporting, responding to and monitoring COVID-19 events in the community.

##### **Importance of COVID-19 community-based surveillance**

- Helps identify and monitor avenues where the infection is likely to come through;
- Helps to identify where the COVID-19 cases are located;
- Monitoring disease progress;
- Helps to identify where the COVID-19 cases are located and
- Supports health workers during outbreak investigation and contact tracing.

##### **Conducting COVID-19 Community based Surveillance**

All community members should participate in COVID-19 surveillance to support Community Health Care Workers. These include community leaders, structures, members and health care workers.

##### **Case Investigation and Identification**

Community Health Worker should work hand-in-hand with health facility staff in case investigation and case identification.

##### **What is case investigation?**

Case investigation is the process of verifying whether suspected cases are indeed COVID-19 cases by officially assessing their reported symptoms. Health care workers who are designated members of the nearest health facility rapid response team do this.

##### **What is case identification?**

This is when a suspected individual has been investigated by the designated health facility rapid response team and confirmed to be COVID-19 positive. When conducting case investigation and identification, the CHWs must follow these steps:

- Wash your hands with soap and clean water or sanitize your hands;
- Put on appropriate PPE (Face mask, gloves, apron, boots/closed shoes);
- Introduce yourself and your role in the community;
- Make sure you have enough alcohol-based sanitizer or other disinfectant with you, and any tools or information you might need and
- Remove PPE after completing visit, in an open area and put on new PPE for the next visit.

##### **The process of case investigation involves the following steps:**

1. Screen the individual using the COVID-19 screening questions:
  - a. Do you have fever?
  - b. Do you have a cough?
  - c. Do you have shortness of breath?
  - d. Have you had contact with a confirmed or probable COVID-19 case in the last 14 days prior to onset of symptoms?
  - e. Have you traveled outside the country or been in contact with anyone who was outside the country in the last 14 days?
  - f. Are you a health care worker or any person who has been working in an environment where COVID-19 cases are being managed?
2. If the individual responds positively to two or more of the screening questions before sample collection, the rapid response team will proceed to collect samples for COVID-19 testing.
3. After collection, samples are shipped for testing and while waiting for test results the individual MUST be ISOLATED from other people.

# Module 6:

## Roles Of Stakeholders In Coronavirus (Covid-19) Pandemic Response

For any successful intervention especially in health, it is very important to recognize the important role and involve our stakeholders in all healthcare delivery services and management, and value their insights shared through engagements. In addressing the challenges of COVID-19 prevention and treatment, it is vital to involve all the stakeholders if any success is to be realized.

These stakeholders include:- **community leaders (chiefs, cultural custodians, political representatives and leaders); Non-Governmental Organizations, Community Based Organizations, Faith Based Organizations, frontline doctors and other health workers, the private sector, healthcare professional organizations, Volunteer and volunteer groups and local governance structures.** Communities including community health workers are a strength and their role in the response is a crucial one, as people help each other to seek care, to self-isolate, to access medicines when needed and to look after each other's families. Community health has several key stakeholders that are expected to play various roles in the COVID-19 response. All the mentioned and other stakeholders will play complementary roles as guided by MoH and the national governments. All stakeholders will be guided on their roles; however, two groups of these stakeholders can be singled out, outlining some of their roles.

### I. INGOs, CBOs, FBOs

This category is a key partner in health service delivery as they support in; disseminating technical guidance as per MoH guidelines, aligning with national COVID-19 response task force and multi-sector coordination platforms, preparedness and response planning to operationalize the strategic preparedness and response plan at community level, Partner mapping, training and coordination to minimize duplication of efforts, ensure communities have access to health services through accountability mechanisms and remedies in situations where their rights have been, or are at risk of being, breached, work with Government institutions to ensure key rights that are often implicated in public health emergencies include the right to health, the right to privacy and confidentiality, support data management including compiling of community level reports, facilitate mobilization of resources, e.g. PPEs and hand washing facilities, advocate for provision of other essential health services alongside COVID-19 interventions.

### II. Community health volunteers/workers, care groups

- Educate and sensitize households and communities regarding symptoms and transmission routes of COVID-19 as well as promote measures such as social distancing, self-isolation/quarantine, frequent hand washing among other interventions. They educate and sensitize households and communities on malaria prevention such as sleeping in ITN and other essential behavior to stay healthy during the COVID-19 pandemic and support in contact tracing;
- They support community awareness on COVID-19 through distribution of MoH approved IEC materials, SMS, phone calls and one on one interactions while observing social distancing. And identification at risk members of the community and support the rapid referral of individuals who require hospitalization;
- Support in the disinfection of high risk surfaces in the communities using appropriate infection prevention and control procedures, this should only be when they are equipped with PPE;
- Support patients under self-isolation to access food, social services and medical support and
- Support in compiling reports.



# Module 7:

## Community Engagement In Coronavirus (Covid-19) Pandemic Response

Communities MUST BE at the heart of any public health intervention, especially in emergencies. Strong community structures and community-level engagement are critical in ensuring successful community health programs. Community engagement is key as it helps in developing workable solutions to health interventions that are acceptable to all since they themselves are the players. Having in mind the way of life of a community including cultural norms is very important for the success of a health intervention.

The key actors in the community include; religious leaders, elders, clan leaders, opinion leaders amongst others who. They know and understand local customs, community dynamics and structures, relating to activities that may spread the disease. Pre-existing tensions and conflict should be taken into account. Therefore consider the target audience when communicating.

Our own cultural biases and prejudices can impact greatly on the way we work and perceive certain principles. Constant awareness of these limitations is important.

### Why Community Engagement in COVID-19 Response?

Utilizing existing community structures both informal and formal goes a long way in developing health interventions that can have far reaching positive results. Some of these community structures include. Health volunteers who form part of these community structures e.g. mother groups, care-groups, CHAGs, VHCs, faith groups, youth groups, etc. to reinforce hygiene promotion messaging (specifically focusing on hand hygiene and respiratory hygiene).

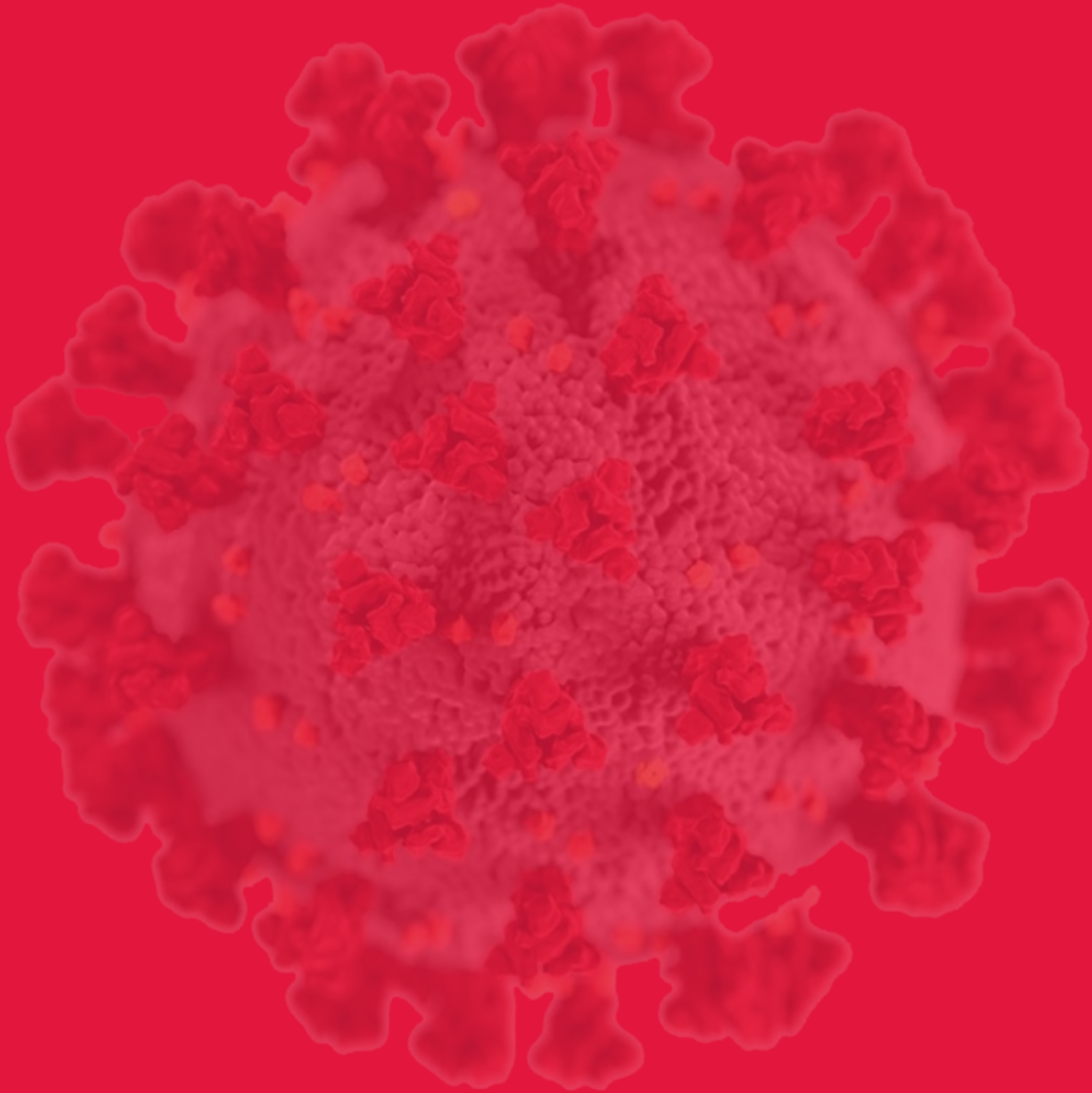
Supporting compliance and enforcement of public health measures for COVID19 response at community level involves a number of activities such as giving key messages on the necessity of supportive family/caregiver networks and providing care to persons infected and affected with the COVID-19 virus as a mechanism of contributing to the protection and wellbeing of communities. The community engagement supplements the activities of the community health workers.

# Module 8:

## Integrating Coronavirus (Covid-19) Pandemic Response Into Regular Community Health Programming

Working with existing structures, as part of the response to Coronavirus will yield positive results as these will complement MoHs in enforcing their guidelines.

Essential community health programs should not stop from being implemented as long as community health workers have the recommended PPE. COVID-19 response should be mainstreamed into CHWs day to day work. All stakeholders have critical roles and responsibilities at different levels of the community health delivery system i.e. health post, outreach clinic, village clinic, household level and governance structures. The government has the responsibility to put in place clear guidelines to manage the health service delivery points while incorporating COVID-19 interventions in the general health service delivery.



**Amref Health Africa – Headquarters**  
**P.O.Box 30125-00100, Wilson Airport, Lang'ata Rd, Nairobi, Kenya**  
**Fax : +254 20 600 9518. Office +254 020 699 4000/4601**