Community Engagement During Public Health Emergencies Like COVID-19

An Action Framework and Toolkit

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DISCLAIMER

This toolkit has been developed by Jeeon Bangladesh Ltd. and published by the Community Engagement Task Force under Risk Communication and Community Engagement (RCCE) Pillar, with sponsorship from USAID and IFRC. This practical toolkit is intended to be used for effective community engagement by the local government officials, particularly health officials such as Civil Surgeons (CSs) and Upazila Health and Family Planning Officers (UHFPOs) in COVID-19 response at District and Upazila levels with support and guidance from elected representatives and local administration. This toolkit is not the product of an exhaustive research. Instead, it documents and builds on practically tested strategies that were successfully implemented by government health officials across Bangladesh.

The views expressed in this document do not necessarily reflect the policy or position of any particular partner organisation of RCCE.

ABOUT RCCE

RCCE pillar, as noted in the Bangladesh Preparedness and Response Plan (BPRP), includes representatives from government, private sector, UN, bilateral and civil society organisations, who come together to design, implement and monitor a collective plan of action for COVID-19 response in which partner contributions and actions complement and strengthen each other in the form of a consolidated response. RCCE ensures that people have the life-saving information they need to protect themselves and others from COVID-19. In doing so, RCCE has been working with the public-private sectors in engaging the community so that they adopt recommended life-saving practises.

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If you have any questions or comments on this document, please email at rubayat.khan@jeeon.co

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PREAMBLE

Bangladesh experienced a devastating second wave of COVID-19 from April to August 2021, fueled by the delta variant of SARS-CoV-2, with many districts showing a steep rise in infections and deaths. While the wave ultimately subsided, given the low levels of vaccination coverage at the time, it could well have reached a magnitude comparable to the neighbouring country. That would have been catastrophic due to Bangladesh's large and dense population and inadequate health care infrastructure and resources especially in rural areas.

We are still by no means safe from future waves, as shown by the steep rise in "Omicron" infections since mid January 2022, and by the large numbers of repeat and breakthrough infections. It is imperative that we prepare proactively to prevent and fight future waves in a locally relevant and inclusive manner. We have to keep in mind to address special needs related to gender, people with disabilities, sexual/ethnic minorities etc. and engaging communities and ensuring cooperation from all segments of society. Mass vaccination by accelerating the ongoing vaccination campaign is key to prevention and containment of the spread of the virus. For nationwide success with this campaign, addressing stigma related to vaccines is critical, which can only be achieved through effective engagement of all relevant stakeholders, especially in underprivileged communities. We believe that engaging and coordinating other arms of the government and various community stakeholders under strong leadership by local health officials, and support by local elected representatives, can put up the most robust and effective response to COVID-19 and beyond, including mobilising people for mass vaccination. Moreover, this model has already proven effective in diverse geographies such as Chapainawabganj and Savar.

This handbook offers a simple framework of action for actors in local government, and in particular, health leaders such as Civil Surgeons (CSs) and Upazila Health and Family Planning Officers (UHFPOs), to take ownership and leadership to combat COVID-19 at each district and upazila respectively, with support and guidance from elected representatives and local administration, and through effective engagement of various segments of society including informal health care providers, religious leaders, journalists, police and law enforcement agencies, etc. The toolkit draws extensively from the experiences in Chapainawabganj, Savar and other areas and contains relevant best practises that have already proven effective in these places, which should be readily adaptable to various contexts.

It is important to note that while this framework has been developed in the context of COVID-19 and with related best practises, it is by no means limited to COVID-19 response. Indeed, the experience from Savar shows that the same approach has proven extremely effective in combating the dengue outbreak and the severe floods in 2020, and hence can be used to combat future public health emergencies in Bangladesh and other countries having similar contexts.

GUIDING FRAMEWORK

The ideas and steps listed in the following sections are based on the World Health Organisation's (WHO) Emergency and Disaster Risk Management (EDRM) framework, and in particular, its guidelines on Community Capacities for Health EDRM, which focuses on *"strengthening local health workforce capacities and inclusive community-centred planning and action."*

The adapted action steps for the current context, along with the main activities that should be prioritised and the key stakeholders who can support these initiatives, are as follows:

	1. Early Detection	2. Prevention	3. Preparedness	4. Response/Mitigation
Key activities	- Symptomatic surveillance using primary healthcare providers (PCPs) - Widespread Rapid Antigen Testing - RT-PCR testing to verify negative antigen test results for symptomatic cases	- Promote & enforce mask use and other safety precautions - Fight rumors and misinformation using social media and local influencers - Isolate test positives at home and quarantine close contacts/families	- Predict case load and ensure capacity at hospitals (beds, ICUs, etc.) - Arrange for Oxygen and high-flow nasal cannula - Ensure dedicated ambulance	- Community-based symptom monitoring (Incl. SPO2) by primary healthcare providers - Refer severe cases to hospital - Provide aid support to struggling families
Key stakeholders	- Primary Healthcare Providers - IEDCR trainer doctors - HA, FWA	- Police/Gram police - Journalists - Teachers, Imams, etc. - Volunteers - Primary Healthcare providers	- MP, Mayor and other elected representatives - DC/UNO/TNO and other local administrations - Local business people	- Primary Healthcare providers - Police/Gram Police - Local business people - Volunteers

The following sections document the practical steps that should be taken (in rough chronological order) to build capacity and engage these stakeholders meaningfully in each of the steps of the action framework, which will be helpful to respond to public health emergencies like the COVID-19 pandemic as well as various seasonal outbreaks such as dengue, cholera, chikungunya, etc.

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This endeavour is the result of a collaboration among many people who have volunteered their time and expertise. We would like to take this opportunity to humbly acknowledge their contributions and express our deepest gratitude.

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HOW TO USE THIS TOOLKIT

We have aimed to make this document as practical and to-the-point as possible. The following sections lay out a series of suggested actions grouped by objective (to be followed in rough chronological order), which can help put up a robust response to the ongoing COVID-19 and other outbreaks/ public health emergencies through community engagement.

Where relevant, boxes have been used to share related best practises from other places and projects such as Savar Upazilla, Shibganj (Chapainawabganj), or from the CST project of BRAC, which covered around 30 districts of the country. Relevant resources from DGHS and elsewhere have also been linked in the “Resources” sections to provide more detailed information.

In our attempt to make this an actionable document, we have included worksheets in the Appendix (referenced where relevant in the main sections and coupled with filled-in examples) to help you apply these ideas to your context, and come up with a customised strategy and plan of action for your jurisdiction quickly and easily. Finally, we have attempted to develop, adapt and include Standard Operating Procedures (SOPs) for various important community stakeholders such as journalists, police, private health providers and religious leaders, which may be used as a basis for developing their respective capacities to aid in COVID-19 response activities.

Action Steps for Effective Community Engagement to Prevent and Mitigate Public Health Emergencies Like the COVID-19 Pandemic

Step 1: Local Government Team Building, Alignment and Planning

For an effective response to any health emergency like COVID-19, forming a trusted and committed team of local government representatives, and in particular health officers at the appropriate levels, should be the district highest priority. At the district level, the core team should comprise of the health officials in the District, led by the civil surgeon (CS), and including the superintendent of the district hospital, COVID-19 specialised hospitals and medical Colleges, and the Upazila Health and Family Planning Officers (UHFPOs). At the upazila level, the UHFPOs can take the lead but should try to get informed endorsement and support from the district team and in particular the CS for successful implementation of proposed interventions.

If the teams are formed ahead of time and are well-aligned, with respect to the problems facing them and potential solutions, they can put up a united front in the local COVID-19 coordination committees and secure support and help from other elected officials and local government stakeholders like the MP, Mayor, DC, SP, UNO.

Key Tasks:

- Build rapport between civil surgeon, UHFPOs, superintendents/administrators of hospitals, and other government health officials in the district HQ/upazila.
- Within the team, meet regularly to stay aligned with district HQ/Upazila priorities and action plans.
- Set up regular meeting schedules, and document meeting outcomes and decisions meticulously.
- Work through this booklet and other COVID-19 guidelines of the government together as a team and come up with a strategy and action plan for the district HQ/upazila.
- Regularly inform higher authorities of progress of planned activities, weekly COVID-19 stats, challenges, etc.
- Ahead of local COVID-19 coordination committee meetings, get aligned on the agenda and the priorities between team members through a phone conversation or meeting.
- Communicate with other government officials such as MP, Mayor, DC, SP, UNO and secure their support.

Step 2: Building Capacity and Resilience of District Sadar Hospital (DSHs), COVID-19 Specialised Hospitals (CSHs), Medical Colleges (MCs), Upazila Health Complexes (UHCs), and Private Facilities

As the most equipped government health facilities at the district/upazila level, the DH/CSH/MC/UHC all have critical roles to play in managing cases of COVID-19 while continuing to provide services for other essential health care needs. However, during a pandemic or other health emergencies, the operations of a DH/CSH/MC/UHC can be disrupted in myriad ways, and requires careful planning to ensure that doctors, nurses and staff are operating efficiently, that resources are properly allocated and distributed among COVID and non-COVID cases, and that the load of COVID-19 patients can be handled even at the peak of infection curves.

It is an undeniable fact that resource shortages are a chronic problem faced especially by DHs/UHCs, and therefore the superintendents/UHFPOs also has to be creative in plugging the holes and in dealing with the unpredictability of budget allocation timelines.

Furthermore, more than 80% of the population seeks health care services from the private sector. It is therefore important to build the capacity of doctors, nurses and staff at private hospitals, clinics and diagnostic centres, and establish communication channels with the leadership of these facilities so that the COVID-19 response teams have full and up-to-date information at all times.

Key Tasks:

- Get all doctors, nurses and staff in each geography immediately and adequately trained on the most recent COVID-19 guidelines by DGHS, across both public and private sector (see resource section below).
- Conduct a basic prediction of potential case load if the situation worsens - *Case-load Estimation worksheet (Appendix 1.1)*. At a more advanced level, - the *Caseload Tracker (Appendix 1.5)* can be used to keep track of actual infection trends and adjust predictions.
- Map capacity and resource gaps at DH/CSH/MC/UHC ambulances on current and predicted load (e.g., number of doctors, nurses, technicians, other staff, Ambulances, beds, available medicines, oxygen supplies, vaccines, etc.). - *Gap Analysis and Resource Mapping Worksheet (Appendix 1.2)*
- Identify potential avenues/sources to fill resource gaps quickly, such as by coordinating with private facilities, and reach out to them for support, re-organise staff (if possible) with roster planning. - *Gap Analysis and Resource Mapping Worksheet (Appendix 1.2)*
- Create action plans and a revised annual budget and seek support from DGHS and/or local government (as appropriate). - *Budgeting worksheet (Appendix 1.3)*
- Use Rapid Antigen Tests and deploy a team/van in crowded public areas such as markets and mosques or even into the rural communities to increase testing rapidly even during lockdown (see Best Practice Box 2)
- Assign dedicated ambulances and wards for COVID-19 patients to prevent cross-contamination.
- Periodic check-ins with MoHFW channels and liaising with them for any necessary support.
- Set up two-way communication channels with private facilities to share information and resources, and align strategies.
- Ensure mental health support for DH/CSH/MC/UHC doctors, staff and other frontline workers to help them cope with the stress and avoid burn-out.

Best Practice Box 1: Creative strategies to fill gaps in hospital capacity

1. In Savar upazila, the UHC requested an extra ambulance dedicated to COVID-19 patients from a local businessman. The businessman donated a van and took responsibility for all expenses (driver, fuel, maintenance, etc.) for the entirety of 2020.

2. Anticipating that the situation might get worse at any time due to the spread of the fatal delta variant, the UHFPO communicated with the local mps, union parishad chairman and policy makers with logical predictions and asked for support with proper planning (i.e., liquid oxygen plant, increasing capacity of beds, high flow nasal cannula etc.)

3. The Savar UHC collaborated with a private hospital, Enam Medical College and Hospital, to use their ICU beds for critical patients. Whenever the UHC did not have sufficient facilities to handle a patient, the patient was referred to Enam Medical College and Hospital.

Best Practice Box 2: Increase testing capacity using Rapid Antigen Tests

Rapid Antigen Tests (RATs) can provide a confirmed positive test for COVID-19 within 15 minutes and can be rapidly scaled up even in very remote areas where RT-PCR testing is not available or even feasible. A patient who is positive on a Rapid Antigen Test can be immediately isolated; however, if a symptomatic patient tests negative on a RAT, a confirmatory RT-PCR test is still advisable due to the low sensitivity of the former.

In Chapainawabganj for example, RATs were deployed through mobile testing vans in remote areas to increase test coverage even during the height of the lockdown. As a result, a lot of positive cases were quickly isolated, and the test positivity rate came down from 66% to under 10% within only 3 weeks.

Suggested Resources:

- DGHS Guideline on COVID-19: https://www.dghs.gov.bd/images/docs/Guideline/COVID_Guideline_v2_8_5_21.pdf
- National guideline to support mental health during COVID-19: https://www.dghs.gov.bd/images/docs/Guideline/mental_health_and_covid_19.pdf

Step 3: Increasing Coordination and Advocacy with and Capacity of other Government and Community Stakeholders

The government health administration cannot control COVID-19 transmission and manage cases alone without the support and cooperation from the local community. This was demonstrated clearly during the first and second waves when citizens did not comply with stay-at-home orders or travel restrictions, hid their symptoms or infection status, fell victim to rumours and misinformation, and avoided getting tested or going to the hospital for treatment until it was often too late.

Therefore, in order to put up a coordinated response to COVID-19 in every district HQ/upazila, it is critical to engage other government institutions (e.g., police), elected public representatives (MPs, Mayors, ward councillors, etc.), local primary health care providers (CHCPs, pharmacies, NGO CHWs, RMPs, etc.), opinion leaders (political leaders, imams, teachers, youth leaders, minority leaders, etc.), influencers (e.g., journalists, medical associations like BMA and BPMPA representatives, cultural activists), businesspeople, private sector organisations, grassroots and civil society organisations, etc. Once these stakeholders are aligned with the risks posed by COVID-19 and the urgency of the situation, they can be extremely helpful in contributing and mobilising additional resources, spreading awareness and combating misinformation, ensuring compliance with guidelines, providing information about the situation and trends on-the-ground, and more.

It would require intentional effort to orient and align these stakeholders and deploy them to the roles they are most suited to. This is best done through the already formed COVID-19 Coordination Committees, but with specific leadership from the relevant health officials (CS, UHFPO, medical officers, etc.) and with the guidance and patronisation from the local MP/Mayor/Chairperson.

Key Tasks:

- Map out all important local stakeholders and organisations, decide on their roles and responsibilities based on the needs and challenges of the district sadar/upazila, and organise orientation and rapport building sessions with each of them. - *Stakeholder Mapping Worksheet (Appendix 1.4)*
- Train and build capacity of specialised actors; such as police, health NGOs and private health providers (e.g., CHCPs, pharmacies, CHWs, RMPs, etc.), who can support community engagement and case management through their daily professional actions and choices. - *Standard Operating Procedures (SOP) for Police, PHPs (Appendix 2.1, 2.2)*
- Organise regular meetings and knowledge exchanges/discussion forums with key stakeholders.
- Ensure primary health providers (e.g., CHCPs, pharmacies, CHWs, paramedics, RMPs, etc.) have pulse oximeters to measure SPO2 so that they can refer critical patients quickly. - *SOP for PHPs (Appendix 2.2)*
- Identify volunteer groups that can assist with vaccination, burials or awareness campaigns. - *Stakeholder Mapping Worksheet (Appendix 1.4)*
- Assign a point-of-contact both at DSH/UHC and at each stakeholder group for streamlined communication and information flow at all times.
- Establish easy communication channels (e.g., Messenger/WhatsApp/Signal groups) for coordination with each stakeholder.

- Create a list of ICU beds in medical colleges, COVID-19 specialised hospitals and private hospitals nearby, and establish a process to keep it up-to-date for quick referral when a patient needs critical care. Hotline numbers or a website could be established to make this information and contact numbers easily available.
- Link community stakeholders with CMSD and DGHS's dedicated supply chain portal containing information on COVID-19 supplies, consumables and logistics for more transparent decision making and better utilisation of available resources.

Best Practice Box 3: Innovative volunteer drive to break stigma and ensure proper burial

COVID-19 brought worldwide fear, stigma, superstitions, conspiracy theories, anxiety and stress, and the situation in Savar upazila was no different. Even organising funerals for people who died with COVID-19 was a big challenge.

In April 2020, UHFPO of Savar upazila posted on Facebook asking for local 'Volunteer Heroes' to help organise funerals for COVID-19 victims. He and his team communicated with local mosques, temples etc., and trained a pool of nearly 450 volunteers to serve this purpose.

Suggested Resources (Appendix 3):

- SOP for Police
- SOP for Informal and Private Health Providers
- SOP for Religious Leaders
- SOP for Journalists

Step 4: Raising Community Awareness, Combating Misinformation and Promoting Compliance to Expected Behaviours

Having a coherent strategy and action plan to increase community awareness and thereby compliance to preventive behaviours is critical to success in containing the pandemic. These awareness campaigns must take into account the education levels in the community, ethnic/cultural/linguistic diversity, existing misinformation/rumours/propaganda circulating in the community, and the current level of awareness and compliance.

If successfully planned and implemented, these awareness and behaviour change campaigns can boost compliance with preventive behaviours, cooperation from the community in implementing lockdowns and other containment measures, increase uptake of vaccination, generate trust and respect towards doctors and other health workers, and more.

Key Tasks:

- Engage journalists to get authentic information on movements, symptoms, and deaths, as well as feedback on existing misconceptions, rumours and propaganda. Journalists can also help disseminate information and raise awareness through their respective channels. - *SOP for Journalists (Annex 2.3)*
- Engage with religious leaders to dispel their misconceptions about COVID-19 and ensure that they disseminate authentic facts and correct guidance to their audiences and communities, such as communities during the Friday Khut'bah or on other convenient times. - *SOP for Religious Leaders (Appendix 2.4)*
- Use Social Media (both the CS/UHFPO's personal one and the UHC's page) for awareness raising and dissemination of public health messages (BCC materials from authentic sources, govt decisions, etc.), or to request support from the community (e.g., seeking volunteers for specific tasks). *SOP for Social Media (Appendix 2.5)*
- If possible, organise free mask distribution and promotions at the community level to increase awareness and mask use. If done correctly, this can increase mask use three times, according to a study of Yale University. BGMEA/BKMEA or local factories can also be contacted for support. *SOP for Mask Promotion (Appendix 2.6)*
- Use volunteers and police to ensure adherence to social distancing and mask use protocols.
- Ensure support to extreme poor and daily wage earning families facing economic hardship or hunger to prevent them from going out for livelihood purposes. NGOs, volunteer networks or other civil society organisations could be mobilised to make lists of such households, and assistance could be delivered via mobile wallets to ensure transparency and prevent misappropriation.

Suggested Resources (Appendix 3):

- SOP for Social Media
- SOP for Mask Promotion

Best Practice Box 4: Effective promotion of mask usage

According to the findings from a large scale Randomised Control Trial (RCT) conducted by Yale University and IPA, a combination of strategies can increase mask usage three-fold from 13% to 42%:

Combination that works

Distribution

Free mask distribution in households, markets and mosques

Information Provision

Video + brochure on Benefits of mask wearing shown to households when masks are distributed

Role Modelling

Religious and community leaders' endorsement and advocacy using prepared script

Promotion

Periodic in-person mask monitoring and reminders at public spaces including mask distribution if they don't have any

The fourth element was the key to the success of the other three interventions in changing behaviour. This model is now called NORM and is being scaled up across the country by BRAC. If you are interested in implementing this model, see the resources section and the SOP for Mask Promotion.

Best Practice Box 5: Effective Use of Social Media

- In Savar, a series of awareness and BCC materials were developed following recommended health messages from WHO, UNICEF, IEDCR, DGHS etc. and circulated in Social Media platforms. The UHFPO of Savar himself uses his Facebook profile to create awareness.
- Posters were printed and sent to the local pharmacies, and onsite awareness campaigns on stigma reduction, knowledge dissemination and vaccination were organised following strict health measures.

Best Practice Box 6 : Deploying health assistants to ensure quarantine and isolation

UHFPO of Monohorgonj organised yellow coloured jackets as identifiers for health assistants with the name of the UHC on the front. This initiative helped the health assistants to work efficiently without any resistance and interruptions from the community or legal authorities. They received support from the community to ensure quarantine and isolation where applicable.

What is the difference between Quarantine and Isolation?	
	
Quarantine	**Isolation**
Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.	Isolation separates sick people with a contagious disease from people who are not sick.
Apparently healthy people, who were exposed to a contagious disease, are kept separated and their movements are restricted to observe if they become sick.	People confirmed to be sick with a contagious disease are separated from healthy people so that healthy people do not get infected.

Source: https://old.iedcr.gov.bd/website/images/files/nCoV/FAQ_COVID-19.pdf

Additional Resources

1. SOP: Supporting older population and people with long term illnesses staying alone; https://www.dghs.gov.bd/images/docs/Notice/30_04_2020_GL.pdf

2. SOP: COVID-19 and people with disabilities; https://www.dghs.gov.bd/images/docs/Notice/31_03_2020_Disability%20considerations%20during%20the%20COVID-19%20outbreak_HM_formatted.docx.pdf

3. SOP: Childcare during the pandemic; https://www.dghs.gov.bd/images/docs/Notice/08_04_2020_bacamh%20shishu.pdf

4. SOP: COVID-19 and Autism; https://www.dghs.gov.bd/images/docs/Notice/08_04_2020_Bacamh%20autism.pdf

5. SOP: Parenting during COVID-19; https://www.dghs.gov.bd/images/docs/Notice/02_03_2020_Parenting%20during%20COVID-19.pdf

Step 5: Vaccine Promotion and Registration

Administering vaccines at scale is one of the key global strategies to fight this deadly virus. Bangladesh is already a champion in level reducing maternal and neonatal deaths through its successful EPI model. In order to reach similar level of acceptability and coverage with COVID-19 vaccination, there needs to be significant effort on overcoming vaccine hesitancy by fighting misinformation and rumours and assuring people of vaccine safety. Only through deep community engagement and empowerment can such level of trust be reached, and the mass population be brought under the coverage of vaccine. Until high level of vaccination have been achieved, reaching herd immunity and preventing infection spikes is not possible.

Also, initially there were challenges due to the technology used in the vaccination process (online registration, use of phone number, requirement to have NID, etc.) which may have prevented people who have low technology or internet access, from accessing the vaccine. The local vaccination drive must include a process to help people register for vaccines in a more user-friendly way, for example through local pharmacies or the Union Information Centres (UICs).

Key Tasks:

- Map challenges of vaccine uptake in locality by speaking with informed stakeholders, including PHPs/ IHPs, community leaders, teachers, religious leaders, etc.
- Maintain clear communication and alignment with higher authorities on vaccine availability, plan of delivery, enrollment strategy, etc.
- Disseminate information made available by higher authorities (DGHS, MoHFW etc.) through social media, community radio, IHP network, etc. to avoid any confusion among the mass population. - *SOP for Social Media (Appendix 2.5)*
- Use volunteers, UICs and PHPs/IHPs for promoting vaccines and helping people register on Surokkha website/app (https://surokkha.gov.bd). - *Stakeholder Mapping Worksheet (Appendix 1.4), SOP for IHPs (Appendix 2.2)*
- Use existing network and community health workers (CHWs) of local NGOs to track down and motivate unvaccinated citizens or households.
- Ensure equity in vaccine distribution following the government endorsed registration process, for example, by engaging NGOs and microfinance organisations to promote vaccine to their women clients.

Step 6: Community-based Case Management for Reducing Load on DSH/CSH/MC/UHC

Ensuring proper triage, management and timely referral of cases at the primary level is absolutely critical during infection spikes to avoid overwhelming the limited hospital infrastructure available in most parts of the country. This can help prevent unnecessary mortality that often happens as a result of late arrival at hospital, oxygen shortage, etc.

Informal Health Providers (IHPs), NGO Community Health Workers (CHWs), and Community Health Care Providers (CHCPs) are trusted sources of support and primary treatment for the majority of the population in rural Bangladesh, and can aid in community-based case management to reduce load of the DH/CSH/MC/UHCs. However, this requires a combination of capacity building training, empowerment, coordination and careful monitoring to ensure care is provided according to proper protocols and no harm is done to patients (such as overuse of antibiotics).

Telemedicine can also be an effective strategy to ensure cases (both COVID and non-COVID) are managed better in the community before they need to be treated at the hospitals. Such strategies should be developed based on local needs, capacities, and resources. Bangladesh has an extensive network of community clinics and community-based health services. These resources should be optimised for public health emergencies to ensure community-based management and effective referral whenever necessary. Community-based providers and stakeholders should be educated and empowered to address such critical situations in resource-constrained contexts.

Key Tasks:

- Discuss and align on a clear protocol for management and referral of various types of patients (COVID and non-COVID) at the community, at UHC, DH/CSH and MC.
- Engage with IHP/pharmacy associations/NGOs to invite all IHPs/pharmacies/CHWs in the District Sadar/Upazila to join a 1-2 day training programme led by DSH/UHC doctors. - *Appendix 2.4 SOP for IHPs*
- Provide a visible symbol or brand to designate these IHPs/CHWs as frontline COVID-19 fighters (e.g., apron, ID card) and motivate them to support the government's COVID-19 response efforts.
- Use IHPs/pharmacies/CHWs to maintain a register of high-risk patients in their community with comorbidities, etc. and monitor if any of them develop symptoms.
- Use IHPs/pharmacies/CHWs to manage mild-to-moderate cases based on a symptom's checklist as per the national guideline for COVID-19 management, ensure proper home isolation and management, and avoid use of antibiotics.
- Try to arrange for IHPs/pharmacies/CHWs to carry pulse oximeter and promptly refer any patient with shortness of breath or declining oxygen saturation to DSH/CSH/UHC.
- Set up telemedicine support using a dedicated phone number for non-COVID and NCD patients. Assign doctors on roster duty for that hotline and promote the number widely through all channels (Social Media, newspapers, IHPs, etc.).
- Train CHWs, TBAs and other female providers on management of pregnant women, mothers and young children in the community following the national guideline for essential MNCH services during COVID-19.
- Ensure an adequate number of female IHPs/CHWs in the response process who will help identify gender-specific needs and provide empathetic and effective support.

Best Practice Box 7: Engaging Pharmacies and IHPs in Community Case Management

"All they want is respect. When we brought them into your program and recognized them, they eagerly helped and even invested their own resources.

We were even able to develop mutual respect between them and the doctors, and they have been working closely together on many initiatives now, including responding to dengue and the flood."

- Dr. Shayemul Huda
Upazilla Health Officer, Savar

Recognising the urgency of community-based triage, referral and effective home management to reduce the burden on UHC, the Savar UHFPO invited pharmacies and IHPs through their respective associations to work closely with the UHC. Over 2500+ pharmacies/IHPs were given training by UHC doctors and given ID cards as first responders to enable them to play the role without any harassment by local law enforcement. They were tasked with the following responsibilities:

- Provide primary treatment and counselling to symptomatic patients without using antibiotics. Encourage testing.
- Ensure home isolation of cases and report those to the UHC
- Record co-morbidities and history to identify high risk individuals, and monitor oxygen saturation for them
- Bring high-risk patients to hospital immediately upon developing shortness of breath or falling oxygen saturation
- Prevent mismanagement/rumours and share authentic information instead

UHC doctors bought into the project because it reduced load on the hospital, and only the appropriate patients were referred. The initiative also resulted in a trusting and collaborative relationship between UHC and the private/informal providers which also enabled joint responses to a dengue outbreak and the 2020 floods.

Resources:

- National guideline on clinical management of COVID-19 (version 06.05.2021) - https://www.dghs.gov.bd/images/docs/Guideline/COVID_Guideline_v2_8_5_21.pdf
- National guideline for providing essential maternal, newborn and child health services during COVID-19 - https://www.dghs.gov.bd/images/docs/Guideline/Covid19_MNCH_guideline.pdf

Step 7: Documentation and Reporting

Coordination of so many different stakeholders during an emergency situation like a pandemic can cause miscommunication, confusion, and disharmony, which may add to the already stressful situation. Some ways to reduce the likelihood of this is to ensure proper documentation of activities and decisions, clear and prompt written communication with stakeholders, and regular reporting to the higher authorities. This also helps protect the CS/UHFPO from any action unintended mishaps, if all concerned authorities are properly informed (on record) prior to taking each action.

Documentation of the infection curves and predictions can also generate visible evidence of deteriorating/improving situations, which may help mobilise new resources or reallocate to other activities.

Key Tasks:

- Clearly document minutes of all important meetings with action steps and circulate to all concerned stakeholders including higher authorities, e.g., Mayor, Pourashava Chairperson/UNO, DGHS, etc.
- Dedicate staff to analyse available evidence, comparing with neighbouring districts, countries, and planning for the next step to prevent any catastrophe using DGHS COVID-19 dashboards.
- Discuss these statistics, warning signs along with other challenges in weekly team meetings, and document along with actions taken. - Caseload Estimation Worksheet (Appendix 1.1), Caseload Tracking Worksheet (Appendix 1.5), Issue Tracker Worksheet (Appendix 1.6)
- Summarise weekly meetings and worksheets in a monthly report to higher authorities (CS for UHFPOs, DGHS for CS).
- Submit a quarterly report on progress, anticipated threat with major challenges, accomplishments, actors involved, etc. to DGHS with copy to CS.

Resources:

- DGHS COVID-19 dashboards - http://dashboard.dghs.gov.bd/webportal/pages/covid19.php

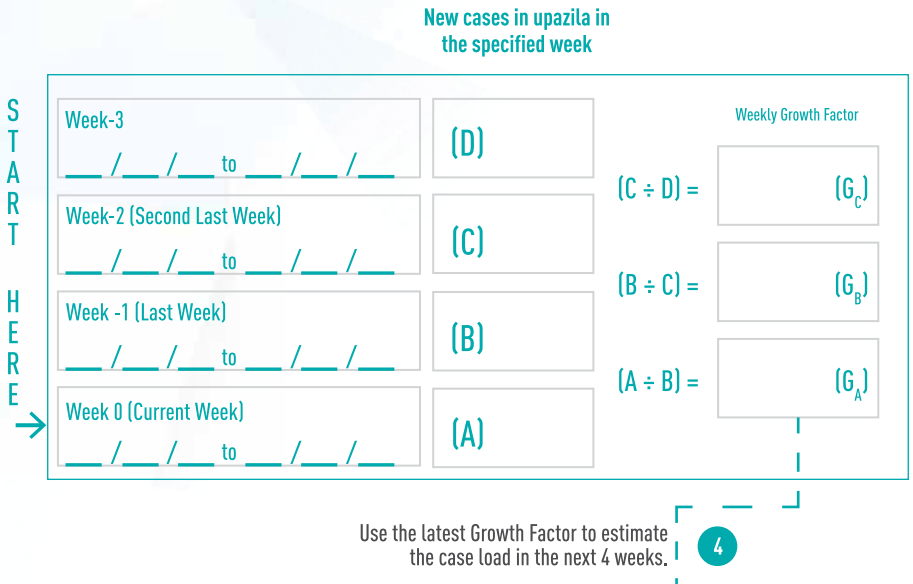
Appendix 1:
Planning Worksheets

1.1 Caseload Estimation

This worksheet is meant to help you quickly make a rough estimation of the number of new cases you can expect in the next weeks.

We assume that the growth factor of new cases follows a geometric progression.

To use this worksheet, follow the sequences: 1 2 3 4



1 Fill in the 11 boxes on the left (starting from Week 0) to get a rough estimate of the factor at which new cases are surfacing in your Upazila.

**REMEMBER:* *If the trend ($G_C > G_B > G_A$) is increasing, your estimate is likely to be an understimate. If the trend is deceasing, you are likely to have an overstimate.*

4 Use the latest Growth Factor to estimate the case load in the next 4 weeks.

Prediction of new cases (Week 0)

$A \times (G_A)^1 =$

$A \times (G_A)^2 =$

$A \times (G_A)^3 =$

$A \times (G_A)^4 =$

←Sum =

3 Total New Cases Expected in Next 4 Weeks

We estimate for 4 weeks only because:
Assuming interventions like restricted movement, mask enforcement, etc., it will still take 2-4 weeks for the growth factor to decrease. Without any intervention, the growth rate is likely to increase!

**The actual case load (national) between 14 March 2021 and 10 April 2021 was 1,22,701. However, the accuracy of this model will depend on the stability of the growth factor over the upcoming weeks.*

4 **Repeat the exercise weekly**

Repeat this exercise every week to
(a) track the growth factor
(b) update the predicted number of cases
(c) update the gap analysis and strategies accordingly

→ *Worksheet 1.5: Case Load Tracker*

1.2 DSH/UHC GAP Analysis

Use ths worksheet to quickly estimate the resource gaps and ideate strategies to overcome those gaps.

Follow the sequence: 1 2 3

1 Fill in the boxes to estimate the expected number of hospitalizations in the next four weeks

Estimated Case Load (next 4 weeks) *From worksheet 1.1 OR 1.5

X

Hospitalization Ratio (# of covid-19 patients admitted to UHC in last 15 days) ÷ (# of covid-19 test positives in Upazila in last 15 days)

=

EXH: Expected Hospitalizations

Calculate the Gaps in key resources 2 3 Create pre-emptive mitigation strategies

Category	Resource	Recommended Calculation	Assumptions	Requirement (Estimated (R)	Current Capacity (C)	Gap (R-C)	Strategy
	Beds	= EXH x 14 / 28	14 day hospitalization (on average) in 28 day period				
Capacity	Ambulance	= (EXH X 0.5) / (28 X 5)	50% of patients will require ambulance. 5 trips per day				
	Oxygen cylinders	= (EXH X 14 / 28)X 0.35	14 days hospitalization (in 28 day period). 35% require oxygenation				
	Doctors	= 3 X (EXH X 14 / 28) / 60	60 patients a day, 14 day hospitalization, 3 shifts				
Staff	Nurses	= 3 X (EXH X 14 / 28) / 30	30 patients a day, 14 day hospitalization, 3 shifts				
	Patient Care Staff	= 3 X (EXH X 14 / 28) / 30	30 patients a day, 14 day hospitalization, 3 shifts				
	Masks	= 3 X (EXH X 14 / 28) / 30	2 masks per staff per day for 50 days				
PPE	Gloves (pair)	= (Staff) x 2 x 50	1 pair per staff per day for 50 days				
	Washable PPE suits	= (Staff) x 4	4 suits per staff				
	BP Machines	= (nurses + Doctors) x 1	1 per doctor and nurse				
	Pulse Oximeters	= (Nurses) x 1	1 per nurse				
Equipment	Nasal Cannula	= (EXH X 14 / 28) / 0.35	14 day hospitalization (in 28 day period). 35% require oxygenation				
	Syringes	= (EXH X 14 / 28)x 3 x 14	3 syringes per patient/day				

1.2 Filled in Example

Use ths work sheet to quickly estimate the resource gaps and ideate strategies to overcome those gaps.

Follow the sequence: 1 2 3

1 Fill in the boxes to estimate the expected number of hospitalizations in the next four weeks

Estimated Case Load (next 4 weeks)		Hospitalization Ratio		EXH: Expected Hospitalizations
1,100	X	97 ÷ 1185	=	90
*From worksheet 1.1 OR 1.5		(# of COVID-19 patients admitted to UHC in last 15 days) ÷ (# of COVID-19 test positives in Upazila in last 15 days)		

Calculate the Gaps in key resources 2 3 Create pre-emptive mitigation strategies

Category	Resource	Recommended Calculation	Assumptions	Requirement (Estimated (R)	Current Capacity (C)	Gap (R-C)	Strategy
	Beds	= EXH x 14 / 28	14 day hospitalization (on average) in 28 day period	45	20	25	Arrange for additional beds
Capacity	Ambulance	= (EXH X 0.5) / (28 X 5)	50% of patients will require ambulance. 5 trips per day	1	0	1	Rent from private service/ Donation from local leaders
	Oxygen cylinders	= (EXH X 14 / 28)X 0.35	14 days hospitalization (in 28 day period). 35% require oxygenation	16	6	10	Requisition + Donations
	Doctors	= 3 X (EXH X 14 / 28) / 60	60 patients a day, 14 day hospitalization, 3 shifts	3	1	2	Requisition
Staff	Nurses	= 3 X (EXH X 14 / 28) / 30	30 patients a day, 14 day hospitalization, 3 shifts	5	2	3	Requisition
	Patient Care Staff	= 3 X (EXH X 14 / 28) / 30	30 patients a day, 14 day hospitalization, 3 shifts	5	3	2	Requisition + Local Recruitment
	Masks	= 3 X (EXH X 14 / 28) / 30	2 masks per staff per day for 50 days	1300	500	800	Requisition + Purchase through Donation
PPE	Gloves (pair)	= (Staff) x 2 x 50	1 pair per staff per day for 50 days	650	200	450	Requisition + Direct Purchase through Donation
	Washable PPE suits	= (Staff) x 4	4 suits per staff	52	8	44	Requisition + Direct Purchase through Donation
	BP Machines	= (nurses + Doctors) x 1	1 per doctor and nurse	8	3	5	Requisition + Direct Purchase through Donation
	Pulse Oximeters	= (Nurses) x 1	1 per nurse	5	2	3	Requisition + Direct Purchase through Donation
Equipment	Nasal Cannula	= (EXH X 14 / 28) / 0.35	14 day hospitalization (in 28 day period). 35% require oxygenation	16	8	8	Requisition + Direct Purchase through Donation
	Syringes	= (EXH X 14 / 28)x 3 x 14	3 syringe per patient/day	1890	800	1090	Requisition + Direct Purchase through Donation

Disclaimer:
This filled-in example is fictious and only meant to illustrate how to use this worksheet! Please adapt to your own context when necessary.

1.3. Budget Estimation

Use this simple template to estimate financial resource requirements and the best source of funding.
Activity Heads and Line Items should be based on (a) the results of the GAP analysis and (b) next steps of the community engagement template,

Activity Head	Line Item	Assumptions	Rate/Unit Price	Units	Cost	Funding Source/Strategy
Capacity	Bed	Bedding + Sheets	1500 / units	5 units	7,500	Raise donation
	Oxygen Cylinder	Rent	250 / day	10 units X 28 days	70,000	Raise donation Try to arrange 50% from private service for free
	Ambulance	Rent	600 / day	28 days	16,800	Speak to private hospital/ambulance service and arrange for free
Staff	Pateient Care Staff	Short term Hire (e.g. BRAC CHW)	800 / day	2 units X 28 days	44,800	Place requisition Raise donation
PPE	Mask		3 / unit	800 units	2,400	Place requisition Seek ad donation from pharmaceutical company
	Hand Glove		5.5 / unit	450 units	2,475	Place requisition Seek ad donation from pharmaceutical company
	PPE		350 / unit	44 units	15,400	Place requisition Seek ad donation from pharmaceutical company
Equipment	BP Machine		2000 / unit	5 units	10,000	Place requisition Raise donation
	Pulse Oximeter		250 / unit	3 units	750	Place requisition Purchase from internal budget (reallocate)
	Nasal Cannula		60 / unit	8 units	480	Place requisition Purchase from internal budget (reallocate)
	Syringe		6 / unit	1100 units	6,600	Place requisition Seek ad donation from pharmaceutical company

Disclaimer:
This filled-in example is fictious and only meant to illustrate how to use this worksheet! Please adapt to your own context when necessary.

1.4. Stakeholder Mapping for Community Engagement (Administrative)

Use this worksheet to quickly map key people and resources in the community and plan on how to leverage them.

	District Commissioner	Chairman/Upazila Nirbahi Officer	Police	_____	_____
ROLES	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection
POC	Point of Contact	Point of Contact	Point of Contact	Point of Contact	Point of Contact
EXECUTE	Next steps	Next steps	Next steps	Next steps	Next steps

1.4. Stakeholder Mapping for Community Engagement (Community)

Use this worksheet to quickly map key people and resources in the community and plan on how to leverage them.

	District Commissioner	Chairman/Upazila Nirbahi Officer	Police	_____	_____
ROLES	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection
POC	Point of Contact	Point of Contact	Point of Contact	Point of Contact	Point of Contact
EXECUTE	Next steps	Next steps	Next steps	Next steps	Next steps

1.4. Filled in Example Stakeholder Mapping for Community Engagement (Community)

Use this worksheet to quickly map key people and resources in the community and plan on how to leverage them.

	District Commissioner	Chairman/Upazila Nirbahi Officer	Police		
ROLES	**Promotion/Information Dissemination** - Teach customers how to recognize COVID-19 and the next steps - Educate customers on health and hygiene practices at home - Educate customers on home management for no/mild symptoms of COVID-19 **Action** - Refer serious patients to UUHC/district headquarter - Ensure isolation and quarantine for sumpotomatic/Covid-19 positive patients **Surveillance/Information Collection** - Periodic reports on symptomatic cases in locality - Periodic reports on positive cases in locality	**Promotion/Information Dissemination** - Create awareness about COVID-19 and dispel myths about "Wrath of God" - Promote Safe hygiene behaviors like avoiding handshakes, hugs, and social gathering - Promote use of masks and frequent hand wishing **Action** - Ensure cleanliness/ sterility and social distancing at mosque having prayers - Remind people of key information during every prayer, especially jumma - Ensure burials happen according to national guideline for safe burials **Surveillance/Information Collection** - Report on economically vulnerable population groups so that community members can support them financially or otherwise	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection	Promotion/Information Dissemination Action Surveillance/Information Collection
POC	Point of Contact Dr. Rubayat Khan (medical officer)	Point of Contact Mr. Abu Bakr (Admin Officer)	Point of Contact	Point of Contact	Point of Contact
EXECUTE	**Next steps** Prepare training curriculum Send out invitations for training Prepare ID cards for PHPs Arrange training	**Next steps** Prepare/Customize protocol Prepare List of Masjids and Mandirs Print and Share Protocol Collect periodic feedback	Next steps	Next steps	Next steps

Disclaimer:

This filled-in example is fictious and only meant to illustrate how to use this worksheet! Please adapt to your own context when necessary.

1.5. Filled in Example

Use this worksheet to update your prediction on the number of expected new cases. Tracking the actual new cases vs the prediction will help you understand the degree by which the estimate differs from the actual and will help you make better decisions about your strategies.

Pay attention to the patterns of the actual new cases and the predicted new cases for that week.

If the values of two boxes are similar, your 4 week estimate is good. If the two values are vastly different, then the growth factor has changed significantly and your 4 week estimate should be updated according to the new calculations.

Of course, it must be kept in mind that measures such as lockdowns or restricted movement will cause a drop in the growth factor after-2 weeks period. Similarly, lack of any measures are likely to result in an increase in the growth factor in the upcoming weeks.

		New cases in upazila in the specified week	Weekly							Updated Predictions (4 weeks)
Week 0 07 / 03 / 21 to 13 / 03 / 21		(A) 6512	1.67 (G_A)	$A \times (G_A)^1$ =10,875	+	$A \times (G_A)^2$ =18,161	+	$A \times (G_A)^3$ =30,329	+ $A \times (G_A)^4$ =50,650	= Σ 1,10016
Week +1 14 / 03 / 21 to 20 / 03 / 21	(E ÷ A) =	(E) 12470	1.91 (G_E)	$E \times (G_E)^1$ =23,818	+	$E \times (G_E)^2$ = 45,492	+	$E \times (G_E)^3$ = 86,889	+ $E \times (G_E)^3$ =165,959	= Σ 3,22,158
Week +2 ___ / ___ / ___ to ___ / ___ / ___	(F ÷ E) =	(F)	(G_F)	$F \times (G_F)^1$ =	+	$F \times (G_F)^2$ =	+	$F \times (G_F)^3$ =	+ $F \times (G_F)^3$ =	= Σ
Week +3 ___ / ___ / ___ to ___ / ___ / ___	(G ÷ F) =	(G)	(G_G)	$G \times (G_G)^1$ =	+	$G \times (G_G)^2$ =	+	$G \times (G_G)^3$ =	+ $G \times (G_G)^3$ =	= Σ
Week +4 ___ / ___ / ___ to ___ / ___ / ___	(H ÷ G) =	(H)	(G_H)	$H \times (G_H)^1$ =	+	$H \times (G_H)^2$ =	+	$H \times (G_H)^3$ =	+ $H \times (G_H)^3$ =	= Σ
Week +5 ___ / ___ / ___ to ___ / ___ / ___	(I ÷ H) =	(I)	(G_I)	$I \times (G_I)^1$ =	+	$I \times (G_I)^2$ =	+	$I \times (G_I)^3$ =	+ $I \times (G_I)^3$ =	= Σ
Week +6 ___ / ___ / ___ to ___ / ___ / ___	(J ÷ I) =	(J)	(G_J)	$J \times (G_J)^1$ =	+	$J \times (G_J)^2$ =	+	$J \times (G_J)^3$ =	+ $J \times (G_J)^3$ =	= Σ

1.5. Case Load Tracker

Use this worksheet to update your prediction on the number of expected new cases. Tracking the actual new cases vs the prediction will help you understand the degree by which the estimate differs from the actual and will help you make better decisions about your strategies.

Pay attention to the patterns of the actual new cases and the predicted new cases for that week.

If the values of two boxes are similar, your 4 week estimate is good. If the two values are vastly different, then the growth factor has changed significantly and your 4 week estimate should be updated according to the new calculations.

Of course, it must be kept in mind that measures such as lockdowns or restricted movement will cause a drop in the growth factor after-2 weeks period. Similarly, lack of any measures are likely to result in an increase in the growth factor in the upcoming weeks.

		New cases in upazila in the specified week	Weekly (G)	$\times (G)^1$	$+ \times (G)^2$	$+ \times (G)^3$	$+ \times (G)^4$	$=$	Updated Predictions (4 weeks)
Week 0 ____ / ____ / ____ to ____ / ____ / ____		(A)	(G_A)	$A \times (G_A)^1 =$	$+ A \times (G_A)^2 =$	$+ A \times (G_A)^3 =$	$+ A \times (G_A)^4 =$	$=$	Σ
Week +1 ____ / ____ / ____ to ____ / ____ / ____	$(E \div A) =$	(E)	(G_E)	$E \times (G_E)^1 =$	$+ E \times (G_E)^2 =$	$+ E \times (G_E)^3 =$	$+ E \times (G_E)^3 =$	$=$	Σ
Week +2 ____ / ____ / ____ to ____ / ____ / ____	$(F \div E) =$	(F)	(G_F)	$F \times (G_F)^1 =$	$+ F \times (G_F)^2 =$	$+ F \times (G_F)^3 =$	$+ F \times (G_F)^3 =$	$=$	Σ
Week +3 ____ / ____ / ____ to ____ / ____ / ____	$(G \div F) =$	(G)	(G_G)	$G \times (G_G)^1 =$	$+ G \times (G_G)^2 =$	$+ G \times (G_G)^3 =$	$+ G \times (G_G)^3 =$	$=$	Σ
Week +4 ____ / ____ / ____ to ____ / ____ / ____	$(H \div G) =$	(H)	(G_H)	$H \times (G_H)^1 =$	$+ H \times (G_H)^2 =$	$+ H \times (G_H)^3 =$	$+ H \times (G_H)^3 =$	$=$	Σ
Week +5 ____ / ____ / ____ to ____ / ____ / ____	$(I \div H) =$	(I)	(G_I)	$I \times (G_I)^1 =$	$+ I \times (G_I)^2 =$	$+ I \times (G_I)^3 =$	$+ I \times (G_I)^3 =$	$=$	Σ
Week +6 ____ / ____ / ____ to ____ / ____ / ____	$(J \div I) =$	(J)	(G_J)	$J \times (G_J)^1 =$	$+ J \times (G_J)^2 =$	$+ J \times (G_J)^3 =$	$+ J \times (G_J)^3 =$	$=$	Σ

Disclaimer:
This filled-in example is fictious and only meant to illustrate how to use this worksheet! Please adapt to your own context when necessary.

1.6. Issue Tracker (Weekly)

Use this simple template to keep track of decisions and next steps during weekly staff meetings.

SL	Challenges / Issues	Decisions / Actions Taken	Solved Y / N	If no, next steps	Person Resposible	Deadline	Funding Sources	Strategy
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Appendix 2: COVID-19 Response Standard Operating Procedures

2.1. Distress Protocol

This protocol is intended to be used when patients present at the health facility with elevated levels of distress. The assessor should determine which category the participant's distress corresponds with in the table below (i.e., A/B/C/D), and follow the steps detailed in the appropriate row of the table accordingly.

Indications of Distress During Assessments	Follow-up Questions	Participant Behaviour/ Response	Acute Emotional Distress/ Safety Concern? (Y or N)	Imminent Danger (Y or N)
A. Participants indicate that they are experiencing a high level of stress or emotional distress, OR exhibit behaviours suggesting that the assessment is too stressful (such as uncontrolled crying, incoherent speech, indications of flashbacks, palpitation, feeling cold at limbs, chest pain, restlessness, shortness of breath, dissociating etc). Note: In some cases, these features might happen due to cardiac or other organic causes. These features need clinical evaluation to exclude any organic cause and may need relevant investigations.	1. Pause the assessment/ intervention immediately. 2. Offer appropriate support and allow the participant time to regroup. Then ask, if she/he is ok to continue now, or would s/ he like to discuss with you what they are experiencing? - If they indicate that they would like to discuss the issues further, then move to step 3 3. Assess mental status by asking: a) Can you tell me what you are feeling right now? b) Can you tell me what thoughts you were/ are having? c) Do you feel you will be able to go on about your day after our meeting today? d) Are you concerned about your personal safety? 4. Determine if the person is experiencing acute emotional distress beyond what would be normally expected in an interview about a sensitive topic. (After, see 'Actions for Research Assistants/Facilitators')			

B. Participants indicate that their distress is in relation to past episodes of harm that was subjected against them by another person.	1. Pause the assessment/ intervention. 2. Ask the person if they are currently at risk of harm by others (if answer is 'Yes' proceed to row 'E' below, if 'No' proceed to point '3' below. 3. Determine if the person wishes to pursue any action against the person(s) in relation to any previous experiences (if answer is 'Yes' see 'Actions for Facilitators') 4. Offer appropriate support and allow the participant time to regroup. Then ask if she/he is ok to continue now.			
C. Participants indicate they are thinking of hurting themselves Note: See 'Actions for Facilitators'; Remember: It has legal issue, if he/she has suicidal thoughts, need to notify the caregivers and advise for hospital admission.)	1. Pause the assessment/ intervention 2. Express support and conduct a safety assessment by asking the following questions: a. Can you tell me what thoughts you are having? b. Do you intend to act on these thoughts to harm yourself? (if the answer is 'No', discontinue the questions and continue the planned interaction, if 'Yes', proceed to ask questions c, d and e) c. How do you intend to harm yourself? d. When do you intend to harm yourself? e. Do you have the means to harm yourself? f. Are there reasons why you would not harm yourself? 3. Determine if the person is an imminent danger to self.			

D. Participants indicate they are thinking of hurting others Note: See 'Actions for Research Facilitators' Remember, this has legal issues, if he/she has homicidal thoughts. need to notify caregivers and advise for hospital admission. Also, separate training is needed for staff to determine if the person has true homicidal intention or not.	1. Pause the assessment 2. Express concern and conduct a safety assessment by asking the following questions: a. Can you tell me about the thoughts you are having? b. Do you intend to act on these thoughts to harm someone else? Who? (if the answer is 'No', discontinue the questions and continue the planned interaction, if 'Yes', proceed to ask questions c, d and e) c. How do you intend to harm him/her/them? d. When do you intend to harm him/her/them? e. Do you have the means to harm him/her/them? f. Are there reasons why you would not harm him/her/them? 3. Determine if the person is an imminent danger to others.			
E. Participants indicate that their health and safety is currently being endangered by other people. Note: See 'Actions for Research Facilitators'	1. Pause the assessment/ intervention. 2. Assess danger from another person(s) by asking: a. How might you be in danger? b. Who is it that is intending to harm you? c. Does the person intending to do harm have knowledge of your movements and/or information on where you stay? 3. Determine if the health and safety of the person is in imminent danger from others.			

Adapted from: Burke-Draucker, C., Martsolf, D.S. and Poole, C. (2009). Developing Distress Protocols for Research on Sensitive Topics. Archives of Psychiatric Nursing, 23(5), 343–350.

Note to facilitators/ primary health care provider/ assessor/ interviewer

Y=Yes; N=No

Sensitive topic: A sensitive topic is one that potentially poses for those involved a substantial threat, the emergence of which renders problematic for the researcher and/or the researched, the collection, holding, and/or dissemination of research data.

Acute Emotional Distress: It is a psychological condition arising in response to a terrifying or traumatic event, or witnessing a traumatic event that induces a strong emotional response within the individual.

Imminent Danger: Imminent danger is a term that is used to describe situations that pose a direct and immediate danger to the individual affected by the action.

Actions for facilitators/primary health care provider/assessor/interviewer:

1. If a participant's distress reflects an emotional response consistent with what would generally be expected in an interview about a sensitive topic, offer the participant support and extend the opportunity to either: a) stop the interview, b) have a brief period to regain composure and continue, or) continue the assessment/intervention.

2. If a participant's distress reflects acute emotional distress or a safety concern beyond what would be expected in an interview about a sensitive topic, but NOT an imminent danger, take the following actions:

    a. Please ask about any positive issues, any particular behaviours that can relieve his/her distress.

    b. Encourage the participant to contact his/her community mental health worker/professional for follow-up.

    c. Provide the participant with contact details for professionals/institutes who can offer mental health-related advice.

    d. Notify the local Upazila Health Complex (UHC)/government health facility of the recommendations given to the participant. If the consultation was provided at the UHC, keep a record of the patient, and follow up periodically.

3. If the participant indicates that they would like to obtain support to pursue action in relation to any previous experiences (including harm subjected against them):

    a. Advise the participant to contact the local police to request their assistance.

    b. Advise the participant to contact a community protection partner to seek their advice and support.

Note: Each facility/professional/practitioner should prepare a list and contact of nearest community protection partners.

4. If a participant's distress reflects an imminent danger to themselves, take the following actions:

   a. Please collect a phone number, contact email/address (if possible), contact of a family member for referral and follow up.

   b. Make an appointment with the nearest mental health professional on their behalf and make sure that they can get to this appointment.

   c. Immediately notify the local police, UHC of actions taken.

   d. All reports from participants of imminent danger to the self should be reported to police and the UHC/ GOVT. health facilities for agreeing and conducting joint action plans e. g., individuals who are at an imminent risk of harm to self can be relocated to hospitals/ rehabilitation centres that the UHC is in charge of/ affiliated with to ensure safety.

5. If the participants who are imminent dangers to others, take the following actions:

   a. Contact local police and request their assistance.

   b. Immediately notify them of actions taken.

   c. If the participant indicates that their health and safety is in imminent danger:

   d. Contact local police and request their assistance.

   e. Immediately notify the UHC/ GOVT. health facilities for further action.

The list of contact people/organisations for addressing or concerns about mental wellbeing will include: *[Please prepare a list with names/contacts (psychiatrists, psychologists, lay counsellors etc.) for referral and fill this part when required.*

Concerns about participants' mental health and wellbeing should be communicated to

_____

Contact Person: _____

For specialist assessments:

2.2. COVID-19 Response SOP: Law Enforcement Agencies Such as Police and Village Police

Why is a protocol for police/village police needed in Bangladesh?

The World Health Organisation (WHO) has described the trajectory of this pandemic as uncertain. Given the necessity for strict adherence to new policies and guidelines that affect our everyday lives, effective control and management of the masses and the successful enforcement of government approved policies is of critical importance. As such, law enforcement agencies play a pivotal role in the management of the pandemic.

In addition to implementing government induced lockdown measures, ensuring quarantine and isolation where applicable, encouraging mask wearing in public spaces, supporting in contact tracing, ensuring safe movement of the frontline workers, they can also play a critical role by assisting in mass awareness campaigns. This calls for a protocol/user guidance for police/ village police serving during such a pandemic in a low resource country like Bangladesh where the health system is struggling with an overwhelming number of infections and deaths.

Who is this for?

This guideline is to be used to orient all police and village police from the perspective of health systems in effective COVID-19 response.

DON'Ts for police/village police

- Do not restrict free movement of any frontline workers (HCWs, IHPs, journalists, paramedics, ambulance drivers, cleaners, etc.) or harass them.
- Do not take any position on lockdown and other policies adopted by the government and take an unbiased approach to enforcing the policies and guidelines.
- Do not use any picture of a person with/without COVID-19 without permission.
- Never post pictures of any deceased person with their face visible or their names identified.
- Do not take pictures of children without permission from their legal guardians.
- Do not sensationalise any issue with exacerbated emotion or irrelevant expression.
- Do not use offensive language in any investigation, assistance and reporting.
- Do not use excessive force or go beyond legal remits such as beating, making people squat holding ears, etc.
- Do not put a red flag or any other sign to identify a patient's house or even a quarantine location. This spreads unnecessary stigma and prevents people from disclosing their infection status and seeking timely services.

DOs for police/village police

- Transparent investigation and reporting on exact field situation (i.e., infection status, hotspots, number of deaths, burials, etc.) to higher authorities (SP office and beyond) without any pressure.
- Provide support in contact tracing activities by IEDCR/MoHFW and support in reporting to the nearest govt health facilities for immediate action.
- Support in maintaining quarantine/ isolation (if applicable). If one person of a family tests positive, quarantine should be applicable to all family members living in the same accommodation, as per the national guideline. It is also important that measures are taken to ensure quarantine does not create stigma and discrimination for the family/in the community. Please communicate to local leaders, influential persons and request them to address stigma and discrimination. Share information on legal consequences of any sort of discriminatory action and leverage local resources (religious or social leaders etc.) to educate people with examples related to COVID-19 linked stigma and discrimination. For more information on how to deal with stigma and discrimination, please refer to this government approved guideline on social stigma available at https://www.dghs.gov.bd/images/docs/Notice/24_03_2020_stigma.pdf
- In case a family is isolated or quarantined, kindly ensure adequate food, essentials, and medicine supplies. Communicate with local leaders and volunteers to address the family/ person specific needs (e.g., disability, pregnant women, etc.).
- If a lockdown is imposed by the government, make people aware of the policies as soon as the policies are announced, and strictly maintain the policy with empathy and care towards vulnerable populations (e.g., pregnancy need, economic hardship, etc.).
- During such lockdown periods, provide support to identify the people with extreme financial hardships and help them by engaging the local leadership and wealthy individuals.
- Provide security to health care workers (doctors, nurses, paramedics, IHPs, pharmacists, etc.) especially during evening, remote places, and with a special focus on female HCWs.
- Communicate with and visit local industries (e.g., garments) to ensure that they follow recommended safety and security guidelines if policy is directed to continue working. It also includes free testing, vaccination and treatment of the workers, if required.
- Encourage the community population to use masks properly and if possible, participate in free mask distribution campaigns. Please follow this guideline to educate people on mask use: Guideline for Use and Dispose of Mask (dghs.gov.bd)
- Support cases of gender-based violence (GBV) with adequate legal support and social protection. REMEMBER: Please use relevant info on the hotline (Annex 1).
- Support nearest health facilities/ authorities to repeatedly share information on services available by the nearest health facilities with a specific focus on govt services availability and services available for non-COVID-19 issues.

- Show a positive attitude towards the health care workers, other frontline workers, informal health care providers, vaccine promoters, and anyone else who are supporting the government in providing health care during this critical time.
- Support and assist in activities to promote vaccines (awareness campaigns etc.).
- Support in ongoing humanitarian activities by different agencies (e.g., relief for vulnerable populations).
- Use scientific evidence based, reliable sources e.g., government health agencies (DGHS, IEDCR), WHO website, UNICEF website, UNHCR website etc to educate yourself on recent updates of the virus. Be transparent about the source of any information that you are following to educate yourself.
- Misinformation is often shared innocently out of a need to protect others though it can create mass hysteria. If any misunderstanding happens through any channel, please address it immediately with a press briefing and providing explanation by engaging the relevant communities.
- Support to address stigma, myths and rumours related to the spread of the virus, vaccination, testing etc.
- Support people with mental health challenges and suicide risks during the pandemic with special focus on youth population's mental health. Share resources to receive mental health support.
- Use easy language in conversation that is inclusive and understanding.
- Be responsible, sensible, and accountable to yourself.
- Be gender sensitive and inclusive in all investigations, assistance and reporting.

What is the Difference Between Quarantine and Isolation?	
	
Quarantine	**Isolation**
Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.	Isolation separates sick people with a contagious disease from people who are not sick.
Apparently healthy people, who were exposed to a contagious disease, are kept separated and their movements are restricted to observe if they become sick.	People confirmed to be sick with a contagious disease are separated from healthy people so that healthy people do not get infected.

Source: https://old.iedcr.gov.bd/website/images/files/nCoV/FAQ_COVID-19.pdf

Important Hotline Numbers

Government Information Services	National Emergency Services	National Helpline Centre for Violence against Women and Children	Disaster Warning	Child Helpline
333	999	109	1090	1098

2.3. COVID-19 Response SOP: Journalists

Why is a Protocol for Journalists Needed in Bangladesh?

As the number of persons with COVID-19 and deaths are increasing, there is a critical need of disseminating awareness messages, health hygiene techniques, authentic information on country level status and service points, information on non-COVID-19 related services, etc. There is also a potential for surge of heightened mass hysteria, stress, stigma and discrimination in coming days which can be predicted from recent protests in different parts of the country, spread of rumours and falsehoods such as anti-vaccination messages via Social Media, and growing resentment towards health professionals.

As World Health Organisation (WHO) speculated, the trajectory of this pandemic is uncertain, and the role of journalists from different media channels emerged as one of the most important ones in this pandemic. In addition to sharing the real picture of the context, and sharing authentic information from trusted sources, the emerging stigma, confusion, and discrimination also needs to be addressed by these professionals, in order to contain the “infodemic” that often accompanies surges in the pandemic.

This calls for a protocol/user guidance for journalists serving during such a pandemic.

Who is this for?

This guideline is to be used to train and orient any relevant stakeholder involved in COVID -19 related journalism or in any position of authority or influence on responsible media channels during the pandemic. These groups may include national TV channel journalists, radio journalists, print journalists, online journalists/ reporters, local media journalists, etc.

DOs for journalists

- Use scientific evidence based, reliable sources for your information, e.g., government health agencies (DGHS IEDCR), WHO website, UNICEF website, UNHCR website etc.
- Be transparent about the source of any information that you are sharing.
- Transparently report on exact field situation (i.e., infection status, monitoring of situation, hotspots, number of deaths, burials, tests, and vaccine hesitancies etc.) without any external pressure.
- Repeatedly share information to inform the population about services available from the nearest health facilities, with a specific focus on availability of govt services. When in need of clarification on anything, consult only with qualified public health professionals.
- Share information on services available for non-COVID-19 issues, including guidelines for vulnerable groups such as pregnant women, children, elderly, disabled, etc. Ensure that the information provided is synchronised with the local government guidelines.
- Share any heroic efforts and success stories of local health facilities and providers to contain the virus, treating complicated cases, involving other stakeholders, volunteers drive, etc.
- Share contents to create a positive attitude towards the health care workers, other frontline workers (i.e., publishing interviews on their day-to-day struggles, virtual appreciation posts, etc.).
- Share contents to promote vaccines (i.e., positive stories, scientific facts in Bangla using science communication etc.).
- Report of ongoing humanitarian activities by different agencies (i.e., relief for vulnerable population.); REMEMBER: Do not share pictures of the receivers without permission. Please show respect to all.

- Misinformation is often shared innocently out of a need to protect others, which can inadvertently create mass hysteria. If any misunderstanding happens through a published news, try to resolve it with an apology placed at the same media used for sharing the previous content.
- Report on the fallacy of stigma, myths and rumours and specifically point out the non-scientific base and use authentic info to address it adequately. For more information on how to deal with stigma and discrimination, please refer to this government approved guideline on social stigma available at https://www.dghs.gov.bd/images/docs/Notice/24_03_2020_stigma.pdf
- Report on gender-based violence (GBV)- create content on awareness, reporting and rehabilitation. REMEMBER: Please use relevant info on the hotline (Annex 1).
- Report on mental health awareness and suicide risks during the pandemic with special focus on youth population's mental health. Share resources for affected people to receive mental health support.
- Use language that is inclusive and understanding. In case of translation, do not use any translator software - use an adapted, translated message shared by DGHS, IEDCR, WHO, UNICEF and other UN agencies.
- Be responsible, sensible, and accountable to yourself.
- Be gender sensitive and inclusive in all reports, posts, and contents.

DON'Ts for journalists

- Do not repeat or reference any examples of misinformation or fake news in the content (text, images, links, etc). Research shows that this only brings the misinformation to a new audience.
- Do not reference people who have shared misinformation in the content, e.g., celebrities, social media influencers, motivational speakers, politicians etc.
- Do not refer to any preprints or unpublished research materials. Only discuss published papers from peer reviewed indexed journals. In case of early findings, clearly mention that the content contains unpublished findings. DO NOT SENSATIONALISE THE TITLE WITH MISLEADING DIRECTIONS.
- Do not take any position on policies or politics. Leave it to the editorial team.
- Do not use any picture of a person with/without COVID-19 without permission.
- Do not sensationalise any issue in reporting with exacerbated emotion or irrelevant linguistic expressions.
- Never post pictures of any deceased person with their face visible or their name identified.
- Do not use pictures of children without permission from their legal guardians.
- Do not use offensive language in any post.

Important Hotline Numbers

Government Information Services	National Emergency Services	National Helpline Centre for Violence against Women and Children	Disaster Warning	Child Helpline
333	999	109	1090	1098

2.4. COVID-19 Response SOP: Informal Health Providers (IHPs)/ Private Health Providers

This guidance is for informal care providers who provide in- person (e. g., one-on-one) services in a client's home, local pharmacies or in non-congregate living settings. This guidance provides basic information only. It is not intended to take the place of the crucial and recommended role of a registered physician, any sort of medical advice, diagnosis, treatment, or legal advice. This document is subject to change based on the continuously changing situation of the COVID-19 outbreak and new directives and guidelines from DG Health/Government of Bangladesh.

1. Role of IHPs/Private Health Providers

As a frontline informal health care provider, you are one of the first points of contact in your community in any health need. It is therefore extremely important that you:

- Know about the precautions you need to take to ensure that you are able to continue providing your services and serve the community not just for providing support for the coronavirus infection but other regular health issues and illnesses.
- Have access to Personal Protective Equipment (PPE) for own safety and your clients.
- Have adequate training and tools to triage patients, identify high risk ones and guide patients on next steps including home management.
- Submit case reports into the national surveillance system via UHCs (where applicable).
- Are able to manage your stock of products intelligently so as to prevent hoarding and ensure an equitable distribution of (a) medicines (b) consumables.
- Have the resources and information at your disposal to educate your clientele on:
  - How to recognize early signs of COVID-19 and what to do
  - Health and hygiene practises for the home
  - Home remedies in the event of product shortages (sanitizer, etc.)
  - Home management for patients with no/ mild symptoms of COVID-19

- Home management of other health issues during the pandemic/ lockdown measures to contain the pandemic

- Can assist other health professionals such as registered doctors, nurses in containing the pandemic through support in monitoring, surveillance and enforcing social isolation, quarantine, supporting local volunteers to ensure proper burial practises, etc.
- Can play an active role in awareness building (health behaviours during a pandemic, children and women health issues during a pandemic etc.).

2. Safety Precautions

2.1. Self-protection

Handwashing and Personal Hygiene

- Wash hands up to the wrist with high-alkaline soap (e.g., Wheel soap) and water:
  - Before preparing food and eating
  - Before touching/itching nose, eyes, mouth, or ears
  - Before entering your workplace or shop (to reduce chances of spreading infection)
  - After interacting with every patient who seems to have a cold or sneeze
  - After physically examining every patient
  - After handling taka or any currency or taking payment from a patient
  - As soon as you enter your home, to reduce chances of spreading infection to your family
  - After using the toilet
  - After handling any waste materials or animals/pets/livestock
- If you don't have access to soap and water, at each of the above occasions, you must use sanitiser (at least 60% alcohol) to disinfect.
- Avoid touching eyes, nose, and mouth with hands/fingers at all times.

Coughing and Sneezing

- Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then immediately dispose of used tissue in a closed trash bin and later burn it.
- Maintain a distance of at least 6 feet between yourself and any person who is coughing or sneezing.
- Do not spit in public places.
- If you have a cough or cold, wear a disposable mask. Change or wash the mask every 8 hours or if it gets wet after sneezing/coughing.
- Stay home and away from family members if you feel unwell. If you have a fever, cough and difficulty breathing, seek medical attention and call **333** OR **16263**.

- Follow the directions of your local health authority. Do not go to the hospital unless told to do so from the hotline, as it may cause the spread of infection to more people.

Personal Protective Equipment (PPE)

- You still need PPEs (at least wear a mask) if you are interacting with patients even if from a distance of at least 3 feet.
- Try to avoid unnecessary examining, physically interacting with, or entering a closed space with patients having symptoms of COVID-19. If you must do so, you should wear the following PPEs in order to protect yourself from infection:
- High-quality face mask (must have)
- Latex gloves (must have)
- Protective goggles that covers the eyes completely (should have)
- Full-sleeve gown that covers the arms (should have)
- Do not reuse the above unless washed with warm water and detergent soap.
- Hand hygiene should be performed before putting on and after removing Personal Protective Equipment using alcohol-based hand sanitiser (containing 60% to 95% alcohol).
- PPE should be put on before entering the same premises as the patient and removed and put in a bag for disposal or washing right after exiting the premises.

Ref: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public

2.2. Protection of Other People or Patients at the Premises/Pharmacies

- Before going out of home to work each day, ensure you are feeling well. If you are experiencing any symptoms, please stay home.
- Greet patients with a Salam or Namaskar without any physical contact such as a handshake.
- Keep a bucket of water and soap outside your premises. Ensure people wash their hands with soap and water before entering and after leaving your premises.
- Try to treat or serve patients from a distance while they stand outside your shops/ service providing centres, and don't let anyone into the inner chamber. Stand at least 3 feet away from the patient.
- Ask all patients to maintain a distance of at least 3 feet from each other, telling them that it is for their own safety. You can use ink to mark spots 3 feet apart for them to stand.
- Politely ask patients/customers to avoid touching/leaning on any surfaces in your clinic/shop, such as walls, countertops or benches.
- Keep a hand sanitiser at the entrance and different locations in your clinic or shop if the size of your premises is big. Encourage patients and visitors to use the sanitiser regularly to disinfect their hands.

- Whenever possible, ask patients to pay by bKash, Nagad or other digital payments, to avoid unnecessary physical contact.
- Make sure that instruments (e. g., thermometer, BP, stethoscope, etc.) are sterilised with hand sanitiser or rubbing alcohol between use - especially thermometers.
- Be sure to have tissue papers available and encourage people to use those if you notice that someone needs to blow their nose or sneeze.
- Keep a closed trash bin (with a lid) outside your shop and make sure it cannot be accessed by street dogs/cats/birds. Ask everyone to throw any personal items or tissue papers into the bin and close the lid afterwards. Before leaving the pharmacy each night, carefully burn all the contents of the bin outdoors.
- Perform hand hygiene at every mentioned scenario.

2.3 Disinfecting Your Premises/Pharmacies

- After opening the premises (workplace /premises/shop/chamber) and before closing, please follow 'Clean and Disinfect (2.3.1)' Protocol.
- Frequently wipe your countertops or surfaces close to human contacts with Savlon/Dettol solution, bleach solution or detergent solution (every hour). Discard tissue papers in a closed bin, or if cloth is used, wash thoroughly with hot water and detergent.
- Be sure to clean the door/shutter handles, light switches, countertops, phones, tables, doorknobs with Dettol/Savlon every 2 hours.
- Perform a deep cleaning of your premises every 2 weeks.

2.3.1 Clean and Disinfect Protocol

- Covering your mouth and nose with a mask, dust shelves using a clean cotton cloth/ dusting brush - reach into corners and hidden edges.
- Clean underneath the shelving and cabinets.
- Once done with dusting, disinfect your shop
  - For disinfecting countertops/shelves/cabinets, spray or wipe the surface with a suitable disinfectant (Dettol/Savlon/detergent/bleach solution)
  - For disinfecting floors, mop the floors with Savlon/Dettol solution (2 tablespoons of Dettol/ Savlon per litre of water)
  - For deep cleaning, use detergent water before using the Savlon/Dettol solution.

Ref: https://mastercleaners.com.au/professional-pharmacy-cleaning-sdyney-essential/

2.4. Safety During Home Visits

If your regular work involves visits to households in the community, please follow the following safety precautions:

- During counselling, consultation, or talking to household members, maintain a minimum distance of 3 feet from them.
- Wear a mask yourself and ask all members of the household to wear masks as well.
- Stand and talk outdoors and try to avoid entering the homes.

3. Identifying and Treating COVID-19 Patients

At the peak of the crisis, you could experience a sharp rise in the number of patients coming to you for services. Depending on the situation, some or even many of them may be COVID-19 patients, but there may also be a lot of patients who are panicked and falsely assume they have COVID-19. Some of them might have COVID-19 like symptoms only. You will need a simple and quick way to distinguish the COVID-19 suspects and must be extremely careful in handling them. You must also continue to serve the regular cases as you normally do, otherwise these patients will suffer from lack of essential care.

3.1 Handling Heavy Patient Demand:

- Inform all your regular patients that they should call you first before coming to the premises. Whenever possible, use a local carrier or staff to send medicines to the homes of regular patients so they do not have to travel and be exposed to the risk of infection. The local carrier or staff should follow necessary safety guidelines as well.
- Designate a separate waiting area for patients with fever, cold, cough and associated symptoms/ test positive patients with or without symptoms.
- Try to discharge your other patients without COVID-19 symptoms (namely pregnant women, children, skin and gastrointestinal diseases, heart problems, etc.) quickly without allowing them to come in close proximity to the other group.
- Follow the following triage guideline for COVID-19 given below with ALL members of the first group separately and sequentially.

3.2 Triage and Treatment Guideline for COVID-19 Patient/Suspected Patient

Use the Ministry of Health endorsed digital symptom checker app for assessing risk of individual patients with respect to COVID-19: https://coronachecker.dh.health

The checker will automatically recommend the course of action based on the patient's severity of illness. Counsel the patient based on the recommendations. Please follow the national clinical guideline to know more about the COVID-19 management: https://www.dghs.gov.bd/images/docs/Guideline/COVID_Guideline_v2_8_5_21.pdf

Remember, you are NOT allowed to prescribe any antibiotics. You are requested to consult with the nearest government facility to manage the case for mild symptoms. For ALL moderate and severe cases, the nearest government health facility (UHC/ district HQ etc.) will take leadership.

If you don't have access to a symptom checker, you must ask the following questions if a patient presents with fever, cough, sore throat and difficulty breathing:

- Have they or any member of the family travelled or returned from abroad recently?
- Have they come into contact with anyone who had COVID-19?

If any of these answers are yes, contact the nearest government health facility or immediately call the government hotline (333 or 16263) to report the case and identify next steps.

It is extremely important to report all suspected cases of COVID-19 through the app or hotline numbers along with their accurate phone numbers to ensure that the patients can be monitored and followed up afterwards.

Below are some basic information you should know regardless of the recommendations.

Who are high-risk patients?

- Older adults
- Pregnant women
- People who have serious underlying medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease, Asthma
  - Chronic Kidney Disease
  - Obesity
  - HIV/AIDS or other immunocompromised individuals
  - Cancer
  - Dementia or other neurological or mental health conditions

Why should antibiotics not be given to COVID-19 patients?

COVID-19 is a viral disease and hence cannot be treated with antibiotics. No proven therapies exist for treating COVID-19. DO NOT under any circumstances provide or sell antibiotics to suspected COVID-19 patients. However, remember that pneumonia patients should still be provided their registered doctor-prescribed antibiotics.

Which medications worsen COVID-19?

The following drugs increase the severity of COVID-19 and hence SHOULD NOT be used whenever COVID-19 is suspected. Advise them against the use of any such drugs and do not under any circumstances provide or sell these drugs to such patients:

- Ibuprofen and other NSAIDS (e.g., Ketoprofen, aceclofenac, Naproxen, Naproxen + esomeprazole, celecoxib, dexibuprofen, Dexketoprofen, Diclofenac diethyl ammonium salt, Diclofenac free acid, Diclofenac potassium, Diclofenac sodium, Diclofenac sodium + misoprostol, Etodolac, Etoricoxib, Indomethacin, Mefenamic acid, Meloxicam, Oxaprozin, Piroxicam, Sulindac, Tenoxicam, Tolfenamic acid)
- ACE inhibitors (e.g., Captopril, Ramipril, Enalapril, Lisinopril, Fosinopril, Perindopril)
- Angiotensin receptor blockers (e.g., Losartan, Valsartan, Candesartan, Olmesartan, Telmisartan)
- Corticosteroid (e.g., Prednisolone, Hydrocortisone, Betamethasone, Fluticasone, Fluocinolone, Halcinonide)

3.3. Teleconsultation with Doctors

If you are confused about how to deal with a particular patient, you can call the national hotline 333 for Corona suspected cases and 16263 for any other case to reach registered and experienced MBBS and specialist doctors. You can also use one of the Ministry of Health approved telemedicine service providers to share case history and get a consultation from trained doctors. Please follow the link to check the list of approved providers: https://corona.gov.bd/telemedicine

3.4. Home Visit for COVID-19 Patient

- Hand hygiene should be performed before putting on and after removing PPE using alcohol-based hand sanitiser that contains 60 to 95% alcohol, or with detergent soap.
- PPE must be put on outside of the home prior to entry into the home.
- If unable to put on all PPE outside of the home, it is still preferred that face protection (i.e., N95 mask (preferable) and eye goggles) be put on before entering the home. Alert persons within the home that the public health personnel will be entering the home and ask them to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, enter the home and put on a gown and gloves.
- Ask if an external covered trash can is present at the home, or if one can be left outside for the disposal of PPE.
- PPE should be removed outside of the home and discarded by placing it in an external covered trash can before departing the location. PPE should not be taken from the patients' home in public health personnel's vehicles, unless it is put in a sealed plastic bag first and then decontaminated on the outside with suitable disinfectant.
- If unable to remove all PPE outside of the home, it is still preferred that face protection (i.e., respirator and eye protection) be removed after exiting the home. If a gown and gloves must be removed in the home, ask persons within the home to move to a different room, if possible, or keep a 6-foot distance in the same room. Once the entry area is clear, remove the gown and gloves and exit

the home. Once outside the home, perform hand hygiene with alcohol-based hand sanitizer that contains 60 to 95% alcohol, remove face protection and discard PPE by placing it in an external trash can before departing the location. Perform hand hygiene again.

- Notice and ask if the patient's caregiver or other family members are showing symptoms as well.
- During the visit, educate the family on coronavirus, COVID-19 symptoms, and the importance of precautionary and safety practises such as frequent handwashing and coughing/sneezing etiquette. Use the educational tools and videos provided to you on your tablet or phone.
- Give them your number and ask them to contact you if the condition of the patient worsens.

3.5 Consultation Fees

- Continue to charge patients your regular consultation fees.
- If patients are suffering from financial distress for any reason, try to discount services or medicines if they are suspected COVID-19 patients. Kindly report all cases through the symptom checker app.
- Whenever possible, ask patients to pay by bKash or other digital currency, since physical currency such as paper notes may carry and spread the virus.

4. Inventory to Stock During COVID-19 Outbreak

4.1. Medicines

No medicines or antivirals are known to directly help cure COVID-19. However, for most patients, symptomatic treatment with paracetamol and nebulisers can result in full recovery.

Therefore, keep the following medicines in stock at all times only if you are eligible to do so under your licence and jurisdiction:

• Paracetamol / acetaminophen • Systemic steroids • Remdesivir • Anticoagulants (LMWH etc.) To combat secondary bacterial infection some antibiotics may be stocked such as • Amoxicillin with Clavulanic Acid • Cefuroxime • Salbutamol tab/syrup/ solution for nebuliser	Stock your other medicines as usual, especially for chronic and emergency patients, such as: • Anti-diabetic drugs • Anti-hypertensive medicines • Bronchodilators • Painkillers for Ch. rheumatoid patients • ORS • Nitroglycerine spray • IV fluid

In case of an emergency where vehicles of pharmaceutical companies are not making regular deliveries, keep at least two weeks' stock of these essential items from the brands of at least one reputed pharmaceuticals company. .

4.2. Consumables

During the crisis, demand for the following items will soar, and it is important that you only sell/provide required amounts to each individual customer, so that others may also have access to these.

- Masks
- Hand gloves
- Portable oxygen cans/cylinders
- Pulse oximeters
- Hand sanitisers

Make sure that you have at least two weeks of stock for each of these items at all times.

4.3. Obtaining an E-prescription

If you encounter a patient who requires treatment beyond standard over-the-counter drugs, kindly consult a doctor from the nearest government health facility (UHC/ District HQ etc.) or through the 333 or 16263 hotlines or one of the approved telemedicine apps, as mentioned in section 3.3. Depending on the provider, you may receive an e-prescription for the patient by SMS.

5. Community Outbreak Preparedness and Containment

5.1. Community Education and Awareness

As a trusted health care provider, you have an important role to play in educating your community in this crisis. Use every opportunity to educate patients about the scale and gravity of the crisis, and simple steps to prevent it, while trying to prevent mass panic. In particular, you must:

- Educate patients on coronavirus, its cause, and possible consequences.
- What they can do to prevent it, including staying at home, maintaining hand hygiene, wearing masks, and ensuring they don't spread the disease through sneezing/coughing if already infected.
- Combat misinformation and rumours in the community about traditional or religious remedies or prevention mechanisms. Please note that nothing other than the strategies mentioned in this document, the government website (www.corona.gov.bd) and associated resources being provided to you will be helpful in combating this disease, and may possibly worsen it.
- Point people to the national resources, including the 333 and 16263 hotlines, the telemedicine apps, the self-tracking apps, and the official government website (www.corona.gov.bd) to ensure they have access to the correct information.
- Prominently display posters or banners in your premises to encourage patients to practice hand hygiene, cough/sneeze etiquette, and maintain social distance in the pharmacy and generally in the community

You could continue to educate people at your workplace or while making visits, if you notice they are not following precautionary measures. DO NOT under any circumstances organise large gatherings or community meetings, as it may contribute to the spread of the virus.

5.2. Preparatory Steps for Community Containment

You have an important role to play as a trusted primary health care provider, to ensure the community is prepared for self-containment in case of an uncontrolled outbreak.

- Ensure you understand your role as an informed COVID-19 fighter in your community.
- Align local Chairman, Imams, Purohits, School Teachers and other opinion leaders on the crisis and secure their help as spokespersons for COVID-19 awareness in the community.
- Ensure that you are acquainted with public health officials in your region (Civil Surgeon, Upazila Health and Family Planning Officer, Union Health Complex Official etc.) and have their phone numbers with you.
- Update your inventory for dealing with chronic patients, like diabetes, hypertension, asthma in case of a lockdown.
- Use the COVID-19 awareness information provided to educate your community.

- Identify and appoint a few emergency transportation providers (rickshaw van, CNG/Easybike) and have their phone numbers available in case patients need to be transported to a hospital.
- Teach your community the importance of sections 5.4, 2.1 and 2.2. (Do not gather people for this purpose, use community volunteers/ miking/ etc. for raising awareness).
- Encourage people and family members to report if a person comes from abroad or COVID-19 infected areas.
- Discourage people from unnecessary travel and coming into the community from COVID-19 infected areas and countries.
- Assure people not to panic and encourage them to practice recommended healthy behaviours to prevent COVID-19 transmission.

Always keep in mind that you have to do these activities without gathering people. You should keep yourself safe and healthy at all times and try your best not to get infected with coronavirus.

5.3. When and How to Contain Community Outbreak:

As soon as one individual with symptoms of COVID-19 is identified in the community, you must ensure that the associated family is urgently isolated and self-contained at home to prevent spread of infection.

If the infection continues to spread to more people outside that family despite isolation, the entire village or para/mohalla must self-isolate immediately and stay indoors without any social interactions:

- This includes all religious gatherings like waaj-mahfils and weddings, bazaars and haats.
- Mosques and schools should remain closed and people should be encouraged to pray and study at home.
- Only essential visits to get supplies such as food and medicines may be allowed.
- Children should not play outdoors. They should wear masks outdoors as the newer variants are equally infectious to children.
- Young people or the elderly must not get together for adda or recreational activities.
- People must not gather in public places such as tea-stalls, bazars etc.
- Men and women from different households must not get together for adda or meetings.
- People from the village or community must not travel to other communities/villages/towns except for extreme emergencies.
- People from other towns/villages/communities must not visit your community.
- Part-time staff such as maids and cleaners should not enter any of the households in the area because it may increase the chance of them carrying the infection elsewhere.

Do your best to ensure people are not panicking and they know that these are temporary measures to limit the spread of the infection in the community. Once no further infections are identified in the community after two weeks since the last case, you may consult the local health authorities such as Civil Surgeon to decide next steps. Because poor people in the community will suffer from lack of daily income during containment, it is imperative that wealthier people in the community provide financial and food assistance to those in need, for the safety of the entire community.

5.4. Community Management of COVID-19 Cases

When any infected person is identified with mild symptoms in the community, they must receive full care inside their homes during self-containment. Kindly follow and educate your community on the care provision for COVID-19 patients as below. Remember- all moderate and severe cases need to be hospitalised.

5.4.1 Safety Kit/Emergency Kit of COVID-19

Advise families to stock up on the following items before self-containment.

- Cleaning supplies and sanitisers
- Cough/cold, pain/fever and immunity support
- Dry food items
- Infant formula/adult nutrition
- Medical supplies/first aid
- Women specific materials (sanitary napkins etc.)

5.4.2. Home Care for COVID-19 Patients

Family members and caregivers must follow these steps and guidelines to ensure proper home care of COVID-19 patients:

- Avoid having visitors, especially for those who are at a higher risk of severe illness
- Have the patient stay in one room, away from other people.
- If possible, keep the person in an area or room with good airflow/ventilation and direct sunlight. Sunlight can help disinfect patients and can ensure faster recovery.
- Forbid sharing personal household items, like dishes, cups/glasses, towels, and bedding or electronics (like a cell phone) with the person who is sick.
- Have the patient wear a facemask when she/he is around people.
- Make sure the ill person drinks a lot of fluids to stay hydrated and rests at home.
- Any surfaces and household items touched by the person having COVID-19 infection should be cleaned and disinfected regularly. Household items including dishes, cups and flatware should be cleaned.
- Caregivers and anyone who has been in close contact with someone who has COVID-19 should stay home.
- Inform you or doctors on regular intervals about the patients' condition.

They must take the following safety precautions while handling patients:

- If possible, don't stay in the same room with the patient. If not possible, at least maintain a distance of 6 feet.
- Always use a face mask.
- Wash your hands often with soap and water for at least 20 seconds, especially after interacting with the sick person. Tell everyone in the home to do the same, especially after being near the person who is sick.
- Wear gloves when handling dishes, cups, glasses or silverware used by the patient.
- If soap and water are not readily available, use a hand sanitiser. Cover all surfaces of your hands and rub them together until they feel dry.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Monitor yourself and others in your home for any symptoms of COVID-19 -- including fever, dry cough or tiredness. Get tested if you have any of these symptoms.

5.4.3. Hospitalisation

If the patient develops severe respiratory distress (breathing problems), he/she must be transported to the hospital immediately. As per the updated guideline, all moderate and severe cases must be transported to the hospital.

Contact the emergency transport provider to take the patient to the hospital. Ensure that the driver and the caregiver are protected through wearing proper PPE (atleast good quality mask) and stay at a safe distance of at least 3 feet from the patient at all times, and they disinfect the transport thoroughly afterwards.

5.4.4 Burials

Please follow the up-to-date SOP for Burials provided by the DGHS, MoHFW, Bangladesh: https://www.dghs.gov.bd/images/docs/Notice/08_04_2020_Dead%20body%20guideline%202_20200407_0001.pdf

What is the Difference Between Quarantine and Isolation?	
	
Quarantine	**Isolation**
Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.	Isolation separates sick people with a contagious disease from people who are not sick.
Apparently healthy people, who were exposed to a contagious disease, are kept separated and their movements are restricted to observe if they become sick.	People confirmed to be sick with a contagious disease are separated from healthy people so that healthy people do not get infected.

Source: https://old.iedcr.gov.bd/website/images/files/nCoV/FAQ_COVID-19.pdf

Government Information Services	National Emergency Services	National Helpline Centre for Violence against Women and Children	Disaster Warning	Child Helpline
333	999	109	1090	1098

2.5. Covid-19 Response SOP: Religious Leaders/Faith-based Organisations (FBOs)

This SOP is adapted for Bangladesh from practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19: https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19

Why a protocol for religious leaders, faith-based organisations needed in Bangladesh?

Religious leaders, faith-based organisations, and faith-based communities can play a major role in saving lives and reducing illness related to COVID-19. They are a primary source of support, comfort, guidance,

and direct health care and social service for the communities they serve. Religious leaders of faith-based organisations and communities of faith can share health information to protect their own members and wider communities, which may be more likely to be accepted than from other sources. They can provide pastoral and spiritual support during public health emergencies and other health challenges and can advocate for the needs of vulnerable populations. By sharing clear, evidence-based steps to prevent COVID-19, religious-inspired institutions can promote helpful information, prevent and reduce fear and stigma, provide reassurance to people in their communities, and promote health-saving practises. In a country like Bangladesh, religious leaders are integrated into their communities through service and compassionate networks and are often able to reach the most vulnerable with assistance and health information and also identify those most in need. Religious leaders are a critical link in the safety net for vulnerable people within their faith community and wider communities.

Who is this for?

This document is based on guidance and recommendations developed by WHO as practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19. It acknowledges the special role of religious leaders, faith-based organisations, and faith communities in COVID-19 education, preparedness, and response. This guideline is to be used to train and orient any relevant stakeholder involved in religious leadership based at any religious institutions in the country. These groups may include imams, muezzins, hujurs, purohits, pastors, etc.

Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 in Bangladesh:

A. Maintaining safety precautions during prayer services

Local and national health authorities are the primary source of information and advice about COVID-19 in communities and can provide information about locally mandated restrictions on the movement of people, whether gatherings are permitted and, if so, of what size. Those organising a religious gathering should comply with guidance issued by national and local authorities and if a medium or large gathering is planned, the organisers should establish and maintain contact with the authorities in the build-up to and for the duration of the gathering. If remote/virtual gatherings are not feasible, take the following precautionary steps to make sure the participants remain safe from infection:

1. Enforce mask use:
   Mask use significantly reduces the chances of transmission of COVID-19 infection. Therefore, during all services and prayers, ensure that all participants are always wearing masks properly by covering the nose and mouth. This is even more important in indoor spaces and where physical distancing is not always possible to maintain.

2. Always maintain at least 1 m (3 feet) physical distance:
   COVID-19 is spread through respiratory droplets when an infected person sneezes, coughs, or talks. These droplets can land on people or be breathed in by those close by. Religious

institutions and faith-based organisations should protect their members by helping them maintain a safe distance between them ("physical distancing"). Please-

- Discourage non-essential physical gatherings and organise virtual gatherings through live-streaming, television, radio, social media, etc.
- If a gathering is planned, consider holding it outdoors. If this is not possible, ensure that the indoor venue has adequate ventilation. Open all windows and doors, turn on the fans at full speed, and never use AC.
- Regulate the number and flow of people entering, attending, and departing from worship spaces to always ensure safe distancing.
- Gatherings with few people are better than crowded sessions. Religious leaders and communities of faith should consider multiple services with a few attendees, rather than hosting large gatherings.
- The numbers and flow of pilgrims at pilgrim sites should be managed to respect physical distancing.
- Seating or standing of participants in faith services should be at least 1 metre (3 feet) apart. Where necessary, create and assign fixed seating to maintain safe distances.
- Identify a room or area where a person could be isolated if he or she becomes ill or begins to develop symptoms.

3. Prevent touching between people attending prayers:
   Many religious traditions involve physical contact between worshippers and with faith leaders. Respiratory droplets containing COVID-19 can settle on a person's hands and can be passed on to others through physical contact. Religious leaders and communities should consider how worship practises and community connections can be adapted to prevent touching between participants in services and other faith- or community-based activities. Create new ways for your community to greet one another that reduce the risk of COVID-19 transmission. Some greetings being adopted within faith communities include:

   - Replace embraces (e.g., "kolakuli"), handshakes and other physical contacts with a bow or other greeting in verbal or sign language that allows people to maintain physical distance and avoid physical contact with each other.
   - Greet people at the entry to worship spaces with friendly words and smiles, rather than handshakes or other forms of physical contact.

4. Encourage healthy hygiene among participants in faith services and other activities when gatherings are permitted:

Help attendees maintain healthy hygiene practises by providing handwashing facilities for members before and after the service; feet washing facilities for places where worshippers enter barefoot; or by placing hand-sanitisers at the entrance and in the worship space.

- Place disposable facial tissues within easy reach and closed bins for used tissues.
- Ask worshippers to bring their own personal prayer rugs to place over the carpet for daily prayers.
- Encourage worshippers to avoid attending worship services if they have any symptoms of COVID-19 or if they have travelled recently to an area with community spread of COVID-19.
- When attendees enter a site or building barefoot, shoes and sandals should be placed separately and in bags.
- Provide visual displays of advice on physical distancing, hand hygiene, and respiratory etiquette.

5. Frequently clean worship spaces, sites, and buildings:
   - Establish routine cleaning with disinfectant of worship spaces, pilgrimage sites, and other buildings where people gather, to remove any virus from the surfaces. This routine should include cleaning immediately before and immediately after all gatherings.
   - Frequently clean often-touched objects such as doorknobs, light switches, and stair railings with disinfectant or soapy water. To prepare soapy water, mix 30 g powdered detergent (e.g., Wheel, Unilever, Dhaka, Bangladesh) with 1.5 L water in any 1.5 L container, such as a reused water/soda/juice bottle. Research shows that it is just as effective as washing hands with a bar soap. (source: https://www.icddrb.org/news-and-events/news?id=868)

6. Prevent touching or kissing of devotional and other objects that the community is accustomed to handling communally:

   - Many faith traditions include touching or kissing of sacred and symbolic objects during worship services and prayer. The virus that causes COVID-19 can remain on such surfaces for hours or days. Religious leaders and faith-based communities need to protect their members from becoming infected by avoiding practises involving touching or kissing of such surfaces. Leaders can create and help community members accept new ways to reverence these objects and symbols safely.

B. Spreading accurate information and fighting misinformation

Religious leaders, faith-based organisations, and communities of faith are among the most trusted sources of information, as well as both spiritual, health, and social care in our communities. Their followers and community members may trust and follow guidance about COVID-19 coming from faith leaders even more than if delivered by governments and health authorities. The educational role of faith-based organisations (e.g., madrasah) are often more influential, especially in rural communities and among marginalised populations. Faith leaders also have a special responsibility to counter and address misinformation, misleading teachings, and rumours, which can spread rapidly and cause great damage. It is also important that faith leaders do not spread contradictory information or guidelines against government directives, in order to prevent confusion among the population. As such, faith leaders must remember to:

DOs for the faith leaders

- Use scientific evidence based, reliable sources for your information, e.g., government health agencies (DGHS IEDCR), WHO website, UNICEF website, UNHCR website etc.
- Be transparent about the source of any information that you are sharing.
- Repeatedly share information to inform population about services available from the nearest health facilities, with a specific focus on govt services availability.
- Encourage your audience to develop a positive attitude towards the health care workers, other frontline workers (i.e., discuss their day-to-day struggles, appreciate their hard work and contribution, etc.).
- Inspire your audience to take vaccines (i.e., positive stories, scientific facts using locally acceptable science communication etc.).
- Misinformation is often shared innocently out of a need to protect others, which can inadvertently create mass hysteria. If any misunderstanding happens through a published news, try to resolve it with an apology if required.
- Discuss existing stigma, myths and rumours and specifically point out the non-scientific base and use authentic info to address these adequately. For more information on how to deal with stigma and discrimination, please refer to this government approved guideline on social stigma available at https://www.dghs.gov.bd/images/docs/Notice/24_03_2020_stigma.pdf
- Discuss gender-based violence (GBV)- take part in awareness, encourage early reporting and rehabilitation. REMEMBER: Please use relevant info on the hotline (Annex 1).
- Discuss mental health awareness and suicide risks during the pandemic with special focus on youth population's mental health. Emphasise to receive mental health support.
- Use language that is inclusive and understanding.
- Be responsible, sensible, and accountable to yourself.
- Be gender sensitive and inclusive in all your speeches.

DON'Ts for the faith leaders

- Do not discourage your audience to take vaccines.
- Do not frame COVID-19 as a curse/ an issue of stigma.
- Do not propagate any hate comment towards any community.
- Do not repeat or reference any examples of misinformation or fake news in your speech. Research shows that this only brings the misinformation to a new audience.
- Do not reference people who have shared misinformation anywhere e.g., religious leaders, celebrities, social media influencers, motivational speakers, politicians etc.
- Do not take a position against the government policies or national guidelines.
- Do not sensationalise any issue in your speech with exacerbated emotion or irrelevant linguistic expressions.
- Do not use offensive language in your speech.

C. Strengthening Mental Health and Community Resilience

Religious leaders and faith communities play a unique role in creating relationships and connections between people across age groups, professions, and neighbourhoods. In addition, religious leaders are often linked into other service organisations through their professional and community service roles. As a result, these leaders and organisations are uniquely positioned to reinforce connections between people who may be isolated during periods of physical distancing.

Maintaining and strengthening relationships during this distressing time can fortify the mental and spiritual health of community members and followers and contribute to resilience in the larger community. Religious leaders can also help their communities respond to COVID-19 with practises appropriate to their organisation's mission or faith tradition. Practises such as prayer, inspirational reading, and safe community service can build confidence and create a sense of calm. Jumma prayers (for Muslim population) are great options to inspire people to take care of their mental health and wellbeing.

Below are steps that can help:

- Ensuring safe and comforting burial practises: Faith leaders can help grieving families to ensure that their departed loved ones receive respectful, appropriate funerals and burial rites, even during the COVID-19 pandemic. Knowing how to safely plan and perform such funeral rituals and worship services can both protect and comfort mourners and show respect for those who have died without causing any infection risk to the mourners.
- Please follow the up-to-date burials SOP provided by the DGHS, MoHFW, Bangladesh.
- Offering special prayers for the sick alongside messages of hope and comfort: Religious leaders can provide faith communities with appropriate prayers, theological and scriptural reflections, and messages of hope. Highlighting the opportunities presented for reflection, prayer, and time with family members and others can prove helpful.
- Helping members manage the onslaught of worrying news: Religious leaders can encourage their communities to take steps to manage their stress and to keep up hope during such times of isolation, fear, and uncertainty. The constant torrent of news reports about COVID-19 can cause anyone to feel worried. Religious leaders can encourage community members to seek information on the virus at a few, regular, select times a day, and point members to credible sources of information (IEDCR, DGHS, WHO Bangladesh, UNICEF Bangladesh etc.), and to maintain hope by reading sacred texts and guidance from their respective faith traditions.
- Keeping the community connected: Religious leaders and faith-based organisations can strengthen their communities and combat self-isolation through regularly checking in on individual members, preferably via phone. This is particularly important to account for individuals who may be living alone, who are elderly, who have disabilities or are otherwise vulnerable. They can ensure that community contact lists (if available) are up-to-date and accessible to their members.

- Organisations can create “calling trees” in which individual members volunteer to phone several other members regularly to check on their well-being. In-person visits should be avoided where possible and if necessary, should employ appropriate physical distancing and other preventive measures.
- Additionally, religious leaders are encouraged to prevent family separation and promote family-based care options in situations where children are separated from their families.

Resources available: Guidebook for Mental Health and COVID-19 Guidebook Design Final for print (dghs.gov.bd)

D. Upholding human rights and addressing stigma and discrimination

Religious leaders have a particularly important role to play in championing attention to and inclusion of vulnerable populations including minorities, migrants, refugees, internally displaced persons, indigenous peoples, prisoners, people with disabilities, and members of other marginalised groups, by creating supportive environments, advocating for their rights and access to diagnosis, treatment, mask wearing, and vaccines, and publicly standing against statements and acts that encourage violence and human rights violations against people.

By drawing on language within their own faith tradition, religious leaders can promote positive messages that affirm the dignity of all people, the need to protect and care for the vulnerable, and inspire hope and resilience in those affected by, or vulnerable to, COVID-19.

On the practical side, faith-based organisations can work with health and development agencies to identify mechanisms to increase access to information and services for vulnerable communities, including those that are provided by faith-based organisations themselves.

Moreover, most of these faith traditions serve all people in need, without regard to national or ethnic origin, race, sex, or religious affiliation, and are motivated by universal values and ethical principles of “do no harm,” solidarity”, and the “golden rule”.

Available resource:
https://www.dghs.gov.bd/images/docs/Notice/31_03_2020_Disability%20considerations%20during%20the%20COVID-19%20outbreak_HM_formatted.docx.pdf

E. Volunteering and helping others

Helping others who need assistance can benefit the person giving the assistance as well as the person receiving it. Faith communities can identify ways that their members can help others, depending upon individual risk levels (checking on the elderly, people with disabilities, and vulnerable neighbours by phone and offering to deliver groceries, etc.). Religious leaders and faith communities can promote the sharing of resources to provide for those whose livelihoods are disrupted and who cannot provide for themselves and their families. Of particular importance is the care for health workers, law enforcement officers, and workers

in essential services who continue to work, sometimes away from their families. Religious leaders can encourage those who have the financial means to make donations to those whose livelihoods have been affected by the pandemic. As community members work together, they can create a sense of solidarity and build resilience.

Responding to situations of domestic violence/gender-based violence: In settings where movement restrictions are in place, there is the potential for an increase in domestic violence, particularly against women, children, and other marginalised people. Existing vulnerabilities associated with age, religion, migration status, sexuality and ethnicity may be exacerbated. Religious leaders can actively speak out against violence and can provide support (i.e., hotline for GBV- 109) or encourage victims to seek help. Where a child is concerned, religious leaders should be informed of child protection and safeguarding policies, including what to report, to whom, and how. (Annex 1: relevant hotline numbers)

What is the Difference Between Quarantine and Isolation?

Quarantine	Isolation
Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.	Isolation separates sick people with a contagious disease from people who are not sick.
Apparently healthy people, who were exposed to a contagious disease, are kept separated and their movements are restricted to observe if they become sick.	People confirmed to be sick with a contagious disease are separated from healthy people so that healthy people do not get infected.

Source: https://old.iedcr.gov.bd/website/images/files/nCoV/FAQ_COVID-19.pdf

Government Information Services	National Emergency Services	National Helpline Centre for Violence against Women and Children	Disaster Warning	Child Helpline
333	999	109	1090	1098

2.6. Covid-19 Response SOP: Social Media

Misinformation and rumours spread through Social Media has hampered COVID-19 control efforts in many countries across the world. Billions of people use Social Media (i.e., Facebook, Twitter, YouTube, LinkedIn etc.), and many have contributed to spreading misinformation or rumours at some point, or at least shared something that was not fact-based. As the COVID-19 pandemic continues and imposes a hefty toll on the health and life of populations across the world, it is therefore important to prevent incorrect information that can cost lives by undermining efforts to control the virus and protect those most at risk.

Why is a protocol for social media use needed in Bangladesh?

As the number of persons with COVID-19 and deaths are increasing, there is a potential for heightened mass panic, stress and discrimination in coming days which can be predicted from recent protests in different parts of the country, spread of rumours and falsehoods, non-scientific information mainly via social media, anti-vaccination campaigns, and limitations in governance and growing discrimination towards certain segments of population and professionals. As the World Health Organization (WHO) has speculated this trajectory of pandemic to be uncertain, this emerging body of stigma and discrimination needs to be addressed by proper authorities. “Infodemic” should be controlled by legal steps, and mass awareness campaigns should be launched without further delays. This calls for a protocol/user guidance to use social media during such a pandemic.

Who is this for?

This guideline is to be used to train and orient any relevant stakeholder involved in COVID-19 response or in any position of authority or influence on responsible social media use during the pandemic. These groups may include the Upazila Health Complex (UHC) or District Hospital doctors and staff, government, NGOs and private frontline health workers, opinion leaders, local government officials and elected representatives, teachers, and religious leaders, etc.

DOs of social media use

- Use scientific evidence based, reliable sources for your information, e.g., government health agencies (DGHS IEDCR), WHO website, UNICEF website, UNHCR website etc.
- Be transparent about the source of any information that you are sharing.
- Use language that is inclusive and understanding. In case of translation, do not use any translator software - use an adapted, translated message shared by DGHS, IEDCR, WHO, UNICEF and other UN agencies. If translation is needed, please communicate with the RCCE committee.
- Misinformation is often shared innocently out of a need to protect others, though it can create mass hysteria. If any misunderstanding happens, try to resolve it with an apology placed at public groups/ channels.
- Be responsible, sensible, and accountable to yourself.
- Be gender sensitive and inclusive.

DON'Ts of social media use

- Do not repeat or reference any examples of misinformation or fake news in the content (text, images, links, etc). Research shows that this only brings the misinformation to a new audience.
- Do not reference people who have shared misinformation in the content, e.g., celebrities, social media influencers, motivational speakers, politicians etc.
- Do not take any position on policies or politics.
- Do not lecture, talk down or use jargon.
- Do not use any picture of a person with/without COVID-19 without permission.
- Never post pictures of any deceased person with their face visible or their names identified.
- Do not use pictures of children without permission from their legal guardians.
- Do not sensationalise any issue with exacerbated emotion or irrelevant expression
- Do not use offensive language in any post

Follow your normal best practises

These are difficult times, and the world is facing unique challenges. However, many of the usual best practises you follow are still valid. Continue to post impact stories, highlight the positive efforts of volunteers and frontline doctors and other health providers, offer ways to get involved, and share campaign updates. It can feel strange to post about something unrelated to COVID-19, but remember that your social media followers are following you for a reason—they care about what you have to say. So don't be afraid to give them something to think about, respond to, or share with their followers. You never know, you may just share the post that brightens their day and gives them the motivation they need to get involved.

IFRC/August 2022