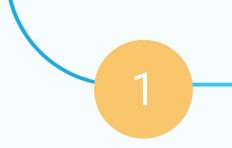
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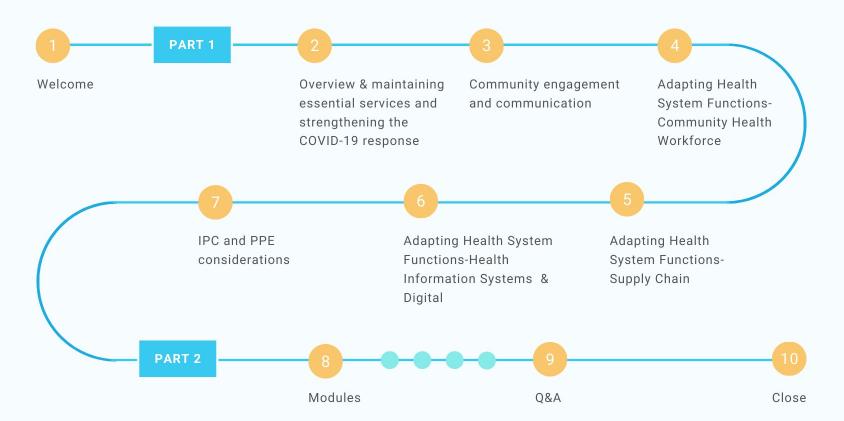


COMMUNITY-BASED HEALTH CARE, INCLUDING OUTREACH AND CAMPAIGNS, IN THE CONTEXT OF THE COVID-19 PANDEMIC



Welcome

Agenda



Guidance overview

Part 1. Includes considerations and key actions for:

- Ensuring continuity of select essential services delivered at community level
- Leveraging and strengthen the community platform for an effective COVID-19 response;
- Adapting health system functions in the pandemic context
- Protecting health workers and communities through infection prevention and control (IPC) measures and with the use of Personal Protective Equipment (PPE)

Part 2. Incorporates modules addressing life course phases and disease-specific considerations for the adaptation of community-level activities in the context of COVID-19:

- Populations across the life course
- Community case management for acute illness in children
- Detection, prevention and management of chronic illnesses
- Outreach activities and campaign-based prevention services
- Nutrition



Overarching considerations

- The community-based platform, with its distinct capacities for primary health care delivery and social engagement, has a critical role to play in the response to COVID-19 and is essential to meeting people's ongoing health needs, especially those among the most vulnerable.
- The risk benefit analysis for any given activity changes in the COVID-19 context.
- Considering overall disease burden, COVID-19 burden and transmission scenario as well as baseline community system capacity: activities may need to be anticipated where COVID-19 transmission has not yet begun, modified where an alternative mode of delivery is safe, or temporarily suspended where risk of COVID-19 transmission is high;
- A comprehensive and coordinated approach to community-based activities provides an opportunity to strengthen the resilience of the community-based platform into early recovery and beyond;



Maintaining essential services and strengthening the COVID-19 response

Maintaining community based delivery of select essential health services

Prioritize preventing morbidity and mortality through community-based delivery of essential services including:

- Preventing communicable disease
- Avoiding acute exacerbations and treatment failures
- Taking specific measures to protect vulnerable populations
- Managing emergency conditions

National and sub-national processes should incorporate community-based activities and include consultation with relevant community health workforce representatives.

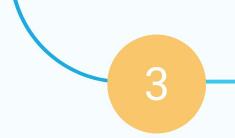
Maintaining community based delivery of select essential health services

- Review community health service interventions and delivery channels and identify essential services and delivery channels that need to be maintained;
- Define nonessential services that can be interrupted or postponed and identify triggers for their phased resumption;
- Modify community-level service delivery to avoid large gatherings of people; consider using digital platforms such as mobile phone applications and telemedicine to limit in person encounters;
- Update registers of vulnerable households;
- Adapt diagnosis and treatment protocols;
- Create a roster of community members trained in first aid and acute care;
- Monitor the utilization of essential health services in the community.

Strengthening the COVID-19 response in the community

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

- Ensure that community-based activities are incorporated into national response plans;
- Identify context-relevant key activities for the community health workforce to contribute;
- Establish protocols for community-based COVID-19 screening using standardized case definitions.



Community engagement and communication

Systematic engagement and communication are essential to maintain trust in the health system to provide safe, high-quality essential services and to ensure appropriate care-seeking behavior and adherence to public health advice.

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

Community Engagement and Communication

- Engage stakeholders and the community in the design and implementation of communication plans, strategies and materials;
- Engage with community stakeholders to identify and address access barriers;
- Engage women, parents, adolescent and youth groups;
- Coordinate with and resource community governance committees;
- Establish or reinforce existing mechanisms for communities to hold health authorities, including the private sector, accountable;
- Avoid community level mobilization approaches that entail large gatherings of people;
- Use existing mHealth platforms;
- Leverage trusted community resources such as local authorities and influencers, and faith and religious leaders.



Adapting Health System Functions - Community Health Workforce

Community health workforce: a range of health workers, lay and professional, formal and informal, paid and unpaid, as well as facility-based personnel who support and supervise them and provide outreach services and campaigns Build on the strong ties the community health workforce usually has other local actors.

Community health workforce to be included in workforce assessments, roles clearly defined and they are recognized, remunerated and capacitated tosafely perform their tasks

Community Health Workforce

- Ensure that the community health workforce is included in workforce assessments and identify if a surge cohort is needed;
- Clearly define roles for the community health workforce;
- Ensure the community health workforce and other critical personnel are classified as essential and exempted from movement restrictions;
- Recognise and remunerate the community health workforce for supporting the response ;
- Quantify training needs and invest in rapid, remote training;
- Modify communication modalities for supportive supervision and facility referrals;
- Ensure the community health workforce has sufficient phone credit;
- Ensure the safety and health of all health workers;
- Older workers and those with high-risk conditions should be assigned to duties that do not put them at additional risk.



Adapting Health System Functions-Supply Chain

Strengthening supply chains, anticipating interruptions and preparing mitigation strategies are critical to maintaining the availability of essential medicines and supplies .

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

Supply chain

- Develop targeted supply and distribution strategies;
- Adapt replenishment procedures to avoid community shortages;
- As supply level allows, pre-position a buffer supply of at least one-month;
- Coordinate assessment, ordering and distribution of essential medicines, supplies (including PPE) and equipment with partners and community stakeholders;
- Ensure that pharmacies, health posts and other relevant public and private community-based entities are included in capacity assessments;
- Ensure community-based medicine stock and distribution pathways are included in electronic systems for order management, assessments and planning;
- For deliveries and dispensing, avoid excessive contact inside a health facility;
- Consider reverse logistics to reposition supplies.



Adapting Health System Functions-Health Information Systems & Digital

Community data are needed to monitor the utilization of essential health services and to inform public health actions that can slow and stop COVID-19 transmission.

The timeliness and quality of the reporting of community data will likely decline during the pandemic, and programmes should consider prioritizing a limited set of indicators that is based on existing community data

Health Information Systems and Digital

- Community data are needed to monitor delivery and utilization of essential health services during the COVID-19 pandemic and response;
- Leverage existing digital platforms for data collection, real-time monitoring, and citizens feedback.
- Involve community health workforce to report potential COVID-19 cases, contact tracing and surveillance
- Collect and monitor data on community health workforce health status, including mental health, anxiety and COVID19 infections;
- Incorporate community data into the health information management system and dashboards;
- Ensure two-way feedback loop for data and interpretation of surveillance information. Support communities in using their data for decision-making;
- Consider expanding digital platforms to deliver training and supervision, peer-to-peer support, telemedicine, report stockouts of essential commodities, transmit COVID-19 test results from laboratories and manage misinformation.



Infection Prevention and Control

Standard IPC precautions that should be strengthened during all health care encounters

- Hand hygiene: follow <u>WHO's 5 moments</u>
- Use of gloves: Gloves are required only if direct contact with blood or other body fluids is expected
- **Equipment and surfaces**: Equipment and surfaces should be cleaned with water and soap or a detergent, followed by a disinfectant; safe waste management protocols must be followed.
- **Medical masks**: use of a medical masks depends on the task performed (for example, if splashes are expected) and the context and transmission scenario
- Adhere to respiratory hygiene: ensure patients and workforce members cover their nose and mouth, with a tissue or bent elbow when coughing or sneezing; dispose of tissue safely
- Physical distancing should be implemented as much as possible

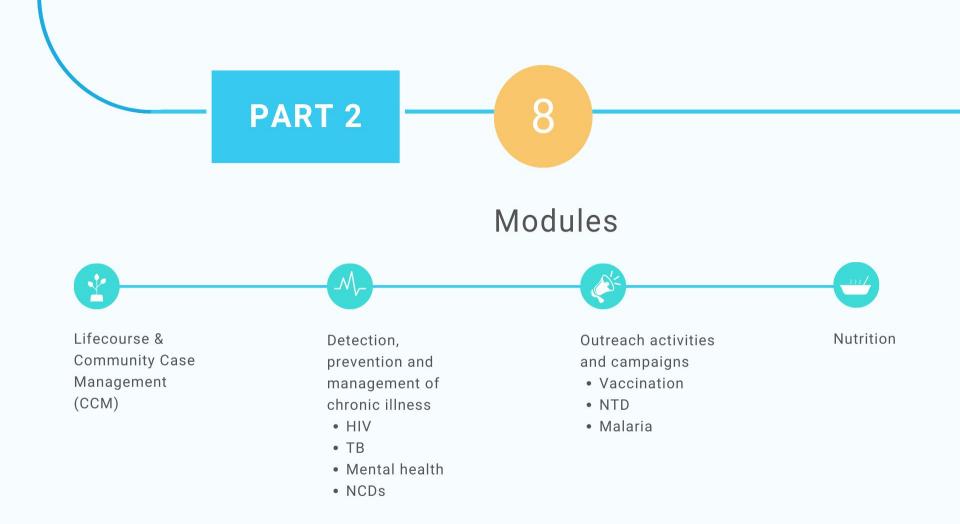
Screening

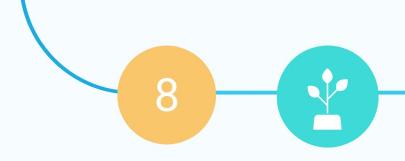
- Where it is indicated by the transmission scenario and/or local policy, as part of every health care encounter
- **PPE is not required for screening if a physical distance of at least 1 m can be maintained**. Medical mask and eye protection if the distance cannot be maintained.
- Screening should include assessments of **exposure risk and symptoms** based on case definitions for COVID-19
 - Screen negative: health care visit can continue. Mask only if distance of at least 1 m cannot be maintained.
 - Screen positive: Activation of local protocol.
 Positive screen dies not preclude delivering care, but has to be done from a distance or using appropriate IPC precautions (PPE)

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

Activity	In settings with widespread community transmission, type of additional precautions and personal protective equipment
Any activity involving direct physical contact with a person with suspected or confirmed COVID-19	 Perform hand hygiene according to WHO's recommendations in the 5 moments for hand hygiene Wear a medical mask Wear a gown Wear gloves Wear eye protection
Any activity not involving physical contact (including entering the room of a person with suspected or confirmed COVID-19, but not providing direct care)	 Perform hand hygiene according to the WHO recommendations on the 5 Moments for hand hygiene Wear a medical mask Maintain distance of at least 1 m When possible, conduct interviews outdoors, with the patient also wearing a medical mask, if tolerated

- **Develop and disseminate standard operating procedures for IPC,** guided by transmission scenario, local guidance and protocols;
- **Define IPC measures,** depending on activity/service delivered, including for whom and what type of PPE is required;
- Establish and reinforce protocols for IPC in stock management, warehouse and distribution ensuring that the community health workforce is included in national policy on use of PPE;
- Ensure adequate access and supplies for hand hygiene and disinfection of equipment and environment;
- Identify a health care officer trained in IPC at the district level in charge of supervising the IPC;
- Incorporate screening for COVID-19 in essential services provided by community health workforce;
- **Ensure thorough training** on standard and enhanced IPC precautions, including the proper wearing, removal, usage and disposal of PPE;





Lifecourse considerations & Community Case Management (CCM)

Life course stages

Family planning:

• Continue providing counselling at community level about contraceptive options and identify health workers who are appropriately trained to safely provide family planning services and information

Maternal and newborn health:

- Prioritize facility-based services, including antenatal care (<u>ANC</u>), <u>childbirth</u> and postnatal care (<u>PNC</u>) and if access to facilities is restricted, ensure that quality services in the community are provided by <u>skilled health personnel</u>
- **Continue to provide iron and folic acid supplements**; offer 2-3 months supply when contacts are periodic
- Adapt birth preparedness and complication readiness plans to account for changes to service delivery and restricted health facility access
- For pregnant or postnatal women with mild COVID-19, provide ANC and PNC through alternative delivery platforms (telemedicine, home visits) or postpone until after the period of self-isolation
- Focus community efforts on promoting care-seeking, addressing concerns about the potential risks of COVID-19 transmission and supporting self-care, family care practices and nutritional care and practices

Life course stages

Children and adolescents

- Consider replacing health promotion visits with tele-consultation and counselling; and ensure accurate information is available on COVID-19 how to protect oneself and where and when to obtain health services
- Involve adolescents in the re-planning and delivery, where appropriate, of service provision in their community
- <u>Provide information to families</u> on coping, <u>positive parenting</u>, and home-based <u>activities</u>; and help parents (including pregnant and parenting adolescents) identify relevant social protection mechanisms available to them to mitigate stress due to economic hardship;
- Support the capacity of the community health workforce to identify and respond to signs of stress, isolation or poor mental health in parents and children, and to refer families to suitable psychosocial support services. Pregnant and parenting adolescents may be more vulnerable;
- Continue to provide <u>iron supplements</u> or <u>multiple micronutrient powders</u> in populations with a high prevalence of anaemia. Delay distribution where the provision of supplements is recommended for only 3-6 months out of the year

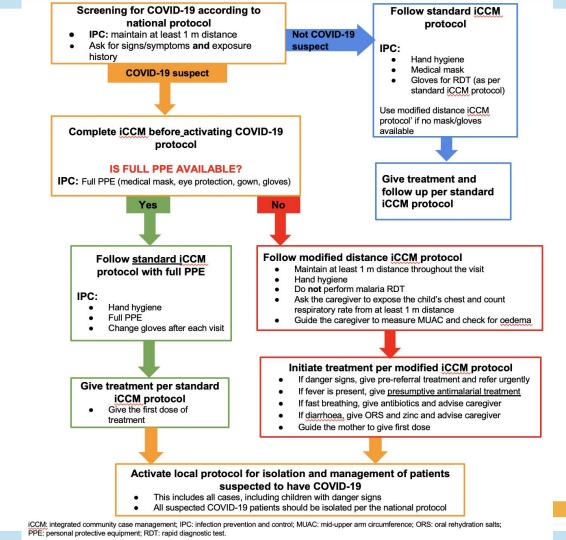
Life course stages

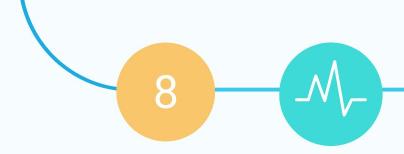
Older people

- Recognise <u>non-specific signs and symptoms</u> of COVID-19 in older age and reach out to older people with <u>additional risk factors</u> for developing severe illness from COVID-19;
- Advise the older person to have, if possible, two weeks of critical medicines and supplies, repeat prescriptions and ensure the provision of assistive devices;
- Ensure access to nutritious food for older people living alone or institutionalized;
- Recognize that older people, particularly in isolation and with impairments, may become more <u>anxious, angry, and stressed</u>;
- Provide practical advice in a clear, concise, respectful, calm way and repeat simple facts as frequently as needed;
- Discuss advanced care planning and the possibilities of palliative care (including end of life care)
- Engage the <u>community health workforce</u> for older persons who are care dependent and discuss an alternative plan to ensure <u>continuity of care</u>, and follow-up if the person fails to attend appointments.

Community case management of acute childhood illness

- Continued care seeking should be encouraged and all sick children should be assessed and treated as per iCCM protocol
- Adaptations to standard protocols for iCCM should be nuanced, depending on the transmission of COVID-19 at national and subnational levels and the availability of PPE
- The symptoms of COVID-19 in children are non-specific and overlap with symptoms of common childhood illnesses
- Screening results impact PPE requirements and care and treatment advise..
- iCCM protocol should be completed irrespective of screening result





Detection, prevention and management of chronic illness

- HIV
- TB
- Mental health
- NCDs

HIV

- Patient-centred outreach and community-based care may be preferred over facility-based services when COVID-19 control measures limit movement and clinic visits. These include:
 - Recommend and provide access to condoms for prevention of HIV, STI, HCV and HBV;
 - Harm reduction programming for people who inject drugs;
 - Hepatitis B immunization, including timely birth dose;
 - Prevention of mother-to-child transmission for HIV, syphilis and HBV;
 - HIV testing including through expansion of self-testing
 - Test donated blood for HBV, HCV, HIV and syphilis;
 - Treatment referral and adherence support.
- Some commodities may be provided through community distribution points and consider multi-month dispensing
- Temporarily delay prevention interventions that include mass gatherings; and suspend theatre and educational events

Tuberculosis

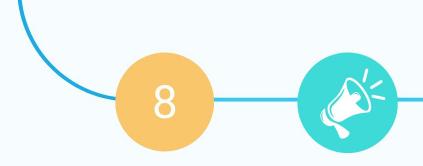
- Institute infection control measures to prevent TB and COVID-19 before engaging community health workforce;
- Build community capacity to deliver <u>community-based TB services</u> that require profiling, training on assigned tasks, and proper supervision;
- Maintained essential TB services, with community support, including access to diagnosis, infection control measures in households, treatment adherence and psychosocial support, referral for management of adverse effects, household contact tracing, and TB preventive treatment adherence support;
- Prioritize, patient-centred outpatient and community-based careover facility-based TB treatment;
- Implement measures to prevent stigma and discrimination against patients and community-health care workers;
- Use digital health tools for the community to speed up the delivery of patient-centred models of care and services;
- Continue engaging community actors to monitor challenges in accessing TB services and care and to propose context-specific and locally tailored solutions for TB services.

Mental health conditions

- Deliver remote care for MNS disorders, including psychological interventions; suspend face-to-face services for mild mental disorders or for face-to-face activities that aim solely to promote mental well-being;
- The decision to initiate or continue face-to-face treatment for moderate mental disorder should be taken on a case-by-case basis (e.g., prenatal and postnatal depression is a priority even when the depression is not severe);
- Keep the community health workforce up-to-date on where to refer people with acute symptoms of severe MNS disorders;
- Maintain medical treatment of chronic MNS disorders;
- Protection and care for people with MNS disorders in community residential facilities requires:
 - preventing COVID-19 from entering and spreading;
 - ensuring that residents receive care for both COVID-19 and MNS conditions and that they continue to receive social support from significant others.
- Beyond clinical care, depression, anxiety and other symptoms of stress may be addressed in the community by providing:
 - accurate, consistent, understandable and empathic risk communication about COVID-19, and population messages on positive coping;
 - activities that enhance social connectedness;
 - remote psychological interventions (e.g. digital health) that teach people how to self-manage these symptoms.

Non communicable diseases

- Offer information to people living with NCDs and to people with other risk factors on what actions to take including where to seek care for people with NCDs and suspected COVID19;
- Provide clear instructions on early warnings and danger signs, and when and where to seek care for acute exacerbations, such as asthma or diabetic crisis;
- Help people living with NCDs to plan their health care, monitor and manage their condition, secure sufficient quantities of medicines and adhere to treatment;
- Shift treatments, as appropriate, from hospital to home with telemedicine support with appropriate expertise. In extreme circumstances, treatment of some sub-acute life-threatening conditions may be amenable to short delays and interim community-based interventions can be considered;
- Identify strategies that allow people with chronic NCDs to avoid health care facilities unless they have acute symptoms or other urgent needs and remote prescription renewals, mobile pharmacies or medication dispensing units could serve people with chronic NCDs in the community;
- Where possible, engage people with chronic NCDs in self-monitoring, such as blood pressure and glucose levels, and/or offer support for remote monitoring.



Outreach activities and campaigns

- Vaccination
- NTD
- Malaria

Outreach activities and campaigns for prevention

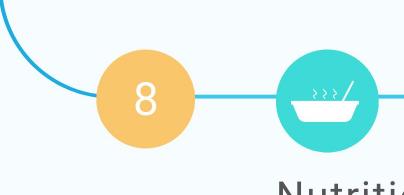
- Assess the local context for the <u>appropriateness of implementing outreach or mobile services</u> for vaccine delivery and activities requiring community interaction for VPD surveillance; adapt to ensure the safety of health workers and the community.
 - All infection control measures (physical distancing, hand washing with soap and water, use of face mask, use of hand sanitizers etc.) should be taken to avoid increased risk of transmission of COVID-19
 - strategies for delivering <u>immunizations through outreach</u>, such as house-to-house strategies, should not increase the transmission of COVID-19; if there is a risk that they will, they should be temporarily suspended
- Temporarily suspend mass preventive vaccination campaigns where community-based COVID-19 transmission has begun.
 - vaccination campaigns can be implemented in areas where COVID-19 transmission is not yet occurring;
 - countries should monitor and re-evaluate at regular intervals the necessity for delaying mass vaccination campaigns.
- During a VPD outbreak, conduct a risk-benefit assessment on an event-by-event basist to inform the decision on whether or not to conduct outbreak response mass vaccination campaigns. The NITAGs should be actively engaged in this decision making..

Neglected tropical diseases

- Suspend community-based surveys, mass treatment, and active case-finding; and re-evaluate at regular intervals the necessity for delaying these activities;
- Where there is no community transmission of COVID-19, continue outreach vector control and veterinary public health interventions with strict IPC precautions in areas. In areas with community transmission, only essential activities should be continued;
- Maintain outreach for WASH activities and include key information on preventing COVID-19 in settings where there are no cases of COVID-19. In settings where COVID transmission is occurring, repurpose WASH messages to focus on prevention of COVID-19 transmission;
- Upon detection in a given geographical area of (1) a sudden increase in incidence of infection or (2) a significant burden of disease, the decision to resume or commence active case-finding and/or mass treatment campaigns will require a risk-benefit assessment on a case-by-case basis, and must factor in the health system's capacity to effectively conduct safe and high-quality health interventions;
- Maintain access to diagnosis, treatment and care of NTDs for patients presenting to health care facilities and consider adapting clinical pathways, where the only care for NTDs is through outreach.

Malaria

- Deliver interventions using best practices to protect health workers and communities
- Maintain access to and use of one of the core vector control tools (<u>ITNs</u> or indoor residual spraying), including through adapted campaigns.
- Continue campaigns for seasonal malaria chemoprevention;
- Maintain intensive malaria surveillance activities in addition to core vector control activities in countries where malaria has been eliminated and those working to prevent re-establishment;
- In exceptional circumstances, such as when there is a significant breakdown or inability of the health system to deliver services, mass administration of antimalarial treatment could be used to rapidly reduce mortality and morbidity.
- Continue efforts to detect and treat malaria, including at the community level, such as through iCCM or community integrated management of childhood illness



Nutrition

Nutrition

- Temporarily suspend nutrition mass campaigns and large-scale gatherings;
- Monitor for deterioration in children's diets, and re-evaluate at regular intervals the necessity to delay mass nutrition campaigns.
- Plan for the reinstatement and intensification of mass campaigns at the earliest opportunity deemed safe by authorities. Plan for post-outbreak distribution of vitamin A supplementation in conjunction with other programmes, such as immunization.
- Maintain treatment services for wasted children along with other measures for the protection of vulnerable children and continue community screening for wasting
- Continue screening sick children for wasting according to the modified protocol for Community Case Management and provide support and resources to the community health workforce to continue offering treatment for uncomplicated wasting, if this has been adopted into national protocols.
- Initiate discussions with ministries of health and national coordination platforms about context-specific adaptations of treatment protocols that might be necessary. Where modified approaches are applied, the treatment of uncomplicated wasting may be provided according to a simplified protocol (for example, using anthropometric criteria and modified dose and distribution schedules for ready-to-use therapeutic food).



Contact

- Anne Detjen adetjen@unicef.org
- Hannah Sarah Dini hdini@unicef.org

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WHO

Benedetta Allegranzi, Andrea Bosman, Janet Diaz, Catherine Kane, Yasir Nisar, Peter Olumese, Annie Portela, Teri Reynolds, Alastair Robb, Wilson Were

IFRC

Sophie Reshamwalla



Contact

- Anne Detjen adetjen@unicef.org
- Hannah Sarah Dini hdini@unicef.org

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