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CORE GROUP POLIO - GLOBAL HEALTH SECURITY PROJECT

COVID-19 HOUSE-to-HOUSE COMMUNITY OUTREACH PROTOCOL (April 2020)

This protocol provides guidance to CGP-GHS Project staff on how to ensure the health and safety of community health volunteers (CHVs) and the unintentional spread of COVID-19 in the community. The need to conduct community-based surveillance and health promotion needs to be weighed against the risk of endangering either CHVs or community members while conducting house-to-house surveillance and health education and promotion activities.

This protocol is the current position of CGP-GHS Project regarding community outreach activities in the context of COVID-19. The epidemiology of the outbreak remains unclear, and therefore the global community is relying on standard outbreak response protocol to disrupt transmission of COVID-19. Risk Communication and Community Engagement (RCCE) is cross-cutting in all areas of outbreak response but is primarily the tool to inform the public on risk and prevention measures. One of the most effective ways to communicate risk and the behavior changes that are required to prevent disease is through health education and promotion at the household level.

The CGPP is based upon the concept that disease outbreaks are best identified and interrupted at the community level. One commonality between all CGPP countries is the engagement of CHVs who are willing to take on that role of house-to-house health outreach. However, COVID-19 presents a unique challenge as it is a highly contagious, novel pathogen that is hitting the globe all at once. Widespread testing is limited and treatment for severe cases requires critical care level hospitalization, which has led to the collapse of the healthcare system in countries like Spain and Italy. The severity and infectivity of COVID-19 puts the community health outreach volunteers and staff at exceptional risk. Given the global shortage of testing capacity, the prevailing assumption is that all countries have coronavirus circulating in their communities.

The priority for CGPP is to ensure the health and safety of all CGPP staff and volunteers. For some countries, this means that no house-to-house outreach is acceptable risk. In countries where there are few cases and/or no cases in project areas, this means community volunteers are permitted to conduct house-to-house outreach. In this case, they are trained on the required measures and actions to take to ensure personal and community safety. CGPP will be expected to follow National Guidelines and Regulations as required by government. Additionally, CGPP partners (local and international NGOs) may have their own protocol, which the respective organizations will be required to follow. Partners must ensure staff and volunteers have the items they need to stay safe.

CGPP has drafted this protocol to support Secretariat Directors and partners as country teams adapt outreach models to ensure worker and volunteer safety and simultaneously support government RCCE efforts. The instructions below reflect commonalities between CGPP country approaches but with the most stringent guidelines (eg. largest physical distancing and smallest group size). External expert review (from JHU CCP and Breakthrough Action, READY, UNICEF, GOARN RCCE, IFRC, others) was also sought and recommendations incorporated.



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PROTECTING COMMUNITY HEALTH VOLUNTEERS AND THE COMMUNITY DURING COVID-19: TEN DAILY RISK ASSESSMENT QUESTIONS

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

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

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



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PROTECTING COMMUNITY HEALTH VOLUNTEERS AND THE COMMUNITY DURING COVID-19: HOUSE-to-HOUSE GUIDELINES

Always

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

Before the house-to-house visit

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

During the house-to-house visit

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

After the house-to-house visit

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

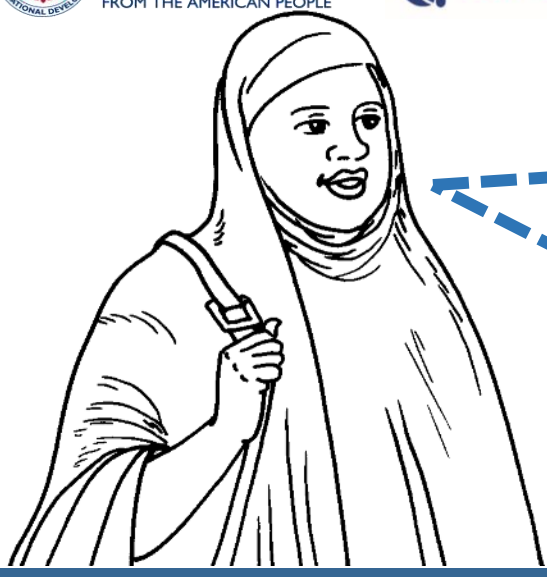


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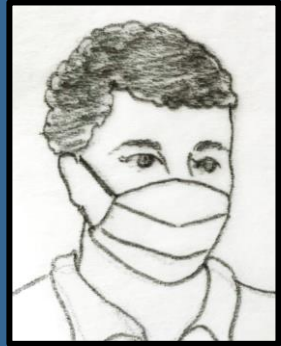


Simplified list of precautions to stay healthy and safe

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



I know how to protect myself from COVID-19



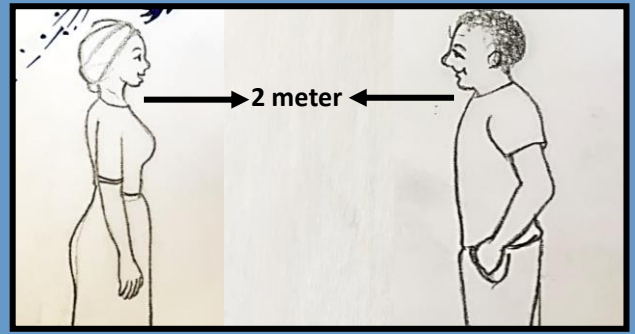
I WILL WEAR A MASK



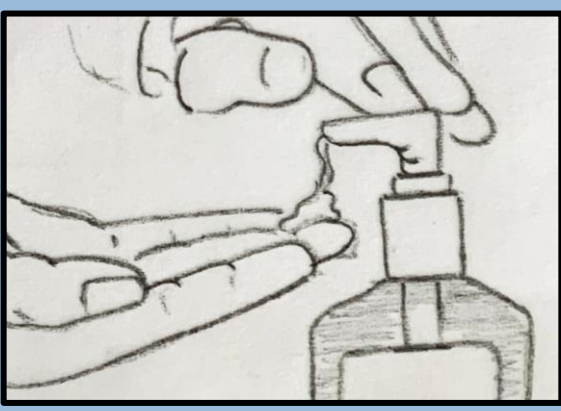
I WILL COUGH INTO ELBOW



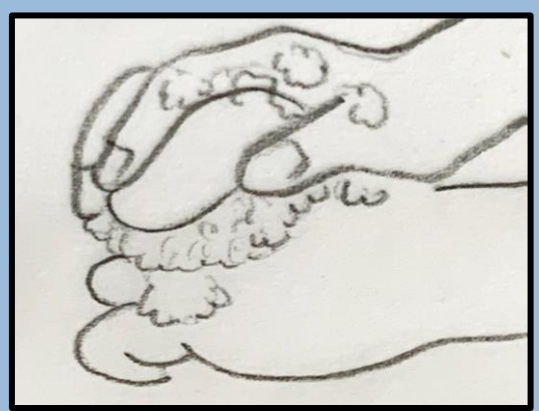
I WILL NOT ENTER THE HOMES



I WILL STAND 2 METERS AWAY FROM OTHERS AT ALL TIMES



I WILL USE HAND SANITIZER OR SOAP AND WASH HANDS MANY TIMES BETWEEN HOUSE VISITS



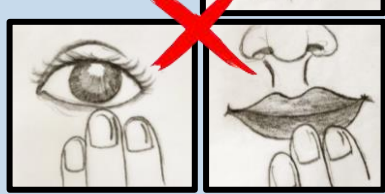
I WILL AVOID SHAKING HANDS OR OTHER PHYSICAL CONTACT



I WILL AVOID SOCIAL GATHERINGS



I WILL AVOID TOUCHING MY FACE



I WILL AVOID SPITTING

