



RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) TRAINING GUIDE:

**Infection Prevention and Control (IPC) Guidance for
World Vision Staff, Frontline Workers, Community
Health Workers & Volunteers**

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Health Workers & Volunteers**

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Cover photo © World Vision, World Vision Bangladesh, World Vision is continuing essential activities, such as nutritional support for children at risk of malnutrition, in the Rohingya refugee camps and in Bangladeshi host communities during the COVID-19 crisis, while maintaining social distancing and promoting hand washing.

Back photo: © World Vision, Scovia Faida Charles, South Sudan. Sarah, 6years, shows excitement as she learns proper handwashing.

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RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) TRAINING GUIDE:

Infection Prevention and Control (IPC) Guidance for World Vision Staff, Frontline Workers & Volunteers (especially Community Health Workers)

Adaptation and use of this training guide

All Staff must seek out and follow COVID-19 guidance on legally permissible working and gatherings issued by their local government agencies. Nothing in these guidelines should be interpreted as authorizing staff to ignore the law or put themselves or our beneficiaries in increased danger of contracting COVID-19. If legally permissible, these guidelines should be used by all World Vision staff and volunteers to conduct group meetings, other mass gatherings, home visits, or other contact with beneficiaries that are not prohibited under local laws and regulations. This includes Community Health Workers (CHW) and also Child Protection, Education, WaSH (Water, Sanitation and Hygiene), Livelihoods, Health and Nutrition, Faith and Development and Child Sponsorship staff and home visitors. These guidelines are intended to minimize risk to World Vision staff, volunteers and beneficiaries as well.

World Vision OCS has published [Guidance on Staff and Volunteer Protection during COVID-19 Response](#) and [Guidance on Transporting COVID-19 Patients](#), and [Guidance on the purchase and use of face masks](#) for staff that should be read, understood and followed. Any apparent discrepancy that you discover between that guidance and this RCCE guide should be noted in an email to health@wvi.org.

Always follow local ministry of health or other government regulations on mass gatherings and group meetings. Where the Ministries of Health or government regulations are more stringent, follow those regulations. Where government regulations are less stringent, then the following World Vision recommendations should be adhered to, as a minimum practice. For questions, comments or suggestions, please write to health@wvi.org.

These guidelines for frontline health workers and other NGO staff were written by five senior World Vision health and nutrition staff with over 130 years of combined medical and public health experience,¹ and are based on review, research and analysis conducted by these staff members to determine the best practices recommended by the WHO, other global bodies, and the NGO community for such front-line workers. These guidelines meet or exceed these international standards.

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HOW TO USE THIS TRAINING CURRICULUM

This RCCE Training Guide is intended for training of Community Health Workers (CHWs), Community Health Volunteers (CHVs), World Vision health staff, and other Frontline Workers on COVID-19 transmission, symptoms, treatment, home-based care, Child Protection considerations, and mental health. Some portions are also useful for training of other World Vision and partner staff (with and without modification). Given the restrictions on movement and interaction in many countries to prevent the spread of COVID-19, this training guide has been designed as a self-guided tool, where individuals can learn on their own. It can also be used by a facilitator with a group of trainees. **A list of SMS messages which can be used to share information about this guidance is included in Annex B at the end of this document. This guide can also be used by staff to construct their own digital and mass media messages.**

Field Offices should consider sharing this guide with their national government officials and other organizations that may not have developed their own guidance or may be in the process of developing one. This guidance is in alignment with WHO guidance.

If this training is to be conducted with a group of trainees, please adhere to the following instructions:

Group Training Set Up:

- If possible, meet outdoors. If indoors, assure maximum ventilation of the room.
- Set up chairs at least two meters between each participant.
- Setting up chairs two metres apart in a circle could be optimal, as this set up facilitates discussion.

Recommended Materials for Group Face-to-face Training:

- At least one handwashing stations with soap and water
- One bottle to demonstrate how to make soapy water with powdered soap/detergent
- Flip chart paper with markers, tape and a wall or easel
- Chairs for each of the participants and facilitator(s)

The estimated time to complete the RCCE Training, if self-guided, is 3.5 hours. The estimated time to complete the RCCE Training if conducted in a group with a facilitator is 5.5 hours.

The RCCE Training Guide contains the following nine modules:

- Module 1: What is COVID-19?
- Module 2: How does COVID-19 spread?
- Module 3: What are the symptoms of COVID-19?
- Module 4: How to prevent the spread of COVID-19
- Module 5: Personal Protection Equipment
- Module 6: Guidance for home visits and group meeting and activities
- Module 7: Developing a Household and Community Preparedness and Emergency Plan
- Module 8: Triage and Home-based Care Protocols for COVID-19
- Module 9: Mental Health Care During the COVID-19 Pandemic

Each module contains the lesson content. Suggestions for teaching the lesson may be provided in future editions of the guide.

Appendix A: *Brief Synopsis of the Behavioural Determinants of Hand Washing Behaviour*

Appendix B: *Sample SMS Messages for Health (IPC), Mental Health, Child Protection, WASH, Nutrition, and Encouragement of Health Workers and Caregivers for use by World Vision Staff and Frontline Workers & Volunteers.*

Module 1: What is COVID-19?²

Lesson Content:

- COVID-19 is highly contagious respiratory disease that is caused by a new coronavirus that can spread from person to person
- People of all ages can be infected by the new coronavirus, although children are less likely to experience severe symptoms.
- Approximately 80% of cases are mild (or no symptoms), 15% of cases require hospitalization, and 5% of cases result in organ and/or respiratory failure.
- The disease can lead to death, but this does not often happen in healthy young to middle-age groups.
- People older than 60 years, and those with pre-existing medical conditions, such as asthma, diabetes, and heart disease, are at much greater risk of getting very sick and experiencing more severe symptoms.
- The best way to prevent and slow down transmission is for all people to follow prevention guidelines to reduce transmission. It is especially important that people in vulnerable groups – and those that have regular contact with vulnerable groups – follow ALL prevention and treatment guidelines, as they are more likely to experience severe symptoms and die from the disease if they are infected.
- Coronaviruses are a large family of viruses found in both humans and animals, such as bats, camels and cats. Some infect people and are known to cause illness ranging from a cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS).
- The new coronavirus and its disease (COVID-19) is a new strain of a coronavirus first identified in Wuhan, China in December 2019. Cases may have appeared in China even earlier than that date.
- There is currently no specific vaccines or treatments for COVID-19. However, researchers are conducting ongoing clinical trials to find new ways to prevent and cure it.

Module 2: How does COVID-19 spread?

Lesson Content:

- COVID-19 is transmitted through respiratory droplets from a sick person to others or to surfaces by sneezing and coughing, but up to one-quarter of people who can spread the disease may not yet have symptoms.
- *(New guidance, June 2020)* Some of the largest outbreaks have occurred in places **where people were in close contact with a lot of other people, indoors, for significant amounts of**

² Much of the content and lessons in Modules 1, 2, 3 and 4 have been gathered from Medicines for Humanity *Self-Learning Curriculum for Community Health Workers and Providers*.

time (e.g. more than an hour). Although transmission is possible in many settings, these larger outbreaks are more common in areas that have these characteristics such as workplaces, restaurants, choir rehearsals, indoor sports, birthday parties and funerals.³

- Hands touch many surfaces and can pick up viruses from contaminated surfaces and objects easily, and high-touch surfaces (e.g. door handles, faucets, bathroom stall doors) are particularly problematic. Once contaminated, hands can transfer the virus to one's eyes, nose, mouth, or other surfaces. From there, the virus can enter the body and make people sick. Practice social distancing to avoid physical contact with people or surfaces that may have the virus on them.
- Physical touch, for example, during greetings such as shaking hands, hugging, or kissing can spread the virus.
- COVID-19 can spread in any region, regardless of weather. We may see some declines in the contagiousness of COVID-19 in warmer, wetter weather, but transmission is very possible in all seasons.

Module 3: What are the symptoms of COVID-19?

Lesson Content:

- The most common symptoms of COVID-19 are fever, tiredness and dry cough. Some patients may also have aches and pains, nasal congestion, runny nose, sore throat, diarrhoea, conjunctivitis, headache, loss of taste or smell, a rash on skin, and/or discoloration of fingers or toes.⁴ People with more severe symptoms of COVID-19 experience shortness of breath. Some people who become infected do not develop any symptoms and do not feel unwell. It is possible to contract COVID-19 from someone who does not yet exhibit symptoms (i.e. people who are pre-symptomatic).
- Symptoms can take between 1 and 14 days to appear. Typically, symptoms appear 4 to 5 days after exposure.
- A person is contagious 2-3 days after exposure, even if they do not show any symptoms. People are also contagious when they have symptoms.
- Most people with COVID-19 get a fever (~90%). If possible, temperature should be checked twice a day if other symptoms are experienced.
- **(New guidance, June 2020): MIS-C:** Children account for a small fraction (1-5%) of diagnosed COVID-19 cases⁵, and in the US, only about 1-2% of those children required intensive care⁶. A very small percentage of children infected with COVID-19 may develop Multisystem Inflammatory Syndrome (MIS-C) where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes or gastrointestinal organs. Symptoms of MIS-C include fever, abdominal pain, vomiting, diarrhea, neck pain, rash, bloodshot eyes, and feeling extra tired. (These are some

³ See <https://www.erinbromage.com/post/the-risks-know-them-avoid-them>

⁴ See <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.

⁵ See <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-considerations-in-children/abstract/12>

⁶ See <https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-considerations-in-children/abstract/9>

of the same symptoms as those of Kawasaki disease.) We do not yet know what causes it. MIS-C can be serious, even deadly, but most children who have had MIS-C got better with medical care. Caregivers should seek care for children immediately if they have symptoms of MIS-C.⁷

Module 4: How to Prevent the Spread of COVID-19

Lesson Content:

1. Wash hands regularly with soapy water or soap and running water or alcohol-based rub for at least 20 seconds. Wash your hands:
 - Using soapy water or soap (soapy water made from detergent is often cheaper). Instructions on how to make soap water: <https://www.cdc.gov/vhf/ebola/pdf/chlorine-solution-liquid-soapy.pdf>
 - See **Appendix A** at the end of this outline for behavioural determinants that should be taken into account when developing a handwashing behaviour change intervention.
2. These are the times when one should wash hands with soap or sanitizer while COVID-19 is spreading:
 - When caring for the sick
 - After coughing or sneezing/ touching used tissues
 - Before putting on and taking off a face mask
 - When returning from the market or other places with high numbers of people
 - Before touching face (mouth, nose or eyes)
 - Touching shared/ common surfaces or objects
 - Before and after breastfeeding or touching a baby
 - Before, during and after preparing food
 - Before eating
 - After toilet use
 - After handling animals or animal waste
 - After handling garbage
 - After changing diapers
 - Before and after treating a cut or wound
3. When coughing or sneezing, cover the mouth and nose by coughing or sneezing into a bent elbow or a tissue. Throw the tissue immediately into a closed bin immediately after use and wash hands.
4. **Masks (*revised guidance, June 2020*)**: In areas with community transmission of COVID-19, the WHO now advises that members of the general public aged 60 and older and those with underlying conditions should wear a medical mask in situations where physical distancing is not possible. WV advises that the general public should wear three-layer, non-medical (e.g. fabric) masks in public areas when there is community COVID-19 transmission, especially when physical distancing is difficult, such as on public transport, in shops and markets, or in other confined or crowded environments. WV recommends fabric (cloth) or medical masks be correctly used during religious services and other large or indoor gatherings, especially where people will be doing a lot of talking, singing or shouting (where droplet transmission may be increased). WHO recommends that fabric masks consist of at least three layers of different materials: an

⁷ See <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/children/mis-c.html> for more information on MIS-C.

inner layer being an absorbent material like cotton, a middle layer of non-woven materials such as polypropylene (for the filter) and an outer layer, which is a non-absorbent material such as a polyester or a polyester blend. (See **Module 5** for more information on fabric recommendations.)

5. Distance yourself from other people by at least 2 meters (6 feet). This is called physical distancing, and is a key part of social distancing. (Social distancing also includes measures such as the closure of restaurants, churches, schools and businesses.)
6. Go to public places (e.g. marketplaces) only when necessary and stay home during governmental lock-downs and when stay-at-home orders have been issued. Wear a three-layer fabric mask or medical mask when visiting these crowded areas or using public transport and there is widespread transmission of COVID-19.
7. Avoid shaking hands, hugging and other physical greetings and contact with others. Instead, nod or bow and stay 2 meters apart from the other person.
8. Avoid touching eyes, nose or mouth with unwashed hands. This can be difficult! The average person touches his or her face 23 times each hour with hands. Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to eyes, nose or mouth. From there the virus can enter the body and make a person sick.
9. Avoid spitting in public places.
10. In areas with COVID-19 transmission, do not attend large public gatherings or events (especially indoors) and avoid crowded spaces to the greatest extent possible.
 - Limit time or do not go to religious services, family gatherings, restaurants, markets, stores, banks. If one must go out, one should limit one's time in these spaces, wear a three-layer fabric or medical mask, and keep a physical distance of at least two meters (6 feet) from others.
 - Where there is local transmission of COVID-19, faith leaders should encourage their members to worship in individual homes, while maintain social distancing. Members of faith communities can also participate in religious services online, where possible, or by listening to religious radio or TV programmes. Additional guidance for faith leaders is available online.⁸
 - Avoid all public transportation, if possible. If public transportation must be used, wear a three-layer fabric or medical mask, sit near an open window to increase ventilation and do your best to stay 2 meters apart from other passengers.
11. Clean high-touch surfaces (e.g. doorknobs, faucets, countertops) as often as possible with cleaning materials at home and at work. Use a tissue to touch surfaces you touch during use of public transportation (e.g. buses, trains).
12. If someone has suspected or confirmed COVID-19 illness in your home, take appropriate contact and droplet precautions through proper use of a three-layer or medical masks, gloves (or wash hands frequently), and physical distancing, as possible.
13. During government mandated lock downs, stay-at-home orders, and travel restrictions, stay at home to the greatest degree possible. This is your best mode of protection from being infected by the virus. Practice social distancing and limit your interaction with those outside of your immediate family (i.e. self-isolate).

⁸ See <https://www.who.int/publications/i/item/practical-considerations-and-recommendations-for-religious-leaders-and-faith-based-communities-in-the-context-of-covid-19>.

Population Groups who are Most at Risk and Higher-risk Settings:

- The exposure to the disease is increased in crowded community settings and public areas, especially indoors.
- The transmission of the disease is increased in home and community settings hosting COVID-19 patients and contacts of those patients.
- Those older than 60 are more at risk of severe disease or death from COVID-19.
- Disabled people are more at risk of severe disease or death from COVID-19.
- *(New guidance, June 2020:)* Some immunosuppressed people may be at more risk of severe disease or death. However, people living with HIV and on effective antiretroviral treatment (ART) are currently *not* at an increased risk of getting coronavirus, or developing severe symptoms. People living with HIV who are not on treatment or virally suppressed may be at a greater risk.⁹
- Those with underlying lung (respiratory), heart, kidney or liver diseases (e.g. child and adult asthma, COPD, heart conditions, severe obesity, diabetes, chronic kidney or liver disease) are at higher risk for severe illness and death from COVID-19.

⁹ See <https://www.avert.org/coronavirus/covid19-HIV>

Module 5: Personal Protection Equipment (PPE)

Lesson Content:

Please use the latest WV [Guidance on Staff and Volunteer Protection](#) during COVID-19 Response to train staff on Personal Protection Equipment. This additional information below may be helpful, but if there are any discrepancies with the guidance provided below and that guidance, rely on the latest official Staff and Volunteer Protection guidance linked above.

When are PPE required?

When the CHW gets within 2m of another person during home visits or group meetings or enters a home. For example:

- During any activities inside the home
- When handing items to people, such as soap, hand sanitizers, cash, food, other non-food items (NFIs) or other supplies
- When conducting in-home assessment of self-isolation preparedness and planning

When is PPE not required?

When the CHW stays 2 metres away from the person and/or does not enter the home. For example:

- Food packages left at the doorstep
- Water bottles left at the doorstep
- Setting up handwashing stations between every 5-10 houses
- Putting up posters in common community spaces that are not occupied
- Leaving packages of common goods at the doorstep (soap, hand sanitizer, bleach, clothes, etc.)

Please note: Homemade three-layer fabric face coverings are not considered PPE, since their capability to protect the health care worker is unclear, and at best marginal.¹⁰ However, in areas where medical masks are not available, CHWs and other home visitors should use three-layer fabric masks to reduce the likelihood of transmission.

This table below is from the latest version of the Staff and Volunteer Protection Guidance shows for which roles and tasks PPE are required. Please consult the latest version of this document on World Vision Relief to assure this table is up-to-date.

¹⁰ For more information on fabric (cloth) face coverings, please visit <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>

Summary table with suggested PPE based on specific tasks

Role and task	 distancing 1.5 - 2 m	 wash hands *	 mask on**	 gloves on***
Office based – no community engagement	✓	✓	x	x
Activities outside – no contact with community	✓	✓	x	x
Drivers – with WV staff, volunteers	✓	✓	x	x
Drivers – with suspect case	✓	✓	✓	✓
Activities delivering items to community – e.g. home delivery to doorstep	✓	✓	x	x
Distributions to a group	✓	✓	✓	✓
Community meeting (max. 10 people) ****	✓	✓	x	x
Home visit – meeting specific beneficiaries (health, CP, Ed etc.) not suspected case	✓	✓	✓	✓
Home visit by MOH or WV COVID-19 trained CHWs – with suspect or confirmed case	✓	✓	✓	✓

* wash hands with soap or alcohol-based sanitiser

**masks can be surgical/disposable

*** gloves can be examination/nitrite or vinyl; if gloves are not available, CHWs must wash hands with soap or sanitizer before and after every home visit

****follow local restrictions on group gatherings

(Gowns are not required, but if available, CHWs should use them during contact with people during home visits)

How to wear and dispose of a surgical facemask

- Before putting on a surgical mask or three-layer fabric mask, clean hands with alcohol-based hand rub or soap and water.
- Cover your mouth and nose with the surgical or three-layer fabric mask and make sure there are no gaps between your face and the mask.
- Avoid touching the surgical or three-layer fabric mask while using it; if the mask is touched, hands should be cleaned with alcohol-based hand rub or soap and water.
- Replace the surgical mask with a new one as soon as it is damp and do not re-use single-use masks. Three-layer fabric masks should be regularly washed with hot soapy water and should never be shared with others .
- To remove the mask: remove it from behind (do not touch the front of mask); discard single-use masks immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water. Wash three-layer fabric masks often.

WHO video of who should wear mask and how to wear a mask. https://youtu.be/M4olt47pr_o



For World Vision staff Office of Corporate Security guidance on masks use, see [HERE](#)

Recommended fabrics for face masks

- *(New guidance, June 2020:)* WHO now recommends that three-layer fabric (cloth) masks be used in areas with widespread transmission of COVID-19 where social distancing cannot be maintained. WV recommends these fabric masks be used in public areas where there is community transmission of COVID-19. They should consist of **at least three layers of different materials**: an inner layer being an absorbent material like cotton, a middle layer of non-woven materials such as polypropylene (also known as olefin fabric) for the filter, and an outer layer, which is a non-absorbent material such as a polyester or a polyester blend.
- Choose a fabric that is both breathable while being dense enough to capture viral particles. Children under two should not wear masks.
- Use a light test to determine if the combination of fabrics is a good candidate for a facemask:
 - Hold the layers of fabrics up to a bright light.
 - If light passes easily through the fibres and you can almost see the fibres, it is not a good combination of fabric for a facemask.
 - If it is a denser weave of thicker material and light does not pass through it easily, the materials are good for a facemask.
- For comparison, the best facemask is a medical mask, the N95/FFP2/KN95 respirator, which filters out at least 95% of particles as small as 0.3 microns (the most difficult size particle to filter). These are not recommended for use by the public since they need to be prioritized for certain health workers. A typical surgical mask is less efficient than a N95 medical mask, with a filtration efficiency ranging from 60 to 80 percent.
- Materials that scored high on filtering microscopic particles are vacuum cleaner bags, quilting fabric, multiple layers of 600-count pillowcases, and flannel.
 - Homemade facemasks made from **quilting or other dense/high weave count fabrics** performed as well as surgical masks in some tests, capturing 70 to 79% of particles.
 - **Four layers of a 600-count pillowcase** captures about 60% of particles. Less than four layers of simple cotton will often not be useful.
- The materials that scored lowest in filtration tests were scarves and bandanas, so please do **not** use thin fabrics such as single/double layers of silk napkins, cotton scarves/bandanas, or pillowcase fabric – use other recommended materials if possible. Even with a facemask made of four layers of bandanas, less than 20% of particles were captured, so please do not use these.

Module 6: Guidance for Home Visits and Group Meetings and Activities

Lesson Content:

(New guidance, June 2020:) **Key message:** Remember the 3 C's (see below) when planning a meeting or home visit. In all these cases when visiting others you should wear a mask (medical mask or a fabric mask if a medical mask is not available).

Avoid

- **Closed spaces with poor ventilation (no or few open windows)**
- **Crowded spaces (where you cannot maintain physical distancing)**
- **Close contact settings (conversations where you cannot maintain 2 meters spacing)**

Preparing for a Home Visit

1. If you or another member of your household **feels unwell, as a frontline worker stay home**. Call or text the person you planned to visit (e.g. a caregiver) instead of visiting.
2. If you or a family member has a fever and/or difficulty breathing, contact your local health department or go to the nearest hospital with inpatient beds.
3. If you and your family members are well and have not been in contact with a potential COVID-19 patient: make the home visit and pack soap or hand sanitizer to take with you.
4. Pack counselling cards and information, education and communication (IEC) materials on COVID-19, and PPE (masks, and – if available – gloves).

Measures to minimize close contact between during home visits by CHWs and other home visitors:

(Revised guidance, June 2020:) **Always follow local Ministry of Health recommendations on home visits. Those guidelines supersede (override) the recommendations below:**

1. **Always keep at least two meters** distance between yourself and all clients.
2. Where possible, home visits should be done outdoors in front of people's homes where proper social distancing (2 meters) can be maintained.
3. Greet people **without touching**. Explain why you are keeping your distance and promoting safe greeting.

4. If you must go inside or cannot maintain proper 2m physical distancing, wear a surgical facemask. If surgical masks are not available, do not make the visit, or wear a three-layer fabric mask which offers some protection. Wear examination gloves if you are planning to go into the home and change and dispose after each home visit, then wash your hands. If gloves are not available, wash hands with soap or sanitizer before and after every home visit. Do not touch your face until gloves are removed and hands are washed.
5. Wash hands with soap upon arrival and put on a new pair of gloves (if available). Bring soap/sanitiser to every home visit.
6. Always wear a surgical facemask or three-layer fabric mask when possible, and especially when it is not possible to maintain proper 2m physical distancing.
7. Do not shake hands, hug, kiss or have any other physical contact to reduce the possibility of transmission.
8. Keep each home visits to 30 minutes or less.
9. Avoid touching surfaces with your hands.
10. If you cough and sneeze, do so into your elbows, or into a tissue which should be discarded properly immediately. Wash your hands after discarding the tissue.
11. Wash hands or disinfect with an alcohol-based sanitizer hands after leaving the home.
12. Wash your clothes with detergent/soap daily since you may be in contact with people who have COVID-19.
13. If you are unable to follow these rules, suspend home visits until you are able to follow them.

Things to emphasize to caregivers and other family members during home visits:

1. The importance of **handwashing with soap** throughout the day. If a family does not have a handwashing station with soapy water (cheaper) or bar soap, offer to help them build one using materials they already have in the home.
2. The importance of **social distancing** – being around as few people as possible. Avoid crowds, travel and public transport when able. The importance of proper physical distancing – keeping at least 2 meters distance away from other people outside of the home, even other family members who live separately, and especially older family members.
3. *(New guidance, June 2020:)* Use a three-layer fabric mask when you need to be in public or crowded places (e.g. marketplaces, religious services, parties, funerals), especially when you cannot maintain social distancing.
4. Avoid touching your face with your hands.
5. Address any rumours or myths, not by repeating the rumour, but by repeating correct key messages on transmission and care. For example, if you know people may have heard that a particular drink could be used

to avoid transmission, do not repeat that, but say, “You may have heard that there are specific things you can do to avoid getting COVID-19. Some of those things are not true. The things that you can do to prevent transmission are...” and then go through the list.

6. Be sure to allow time for mutual emotional support. Recognize that people may be stressed and afraid.
7. Ask about how the children living in the house are doing, how they are spending their day, and if the caregivers have noticed any health or emotional changes. If possible, talk with the children and ask how they are doing. Use the key Child Protection and Education messages (see annex) during your visit.
8. Listen carefully and respond to questions and concerns.
9. Ask about and discuss barriers to the IPC behaviours being promoted and how to overcome them and ask for a commitment to practice the behaviours.

Collect cell phone numbers from the primary caregiver or others in the household (if the primary caregiver does not have a phone) and provide her or him with your cell phone number if you own a phone. *(Please see further guidance below regarding phone contact.)*

Increasing Staff Safety through Phone Contact

1. The preferred way for World Vision staff and volunteers to engage with communities and beneficiaries during the spread of COVID-19 is by phone or other digital means. Where possible consultations and training should be done remotely.
2. In order to reduce the future need for direct contact with beneficiaries and other community members in both group meetings and home visits, staff and volunteers should begin collecting phone numbers of beneficiaries, and staff should collect phone numbers of volunteers (especially CHWs). When needed, World Vision FOs should provide credit/data to staff and volunteers so that they can contact beneficiaries and volunteers by phone. Having these lists of phone numbers will help World Vision staff to contact beneficiaries and volunteers even after there are further lock-downs and travel restrictions in many countries. Digital communications may become one of the most important parts of our response as the pandemic spreads.
3. This data **should not** be shared with others without the person's consent (including with government officials) and should not be sent outside of the country. It should be safely stored in the AP or national office until needed. People should be made aware that it is their choice whether their phone number is shared with staff, and given an opportunity to refuse.

(See your country's guidelines on home care for suspected or confirmed COVID-19 cases. If any of the guidance below conflicts with that guidance, the home care guidance issued by your country should take precedent.)

If there is someone who is sick in the household, explain to this person and their caregivers that they should:

1. **Stay home and self-isolate** (unless they need to go to hospital – see table below)
2. **Avoid contact** with other people **in the home**, where possible, and prohibit visitors. If it is not possible to have the person in their own room, try to limit the number of people who come in close contact with the patient to as few as possible, and have them wear PPE (e.g. a surgical mask) when that is possible.
3. Avoid sharing utensils like plate or cup
4. Avoid preparing food
5. Cough/sneeze into their elbow or tissue. Wash hands with soap often.
6. *(New guidance, June 2020:)* If it is absolutely necessary for a sick person or a contact to leave the house, they should wear a medical mask.
7. Try not to touch their face with their hands.
8. Wash hands with soap and water often.
9. Drink plenty of water and eat nutritious foods like fruits and vegetables.

With increased pressure and isolation of families, risk of child abuse, exploitation and neglect also increase. If you suspect a child is being abused, neglected, or exploited the child's safety and best interests are the top priority.

DO:

1. Observe children during home visits, including parent-child interactions.
2. Enquire about any injuries observed and ensure medical help is sought when necessary.
3. Keep note of dates and observations you have made in which you suspect abuse or neglect.
4. If a child discloses an incident to you, take what he or she says seriously, even if it involves someone that you feel sure would not harm the child.
5. If a child discloses an incident to you, reassure the child and explain that you cannot promise to not tell anyone because other service providers may become involved to provide help.

6. Report to your supervisor as soon as possible and seek advice for all events where you are afraid for the well-being of a child and feel they may be at risk of harm.

DON'T:

1. Don't accuse parents of maltreatment or set up any confrontation.
2. Don't share information or concerns with other health workers or members of the community.
3. Don't try to investigate, or conduct a formal CP assessment, or take action into your own hands.
4. Don't keep it to yourself or dismiss your concerns when you have observed that a child may be at risk.

In summary:

Each time you suspect a case of abuse or neglect, always take action immediately by:

- Talking to you supervisor about the situation. If the supervisor agrees, then the supervisor will refer the child for services.
- If the child is at risk or harm of a potentially life-threatening situation, you and your supervisor need to take action immediately by referring the child for services.¹¹

Measures to minimize close contact between participants of group meetings:

1. Make an assessment as to whether a community meeting is lawful and whether a meeting should go forward in view of the local regulations and conditions, and other options for reaching people with the information that is planned.
2. Prepare for the group meeting, distribution or home visit:
 - If the group facilitator or another member of their household feels unwell, stay home. Call or text the participants and cancel the group meeting. Follow local requirements on self-isolation/quarantine. Give invited meeting participants the same instructions.
 - If the meeting facilitator has – or one of their family members has – a fever and/or difficulty breathing, contact your local health department and contact the nearest health facility taking COVID-19 patients. Call ahead to the health centre where possible. Do not proceed with the meeting. Follow local requirements on self-isolation/quarantine. Give invited meeting participants the same instructions.
 - Ensure that the meeting facilitator has soap, water and towel or sanitizer and required PPE, ensure that he or she knows how to use it, and be sure to use it as advised.
 - Set up the meeting site to ensure that people can be 2 meters away from each other and in a protected outdoor space. Wearing three-layer fabric masks can provide some additional protection. Advise people with disabilities and underlying health conditions (see above) and other vulnerable groups to not attend.

¹¹ Reporting and referral mechanisms are based on government or protection cluster policies and protocols.

- Use WFP guidelines for setting up of distributions:
<https://interagencystandingcommittee.org/other/interim-recommendations-adjusting-food-distribution-standard-operating-procedures-context>
3. Try to keep meetings to 30 minutes or less and ensure at meetings and distributions participants sit or stand 2 meters apart from each other at all times. (Young children should be left at home with another appropriate caregiver where possible, or can sit with parents when that is not possible given their lower risk.)
 4. Keep all group meetings limited to 10 persons or fewer, as approved by local authorities. Divide larger groups into smaller groups where necessary.
 5. In distributions, stagger timings to ensure that limited numbers of people are waiting for items.
 6. Meetings in open air are highly preferable to indoor meetings. For meetings that must be held indoors, ensure as much ventilation (e.g. opening all windows) as possible.
 7. Prohibit participation of people who are currently sick with fever or cough and provide them with information on where to go for testing and treatment.
 8. Have separate meetings with those who may be at higher risk of being severely affected if they contract COVID-19 (e.g. older than 60 years, people with chronic diseases such as diabetes, TB, heart or kidney disease, and HIV+ who are not on treatment), and be sure to explain that they need to be particularly observant of the social distancing recommendations or local government restrictions.
 9. ***If you are unable to follow these rules, stop group meetings until/unless you are able to follow them.***

Measures to minimize close contact during Distributions (e.g. of food, NFIs) and other response activities:

Staff and volunteers should wear a medical (surgical) mask, and examination gloves (or wash hands often), if they are unable to maintain 2 meters physical distancing during the distribution. Where medical masks are not available, wearing a three-layer mask provides additional protection. Hands should be washed before and after distributions and staff should not touch their face until they have removed their gloves, disposed of them safely and washed their hands.

The following are example of types of activities that do not require PPE if proper distancing is maintained:

- Food packages, soap, sanitizer, PPE, cleaners, or other items that are left at the doorstep for a family
- Setting up handwashing stations between every 5-10 houses
- Putting up posters in common community spaces
- Where physical distancing cannot be assured during these activities, wearing a medical or three-layer fabric mask during these activities can provide additional protection.

Guidance for Health Facility Referrals during Home Visits

Go to the recommended health facility for treatment immediately if you have:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in chest
- New confusion or inability to arouse
- Bluish lips
- Unbearable symptoms
- Persistent or high fever

Stay home and treat with cold/flu and pain medicine if you have:

- Mild flu-like symptoms
- Cough
- Sneezing or runny nose
- Mild fever
- Headache
- And **NONE** of the other symptoms in the first column

Remember: In order to reduce the future need for direct contact with beneficiaries and other community members in both group meetings and home visits, staff and volunteers should begin collecting phone numbers of beneficiaries, and staff should collect phone numbers of volunteers (especially CHWs). See “Increasing Staff Safety through Phone Contact” section above.

CHWS, CHVs and Frontline Workers should monitor their own health, checking for COVID-19 symptoms.

Module 7: Developing Household and Community Preparedness and Emergency Plan

Lesson Content:

Developing a Household and Community Preparedness and Emergency Plan

A household and community preparedness and emergency plans should include plans for:

- a. Adequate supply of food and water
- b. Transportation
- c. Communications
- d. Care arrangements for children if caregivers go into quarantine
- e. Essential medications (first aid)
- f. Burial
- g. Water trucking and adequate water storage
- h. Sufficient water at public places for hand washing, regular cleaning and disinfection purposes, to shorten the persistence of the virus on surfaces and bodies.

Ensure care for children who are separated from their caregivers, due to quarantine, hospitalization or death:

- l. Help families to have a plan for who will care for children if a parent or caregiver becomes ill (prioritize kinship care or extended family when possible).

2. Based on community surveillance, identify households at particular risk, such as those with elderly caregivers, single-headed households, or child-headed households.
3. In the event of parental hospitalization or death, and in the absence of kinship or extended family care, use government guidelines to refer children to appropriate services for emergency alternative care.

Module 8: Triage and Home-Based Care Protocols for COVID-19

Lesson Content:

When using this guide with CHWs/CHVs, please see World Vision’s Community Health Worker COVID-19 Home Management Decision-Tree as well. Where available, teach CHWs/CHVs to use mobile health (mHealth) technology to triage and screen for potential COVID-19 infected cases. World Vision is working with the digital company Dimagi to modify their CommCare app for this use. (Testing of the app is underway.) Dimagi can be contracted to train World Vision staff and others on the use of these apps.

Home-Based Care Protocols ¹²

Assess whether a patient with COVID-19 can be treated at home:¹³

In consultation with MOH or a healthcare professional, assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- a. The patient is stable enough and without danger signs (e.g. not quickly deteriorating in their health status and currently without respiratory distress, persistent pain or pressure in the chest, new confusion or inability to arouse, or bluish lips/face) to receive care at home.
- b. Appropriate caregivers are available at home.
- c. There is a separate bedroom where the patient can recover without sharing immediate space with others.
- d. The patient and other caregivers in the household who will be providing direct care to the person with COVID-19 symptoms have access to appropriate, recommended personal protective equipment (at a minimum, a surgical facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g. respiratory and hand hygiene).
- e. There are NO household members who may be at increased risk of complications from COVID-19 infection (e.g. people >65 years old, people who are immunocompromised, and those with chronic heart, lung, or kidney conditions).

¹² Home Care Protocols for COVID-19 people that do not require hospitalization have been gathered from the Kenyan MOH. These guidelines should only be used by CHWs who have had proper training in COVID-19 home management and referral.

¹³ See [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

What do we need to do when treating a person at home with COVID-19 (who does not require hospitalization)?

- a. Place the patient in a well-ventilated single room (i.e. with open windows and an open door).
- b. Limit the movement of the patient in the house and minimize shared space. Ensure that shared spaces (e.g. kitchen, toilet) are well ventilated (e.g. keep windows open).
- c. Household members should stay in a different room or, if that is not possible, maintain a distance of at least 1 metre from the ill person (e.g. sleep in a separate bed).
- d. Limit the number of caregivers. Ideally, assign one person who is in good health and has no underlying chronic or immunocompromising conditions.
- e. Visitors should not be allowed until the patient has completely recovered and has no signs and symptoms. Home isolation can end when a person has had no fever for at least 72 hours (i.e. three full days of no fever without the use of medicine that reduces fever) AND other symptoms have improved (e.g. cough, shortness of breath) AND at least 7 days have passed since symptoms first appeared.¹⁴
- f. If it is absolutely necessary for a sick person or a contact to leave the house, they should wear a medical mask.
- g. Perform hand hygiene before and after any type of contact with patients or their immediate environment.
- h. Hand hygiene should also be performed before and after preparing food, before eating, after using the toilet and whenever hands look dirty. If hands are not visibly dirty, an alcohol-based hand rub can be used. For visibly dirty hands, use soap and water.
- i. When washing hands with soap and water, it is preferable to use disposable paper towels or toilet paper to dry hands. If these are not available, use clean cloth towels (single user).
- j. To contain respiratory secretions, a surgical mask should be provided for suspected or confirmed cases, if available, and worn always. Individuals who cannot tolerate surgical masks should practice rigorous respiratory hygiene – that is, the mouth and nose should be covered with a disposable paper tissue when coughing or sneezing. Materials used to cover the mouth and nose should be discarded or cleaned appropriately after use (e.g. wash handkerchiefs using regular soap or detergent and water). A three-layer fabric mask can offer some additional protection where medical masks are not available.
- k. Caregivers should wear a surgical mask (or three-layer fabric mask where surgical masks are not available) that covers their mouth and nose when in the same room as the patient. Masks should not be touched or handled during use. If the mask gets wet or dirty from secretions, it must be replaced immediately with a new clean, dry mask. Remove the mask using the appropriate technique – that is, do not touch the front, but grasp the bottom ties/elastic of the surgical mask then the ones at the top, and remove without touching the front. Discard the surgical mask immediately after use and perform hand hygiene. Clean three-layer fabric masks daily with hot soapy water.
- l. Avoid direct contact with body fluids, particularly oral or respiratory secretions, and stool. Use a surgical mask when providing oral or respiratory care and when handling stool, urine and other waste. Perform hand hygiene before and after removing the surgical mask.

¹⁴ See <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>.

- m. Do not reuse surgical masks. All fabric masks should be washed regularly with hot soapy water, and never shared.
- n. Use dedicated linen and eating utensils for the patient; these items should be cleaned with soap and hot water after use and may be re-used instead of being discarded.
- o. Clean and disinfect daily surfaces that are frequently touched in the room where the patient is being cared for, such as bedside tables, bedframes and other bedroom furniture, doorknobs, and faucets. Regular household soap or detergent should be used for cleaning, and then after rinsing, regular household disinfectant containing 0.5% sodium hypochlorite (Chlorine bleach (3.8%); dilute 1 cup of bleach to 6 cups of water) should be applied.
- p. Clean and disinfect bathroom and toilet surfaces at least once daily. Regular household soap or detergent should be used first for cleaning, and then, after rinsing, regular household disinfectant containing chloride bleach should be applied.
- q. Clean the patient's clothes, bed linen, bath and hand towels using regular laundry soap and water with common household detergent, and dry thoroughly. Place contaminated linen into a laundry bag. Do not shake soiled laundry and avoid contaminated materials coming into contact with skin and clothes.
- r. Gloves, surgical masks and other waste generated during at-home patient care should be placed into a waste bin with a lid in the patient's room before being disposed of as infectious waste. CHW/CHVs should be tasked with the distribution of bin liners and collection of infectious waste and disposal done at the nearest health facility per local MOH guidelines.
- s. Avoid other types of exposure to contaminated items from the patient's immediate environment (e.g. do not share toothbrushes, cigarettes, eating utensils, dishes, drinks, towels, washcloths or bed linen).

Module 9: Mental Health Care during the COVID-19 Pandemic

Lesson Content (from the CDC):¹⁵

People who may respond more strongly and negatively to the stress of a crisis include:

- Older people and people with chronic diseases who are at higher risk for COVID-19
- Children and adolescents
- People who are helping with the response to COVID-19, like doctors, nurses, CHWs, and other health care providers, or first responders
- People who have mental health conditions including problems with substance use

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- Increased use of alcohol, tobacco, or other drugs

For Responders:

Responding to COVID-19 can take an emotional toll on you. There are things you can do to reduce secondary traumatic stress (STS) reactions:

- Acknowledge that STS can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

For parents:

Children and teens react, in part, on what they see from the adults around them. When parents and caregivers deal with the COVID-19 calmly and confidently, they can provide the best support for their children. Parents can be more reassuring to others around them, especially children, if they are better prepared.

¹⁵ See https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fmanaging-stress-anxiety.html

Not all children and teens respond to stress in the same way. Some common changes to watch for include:

- Excessive crying or irritation in younger children
- Returning to behaviours they have outgrown (for example, toileting accidents or bedwetting)
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and “acting out” behaviours in teens
- Poor school performance or avoiding school
- Difficulty with attention and concentration
- Avoidance of activities enjoyed in the past
- Unexplained headaches or body pain
- Use of alcohol, tobacco, or other drugs

Things caregivers may do to support their child:

- Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
- Reassure your child or teen that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- Limit your family’s exposure to news coverage of the event, including social media. Children may misinterpret what they hear and can be frightened about something they do not understand.
- Try to keep up with regular routines. If schools are closed, create a schedule for learning activities and relaxing or fun activities.
- Be a role model. Take breaks, get plenty of sleep, exercise, and eat well. Connect with your friends and family members.

Things caregivers can do to support themselves:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body. Take deep breaths, stretch, pray or meditate. Try to eat healthy, eat well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are feeling.

ANNEX A: Brief Synopsis of the Behavioural Determinants of Hand Washing Behaviour

These determinants were drawn from [previous Barrier Analysis studies on hand washing with soap](#), and other published literature on hand washing. These should be taken into account when choosing messages to promote hand washing.

- Psychological determinants: Knowledge, attitudes, and beliefs around the importance of handwashing with soap
 - Knowledge of health impacts of handwashing with soap (HWWS)
 - Knowledge of key timing for HWWS
 - Action-efficacy: the belief that by HWWS you can keep yourself healthy
 - Perceived severity (fear): the belief that not performing proper HWWS will cause major health consequences
 - Comfort: the belief that HWWS helps you smell nice, seem clean to others, or feel good
 - Disgust: feeling the hands are dirty from an activity and feeling the need to clean them
 - Nurture: feeling of being a good caregiver (for example, you are a good mother if you wash your hands to protect your children)

- Personal characteristic determinants: Innate characteristics (things you cannot or cannot easily change), such as women wash their hands more than men
 - Level of education: More highly educated people wash their hands more often
 - Wealth: More wealthy people wash more often (could be associated with access and education)
 - Gender: females wash their hands more often
 - Having a young child in the family (Related to nurturing, above)
 - Physical ability (access): Access to what is required to wash hands with soap (small children or those with physical limitations may be unable to access facilities)

- Environmental determinants:
 - Proximity of a designated place for handwashing (studies show that respondents who had access to a handwashing place within 10 paces of the kitchen and the toilet facility were estimated to wash their hands with soap more often)
 - Cues in the environment (nudges): Signs, painted walkways, other things in the environment that draw attention to a designated handwashing place (One study showed a painted walkway from the toilet to the place for handwashing increased the rate of handwashing from 4% at BL to 74% 6 weeks later)
 - Social Norms: Creating an expectation and making HWWS observable creates HWWS as a social norm

ANNEX B: Sample SMS Messages for Infection Prevention and Control (IPC), Child Protection, and WASH for World Vision Staff and Front-line Workers & Volunteers (e.g. CHWs, CHVs)

World Vision International

<https://www.wvi.org/>

These sample SMS messages can be used by staff to help World Vision staff, volunteers (e.g. CHWs) and caregivers of children and other family members to avoid the spread of COVID-19 and to mitigate its effect on children. Each section was developed by the corresponding World Vision GC sector team. Additional messages (e.g. for Livelihoods) may be added later. Please adapt all messages in accordance with local government messaging and policies, where needed.

Note:

- All Staff must seek out and follow COVID-19 guidance on legally permissible working and gatherings issued by their local government agencies. Nothing in these guidelines should be interpreted as authorizing staff to ignore the law or put themselves or our beneficiaries in increased danger of contracting COVID-19. If legally permissible, these guidelines should be used by all World Vision staff and volunteers to conduct group meetings, other mass gatherings, home visits, or other contact with beneficiaries that are not prohibited under local laws and regulations. This includes CHWs and also Child Protection, Education, WaSH, Livelihoods, Health and Nutrition, F&D, and CS staff and home visitors. These guidelines are intended to minimize risk to World Vision staff, volunteers and beneficiaries as well.
- World Vision OCS has published [Guidance on Staff and Volunteer Protection during COVID-19 Response](#) and [Guidance on Transporting COVID-19 Patients](#) that should be read, understood and followed. Any apparent discrepancy that you discover between that guidance and this SMS message guide should be noted in an email to covid@wvi.org.
- Always follow local ministry of health or other government regulations on mass gatherings and group meetings. Where the MOH or government regulations are more stringent, follow those regulations. Where government regulations are less stringent, then the following World Vision recommendations should be adhered to, as a minimum practice.

Health, Nutrition and General COVID-19 Prevention Messages

SMS Key Area: What is Covid-19 ¹⁶

14. COVID-19 is highly contagious respiratory disease. People of all ages can get sick, but older people and people with underlying diseases are at higher risk of dying from COVID-19. In severe cases, COVID-19 can cause pneumonia, and can lead to death if not treated. *(264 characters with spaces.)*

SMS Key Area 2: How does COVID-19 Spread?

15. COVID-19 is passed from person to person through sneezing and coughing, physical touch, and touching contaminated surfaces (or objects). The virus can enter your body through your eyes, nose or mouth, if the virus is on your hands and you touch your face. *(256 characters with spaces.)*

SMS Key Area 3: What are the symptoms of COVID-19?

16. COVID-19 symptoms include fever, cough and shortness of breath. Symptoms can take between 2 and 14 days to appear. A person is contagious 2-3 days after exposure, even if they do not show any symptoms. *(203 characters with spaces.)*
17. Almost everyone with COVID-19 gets a fever. If possible, check your temperature with a thermometer twice a day if you are experiencing other symptoms. *(150 characters with spaces.)*

SMS Key Area 4: How to Prevent the Spread of COVID-19?

18. To prevent COVID-19, wash your hands regularly with soapy water or soap or alcohol-based rub for at least 20 seconds. When coughing or sneezing, cover your mouth and nose with a bent elbow or tissue. Distance yourself when in public from other people by at least 2 meters. Avoid physical greetings and contact with others. *(324 characters with spaces.)*
19. *(New message, June 2020:)* When you must be in public areas, especially where social distancing is impossible such as marketplaces or on public transport, and you live in an area where COVID-19 is spreading, use a surgical mask or a facemask made with three layers of different fabrics. *(261 characters with spaces)*

¹⁶ Much of the content and lessons in Modules 1, 2, 3 and 4 have been gathered from Medicines for Humanity *Self-Learning Curriculum for Community Health Workers and Providers*.

20. Do not touch your eyes, nose or mouth with your hands because they may have the Coronavirus on them. Avoid spitting in public. Avoid crowded spaces. Avoid public transportation, if possible. *(191 characters with spaces.)*
21. [Use during lock-downs:] Stay at home! Self-isolate. Clean surfaces in your home as often as possible. Use two metres of physical distancing whenever possible. *(126 characters with spaces.)*
22. If you experience mild COVID-19 symptoms: stay home and self-isolate, avoid contact with other people in the home, avoid sharing utensils, avoid preparing food, cough into elbow or tissue, wash hands often with soap, try not to touch your face with your hands, and drink plenty of water and eat nutritious foods. *(312 characters with spaces.)*
23. If you experience severe COVID-19 symptoms including a sustained fever with a dry cough and difficulty breathing, immediately contact designated health authorities by phone or present to health facility qualified to test and treat COVID-19. *(246 characters with spaces.)*

SMS Key Area 5: Personal Protection Equipment (PPE)

[THESE THREE MESSAGES CAN BE SENT TO CHWs and CERTIFIED HOME VISITORS ONLY; NOT CAREGIVERS:]

24. *(Revised message, June 2020:)* Use surgical masks and gloves (or wash hands frequently) when in contact with the public and stay at least 2 meters from other people. PPE is required during home activities and when distributing provided items. When surgical masks are not available and you must make a home visit, use a fabric facemask made from three layers of different fabrics. *(348 characters with spaces.)*
25. Clean your hands before putting on a facemask. Make sure there are no gaps between your nose and mouth and the mask. Do not touch the front of mask. Replace the mask as often as possible. Wash your hands after taking off a facemask. *(232 characters with spaces.)*
26. If possible, watch this WHO video on how to use a facemask. https://youtu.be/M4olt47pr_o *(88 characters with spaces.)*

SMS Key Area 6: Guidance for Home Visits & Group Meetings of Activities

[THESE NINE MESSAGES CAN BE SENT TO CHWs and CERTIFIED HOME VISITORS ONLY; NOT CAREGIVERS:]

27. CHWs should only visit households if this is permitted by government health authorities. If you or another member of your household **feels unwell, stay home**. Call or text the mother instead of visiting. **Pack soap** or hand sanitizer and PPE to take with you. *(256 characters with spaces.)*
28. *(Revised message, June 2020:)* When CHWs conduct home visits, always keep at least two meters distance between yourself and all clients. Greet without touching. If you must go inside or cannot maintain social distancing wear a surgical facemasks and gloves (or wash hands frequently) or a fabric mask made from three

layers of different fabrics if surgical masks are unavailable. Change and dispose after each home visit and wash your hands. (410 characters with spaces.)

29. CHWs should keep home visits to 30 minutes or less. Avoid touching your face and surfaces with your hands. Wash hands with soap upon arrival. Do not shake hands or hug. If you cough and sneeze, do so into your elbows or a tissue. Wash hands when leaving the home. If you can't follow these rules, suspend visit. (305 characters with spaces.)
30. CHWs should promote these things during home visits: handwashing with soap or soapy water often, staying at home whenever possible and staying 2 meters from others, and don't touch your face. CHWs should key repeat messages to overcome rumours and listen carefully to questions and concerns. Collect cell phone numbers from the caregiver and give them yours. (357 characters with spaces.)
31. Change your clothes daily and wash with detergent/soap since you may be in contact with people who have COVID-19. (115 characters with spaces.)
32. For safety, CHW consultations and trainings should be done remotely when possible. CHWs should collect phone numbers from beneficiaries with their consent and assure that these numbers will not be shared without their consent. Having this list of numbers will allow for better contact with beneficiaries during lock downs. (323 characters with spaces.)
33. If groups meetings are authorized, follow these measures: if the CHW or anyone in the CHW's home has COVID-19 symptoms, the CHW should stay home and not attend the meeting. No one with COVID-19 symptoms should attend any group meeting. (236 characters with spaces.)
34. **[Guidance for group meetings if they are permitted by local health authorities:]** CHWs should have soap and water, or sanitizer, and required PPE for group meetings. Set up meeting site to ensure people can be 2 meters away and in a protected outdoor space. Try to keep meetings to 30 minutes or less. Keep all group meetings to 10 persons or less. No young children should attend. (299 characters with spaces.)
35. **(Revised message, June 2020:)** During distributions, CHWs should wear surgical facemasks and gloves (or wash hands frequently), should maintain 2 meters social distance, wash hands before and after distributions, and don't touch their face. Where surgical masks are unavailable, masks made with three layers of different fabrics provide additional protection. Types of distributions could include food deliveries, COVID-19 hygiene supplies, setting up hand washing stations, and putting up posters. (468 characters with spaces.)
36. **[CHW guidance for health facility referrals during home visits:]** Immediately refer if a person or child has a persistent fever, difficulty breathing or shortness of breath, persistent pain or pressure in chest, confusion or inability to be aroused, bluish lips, or unbearable symptoms. (220 characters with spaces.)
37. CHWs should report any signs of abuse, exploitation or neglect of children to their supervisor or their local reporting and referral mechanism. (143 characters with spaces)

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SMS Key Area 7: COVID-19 Household and Community Preparedness and Emergency Plans

[THESE TWO MESSAGES CAN BE SENT TO CHWs and CERTIFIED HOME VISITORS ONLY; THEY CAN BE ADAPTED FOR CAREGIVERS:]

38. CHWs should encourage households to develop a household COVID-19 preparedness and emergency plan. This plan should include: storing adequate food and water, a plan for communication and transportation, care arrangements for children if caregivers go into quarantine, and an adequate stock of essential medications. (314 characters with spaces.)
39. CHWs should encourage communities to develop a community COVID-19 preparedness and emergency plan. These plans should include: water trucking and adequate water storage, ensure that there is sufficient water at public places for hand washing, and burial plans. (261 characters with spaces.)

SMS Key Area 8: Guidance for COVID-19 Home-based Care

[THESE MESSAGES CAN BE SENT TO CHWs ONLY; IT CAN BE ADAPTED FOR CAREGIVERS:]

40. *(Revised message, June 2020:)* CHWs should promote home care of patients with COVID-19 symptoms under the following circumstances, following local MOH guidelines: The patient has mild symptoms only, and the home has: an available separate room for isolation, available caretaker, food and water, a surgical mask (or fabric mask made from three layers of different fabrics where surgical masks are not available), and no member of the house has an increased risk of complications from COVID-19. (462 characters).

[THESE THREE MESSAGES CAN BE SENT TO BOTH CHWs, CERTIFIED HOME VISITORS AND CAREGIVERS]

41. *(Revised message, June 2020:)* When someone is sick with COVID-19 symptoms, isolate the patient in a well-ventilated room, alone, with no visitors. Limit the number of caregivers. Caregivers should wear a surgical facemask and gloves (or wash hands often) when providing care, and avoid direct contact when possible. Wash hands before and after contact with patient or their room. Where surgical masks are unavailable, fabric mask made from three layers of different fabrics offer some protection. (465 characters)
42. How to clean when a person has COVID-19 symptoms: Use dedicated linen and eating utensils for the patient, and clean these with soap and hot water after use. Wear gloves (or wash hands often) and a surgical (or three layer fabric) mask to clean and disinfect the surfaces in the patient room daily. Use soap or detergent, followed by a household disinfectant of 1 cup of bleach to 6 cups of water. Clean patient's clothes, linen, towels separately with detergent and dry thoroughly. (482 characters)
43. How to dispose of waste when someone has COVID-19 symptoms: Place gloves, masks and other waste from patient care in a waste bin with a lid in the patient's room before being disposed of as infectious waste. Do not share any items from the patient (toothbrushes, cigarettes, etc.) (280 characters)

SMS Key Area 9: Guidance for Mental Health During COVID-19

44. Older people and people with chronic diseases, children and teens, health responders, and people with mental health conditions are more susceptible to mental health problems during COVID-19. Symptoms may include fear about health, changes in sleep and eating habits, and increased substance abuse. *(298 characters)*
45. Everyone should limit their stress by asking for help when they feel overwhelmed or concerned that COVID-19 is affecting their ability to care for their family (or patients). Take time for you and your family, take breaks from media coverage of COVID-19, eat healthy, rest, and exercise. *(287 characters)*

SMS Key Area 10: Child Protection

1. **Routines:** Has COVID-19 disrupted your family's daily routines? This can be hard for you and your children. Creating a routine will help children feel more secure. Invite children to help plan the schedule for the day. If they help to make it, they are more likely to follow it!
2. **One on One Time:** School shutdown is also a chance to make better relationships with our children and teenagers. One-on-One time is free and fun. It makes children feel loved and secure, and shows them that they are important. Set aside time to spend with each child every day.
3. **Parental stress:** This is a stressful time. Take care of yourself so you can support your children. Millions of people have the same fears as you. Find someone who you can talk to about how you are feeling. Sharing and listening to each other helps everyone!
4. **Children's reactions:** Did you know that children respond to stress in different ways? Some may be more clingy, anxious, angry, agitated, or act up. Do not treat this as bad behaviour. Respond to your child's reactions in a supportive way, listen to their concerns, reassure them, and give them extra love and attention. You've got this!
5. **Keep it Positive!** Praise your child when they are behaving well. Try praising your child or teenager for something they have done well. They may not show it, but you'll see them doing that good thing again. It will also reassure them that you notice and care.
6. **Responding to bad behaviour:** Do you ever feel like screaming when your child is misbehaving? Take a pause. It gives you a chance to calm down. Give yourself a 10-second pause. Breathe in and out slowly five times. Then try to respond in a calmer way. Millions of parents say this helps - A LOT.
7. **Bad behaviour:** All children sometimes misbehave. They may even drive us crazy, especially during this stressful time. We may end up yelling and getting even more stressed or angry. However, children respond best when we speak in a calm voice, address them by their names, and give them positive instructions and lots of praise for what they do right.
8. **Bad behaviour:** Can we catch bad behaviour before it starts? Try to redirect their attention to something fun or interesting. If that doesn't work, give your child a choice to follow your instructions or lose a privilege. Consequences help teach our children responsibility for what they do. This is more effective than hitting or shouting.
9. **CP helpline:** Do you know of a child who is being hurt or abused? Call the national child helpline at [ADD LOCAL HELPLINE NUMBER HERE]. The call is confidential and they are here to help.
10. **Create a plan:** Just in case you become sick with COVID-19, create a plan that includes who will care for your children. Talk to your children about the plan. If you are separated (e.g. hospitalization) ensure regular contact (e.g. via phone) and re-assure your children.
11. **Participation:** Brainstorm with your children a list of simple jobs, or fun activities they can do. They can choose a job and a fun activity from the list each day. Praise them when they do it!

12. **Take a Break:** We all need a break sometimes. When your children are asleep, do something fun or relaxing for yourself. Make a list of healthy activities that YOU like to do. You deserve it!

SMS Key Area 11: WASH

1. **Handwashing (how):** Wash hands vigorously with soap and water, soapy water, or alcohol-based hand rub for at least 20 seconds. Shake hands dry or use a disposable towel or clean towel not shared with others. (187 characters)
2. **Handwashing (when):** Wash hands after coming home from a public place, after coming into contact with someone sick, after touching any public surface, after using the toilet, before preparing food, before eating, or if you cough or sneeze into your hands. (234 characters)
3. **Handwashing (why #1):** Wash hands with soap and water, soapy water, or alcohol-based hand rub to protect your family and your community, especially those who are at high risk. If you are infected, even if you feel healthy, you can infect up to 2,000 people within one month. (250 characters)
4. **Handwashing (why #2):** Wash your hands with soap and water, soapy water, or alcohol-based hand rub to protect healthcare workers. If healthcare workers get sick, they can't help people with COVID-19 or other conditions and it will harm many people. (225 characters)
5. **Handwashing (enabling environment):** Washing hands is easiest if you make a place for handwashing near the toilet, the kitchen, and/or the entrance to the house. Keep soap and water, soapy water, or alcohol-based hand rub present and make cleaning your hands a habit. (230 characters)
6. **Community Water points:** Continue accessing safe water while protecting yourself from COVID-19. Ensure a space of 2 meters between people accessing water, and wash your hands with soap before and after fetching water. Maximize your water storage at home to reduce the number of trips to communal water points. (284 characters)
7. **Limited water supply:** Where water is limited, wet hands with water and turn off tap while lathering with soap (20 seconds), and then turn on again and rinse. A tap kept open for 40 seconds uses about 5 litres per handwashing event. Use of 0.5-2 litres per wash has been shown to reduce contamination of hands. Consider use of alternative water sources for handwashing such as rainwater harvesting. (375 characters)
8. **Wastewater:** Water used for handwashing should always flow to a drain or be disposed in a soak-away. Hands should not be rinsed in a communal basin as this may increase contamination of the water used for washing and could possibly re-contaminate hands. (240 characters)
9. **Shared sanitation:** Try to establish separate toilets for those infected or suspected to be infected with COVID-19. Toilets should be cleaned after an infected person uses them by someone wearing PPE or once per ten uses otherwise. (211 characters)

10. **Hygiene practices for cases in the home:** When someone in your household has COVID-19, isolate the person as much as possible and clean and disinfect surfaces the person touches. Wash hands with soap after interacting with someone suspected or confirmed to have COVID-19. (229 characters)

SMS Key Area 12: Nutrition

1. **Breastfeeding:** If a mother has suspected or confirmed COVID-19, the mother should continue to breastfeed her infant or young child. It is safe to breastfeed your child with recommended hygiene precautions during feeding. (222 characters)
2. **Breastfeeding:** If the infant or young child has suspected or confirmed COVID-19, mothers should continue to breastfeed with necessary hygiene precautions, including handwashing before and after breastfeeding. Breastmilk can help fight the disease and bring comfort to the sick the child. (271 characters)
3. **Breastfeeding:** Infants should be fed **only** breastmilk with no other foods or liquid until they are 6 months of age. Continue breastfeeding until the child is 2 years of age or older. Breastfeeding can provide comfort and love to both the mother and child during difficult and scary times. (291 characters)
4. **Skin-to-Skin Contact:** Close skin-to-skin contact and breastfeeding helps a baby to thrive. Skin-to-skin contact means baby in a diaper (nappy) only and adult with no clothing on their front. This can bring comfort to both during the pandemic. (246 characters)
5. **Non-Breastfed Infants:** For non-breastfed infants, caregivers should wash their hands with soap and water before preparing infant formula. It is recommended to use a cup, instead of a bottle to feed your baby, as cups are easier to clean. Cups or bottles (if used) should be sterilized before use.
6. **Complementary Feeding:** Starting at 6 months, your child needs breastmilk and complementary foods to meet energy and nutritional needs. However, if fresh fruit and vegetables are difficult to buy in the market, try to replace fresh produce with healthy food options such as whole grains and nuts. Limit highly processed foods such as sugary drinks or foods high in salt and saturated fat. (381 characters)
7. **Active and Responsive Feeding:** Active and Responsive Feeding: Look for early hunger signs in your infant, such sucking on hands, lips, toes, clothes, toys and fingers, opening and closing the mouth, sticking the tongue out, and feed your infant as soon as they are showing these signs.. When feeding your infant or child, you can sing songs or talk softly to soothe and comfort your child. (393 characters)
8. **Frequent Feeding:** Young child need frequent small meals throughout the day. A young child should have 3 meals and 1 to 2 snacks during the day. These foods should be high in energy, such as oil; bodybuilding such as eggs and nuts; and protective, such as fruits and vegetables. (282 characters)

9. **Feeding and Hygiene:** Mothers should wash their hands with soap and water before and after feeding their child, including breastfeeding. Before preparing or eating food, caregivers should wash their hands with soap and water. (228 characters)
10. **Feeding and Hygiene:** If your household normally eats from a common bowl, or if feeding children by hand is common, consider switching to separate bowls. It is better to use the child's own plate and spoon for feeding to avoid transmission of COVID-19. (254 characters)
11. **Feeding and Hygiene:** If a mother has respiratory symptoms, the mother should use a facemask when near a child and perform hand hygiene before and after contact with the child. (179 characters)
12. **Food Hygiene:** Food handling is important to reduce food contamination, resulting in diarrhoea and sometimes COVID19 transmission. Food should be eaten within 2 hours of preparation in hot weather. Wash all foods eaten raw with soap and water for at least 20 seconds. (270 characters)
13. **Malnutrition:** A Mid Upper Arm Circumference Tape can be used to check if your child has acute malnutrition. It is important to monitor the growth of your child and to seek immediate care if you find your child is not adequately growing. (240 characters)
14. **Sick Child Care:** If your infant or child is sick, increase the frequency of breastfeeding during and after illness to limit weight loss and speed recovery. If your child is 6 months or older, give one additional meal with high energy like and nutrients. (252 characters)
15. **Sick Child Care:** Sometimes COVID-19 can cause diarrhoea. Give Oral Rehydration Salt to children with diarrhoea and provide Zinc supplementation for 10 to 14 days. (167 characters)
16. **Maternal Nutrition:** To strengthen the immune system and improve mental health during the pandemic, all women of reproductive, age including adolescents, should consume nutritious foods. Pregnant women should consume Iron Folic Acid Tablets or Multiple Micronutrient Supplements.

SMS Key Area 13: Encouraging Health Workers and Caregivers

1. **Health Workers:** Thank you for your dedicated service to your community. We appreciate all your hard work and willingness to serve in this difficult time!
2. **Health Workers:** We understand the hardships that you are facing, like the very long hours you are working and the fact that you are separated from you loved ones. We appreciate your sacrifice so much.
3. **Caregivers:** You are the backbone of our communities and we are so thankful for all that you do to keep your children and your community safe.
4. **Caregivers:** Please know that we are so thankful for all you do for your families. We understand that these are unsettling times, and we are so proud of your strength and perseverance.

References and further reading

- WHO:** [Resource Page on COVID-19 Occupational Health](#). Includes guidance on rights, roles and responsibilities of health workers, health workers exposure risk assessment and management, rational use of PPE and a risk communication package.
- WHO:** [Home care for patients with suspected COVID-19 infection presenting with mild symptoms and management of contacts](#). (March 17 2020) This rapid advice has been updated with the latest information and is intended to guide public health and infection prevention and control (IPC) professionals, health care managers and health care workers (HCWs) when addressing issues related to home care for patients with suspected COVID-19 who present with mild symptoms and when managing their contacts.
- WHO:** [The COVID-19 risk communication package for healthcare facilities](#) (March 10 2020) This risk communication package for healthcare facilities provides healthcare workers (HCWs) and healthcare facility management with the information, procedures, and tools required to safely and effectively work. The package simplified messages and reminders based on WHO's more in-depth technical guidance on IPC in the context of COVID-19: "Infection prevention and control during health care when novel coronavirus (nCoV) infection is suspected". *Document can be printed and used as reminder posters for facilities on IPC.*
- WHO:** [Responding to community spread of COVID-19 Interim guidance \(March 7 2020\)](#)
- This document compiles technical guidance for government authorities, health workers, and other key stakeholders to guide response to community spread. It will be updated as new information or technical guidance become available. For countries that are already preparing or responding, this document can also serve as a checklist to identify any remaining gaps.
- WHO:** [Guideline for Emergency Risk Communication \(ERC\) policy & practice](#)
- A set of guidance for health policy planners and practitioners describing who risk should be communicated to the public during an emergency. Important for programming staff who have a community liaison role.
- WHO:** [Key planning recommendations for mass gatherings in the context of the current COVID-19 outbreak](#) (Interim Guidance, May 29 2020). For consideration in mass gatherings (e.g. distributions, community mobilisations, faith settings)
- IOM/ICMHD:** [COVID-19: Notes on Community Quarantine](#). International Centre for Migration, Health and Development (ICMHD) developed notes and information about community quarantine, its potential impacts and how to prepare and sensitise a community about quarantine conditions
- WHO/ICRC/UNICEF:** [Social Stigma associated with COVID-19: A guide to preventing and addressing social stigma](#). See also [Epi-WIN page](#). Resource designed to help to reduce stigma by reminding staff, partners and community members that this virus can be transmitted by anyone who has it, and that stigmatising certain groups can cause harm. Target audience: Government, media and local organisations working on the new coronavirus disease (COVID-19).
- WHO/UNICEF:** [COVID-19 WASH Technical Brief WHO, UNICEF](#) (April 23, 2020) This Technical Brief summarizes WHO guidance on water, sanitation and health care waste which is relevant for viruses (including coronaviruses). This Technical Brief is written in particular for water and sanitation practitioners and providers.
- UNICEF:** [COVID-19 Preparedness and Emergency response – WASH and Infection Prevention and Control \(IPC\) Measures in Households and Public Spaces](#) (March 12, 2020). Brief describing essential interventions in vulnerable public spaces, non-healthcare facilities and households with confined persons; priorities for community space WASH interventions with associated resources.
- WHO:** [Advice on the use of masks in the context of COVID-19 Interim Advice](#) (May 5 2020). This document provides advice on the use of masks in communities, during home care, and in health care settings in areas that have reported cases of COVID-19. It is intended for individuals in the community, public health and infection prevention and control (IPC) professionals, health care managers, health care workers (HCWs), and community health workers. This updated version includes a section on Advice to decision makers on the use of masks for healthy people in community settings.

WHO: [Clinical Management of Covid-19](#). This guidance document is intended for clinicians caring for COVID-19 patients during all phases of their disease (i.e. screening to discharge). This update meets the needs of front-line clinicians and promotes a multi-disciplinary approach to care for patients with COVID-19, including those with mild, moderate, severe, and critical disease. New sections include: COVID-19 care pathway, treatment of acute and chronic infections, management of neurological and mental manifestations, non-communicable diseases, rehabilitation, palliative care, ethical principles, and reporting of death.

CORE GROUP: [Home based care: Reference guide for COVID-19](#) (June 8, 2020). Covers similar topics to this RCCE with several useful annexes on creation of bleach, setting up the isolation room, and additional topics.



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