REPUBLIC OF KENYA

MINISTRY OF HEALTH

Guidelines on Continued Provision of Community Health Services

in the Context of Corona Virus Pandemic in Kenya

APRIL 2020

Community
Health Services
"Afya Yetu, Jukumu Letu"

For more information, contact
Head Community Health; headdch@gmail.com

REPUBLIC OF KENYA

MINISTRY OF HEALTH

Guidelines on Continued Provision of Community Health Services

in the Context of Corona Virus Pandemic in Kenya

APRIL 2020

Foreword

The Ministry of Health through the Division of Community Health Services (DCHS) has been spear heading the implementation of community health services as per the Constitution of Kenya 2010, and other health policy guidelines centered on building the capacity of households to not only demand health services from all providers, but also to know and progressively realize their rights to equitable, good quality health care as provided for in the constitution.

The approach is based on four key objectives: (i) Strengthen the delivery of integrated, comprehensive, and quality community health services for all population cohorts, (ii) Strengthen community structures and systems for effective implementation of community health actions and services at all levels, (iii) Strengthen data demand and information use at all levels, and (iv) Strengthen mechanisms for resource mobilization and management for sustainable implementation of community health services.

In this context, community health implementation has faced some critical challenges, which are not unique but cut across the entire sector that include emerging and re-emerging disease conditions such as the global Corona Virus Disease pandemic 2019 (COVID – 19) which was reported first in China and now has spread throughout the world.

By 19th April, 2020, Kenya had 270 confirmed cases with 14 deaths and 67 recovered cases[1]. Learning from other countries with more confirmed cases, it is expected that cases may increase, and the health system may get overwhelmed. Consequently, as the country battles the COVID – 19 pandemic, Kenyans continue to experience other health challenges coupled with movement restrictions which may place vulnerable people at greater risk of morbidity and mortality. The community health structure which includes community health assistants and community health volunteers can play a critical role in enhancing continuity of community-based services (level one) including management of common illnesses at community level as well as supporting referral of emergency cases particularly during the curfew hours in partnership with the local administrative structures.

The level one structures will also be critical in easing pressure on the primary care facilities through managing common illnesses at community level as per the laid down community health guidelines. This guideline provides a clear pathway for continuity of critical and essential services at the household and community level using the existing community health workforce.

Dr Patrick Amoth
Ag. Director General-Health

1 Kenya National Emergency Response Committee on Coronavirus in the Country and Response Measures, as of 19 April, 2020.

Acknowledgement

We are particularly indebted to the community engagement technical working group, sub team led by Daniel Kavoo - Senior Program Officer - DCHS; Rose Njiraini - Health Specialist - UNICEF, Kenya Country Office under the leadership of Dr Maureen Kimani - Head Division of Community Health Services (DCHS).

Technical support was provided by John Wanyungu & Samuel Kiogora - DCHS; Lydia Karimurio - Division of Neonatal and Child Health (DNCH), George Oele - AMREF Health Africa; Ruth Ngechu, Dr David Oluoch and Dr Kezia K'Oduol of Living Goods; Julius Mbeya and Ash Rogers of Lwala Community Alliance; Edgar Okoth of SUN CSA/NI, Dr Agatha Olago - Division of Primary Health Services (DPHS); Mwangi Waituru of VSO-International; Omala Hillary and task force group that participated in the development of this guidelines.

We appreciate the support offered by any other organizations or individuals who may have been missed out in the list and or made contributions in any other way towards the completion of this guideline.

The Ministry wishes to thank all the 47 County governments for their support in the fight against the pandemic, recognize and encourage the frontline community health workforce; County and Sub County Community Health Coordinators, community health extension workers (CHEW), community health volunteers (CHV) & community health committees (CHC) to use the guidelines to ensure continuation of essential community-based services by doing all that is within their powers. We strongly recommend teamwork by all sectors to make this process a great success and facilitate movement of patients during CURFEW time from households to health facilities and back. Finally, it is our sincere hope that the implementation of these guidelines will be useful in improving and promoting the health of the people of Kenya in the context of COVID – 19 pandemic and afterwards.

Dr Pacifica Onyancha
Ag. Director, Medical Services/Preventive and Promotive Health

Table of Contents

Introduction

The Ministry of Health through the Division of Community Health Services (DCHS) has been spearheading the implementation of community health as per the Constitution of Kenya 2010, Kenya Vision 2030, Kenya Health Policy 2014-2030, Kenya Health Strategic and Investment Plan 2019-2030, and other health policy guidelines centered on building the capacity of households to not only demand services from all providers, but also to know and progressively realize their rights to equitable, good quality health care as provided for in the constitution. The approach introduced an innovative developmental approach, where the determinants of health are addressed through people's participation at the community level, for health system issues as well as for a broader range of health actions in various sectors. The approach is based on four key objectives:

- Strengthen the delivery of integrated, comprehensive, and quality community health services for all population cohorts
- Strengthen community structures and systems for effective implementation of community health actions and services at all levels
- Strengthen data demand and information use at all levels
- Strengthen mechanisms for resource mobilization and management for sustainable implementation of community health services.

In this context community health implementation has faced critical challenges which are not unique but are faced across the entire sector due to emerging and re-emerging disease conditions such as the global COVID – 19 pandemic which was first reported in China and now has spread throughout the World.

In Kenya, the first confirmed case by the Ministry of Health was on 13th March 2020. The case was a Kenyan citizen who had travelled back to Nairobi from the United States of America via London, United Kingdom on the 5th March 2020. The case prompted the government to implement key strategic containment measures such as imposed 14-day quarantine for all international arrivals after 13th March 2020, followed by 7pm to 5am curfew from 27th March 2020, and restriction of travel in and out of Nairobi metropolitan, Mombasa, Kwale and Kilifi from 3rd April 2020.

By 19th April, 2020, Kenya had 270 confirmed cases with 14 deaths and 67 recovered cases[2]. Learning from other countries with more confirmed cases, it is expected that cases may increase and the health system may get overwhelmed. Though it might differ per county or sub-county, the country is in the community transmission phase of the pandemic and the Government has put in place multiple measures to limit the spread of the virus including containment of the population in the areas with confirmed cases, stay at home, social distancing, cough etiquette, handwashing, use of masks while in public, night curfew and enforced quarantine for travelers and their contacts among others.

Consequently, as the country battles COVID – 19 pandemic, Kenyans continue to experience other health challenges coupled with movement restrictions which may place vulnerable people at greater risk of morbidity and mortality. Pregnant women, newborns, children under five years, people living with disabilities, chronic illnesses and older persons may experience increased interruption of care caused by the COVID – 19 leading to high morbidity and mortality in the Country.

2 Kenya National Emergency Response Committee on Coronavirus in the Country and Response Measures, as of 19 April, 2020.

The community health structure which includes health promotion, health education, integrated community management of childhood illnesses, disease prevention, illnesses, nutrition screening and referral, provision of vitamin A supplements and deworming at community level. This helps reduce pressure on the primary care facilities, as well as supporting referral of emergency cases. During the curfew hours This structure will work in partnership with the local administrative structures. This will also ensure that Kenyans who require essential services at night when the curfew is in force are facilitated to access these services. The level 1 structures will also be critical in easing pressure on the primary care facilities through management of common illnesses at community level as per the community health guidelines. This guideline provides a clear pathway for continuity of critical and essential services at the household and community level using the existing community health workforce.

Purpose

The purpose of this guideline is to provide guidance on the continuity of community-based health services at the community and household level in the context of the COVID – 19 Pandemic.

Objectives

1. To facilitate the provision of critical and essential community health services during COVID – 19 pandemic.
2. To facilitate strengthened Infection Prevention and Control (IPC) actions while providing community health services.
3. To ensure that the community health workforce are provided with Personal Protective Equipment (PPEs).
4. To facilitate the community health workforce to saturate awareness creation and support behavior change in the households.
5. Provide linkage with the other sectors and community resources to provide social protection including food supplies, mitigate gender-based violence and protection of vulnerable groups in households.
6. Facilitate involvement of the community health structures in the COVID – 19 preparedness and response at the community level.

Community Health Status in Kenya

Kenya has 6,359 Community Health Units (CHUs) out of an expected 9,513 CHUs making the current coverage of community health services in the country at 67% and, 63,590 community health volunteers (CHVs), out of an expected 95,130 CHVs. Each CHU is expected to be supervised by one CHA. There are 1,500 CHAs out of the expected 9,513. There is a CHC which provides leadership and coordination of the CHU and linkage to other personnel such as public health officers, nurses and chiefs/assistant chiefs. These structures work closely with other community-based structures such as Nyumba Kumi to ensure quality provision of community health services and swift responses to emergencies as they emerge.

The community health structures work closely with the administrative officers to support behavior change and saturate awareness creation at the household level as well as enhance community social accountability.

1 Guidance on Sustaining and Continuing Community Health Services

The Ministry of Health, through Division of Community Health in collaboration with 47 County Governments and partners shall ensure that provision of community health services is sustained during the COVID – 19 pandemic. Provision of community health services will vary per county based on the stage of the outbreak in the county as per the UNICEF set criteria for countries adopted and adapted as below:

1. No cases: no confirmed cases of COVID – 19 in the County.
2. Sporadic cases: One sub-county within the County has one or more cases.
3. Case clusters: A number of sub-counties are experiencing cases clusters.
4. Community transmission: The county is experiencing COVID-19 cases where there is no clear source of origin. For example a confirmed case with no history of travel or contact with an infected person.

It is critical to note that as cases in the country increase, many counties will progressively move from stage one to three or four in case of clusters or community transmission. Preparedness plans on action items guiding the progression from one stage to another will be critical in ensuring that community health services continue and that essential services critical for the survival of vulnerable groups are sustained during stage four of large-scale transmission.

Continued implementation of community health services will be guided by the principles below that provide actions to be implemented during the various stages of the pandemic. Actions implemented will be context specific and based on the county's local burden of disease. However, the following services are considered essential and will be provided at all times to relevant community members regardless of the stage of disease burden, either by physically visiting the household or by phone call, text or whatsapp messages.

As on the date of issuance of this guidance, 19 April, 2020, all counties are to assume that they will get a scale of community transmission and should plan accordingly.

1.1 Essential community health services

The services below are to be provided at all times regardless of the stage of the pandemic in the county or curfew hours. All households will be encouraged to keep the contacts of their community health volunteers, the chair of the community health committee, village council, Nyumba Kumi chair and the area chief or administrator for use in case of any emergency need.

Essential community health services are:

- Health education and preventive and promotive health messaging with an emphasis on maintaining hygiene, hand washing and physical distancing
- Family planning health services
- Community-based services for care during pregnancy including maternal nutrition, antenatal, seeking skilled delivery at health facility and community-based post-natal services including transport to health facility during curfew or lockdown situations
- Essential new-born care including assessing for breastfeeding and danger signs for referral
- Community based services for supporting breastfeeding and complementary feeding for children 6-23 months through BFCI and other approaches while applying low-touch approach

- Demand creation for prevention of communicable diseases, particularly vaccination
- Integrated community case management of common childhood diseases – malaria, diarrhea, pneumonia and malnutrition (iCCM)
- Essential nutrition services including vitamin A supplementation (VAS), and promoting the uptake of Iron Folic Acid supplements (IFAS), fortified foods and micronutrient powders (MNPs) supplementation among target groups, support for complementary feeding for children 6-23 months, and deworming
- Care for persons living with chronic illnesses
- Household visits to people living with disabilities
- Community mental health and psychosocial services
- Household visits to older person who require care
- Prevention and promotion of response to Gender based violence (GBV) and violence against children (VAC)
- Community level surveillance for identification and reporting of challenges in accessing basic services like food, water, shelter and health care
- In cases of community deaths during COVID – 19, screening to establish if a woman's death is a maternal death, and for the baby if it is a perinatal death, and linking with the CHA and the link health facility who complete the notification form (Annex 7: Screening form).

Provision of services above will be progressive based on the disease burden gradually graduating from in-person to phone-based. Provision of phone-based services and assessments will be guided by the CHV phone-based Essential Services Provision provided here as annexes.

1.2 Guiding Principles for Sustained Community Health services Provision

The provision of the services above will be guided by the principles below:

1. Coordination and participation.
2. Training / sensitization and protection of community health volunteers.
3. Community-based disease surveillance.
4. Risk communication and community engagement.
5. Service delivery at the household / community level including referral for further management at health facility level.
6. Support Supervision.

Table I: Continuing Community Health Services based on COVID – 19 typology and guiding principles

	No cases in County	Sporadic cases in the County	Case clusters in county	Community transmission
Coordination	Identify a community-based personnel to be in the COVID – 19 crisis management team per ward			
	Map partners that can support in the response	Ensure that community health services and other stakeholders are represented in the COVID – 19 crisis management team Develop support plans from partners that can support in the response	Ensure that community health services and other stakeholders are represented in the COVID – 19 crisis management team Coordinate support from partners that can support in response	Ensure that community health services and other stakeholders are represented in the COVID – 19 crisis management team Coordinate support from partners that can support in response

	No cases in County	Sporadic cases in the County	Case clusters in county	Community transmission
Training and protection of community health volunteers/CHAs	Train CHAs & CHVs on COVID – 19 while maintaining Physical distancing and other IPC measures Provide mentorship and coaching on dealing with stigmatization Discussion with CHVs on opt-out position for CHVs with underlying chronic conditions and those over 60 years of age, those who are pregnant, or those who wish to opt-out for any other reason Identification and training of replacement CHVs for those that have opted out Provision of identification for all CHVs to be involved in response to COVID – 19 Make provision to provide CHVs with psychosocial support	Use technology for continued sensitization to CHAs & CHVs on COVID – 19 Provide CHAs & CHVs with appropriate PPE including, masks, gloves and while performing duties in the community CHVs involved in contact tracing to be provided with medical masks, gowns and gloves COVID – 19 response cross-training and household introduction for CHVs that have opted out to the newly recruited ones Make provision to provide CHVs with psychosocial support	Use technology for continued sensitization to CHAs & CHVs on COVID – 19 Provide CHVs with masks for protection while in public CHVs involved in contact tracing to be provided with medical masks, gowns, eye protection and gloves Make provision to provide CHVs with psychosocial support	Use technology for continued sensitization to CHAs & CHVs on COVID – 19 Provide CHVs with medical masks, gloves and eye protection while performing duties in the community CHVs involved in contact tracing to be provided with medical masks, gowns, eye protection and gloves Make provision to provide CHVs with psychosocial support

	No cases in County	Sporadic cases in the County	Case clusters in county	Community transmission
Community-based surveillance	Establish platforms for CHAs & CHVs to report potential COVID – 19 cases Establish /Reinforce platforms for CHVs and CHAs to report maternal deaths and SGBV/VAC cases	Establish /Reinforce platforms for CHVs and CHAs to report maternal deaths and SGBV/VAC cases Establish platforms for CHAs & CHVs to report potential COVID – 19 cases	Gather information from community members on flu-like symptom via phone & report Gather information from community members on SGBV/ VAC cases via phone and report Gather and report information from communities on impacts of COVID to accessing basic social services and any increased vulnerability e.g. lack of food at household level	Gather information from community members on flu-like symptom via phone & report Gather information from community members on SGBV/ VAC cases via phone and report Gather and report information from communities on impacts of COVID to accessing basic social services and any increased vulnerability e.g. lack of food at household level
Risk communication and community engagement	Adopt and use contextualized and translated MoH IEC materials to fit local use Distribute IEC Materials Use community radios for risk communication Use public address system for risk communication Record IEC messages for use in stage 4 Use community whatsApp, facebook and other social media groups	Distribute localized IEC materials Record IEC messages for use in stage 4 Use local community radios for risk communication Use public address system for risk communication Use community whatsApp, facebook and other social media groups	Use community radios for risk communication Record IEC messages for use in stage 4 Use public address system for risk communication Use community whatsApp, facebook and other social media groups	Use pre-recorded radio messages for risk communication Use community radios for risk communication Use public address system for risk communication Use local TV and radio stations to air the pre-recorded messages in local language for community understanding Use community whatsApp, facebook and other social media groups

	No cases in County	Sporadic cases in the County	Case clusters in county	Community transmission
Service delivery	Regular household visits but with no entry into the house, and household members maintaining social distancing Provide information on COVID – 19 Provide preventive and promotive education, with an emphasis on handwashing and respiratory hygiene, where applicable provide community case management Create demand for regular facility-based health services Observe a "low touch" protocol for assessment, during case management under ICCM/CCM[3] Health facilities map out prepositioning arrangements and re stocking of essential supplies for CHVs including reporting tools	Household visits to be conducted outside, with social distancing Provide information on COVID – 19 with an emphasis on handwashing and respiratory hygiene Create demand for regular facility-based health services Observe a "low touch" protocol for assessment during case management under ICCM/CCM. CHVs to use caregivers to support in assessment (refer to annex 1,2,3,4) Provide PPE to CHVs who are supporting triage at health facility and those who might need to give practical support to mothers such as breastfeeding, anthropometric measurements like weight, MUAC Observe "low touch" during VAS delivery at health facility and household levels	In-person household visits to priority risk groups only, including pregnant women, sick children and people with chronic conditions Regular household visits to be conducted by phone Create demand for regular facility-based health services Observe a "no touch" policy for assessment. CHVs to use caregivers to support in assessment based on essential service checklist (see annexes attached) Provide basic PPE to CHVs who are supporting triage at health facility and those who might need to give practical support to mothers lke breastfeeding, anthropometric measurements like weight, MUAC Observe "no touch" during VAS delivery at health facility and household levels	Provide only essential services Assessment to be conducted by phone only using CHV essential services checklist (refer to annexes attached) Create demand for essential facility-based health services Provide basic PPE to CHVs who may need to do home visits for a selected group of high risk individuals like pregnant women Educate mothers of neonates on how to identify breastfeeding difficulties and when/where to seek help Use the referral system

3 In areas where IMAM services are provided, give the care taker a family MUAC (color coded MUAC tape) and support measurements from a distance as the care taker measures. For assessing/ supporting breastfeeding for neonates and infants < 6 months, ask the mother to breastfeed and observe a breastfeed form a distance, guide mother to achieve correct positioning and attachment without touching the infant

	No cases in County	Sporadic cases in the County	Case clusters in county	Community transmission
Supervision	Training of CHW in small groups at CU level observing social distancing Validation of data and information from the CHVs and communicating to relevant team including the rapid response teams	Increased use of e-technology, whatsapp / sms and phone calls to offer support to CHVs In person support supervision and support with all parties in basic PEPs	Increased use of e-technology, whatsapp / sms and phone calls to offer support to CHVs In person support supervision to CHVs to be avoided and to be provided only where found necessary for the safety of the CHV	Use of e-technology, whatsapp / sms and phone calls to offer support to CHVs In person support supervision to CHVs to be avoided and to be provided only where found necessary for the safety of the CHV

2 Community-Based Resources for Health

All CHVs may exercise the right to opt out of their work for any reason during the COVID – 19 pandemic. These CHVs may choose to provide phone support only or opt out completely. When a volunteer exercises this right, they shall be protected from any undue consequences and should continue getting their stipend throughout the crisis period[4]. They shall however be required to inform their supervisor on their decision to opt out.

Community Health Workforce (CHA/CHV/CHC) with risk factors (those over the age of 60 years, pregnant, and those with underlying health conditions such as asthma, cancer, hypertension, diabetes, cardiovascular disease, other chronic respiratory disease, HIV/AIDS etc) will be presented with an opportunity to opt-out and replaced temporarily for the emergency response only, or advised to suspend in-person work and provide phone support only.

Any personnel suspected to have been part of a high-risk exposure will be required to implement the following immediately:

- Inform their supervisors on their involvement
- Stop all health care interaction with patients for a period of 14 days after the last day of exposure to a confirmed COVID – 19 patient
- Quarantine for 14 days in a designated setting
- Be tested for COVID – 19 virus infection after 1 week.

4 WHO health worker rights: https://www.who.int/docs/default-source/coronaviruse/who-rights-roles-respon-hw-covid-19.pdf

3 Supplies

In order to ensure continued provision of community-based services during the COVID – 19 pandemic, all CHAs and CHVs must be equipped with proper personal protective equipment (PPE) and infection prevention & control (IPC) supplies. If a CHV does not have proper PPE, they are not permitted to work in the field or see clients under any circumstances.

Proper PPE & IPC supplies for CHVs performing standard duties (primary health services) include:

- Surgical face masks
- Gloves
- Hand sanitizer & containers
- Soap
- Cleaning/disinfecting supplies
- Trash bags, trash cans and other receptacles to safely dispose off contaminated PPE.

In addition to supplies needed to complete routine duties, equip ALL active CHVs with:

- Thermo-gun thermometers
- Additional airtime and internet bundles
- In case of paper reporting provide enough data collection and reporting tools & ball pens
- Increased drug supply to increase time between distributions
- Identification cards / jackets / letter from MoH or other ways to identify themselves as essential health service providers during quarantine.

Finally, CHVs deployed to support contact tracing should be provided

- Gowns
- Eye protection
- Thermo-gun thermometers.

4 Supportive Supervision and Feedback

More frequent supportive supervision will be needed, given how rapidly the pandemic evolves and how quickly protocols, procedures, and problems evolve with it. Frontline providers also face considerable vulnerability and stress and will need more support from their supervisors during this period.

- Supervisors should conduct phone wellness assessment and supportive supervision of every CHV every two weeks including a mental health check
- When possible, monitoring will be done on phone. Supervisors and CHVs must observe social distancing and wear basic PPE for all in-person supervision visits & training
- Prior to any household visit, CHVs should first conduct a self-wellness check.

5 Training

It is imperative that CHVs demonstrate mastery of infection prevention and control skills before implementing them in the field to keep them safe during the epidemic. Trainings shall be based on the relevant curriculum and will need to be continuous as the pandemic evolves. CHVs & CHAs should be trained on new protocols to safely deliver essential services, delivery of COVID-related health messages, and infection control measures related to COVID – 19. Social distancing practices should be utilized in training sessions where those are conducted in person and mobile technology leveraged to reduce contact.

6 Monitoring and Evaluation for Continued Care During COVID – 19 Pandemic

Specific indicators will used to evaluate the accessibility of essential community health services at the community and the linkage to primary health care facilities. Data will also be collected on accessibility of essential services during curfew hours.

6.1 Indicators for continuation of community-based care during COVID – 19 Pandemic

1. Proportion of CHVs providing essential services during the pandemic.
2. Number of households reporting interruptions of care from primary healthcare facilities.
3. Number of people that are able to access care during the curfew period.
4. Proportion of targeted high priority households reached for continued care.
5. Proportion of pregnant women seeking ANC services at health facility.
6. Proportion of women seeking skilled delivery services at health facility.
7. Proportion of newborn assessments conducted within 48 hours of delivery.
8. Proportion of infants 0-6 months exclusively breastfeeding.
9. Total number of children (6-59 months) referred for Vitamin A supplementation.
10. Total number of children under 5 years with diarrhea treated with ORS/Zinc.
11. Total number of children aged 2 months to 5 years with danger signs referred.
12. Total number of Newborns (birth up to 2 months) with danger signs referred.
13. Number of community health volunteers trained to prevent, detect, respond to COVID – 19.
14. % of PPE supply needs met (masks, gloves, gowns, alcohol-based sanitizer).
15. Number of points of contact made to individuals for ongoing disease monitoring and
16. Number of confirmed COVID – 19 cases identified as a result of community monitoring and tracing.
17. Proportion of CHVs receiving in person or phone-based wellness checks and support supervision from supervisors.
18. Number of COVID – 19 cases receiving supportive Psychosocial counseling.

Annexes: Details on Continued Provision of Essential Community-Based Services in the Context of COVID – 19

Annex 1: In-person household visits

	ACTIVITY	SOLUTION
1.	In-person household visits	• In-person visits to households done only where necessary like in the case of food or water distribution, where households are encouraged to stay home
2.	Which households should be targeted	Target households with: • Targeted households for social protection including deaf and other PWD • Individuals older than 60 years of age • Individuals living with chronic illnesses such as HIV, diabetes and hypertension • Pregnant women • Women in delivery and postnatal period • Newborns • Malnourished children • Children under 5 years: sick child • Children under 5 years: well child - Immunization - Vitamin A - Deworming
3.	Communication: airtime and data bundles	• County and partners to provide
4	Share COVID – 19 prevention messages with the community	**COVID – 19 PREVENTION MESSAGES** • Wash hands regularly with soap and running water for at least 20 seconds. • When coughing or sneezing, cover mouth & nose with flexed elbow and immediately wash your hands • Wear mask when in public places; markets, supermarkets, when travelling walking, by; vehicle, motorbike, etc • Avoid direct contact with anyone that has flu like symptoms; coughing, sneezing • Avoid touching your mouth, eyes or nose. • Avoid crowded places and observe a social distance of 2-3 steps from one person to another • Stay at home, observe social distance and avoid crowds at all times

Overarching Guidance: Implementing a LOW TOUCH CONTACT Protocol assumes:

- Sufficient PPE for CHWs: refer to the CHS PPE guidelines.
- Primarily phone contact is available and accessible.
- Must use basic PPEs as required for any household visit
- No proactive in-person household visits, proactive phone assessments followed by household visit only where necessary.

If in-person assessments must be conducted all CHVS:

- Must complete a self-wellness check prior to visit
- Must not enter the house, instead go to the compound & wait for client to come out
- To stand 2m away from members of the household
- Not meet in groups
- Not engage in typical greetings like handshaking
- Avoid body contact with members of the household
- Can task shift to caretakers to support screening assessments
- Must ensure hand washing at entry and exit of every household. Both client and CHV must wash hands with soap and water or use alcohol-based hand sanitizer.
- To limit the items that you have on your person, for example, no jewelry or watches so that there are fewer exposed surfaces that will need to be cleaned
- Will ensure respiratory etiquette: cough into elbow and do not spit in order to avoid potential transmission via respiratory droplets infecting others
- To use large format IEC materials (posters and banners)
- To leave all medications or supplies at the door / in the compound

Annex 2: Phone-based contacts to households

	ACTIVITY	SOLUTION
1.	How to continue household visits	• Use your phone to call households
2.	Which households should be targeted	Target households with: • Pregnant women • Women in delivery and postnatal period • Newborns • Children under 5 years: sick child • Children under 5 years: well child - Immunization - Vitamin A - Deworming • Children aged 5years up-to 9 years • Individuals older than 60 years of age

3	Communication: airtime and data bundles	• County and partners to provide.
4	Share COVID – 19 prevention messages with the community	**COVID – 19 PREVENTION MESSAGES** • Wash hands regularly with soap and running water for at least 20 seconds • When coughing or sneezing, cover mouth & nose with flexed elbow and immediately wash your hands • Wear mask when in public places; markets, supermarkets, when travelling walking, by; vehicle, motorbike, etc • Avoid direct contact with anyone that has flu like symptoms; coughing, sneezing • Avoid touching your mouth, eyes or nose • Avoid crowded places and observe a social distance of 2-3 steps from one person to another • Stay at home, observe social distance and avoid crowds at all times.

Overarching Guidance: Implementing a NO TOUCH / ZERO CONTACT Protocol assumes:

- Not sufficient PPE for CHVs: refer to the CHS PPE guidelines.
- Primarily phone contact is available and accessible.
- No proactive in person household visits.
- If in-person assessments must be conducted, use of PPE and social distance of 2 meters (2-3 steps distance) are mandatory.

- **Temperature:** Caregivers will be encouraged to take the temperature of the child. If a thermometer is not available, the caregiver will be asked to check for hotness of the body
- **Symptoms and history:** All assessments will start by screening for COVID – 19 related signs and symptoms and history of contact or travel. Danger signs have been modified to allow the caregiver to observe and respond to the related danger signs questions on phone
- **Sick child history taking/assessment**
  - to be made either by phone or in-person (ONLY where PPE is used).

Where in person assessment

- CHVs should conduct a self-wellness check prior to household visit
- CHVs should maintain a distance of **at least 2-3 steps** away is observed.
- CHVs should wear a medical mask, eye protection and gloves during all household visits
- The caregiver and child should wear masks
- Leave all medications or supplies at the door / in the compound
- Can task shift to caretakers to support screening assessments.

Annex 3: Phone-based contacts to households: Family Planning Services

	Family planning Where client DOES NOT fit the COVID – 19 presumed case definition	**NO physical family planning registration, registration will be done through phone call** • Minimize bodily contact • Counsel client to continue family planning method she is on, if experiencing problems, to visit the health facility • Provide refills for oral contraceptives and condoms • Refer client to the health facility for other family planning options • SMS messages for family planning.

Annex 4: Phone-based contacts to households: Maternal and Newborn Care

4.1 During pregnancy

	Pregnancy Registration and follow up Where client DOES NOT fit the COVID – 19 presumed case definition	**NO physical pregnancy registration** • Phone registration of pregnant women • Phone based follow up of pregnant women • SMS messages for pregnancy care to mothers.
	• Advise to eat nutritious diet and to[5]: - Take plenty of fruits and vegetables - Take plenty of fluids, water at least 8 glasses per day - Taking your normal meals at different times from beverages to help your body get maximum iron from the food - Take an extra meal on top of the three usual meals - Take Iron, Folic Acid Supplements (IFAS) and any other medicine given by the health worker and follow instructions - Sleep under a Long-lasting treated net (LLITN) - Find time to rest - Visit health facility for ANC services. • **Advise to have a birth plan:** due date, birth attendant, place of delivery, health facility phone contact, support person/birth companion, transport phone contact, blood donor, save money for delivery.	

5 A mother is eating well if she eats at least 5 of the 10 food groups every day (1. Grains and grain products and other starch staples 2. Pulses (dried beans, peas, lentils) 3. Nuts and seeds 4. Dairy and dairy products 5. Flesh foods (meat, poultry, fish, etc) 6. Eggs 7. Dark green leafy vegetables 8. Other vitamin A rich fruits and vegetables 9. Other vegetables 10. Other fruits.

Identify danger signs in pregnant women via phone interview			
	ASK	**ACT**	
	Does the pregnant woman have **Make a phone call and Ask, do you have any of these signs?**	**Tick Yes or No**	
		Yes	**No**
1	Severe headache		
2	Vaginal bleeding		
3	Severe abdominal pain		
4	Reduced or no movements of the unborn child		
5	Convulsions		
6	Fever (hotness of body)		
7	Breaking of water		
8	Getting tired easily		
9	Swelling of the face and hands		
10	Breathlessness		
ACTION: *IF YOU HAVE TICKED YES FOR ANY OF THE SIGNS, REFER TO HEALTH FACILITY IMMEDIATELY*			

4.2 Delivery			
1	Refer for skilled care during delivery at the health facility		
2	Assist in arranging transport to health facility		
3	Inform the client to liaise with administration and security agents and make arrangements to go to health facility if it is during curfew hours		

4.3 Postnatal Services for mother and newborn		
a) Postnatal services for the mother		
	Postnatal follow up Where client DOES NOT fit the COVID – 19 presumed case definition	**NO physical postnatal follow up** • Phone based follow up of postnatal women • SMS messages for postnatal care.

Identify danger signs in mother after delivery			
	Make a phone call and ASK;	**ACT**	
	Does the pregnant woman have	**Tick Yes or No**	
		Yes	**No**
1	Heavy vaginal bleeding		
2	Fever		
ACTION: *IF YOU HAVE TICKED YES FOR ANY OF THE SIGNS, REFER TO HEALTH FACILITY IMMEDIATELY*			

b) Newborn postnatal follow up

Postnatal services for the newborn

	Newborn Visit and Support Where client DOES NOT fit the COVID – 19 presumed case definition	**NO physical newborn visits** • Phone based follow up of postnatal newborn • SMS messages for newborn care including breastfeeding.

Identify danger signs in newborn (from birth upto 2 months)

	ASK	**ACT**	
	Make a phone call and Ask if the newborn has any of the following signs:	**Tick yes or No**	
		Yes	**No**
1	Is baby not able to breastfeed since birth, or stopped breastfeeding well?		
2	Has baby had a Convulsion or fitted since birth?		
3	Does the baby have difficulty in breathing		
4	Does the baby have Fever (hotness of body) High temperature: 37.5°C or more or by touch		
5	Does the baby have Very low temperature: 35.4°C or less, (feels very cold) (check extremities; feet, hands and body)		
6	Does the baby move only when stimulated, or does not move even on stimulation?		
7	Does the baby have Yellow sole (remove baby's socks, look at the sores, do they look yellow?)		
8	Does the baby Only move when stimulated, or does not move even on stimulation?		
9	Is the baby Bleeding from the umbilical stump?		
10	Signs of local infection: Is the baby's Umbilicus red or draining pus or does the baby have Skin boils or eyes draining pus?		

ACTION: *IF THE ANSWER FOR ANY OF THE SIGNS ABOVE IS YES, REFER THE BABY IMMEDIATELY TO HEALTH FACILITY*

4.4 Support mothers to keep newborns healthy

Make a phone call and advice mother to:

Keep baby warm

- Wrap newborn in clean clothing, cover baby's head with a hut and feet with socks
- Keep newborn close to mother/ caregiver's body
- Delay bathing the baby for at least 24 hours after birth.

Feed the baby

- Hold your baby on skin-to-skin for the first one hour after birth
- Initiate breastfeeding within 1 hour after birth,
- Breastfeed your baby exclusively for 6 months (Breast milk is all your baby needs). Do not give any other food or fluids not even water, except medicines prescribed by a health worker.

Always observe good hygiene

- Wash hands with soap and running water before and after handling the baby, after changing the baby's diaper
- Ensure safe disposal of baby's feaces
- Clean the newborn daily
- Mother should take a bath at least once daily
- Limit the number of people holding the baby, and ensure that they wash hands with soap and running water.

Apply a disinfectant on the chord called chlorhexidine once a day

Ensure the newborn baby is immunized

Keep the room clean, airy and well lit

Preparedness plan in-case newborn falls sick:

- Know the symptoms of a sick newborn and
- If the newborn falls sick, call the CHV immediately
- Have a transport plan.

Encourage the mother to:

- Eat well by eating food from at least five food groups per day
- Take her normal meals at different times from beverages to help her get maximum iron from the food
- Add extra two small meals to the three usual meals.

Drink plenty of fluids

- Eat a nutritious foods and drink plenty of fluids.

Rest

- Encourage the mother to take some rest.

Annex 5: Phone-based contacts to households: Child health

5.1 How to Identify a sick child through the phone

	ASK	ACT	Tick which applies	
	Does the child have	**Immediately refer if yes to any of these danger signs**	**Yes**	**No**
1	Cough, if yes, for how long?	Cough more than 14 days		
2	Difficulty in breathing	Breathing with difficulty		
3	Diarrhea if yes, for how long?	Diarrhea more than 14 days		
4	Diarrhea with blood in stool	Blood in stool		
5	Fever (hotness of body) if yes, for how long?	Fever lasting for 7 days or more		
6	Convulsions	Convulsions		
7	Difficulty in drinking or feeding including breastfeeding	Not able to feed or drink anything		
8.	Vomiting everything	Vomits everything		
9.	Unusually sleepy OR unconscious	Unusually sleepy OR unconscious		
10.	Weight loss if yes, for how long	Child has lost significant weight and looking thin and wasted		
11.	Ask the caregiver to press both feet at the same time for 3 seconds count (a thousand 1, a thousand 2, a thousand 3) after removing the thump, check if there is a dent. If there is a dent on both feet, the child has oedema of both feet.	If child has oedema of both feet		

5.2 How to treat a sick child that may or may not require referral

ACTIVITY		CONDITION	TREATMENT
TREAT	PPE available OR NOT available,	**Cough** less than 14 days	REFER to the health facility
	With or without PPE, **you have ORS/Zinc**	**Diarrhoea** for less than 14 days	Give ORS and Zinc, dose is as per iCCM Sick Child Recording Form. **If you DO Not have ORS/Zinc**, refer to the health facility.
	PPE available or NOT, available	**In All regions** **Fever** less than 7 days	Give paracetamol and REFER to the health facility.

SUPPORT	**Make a follow up call on day 2** • Make a follow up call and confirm if: - child is improving - taking medicines • If improving, encourage them to continue treatment and call back on day 5 • If the condition has worsened, immediately refer to the health facility. **Make a follow up call on day 5** • Make a follow up call and confirm if the child: - has completed medication - has recovered • If the condition has worsened, immediately refer to the facility • Ask if child has any other problem, if yes, refer to health facility.	

Annex 6: Phone-based contacts to households: Immunization and Nutrition

Immunization		
1.	Ask if the child has received their vaccines as per schedule	If not REFER to health facility
Nutrition		
1.	Child aged 6 months upto 5 years, advise mother / care giver to give nutritious complimentary foods, continue breastfeeding till child is 2 years or beyond, give more fluids	If child has difficulties in feeding, REFER to health facility
2.	Ask if the child has received the Vitamin dose as per schedule	If not REFER to health facility
3.	Ask if the child has received the deworming dose as per schedule	If not REFER to health facility
4.	For child with acute malnutrition ask if the child has their supplies and is using them as prescribed	If not REFER to health facility

Annex 7: Community screening for maternal/perinatal death

Screening for maternal death

1. Confirm if the age of the deceased is between 10-14 years or 15-49 years.
2. Confirm if the deceased was pregnant.
3. Confirm if the woman died within 42 days after delivery or termination of pregnancy.
4. Confirm if the death was not due to accident.

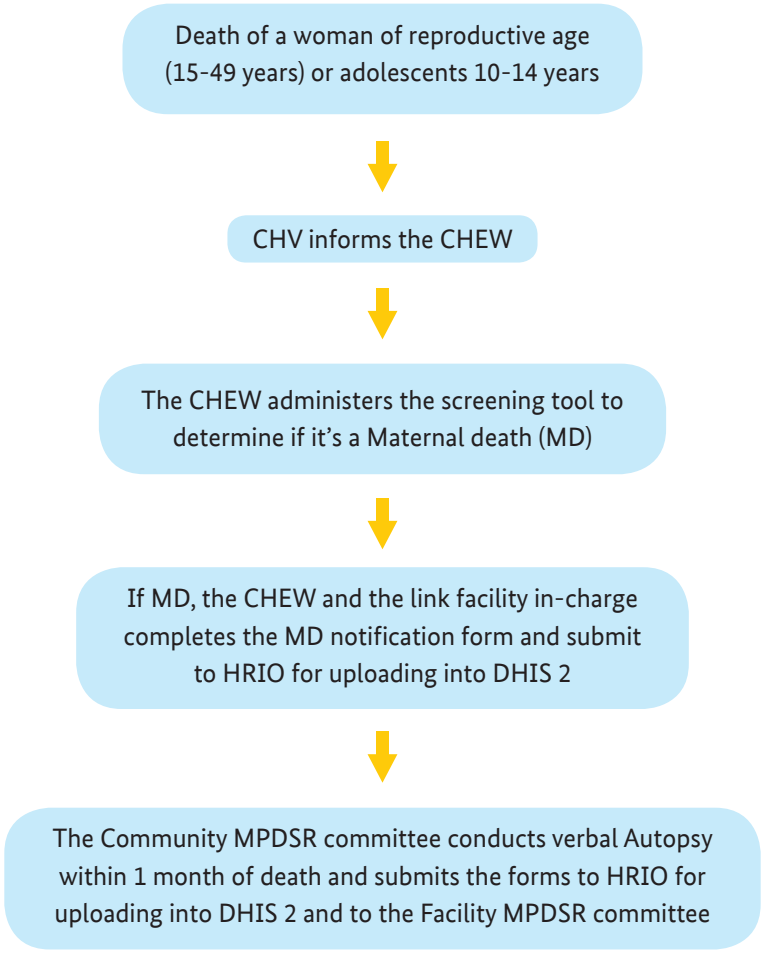
Screening for perinatal death

1. Confirm if death of the baby occurred during pregnancy (>28 weeks) or
2. Confirm of the baby was born dead or
3. Confirm if the baby died within 7 days after birth.

Screening in light of COVID – 19

1. Confirm if the woman was presenting with hotness of the body or cough or difficulty in breathing before death.
2. Confirm if the woman had history of travel from a county with confirmed cases of Corona Virus disease or lived with or visited somebody known to have Coronavirus disease.
3. Ascertain if the woman was a confirmed positive COVID – 19 case.

FLOW CHART FOR INFORMATION FLOW ON COMMUNITY MPDSR REVIEWS



References

1. COVID – 19: Operational guidance for maintaining essential health services during an outbreak; Interim guidance; 25 March 2020.
2. Interim UNICEF Internal Guidance on Community-based Programme Support in the Context of the COVID – 19 Pandemic; April 2020.
3. Lwala Community Alliance, CHW Protocol for COVID – 19; April 2020.
4. Ministry of Health: How Community Health workers can Support the COVID – 19 Response and Continue to Support Essential Services in the Community when Physical Visits are not Feasible; April 2020.
5. Community Maternal Newborn Care (cMNC) Guidelines - Ministry of Health Kenya; 2013.
6. Integrated Community Case Management (iCCM) Guidelines; Ministry of Health Kenya; 2016.
7. Kenya National Guidelines for Maternal & Perinatal Death Surveillance and Response; 2016.