PIH TECHNICAL TOOLKIT:

COMMUNITY HEALTH DELIVERY

Partners In Health

Community Health Impact Coalition

VERSION 1 | 22 APRIL 2021

CONTRIBUTORS

Madeleine Ballard, Daniel Bernal Serrano, Danielle Boyda, Emilia Connolly, Daphne Hemiptera, Amruta Houde, Zoe Isaacs, Shada Rouhani, Erica Layer, Fernet Leandre, Stella Luk, Debbie Munson, Kyle Muther, Mila Nepomnyashchiy, Helen Elizabeth Olsen, Lindsay Palazuelos, Mallika Raghavan, Victoria Ward, Daniel Palazuelos

INTRODUCTION

Community-based responses COVID-19 must be designed to protect healthcare workers, interrupt the virus, mitigate disruptions to existing health services, and safeguard the most vulnerable from both disease and the financial consequences of illness. Investment in community health coverage is necessary not only for a rapid and effective community response to COVID-19, but will also strengthen global preparedness for the next global health crisis.

Due to their connectedness to communities and health facilities, community health workers (CHWs) are particularly well positioned to promote engagement, awareness and behavior change at the household level. CHW cadres often already provide integrated screening and treatment or care management for HIV, TB, and Malaria. Existing CHWs are now incorporating COVID-19 tasks in their workflow of screening, referral, and linkage to care, and many countries are considering expanding this workforce through "surge" hiring.

Strong community-based responses to COVID-19 have been met with several challenges. Many programs have experienced commodity and equipment shortages, including PPE shortages for CHWs and equipment for disease monitoring (pulse oximeters, non-touch thermometers, etc.). Logistics for patient transportation to facilities have been poor, and access to case and patient-level data has been insufficient, particularly in areas without fully operational digital systems for data. CHWs have been asked to add additional tasks such as contact tracing to their often already-heavy workloads, without being properly compensated or supported with transportation or other logistics.

As first-line responders, CHWs have experienced significant role-related stress during the pandemic, fearing infection, financial uncertainty and burnout. Prioritization of CHW payment, increasing the number of CHWs during health crises, and prioritizing protection of CHWs via adequate PPE, vaccination, and mental health services is essential as countries continue to respond to the COVID-19 pandemic and health crises to come.

GOAL: Engage community members and strengthen community-based systems to save lives by preventing, detecting, and responding to COVID-19 and sustaining essential health services during the pandemic.

ACRONYMS:

ART	Antiretroviral Therapy
CHW	Community Health Worker
IPC	Infection Prevention and Control
PPE	Personal Protective Equipment
RDT	Rapid Diagnostic Test
WHO	World Health Organization

OBJECTIVE 1: Build national institutional capacity to scale up coverage of community health programs during, and beyond, COVID-19.

Strategy 1.1 Align the national COVID-19 response plan with the national community health strategy.

Intervention	Conduct a community-based and participatory rapid needs assessment, attending to both immediate COVID-19 needs and remaining needs for HIV, TB and malaria, and involving key and vulnerable populations (KVPs) in conducting the assessment as well as offering perspectives.
Intervention	Identify how different cadres of community health workers and community-based organizations will provide different activities and interventions for integrated disease areas.
Intervention	Collaborate with community-based organizations, national stakeholders and government structures to identify gaps in coverage of community level human resources. Forecast and plan for increased "surge" hiring at the community level.
Intervention	With participation from CHWs and community-based organizations, develop multilevel curricula for training programs, procedures and protocols for integrated disease screening, referral, linkage and care for all community-based human resources and organizations.
Intervention	Along with existing mechanisms for managing community health at the national level, identify an institutional home for planning the national COVID-19 response plan, preferably with representation from relevant government and ministry of health structures, civil society, community-based organizations and interested stakeholders.

For guidance on scaling high-quality community health worker programs, please see:

- Community Health Academy: Strengthening Community Health Worker Programs

Strategy 1.2: Establish and then strengthen national systems for data collection, data use and quality improvement for community health workers and community level interventions.

Intervention	Review and revise existing key performance indicators to assure they align with the COVID-19 landscape (i.e. burden of disease, access and impact of community health interventions) keeping in mind integration, accessibility and usability of data collection tools.
Intervention	As possible, devise and develop digital tools to serve both patient care workflows (through decision support, checklists, disease identification, etc.) and guide reporting and analytics for evidence-based planning and prioritization.
Intervention	If digital tools are not possible nationwide, devise and develop paper based options that align with digital tools, as above. Support data input from paper to digital systems with strong data quality systems.
Intervention	Establish, or strengthen, the national process for reviewing community health data and developing quality improvement strategies with district level leadership and governance and engaged partners.

For guidance on incorporating digital solutions for COVID-19, please see:

- Johns Hopkins Researchers Publish Assessment of Digital Solutions for COVID-19 Response in Low- and Middle-Income Countries

Strategy 1.3: Conduct a financing gap analysis of resources needed to support a surge in the community health workforce to combat COVID-19, and plan how to sustain key commitments over time

Intervention — Conduct a comprehensive costing exercise for community health and prioritize, with inputs from national technical working groups, forming an approach for securing new funding.

Intervention — Work with partners to ensure technical assistance for implementation readiness, public financial management, supply chain strengthening, and disease surveillance for long-term health system building.

Intervention — Create a long-term comprehensive community-based human resource plan so as to ensure proper compensation, supportive supervision and integration into the primary health care model.

For more guidance on community health financing, please see:

- Community Health Academy: Financing Community Health Programs for Scale and Sustainability

OBJECTIVE 2: Protect Community Health Workers on the front lines of COVID-19 response

Strategy 2.1: Provide an adequate and reliable supply of personal protective equipment (PPE)

Intervention — Develop and ensure complete and comprehensive CHW registries which are integrated with existing health information systems. This will form the basis for which CHWs may be included in PPE and vaccination projections and distribution. (See CGDev Note "Protecting Community Health Workers: PPE Needs and Recommendations for Policy Action".)

Intervention — Improve communication between forecasting groups, decision makers and community-based health workers so as to have a feedback loop on what is working, challenges and future needs. This can be linked to national coordinating mechanisms.

Intervention — Quantify CHW PPE needs based on exposure risk of their tasks, not based on formal hierarchy. CHWs conducting contact tracing and home visits in the community as well as any facility-based CHWs should have regular access to a supply of PPE. Forecast PPE needs based on number of health workers and volume of health work, per established care protocols and guidelines.

Intervention — Provide clear guidance on mask-reuse if needed, depending on supply (i.e. quarantining/ decontamination of masks, N-95 mask reuse guidance, etc.)

Intervention — Provide training on and materials for safe handling of PPE waste. Provide materials and systems for CHWs to dispose of PPE, such as sealable containers or bags for waste collection that CHWs can bring periodically to health facilities.

Strategy 2.2: Provide CHWs with timely access to vaccination.

Intervention — Include any CHW with COVID-19 exposure risk, regardless of their title or salary, in the same vaccination priority wave as other health care workers.

Intervention — Utilize updated national CHW registry to identify and reach CHWs with COVID-

19 vaccination.

Example PPE Packages for Community Health Workers:

For household visits without contact:
- Surgical or cloth face mask (preferably both)
- Hand hygiene kit of soap, alcohol rub

For household visits in contact with household members:
- All items above (mask; hand hygiene kit), plus-
- Face shield
- Gown
- Gloves

For interactions with identified COVID-19 contacts, suspected, or confirmed cases:
- All items above (mask; face shield; gown; gloves; hand hygiene kit), plus -
- Full coveralls
- Consider N95 or similar mask

For interactions with identified COVID-19 contact, suspected or confirmed cases during aerosolizing procedure (nasal swab, nebulizer, etc.):
- N95 mask at all times

For learn more about ongoing international efforts to protect CHWs, please see:

- COVID-19 Action Fund for Africa: CAF-Africa

OBJECTIVE 3: Accelerate community health coverage for COVID-19 at the district or county level by designing programs built to deliver quality and value

Strategy 3.1 Support district level teams to contextualize and successfully implement national level community health strategies.

Intervention	Identify and map active and inactive community governance structures, organizations and networks (e.g. community health teams, community action committees, etc). to participate in district level planning and implementation
Intervention	Create or strengthen multi-stakeholder district platforms for community health planning and review, incorporating members of community-based organizations and networks. Strengthen linkages between communities and formal health systems.
Intervention	Through multi-stakeholder district platform/s, conduct a CHW-AIM assessment of each CHW program to identify the level of functioning and opportunities for improvement.
Intervention	Support community-led development/revision of strategies, plans, tools, resources and messages for social mobilization.
Intervention	Produce implementation plans for district level including activities, integration between work streams and primary facilities and timelines.
Intervention	Contextualize national protocols and job aides to the local community health

program.

Strategy 3.2 Ensure hiring of surge capacity CHWs that target the populations most affected by COVID-19, HIV, TB and Malaria

Intervention	Identify coverage gaps. With the multidisciplinary community health technical team described in Strategy 1.1, forecast community-level human resources for health that will be necessary to sustain baseline services while rising to meet the needs of COVID-19 service delivery (e.g. location, number, distribution, workload, burden of disease, etc.).
Intervention	Plan recruitment to address coverage gaps, including number of CHWs, location, distribution and scope of work. Design recruitment to cover immediate COVID-19 service needs, while simultaneously maintaining and strengthening essential care delivery systems for acute and chronic diseases.
Intervention	Involve community representatives (especially from key and vulnerable populations (KVPs)) in the recruitment of new CHW cadres and staff from the communities in which they live, per national and local strategic plans.

Strategy 3.3 Develop comprehensive and integrated CHW training programs that include initial onboarding and frequent refresher trainings.

Intervention	Develop or adapt existing training programs to incorporate integrated disease approaches and content on COVID-19. Focus on practical knowledge and skills such as training on how to use job aids, treatment protocols and pathways to integrate care.
Intervention	Utilize community voices and recommendations as much as possible, and involve district leaders and primary health care teams.
Intervention	Assess the quality of existing community health training in the country. An ideal program should include: disease based education, linkages to the formal health care system, referral and treatment pathways, psychosocial support with treatment adherence options, initial counseling and conflict management, program indicator input and review with defined deliverables and expectations.
Intervention	Leverage program indicators and qualitative reviews to evaluate ongoing training and support to create relevant and up to date refresher trainings. For example, if the programmatic indicators show poor HIV patient follow up and a decrease in retention in care, utilize refresher trainings to learn about barriers and challenges from community members and CHWs, and then work together to form plans to strengthen pathways and create processes of continuous quality improvement.

For more training resources for CHWs regarding COVID-19 please see:

- Community Health Academy: COVID-19 Digital Classroom Course Series

Strategy 3.4 Fairly compensate existing and surge capacity CHWs for their work, commensurate with their effort and based on national guidelines for workforce payment or compensation.

Intervention	Work with community teams, district leadership and primary health teams to establish or ensure delivery of fair and consistent compensation and incentives for community-based structures, CHW cadres and other staff down to the lowest level.
Intervention	Prioritize remunerating existing and new CHWs via cash (or electronic)

payments for full time or part time work, such that they are enabled to have the time available to focus and perform at a high level.

Intervention — Provide financial risk protection to CHWs (i.e. paid sick leave). This is especially relevant during the COVID-19 pandemic, when informally employed are particularly at risk for catastrophic health expenditures. This will also help ensure that CHWs who feel ill do not feel compelled to work, and thus inadvertently expose community members to COVID-19.

Intervention — Provide overtime, hazard or additional overtime payments to CHWs per national guidelines for health care workers. CHWs are likely to take on more tasks during times of health crisis and proper remuneration can help prevent attrition.

Strategy 3.5 Enhance supervision of existing and surge capacity CHWs to ensure they can perform ongoing tasks with excellence and fidelity, while managing increased COVID-19 workload and work adaptations.

Intervention — Provide all CHWs with adequate supervision. If surge capacity CHWs are hired, increase the number of supervisors to maintain adequate ratios. Consider promoting experienced and high performing CHWs to supervisor roles.

Intervention — Define supervision and mentorship activities, including for COVID-19 work flow adaptations. Ensure expectations are documented regarding frequency of communication, elements included in supervision meetings.

Intervention — Clarify how CHWs and supervisors can best be in contact. For example, meetings be conducted remotely via phone or tablet if in-person meetings are not safe or feasible due to COVID-19. Invest in cell phones and data for CHWs to facilitate this remote supervisory contact.

Intervention — Include supervision and mentorship human resources and operational costs in all planning and budgeting exercises. This includes maintaining appropriate ratios during surge capacity hiring, transport logistics for in-person meetings, and procuring supervision tools such as paper or digital tools, cell phones, airtime or data bundles, charging solutions for phones, etc.

Intervention — Describe expectations, tasks, and training plans for each cadre in planning documents. Supervisors should have clarity on their scope of work, when they are scheduled to be on-call, and the tools available to them.

Intervention — Train new supervisors on management, leadership and supervision with feedback, and on how to manage protocols/checklists for supervision so as to give constructive structured feedback. Provide existing supervisors with refreshers on these topics and on COVID-19 tasks and adaptations.

Intervention — Create remote communication pathways between supervisors and CHWs that allow for immediate responses to questions, challenges and issues that arise. For example if a CHW finds someone in the community with suicidal ideation, they should be able to contact their supervisor to collaborate on referral, advising and troubleshooting.

Strategy 3.6 Procure and distribute all diagnostic, treatment, linkage and supplies required for CHWs to safely and effectively carry out their responsibilities.

Intervention — Utilize population and epidemiological data to quantify demand of diagnostic and treatment supplies for CHWs including linkage and primary care system inputs to provide an essential health care package for COVID-19, HIV, NCDs, TB, malaria, childhood illness and malnutrition, etc.

Intervention — Integrate community health forecasting, procurement, and distribution with

national and district processes. Identify instances in which local private supply chain systems will be more efficient to procure certain supplies and equipment.

Intervention — Utilize input from community structures, primary health care facilities and CHWs on best practices for monitoring supply and developing local supply chain logistics from primary facilities to community level care.

Intervention — Include PPE and hygiene materials in all CHW supply forecasting, procurement, and distribution.

Intervention — Work with technical teams and CHWs to identify protocols and communication chains on consumption and replenishment of supplies and diagnostics.

Intervention — Equip new CHW with key supplies, communication tools, and other resources needed for their job function and comparable with similar existing roles. For example

- job aides and equipment (such as pulse oximetry, stethoscope, simple diagnostic tools, etc)
- data collection tools (paper and/or digital)
- communication tools (for example: toll free number, cell phone, support help desk)
- logistics for travel (transport funds, bicycle, motorbike, etc.)
- appropriate PPE and hygiene materials (see Objective 2 above)

OBJECTIVE 4: Engage and support communities to prevent, detect, and respond to COVID-19 at the community level: the role of community-based organizations and community health workers

Strategy 4.1: Create and support actionable mechanisms for community-based organizations to lead monitoring, advocacy and research

Intervention — Develop community action plans in conjunction with local leaders. Opening up opportunities for community leaders and structures to take the lead in prevention, response, and mobilization efforts (e.g., vaccination campaigns) can prompt a "collective urgency" that can translate into community mobilization and efficacy.

Intervention — The community action plans can best be formed through formal mechanisms for assuring wide representation from community leaders, especially leaders from different sub-communities and key and vulnerable populations (KVPs) that may happen to share a geographic space with others (i.e. the LGBTQ+ community within the community of an impoverished urban space).

Intervention — Avoid CHW tokenism, as per the “Ladder of CHW Participation.” CHW advocates can lead community mobilization and participation when they have the opportunity to control how meetings are run, and the power to make substantive decisions. See CHWadvocates.org for more information.

Intervention — Consider recruiting and training persons recovered from COVID-19 as specialized CHWs to deliver psychosocial support and/or advocate for the rights of COVID-19 patients.

Intervention — Incorporate the WHO Global Risk Communication and Community Engagement indicators into country M&E plans and data-driven decision-making.

For more information on community-based health care strategies please see:

- Unicef: Community-based health care, including outreach and campaigns, in the context

of the COVID-19 pandemic

Strategy 4.2: Assure reliable information and risk communication is readily available, and informs all other activities

Intervention	Provide an initial orientation for all existing and new CHWs introducing COVID-19, transmission, prevention, signs and symptoms (dispelling rumors within the workforce and preparing CHWs to speak with patients).
Intervention	Empower CHWs to conduct COVID-19 education in the community. Door to door communication can be done safely and effectively if precautions are taken. When adequate physical distancing is possible, it may be effective to utilize existing ongoing outdoor gatherings, such as the distribution of supplies, to conduct outreach and education.
Intervention	Explore the deployment of new digital tools, such as chat-bots for COVID-19 questions, to serve both the general population and CHWs.

For more information, please see:

- GOARN RCCE "Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person"

Strategy 4.3: Shield vulnerable communities from health and economic shocks of COVID-19

Intervention	Create neighborhood councils of community leaders, CHWs, and members of key and vulnerable populations (KVPs) to help identify those worst affected by the pandemic (not only those infected), while protecting their privacy and confidentiality.
Intervention	For those identified, provide immediate social support (such as cash transfers, food or rent support) at the household level. A robust and trusted neighborhood council will be critical for maintaining transparency around, and community support for, such programs.
Intervention	Coordinate plans for social support in the national government COVID-19 response coordinating body, including community-based organizations and funding partners.

Strategy 4.4: Detect and report COVID-19 cases at the community level

Intervention	Train and equip CHWs to screen for COVID-19. This can include verbal screening for COVID-19 symptoms, and referral to care for concerning cases.
Intervention	Consider equipping CHWs who normally provide curative care (i.e. via the iCCM protocols) with rapid-diagnostic tests, in cases where adequate N-95 masks and other PPE are available. Link suspected cases to confirmatory testing within 24 hours where possible.
Intervention	Leverage mHealth platforms and digital tools for use in early detection and containment. Applications include early warning systems, epidemiological surveillance, and contact tracing.
Intervention	Consider incorporating contact tracing training in CHW activities or hiring new dedicated CHW contact tracers (and/or other laypersons if CHWs not available in appropriate numbers). While contract tracing is difficult to sustain after early stages of a pandemic, experience with Ebola suggests that it was more operationally feasible and effective in rural areas. As contact tracing is labor intensive, impact is most likely when CHWs receive substantial supportive supervision, with integrated reporting structures.

Intervention	For CHWs already engaged in surveillance, expand community event-based surveillance to incorporate content on COVID-19. Use mHealth and e-learning platforms and tools to accelerate uptake. See Strategy 1.2 above.

Strategy 4.5: Equip CHWs to respond to potential COVID-19 cases and provide case follow up for confirmed COVID-19 cases.

Intervention	CHWs can Encourage self-isolation for potential mild COVID-19 cases. See example guidance for Home Based Care for COVID-19 in Kenya.
Intervention	Support CHWs to guide caregivers on home based treatment of mild cases and escalate care for severe cases in a timely manner. Provide materials for symptom management such as paracetamol, fluids/ORS.
Intervention	Provide oximeters for home based care of people with potential mild COVID-19. CHWs can encourage and facilitate early referral to care at the first signs of hypoxia. Timely access to treatment such as intravenous steroids and/or oxygen can be life-saving.
Intervention	If CHWs are not available, family members and neighbors can be trained to screen for COVID-19, follow oxygen levels, and call for referral to the health system. In all cases, referrals can be facilitated with transport support, such as transport reimbursement or ambulance services.

For up-to-date information on COVID-19 protocols, please see:

- Brigham and Women's Hospital, PIH, Open Critical: covidprotocols.org

Strategy 4.6: Integrate routine community health services and community case management for Malaria, TB, and HIV with COVID-19 workflows.

Intervention	Modify protocols, guidelines, and training curricula for chronic diseases such as HIV and NCD and infectious diseases such as TB and Malaria in the COVID-19 context
Intervention	In the case of "no touch policy" for CHWs, ensure clear communication and training for CHWs and supervisors on policy and modified protocols in order to ensure the continuation of high quality HIV, TB, Malaria services.
Intervention	Assess if key tasks can be transferred from the primary care facility level to CHW and community-based structures. For example, if adaptations allow people with HIV to visit the health center every 6 months instead of every 3 to minimize risk of COVID-19 exposure, CHWs might be tasked to follow up for side effects and adherence at 3 month intervals.
Intervention	Harness accessible and appropriate, localized mHealth and digital tools and technologies, optimized for low-resource contexts. These tools may be utilized to monitor patients with chronic or acute disease, proactively check-in with caregivers, and assess symptoms and establish care plans when in-person interaction is not possible. Further guidance on adaptations to essential PHC services are outlined in the Core Group Home-Based Care Reference Guide for COVID-19.
Intervention	Ensure the continuation of promotional activities in instances where social gatherings, drama, and community meetings are interrupted due to COVID-19. Use of posters, sketches, TV and radio announcements may be appropriate.

For up-to-date information on COVID-19 workflow resources, please see this resources:

- CHW COVID-19 Workflow Resources

- The Global Fund: Mitigation of COVID-19 Effects on HIV, TB, and Malaria Services and Programs
- The Global Fund: Examples of Community, Rights, and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities

Strategy 4.7: Ensure vaccination campaigns are rooted at the community level

Intervention	Involve CHWs in all phases of planning and coordination, especially during the identification of priority groups for vaccination. Activities may include: involvement in national coordinating committees, conducting surveys, developing registers of people in priority groups, mapping communities, etc.
Intervention	Plan for continuous community engagement, mobilization, and vaccine confidence interventions (i.e. demand generation, trust-building and educational activities). These often require orientation information, job aides and support tools (i.e., hotlines, national or international information in local context, help desk for questions), travel logistics, funding for community meetings (i.e., with local leaders, forums focus groups).
Intervention	Link community leads with national and district planning for vaccination roll-out and follow-up, including logistics for vaccinators, mobilization of target populations, identity verification, patient registration, adverse events monitoring, defaulter verification and follow up.
Intervention	If possible, create demand for community vaccination points on specific times and days by registering patients directly and even escorting to vaccination sites when needed. Ensure follow up and registration of second vaccination with paper based or preferably digital tools.

For more guidance on COVID-19 vaccine deployment, please see:

WHO: COVID-19 Vaccine Introduction Toolkit

Objective 5: Implement a community-based mental health and psychosocial response to the COVID-19 pandemic.

Strategy 5.1: Develop and implement plan for adapting and maintaining mental health services in the community.

Intervention	Develop infection prevention guidelines and how to maintain safety in home visits.
Intervention	Adapt routine mental health and psychosocial support service delivery activities to incorporate infection control.
Intervention	Train CHWs to provide additional mental health and psychosocial outreach to the most vulnerable individuals, and refer to additional services as needed.
Intervention	Utilize digital technology for remote care delivery including receiving and triaging requests for care, regular proactive check-ins, providing psychological services, and referral pathways.

Strategy 5.2: Establish a plan for psychosocial support of vulnerable groups (including material support) and communities.

Intervention	Assist people and their families with accessing information about COVID-19 and the mental health and psychosocial impacts.

Intervention Engage families and caregivers in promoting infection prevention measures.

For more information please see:

- WHO: Mental health and psychosocial considerations during the COVID-19 outbreak

Strategy 5.3: Implement Psychological First Aid (PFA).

Intervention Establish integrated training program to train CHWs and other frontline staff to deliver Psychological First Aid.

Intervention Develop supervision and mentorship structure to support CHWs and other frontline staff on Psychological First Aid.

Strategy 5.4: Develop, strengthen, and/or integrate systems for data collection, monitoring and evaluation, and quality improvement for mental health and psychosocial interventions.

Intervention Establish dedicated roles to supporting CHW and other staff wellness and mental health needs. Dedicate staff time in collaboration with human resources and occupational health departments.

Intervention Establish peer support structure for CHWs. Conduct group and individual peer support sessions focused on wellness on a regular basis.

Intervention Conduct trainings on wellness and recognizing and addressing burnout. Develop an accessible resource library with informational materials, tools, and exercises to support one's own mental health and well-being.

Intervention Ensure access to clinical support including mental health services and establish referral pathways for staff who require additional mental health services.

COST CONSIDERATIONS

Objective 1

- Costs for needs assessment
- Costs for digital tools for patient care workflows (cell phones, tablets, etc)
- Costs for validation and printing ofpaper based data collection and reporting tools
- Costs for costing exercise, including consultant costs if necessary, travel costs, etc

Objective 2

- Objective 2:
- Training on safe handling of PPE waste
- Provision of materials for PPE disposal (sealable containers, bags for waste collection)
- Provision of PPE for CHWs, including:
    - Surgical or cloth face mask
    - Hand hygiene kit of soap, alcohol rub
    - Face shield
    - Gown
    - Gloves
    - Full coveralls
    - N95 mask or similar
- Trainings for tasks, data capture, respectful care, community engagement, integration of services, COVID-19 prevention, monitoring, contact tracing and community-based treatment with referral

Objective 3

- Costs for CHW enumeration (transport, mapping costs, etc)
- Costs for conducting CHW-AIM assessment
- Costs for validation and production of job aids
- Recruit and train additional CHWs to mitigate service disruption
- Trainings on integrated disease approaches and content on COVID-19
- Refresher trainings for CHWs regarding COVID-19
- Costs for remuneration of CHWs via cash or electronic payments
- Costs for paid sick leave for CHWs
- Costs for hazard payment or additional overtime payments to CHW
- Supervision and mentorship costs
- Provision of phones or tablets for remote supervision
- Costs for transport logistics for in-person supervision
- Paper or digital tools for supervision
- Airtime or data bundles
- Charging solutions for phones
- Training costs for new supervisors on management, leadership and supervision
  Refresher trainings for existing supervisors including COVID-19 specific tasks and adaptations
- Commodities - data systems (mobile devices, hardware, software, charing systems), PPE, hygiene supplies, education and job aides (mobile devices, paper, etc), medical equipment and consumables (pulse oximeter, Hemoglobin device and cartridges, etc), medications

Objective 4

- Costs for recruiting and training recovered COVID-19 patients as specialized CHWs to deliver psychosocial support
- Orientation costs for existing and new CHWs introducing COVID-19 topics
- Costs for deployment of new digital tools, including chat-bots
- Trainings for CHWs on COVID-19 screening
- RDTs, N-95 masks for CHWs providing curative services
- Costs for contact training tracing or costs for CHW contact tracer hiring
- Paracetamol, fluids, ORS
- Oximeters
- Posters, sketches, TV and radio announcements

Objective 5

- Training for CHWs on mental health and psychosocial outreach
- Integrated training for CHWs and other frontline staff
- Supervision and mentorship costs for CHWs and other frontline staff
- Training for CHWs and supervisors on wellness and recognizing the signs of burnout

RESOURCES:

Ballard M, Bancroft E, Nesbit J*, et al* Prioritising the role of community health workers in the COVID-19 response. *BMJ Global Health* 2020;**5:**e002550.
CGDev Note "Protecting Community Health Workers: PPE Needs and Recommendations for Policy Action"
CHW Advocates
CHW COVID-19 Workflow Resources
Community Health Academy: COVID-19 Digital Classroom Course Series
Community Health Academy: Financing Community Health Programs for Scale and Sustainability
Community Health Academy: Strengthening Community Health Worker Programs
Community Health Impact Coalition: CHW Assessment and Improvement Matrix (AIM)
Core Group Home-Based Care Reference Guide for COVID-19
GOARN RCCE "Tips for Engaging Communities during COVID-19 in Low-Resource Settings, Remotely and In-Person"
Johns Hopkins Researchers Publish Assessment of Digital Solutions for COVID-19 Response in Low- and Middle-Income Countries
The Global Fund: Mitigation of COVID-19 Effects on HIV, TB, and Malaria Services and Programs
The Global Fund: Examples of Community, Rights, and Gender-related Investments during COVID-19: Summary of COVID-19 Guidance Notes and Recommendations from Civil Society and Communities
Unicef: Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic
WHO: Mental health and psychosocial considerations during the COVID-19 outbreak
WHO: Psychological First Aid