

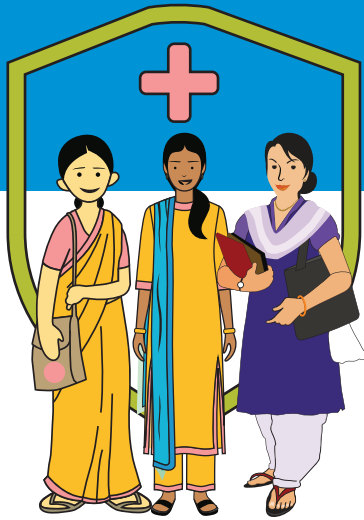
COVID-19 FACILITATOR GUIDE

Response and Containment Measures
Training toolkit for ANM, ASHA, AWW



Ministry of Health & Family Welfare
Government of India





CONTENT

About the Toolkit	3
How to use the Toolkit	4
Training Objectives	5
Training Agenda	6
Session 1: Introduction to COVID-19 Communication for Response and Containment	7
Session 2: Prevention: Safe Practices in the Community	8
Session 3: Community Surveillance	9
Session 4: Supportive Public Health Services: Community and Households	10
Session 5: Managing Stigma and Discrimination	11
Session 6: Personal Safety for Frontline Workers	12
Session 7: Special Communication Needs in Urban Areas	13
FAQs Things I need to know about COVID-19	14
Annexure 1: Trainer Notes for the Slides	17



About the Toolkit

INTRODUCTION

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. Since then WHO has declared it as a Pandemic affecting more than 115 countries around the globe. India has seen it's first COVID-19 case in Kerala on 30th January 2020. With cases rising steadily, all sections of our society must play a role if we are to stop the spread of this disease and the frontline health worker has the responsibility, the reach and the influence within the community.

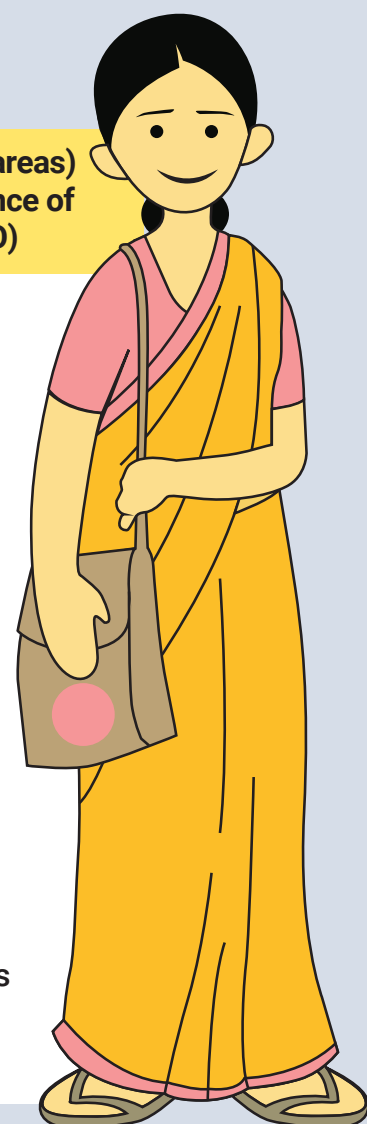
UNICEF and WHO are supporting the government of India in taking action to contain the COVID-19 outbreak.

WHO SHOULD USE THE TOOLKIT

The training module should be used by the designated COVID-19 trainers with the Health frontline functionary viz the ANM and the ASHA. This module can be used in a stand-alone training of one and a half hours or as part of a larger training.

ROLE OF THE FRONTLINE WORKER

Health – ANM (Under guidance of DSO/MO)	Health – ASHA, CHV(in urban areas) and ICDS - AWW (Under guidance of ASHA Facilitator and CDPO)
<ol style="list-style-type: none"> 1. Provide information on <ol style="list-style-type: none"> (a) preventive and control measures including social distancing (b) addressing myths and misconceptions; 2. Support DSO on <ol style="list-style-type: none"> (a) contact tracing as per SOPs (b) implementing home quarantine, home care, and supportive services for HRG and probable cases urban/ rural areas and (c) address psychosocial care and stigma and discrimination. 3. Reporting and feedback 4. Team safety and prevention 5. Supportive supervision 	<ol style="list-style-type: none"> 1. Community awareness through inter-personal communication <ol style="list-style-type: none"> (a) uptake of preventive and control measures including social distancing (b) addressing myths and misconceptions; 2. Support ANM/Supervisor in house to house surveillance including <ol style="list-style-type: none"> (a) identification of HRG and probable cases (b) ensure uptake of medical services in urban and rural areas and (c) psychosocial care and stigma and discrimination 3. Reporting and feedback 4. Personal safety and precautions 5. Use of COVID 19 IEC materials



HOW TO USE THE TOOLKIT

The toolkit consists of the following:

1. Facilitator Guide for the training (to be used by the DSO for training the FLWs)
2. Presentation for the training (to be used by the DSO during the VC)
3. Pocket book with 5 to do's for various topics as reference for the FLW (the pdf can be loaded on the WhatsApp and be a handy guide for the FLW)

The Facilitator guide and the presentation are to be used by the Trainer. The Facilitator guide will give point of facilitation tips to the trainer on how to run the training sessions . Sessions follow the PowerPoint presentation. The trainer is expected to familiarize himself/herself with the sessions and the presentation before discussions. The trainer should also keep an updated status of the districts and clusters in the state which are under lock down or have a high infection rate. The trainer should use session number 7 only during training of FLWs working in urban areas as it gives some area specific inputs to them.

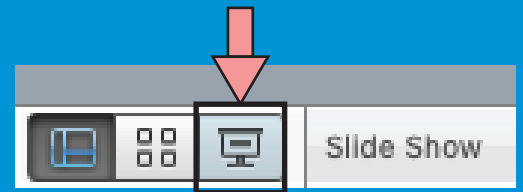
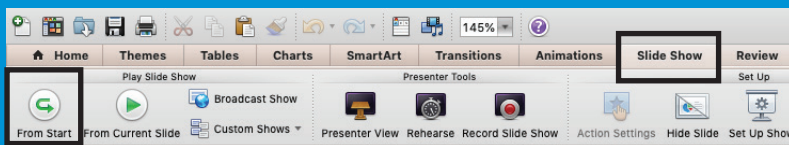
A self-assessment is given at the end of each session which can be used by the participants to check on their understanding of the session.

The self-assessment is a case study or a checklist. All references are given to the trainer in the Facilitator guide

Further readings related to the sessions are given as a simplified Pocket Reference which can be shared with the participants.

Participants are expected to familiarize themselves with the readings. The Pocket Reference will be given as a PDF on the mobiles and can be viewed on the WhatsApp screen

Trainer must take care to run the PowerPoint presentation in the presentation mode. To shift the Slideshow mode, follow instruction as shown



- To start a slideshow from the beginning of your presentation using the Ribbon, simply
 1. Navigate to the Slide Show tab
 2. Select From Beginning
- Selecting From Beginning starts your presentation from the first non-hidden slide in your presentation, regardless of which slide you are currently inside of your deck.
- Trainer must take care to run the PowerPoint presentation in the presentation mode. To shift to the Slideshow mode, follow instruction as shown here





COVID-19

Training Objectives

Training Objectives

At the end of the training the ASHA/ANM/AWW will be able to do the following:

- Supporting community surveillance process (Early identification and reporting)
- Strengthening community linkage with public health services on preparedness, prevention, and control (home quarantine, home care, stigma and discrimination) including community / family support systems.
- Enhancing uptake of response and control of public health measures (safe behaviours and social distancing measures and early self-reporting if symptoms develop) and tracking and addressing of rumors and misinformation.
- Protection of health care workers from acquiring COVID-19.

KNOWLEDGE	SKILLS
Case definitions during cluster containment and community transmission and communication of symptoms for early detection.	Inter-personal communication to improve community involvement in COVID-19 prevention and control measures including early health seeking behaviour
Community surveillance and reporting process	Management of HRGs (Identification, tracking and reporting) and communicating
Information on Public health services for prevention and control, management of suspected cases (Symptomatic and Asymptomatic) including home quarantine, home care and stigma and discrimination, self-reporting, understanding co-morbidities and other risk groups (travel history or contacts: Corona affected countries/areas)	Building and maintaining supportive environment to tackle anxieties, fears, stigma and discrimination, and support high-risk groups, self-reporting, effective use of COVID-19 IEC materials
Safety and precautions for self Myths and misinformation	Effective use of COVID 19 IEC materials, protection measures like handwashing, social distancing, cough etiquette and correct use of medical mask while contact tracing





Session 1: Understanding COVID-19, Communication for Response and Containment Measures

a. Roles and Responsibilities of the Health Workers/ ICDS Workers

15 minutes

Session 2: Prevention: Safe Practices in the Community

a. Preventive services: ASHA/ANM/FLW to communicate for preparedness in the face of a COVID-19 outbreak at the community level

20 minutes

Session 3: Community Surveillance

10 minutes

Session 4: Supportive Public Health Services: Community and Households

a. Control services (Home quarantine, home care, stigma and discrimination and supportive services for HRG) (5 mins)

b. Handling of myths and misconceptions; reporting and feedback through cluster containment, community transmission at the epidemic stage (5 mins)

c. Effective use of IEC materials on COVID-19 (5 mins)

15 minutes

Session 5: Managing Stigma and Discrimination

20 minutes

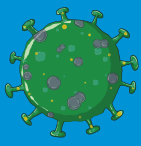
Session 6: Communication, Personal Safety for Health, ICDS Personnel

10 minutes

Session 7: Special Communication Needs in Urban Areas

10 minutes





COVID-19

Session 1: Introduction to COVID-19 Communication for Response and Containment

Learning outcome:

- Participants will be able to recall key messages on COVID 19
- Participants to recap on handling contact tracing
- Participants will be able to give a checklist of communication of symptoms for early detection.

Duration: 10 minutes

Methodology: Presentation

Process:

Facilitator says:



Slide 1: Welcome to the training on COVID-19 Response and Containment

Slide 2: In this training the topics that we are going to be talking about are six main areas and our roles.

1. This session talks about the role that each of the frontline worker or other worker plays and what she needs to understand about COVID-19
2. This section talks about the information and knowledge that the FLW will give to the community on Hand Hygiene, Respiratory hygiene, Social distancing and HRG
3. Session discusses the contact tracing protocol, how to identify the contact, what are the guidelines for supporting people who are suspected, symptomatic or asymptomatic cases
4. What is the role that community networks play in addressing COVID in the community, what are the services required: home care , home quarantine in urban and rural areas
5. This session deals with the myths and misconceptions around Coronavirus and many fears that result in stigmatizing behaviours at various level. What is the role of the FLW and what can she do
6. Frontline workers will work to reach out the message to thousands of directly or indirectly affected community members. However they also need to take care of their own personal safety

Slide 4: For fulfilling these, what is the role that the various functionaries play. ASHA, ANM and other frontline functionaries including the Anganwadi worker. We may also have SHG group leaders like Jeevika didis or Kudamashree or NRLM members who will be asked by the District Surveillance Officer to help out in various ways.

Slide 5: Let us understand about the disease that we are talking of.





COVID-19

Session 2: Prevention: Safe Practices in the Community

Learning outcome:

- Participants will be able to explain prevention practices in the Community and Households
- Participants will be able to give a checklist of preventive actions to be taken at home and in public places to avoid spread of COVID-19.

Duration: 20 minutes

Methodology: Presentation

Process:

Slide 6: In this session we are going to see four things;

1. Hand Hygiene
2. Respiratory Hygiene
3. Social Distancing
4. High Risk Groups

Slide 7 & 8: This talks about the transmission modes and how to prevent infection through
1) Hand Hygiene; What, Do and Do not

Slide 9: 2) Respiratory Hygiene : What, Do and Do not

Slide 10: Case Study on Respiratory Hygiene and how the FLW can communicate
Facilitator will read the case study, give time for discussion and then conclude.

Slide 11: 3) Social Distancing, what it is and Do and Do not

Slide 12: 4) Taking care of our High Risk Groups: who are the High Risk Groups and how will the FLW identify them

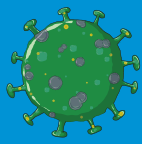
Self-Assessment: 5 mins

A. List five messages that you **MUST** give to contain spread of COVID-19 at the community level for:

1. Hand Hygiene
2. Respiratory Hygiene
3. Social Distancing

B. How will you identify the high risk groups





Learning outcome:

- Participants will be able to explain who is a Suspect and who is a Contact
- Participants will be able to list the types of contacts and their risk levels
- Participants will be clear on giving information on services that are provided for symptomatic and asymptomatic cases

Duration: 10 minutes

Methodology: Presentation

Process:

- Slide 13:** In this session we are going to see:
- a. Types of Contacts
 - b. Contact Tracing SoP
 - c. Advisory to be given for contacts
 - d. Communicating for community surveillance

Slide 14: This slide will give the definitions of a Contact and a Suspect to help FLW differentiate between a contact and a suspect

Slide 15: Types of Contact: High risk and low risk contacts

Slide 16: How to conduct the community-based surveillance

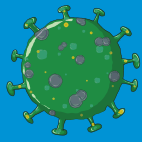
Slide 17: Who is a Symptomatic contact, what is the advisory and who is an Asymptomatic contact what is the advisory that should be given.

Slide 18: a) Facilitator reads out the case scenario and then asks participants to answer.
b) Discuss the possible answers on what the FLW can do.

Self-Assessment

1. What are the types of Contacts
2. Make a list of symptoms that will categorise the contact as symptomatic and asymptomatic
3. What is the community surveillance protocol



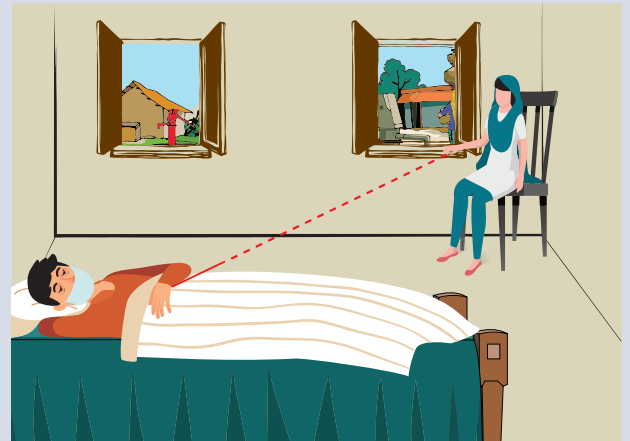


COVID-19

Session 4: Supportive Public Health Services: Community and Households

Learning outcome:

- Participants will be able to understand the steps for ensuring creating community support for COVID-19
- Participants will understand and be able to give information on services to be provided for home care and home quarantine for suspected case and family members.
- Participants will be able to give a checklist of preventive actions to be taken at home and in public places to avoid spread of COVID-19.



Duration: 15 minutes

Methodology: Presentation

Process:

Slide 19: In this session we are going to see three things;

- Role of FLW in creating supportive environment at the community level.
- Role of FLW in giving correct information and ensuring safe behaviours for home quarantine and home care

Slide 20: Response and containment– Create a supportive environment
Read the slide on what the health workers and FLWs should do to create a Supportive environment at the community level.

Slide 21: Case Study. Discuss the case study. Use the answers to highlight the role of influencers in adopting safe practices in public and how FLWs can do it.

Slide 22: Home Quarantine : stay safe for probable infected person
This slide talks about the Home care that is required in case there is a suspect.

Slide 23: Home Care - Keep environment safe
Use this slide to explain safe practices to keep homes safe to be conveyed by FLWs to the community.

Slide 24: Home Quarantine: stay safe for family members
This slide explains the safe behaviours for family members of quarantined person.

Self-Assessment: 5 mins

1. List 5 things that you will communicate for guiding on home care
2. List 5 actions that you can take for community involvement on COVID-19





COVID-19

Session 5: Managing Stigma and Discrimination

Learning outcome:

- Participants will be able to define stigma and understand why COVID-19 causes a stigma in society.
- Participants will know how stigma affects their work and what they can do to address it.

Duration: 20 minutes

Methodology: Presentation

Process:

Slide 25: In this session we are going to learn what is Stigma, why COVID-19 carries stigma, how do we recognize stigmatizing behaviours and what can we do about it.

Slide 26 & 27 : What is stigma and why is there stigma
Use these two slides to define stigma and explain why there could be stigma associated with COVID-19

Slide 28: Recognizing stigma
Use slide 28 to discuss situations and their ability to recognize stigma . Take answers from FLWs. Show the next slide to share correct answers.

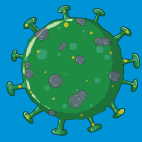
Slide 29 & 30: What does stigma do and what can an FLW do
These slides explain the effects on stigma on COVID-19 reporting and treatment. Use slide 29 to explain and discuss what FLWs can do to address stigma.

Slide 31: Facilitator will read the case study and ask participants to answer the questions.

Self-Assessment: 5 mins

1. List any 5 incidents which you think are manifestation of stigma in the community
2. Mark any two things that you can do to manage stigma in your community



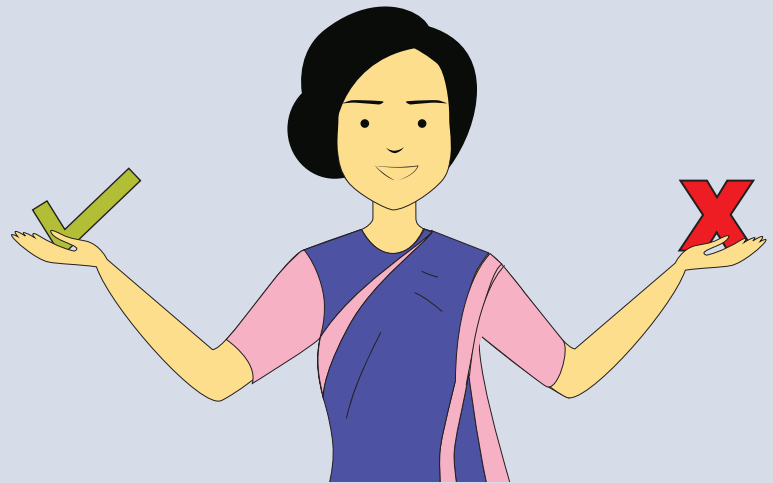


COVID-19

Session 6: Personal Safety for Frontline Workers

Learning outcome:

- Participants will be able to list what to communicate and how to communicate
- Participants will demonstrate self-protection measures
- Participants will be able to prepare a checklist of safety measures to be taken during home visits and contact tracing procedures.



Duration: 10 minutes

Methodology: Presentation

Process:

Say, *“The ASHA, ANM and AWW are the three pillars of health and nutrition care in India. Protection and safety of FLWs (including ANM, ASHA, and AWW) are of utmost concern as they are the people who are at the forefront to fight COVID-19 at the community level.”*

Slide 33 & 34: What and How to Communicate

The slides explain what is the main information to be shared by the FLWs in the community. Slide 34 gives few tips for effective communication.

Slide 35: Gives necessary tips on mask management

Slide 36: Precautions and safety measures for FLW

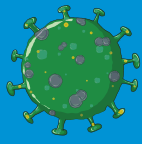
This tells about how the ASHA/ANM must take precautions against infections when she is moving in the community or doing house visits and about the precautions and safety precautions that the FLW must take on reaching home.

Slide 37 & 38: Myths and Facts

Gives you some of the prevailing myths and misconceptions. If there are any other questions, you may refer to the FAQs in this guide or talk with your supervisor.

Slide 39 & 40: A quick recap game on topics in the training module. There are statements given. You have to ask the FLWs during training whether they are correct or incorrect. [facilitator to run the presentation in show mode and click on the squares]. Correct statements are revealed below. Wrong statements are corrected





COVID-19

Session 7: Special Communication Needs in Urban Areas

Learning outcome:

- Participants will be able to discuss special activities needed in urban areas

Duration: 10 minutes

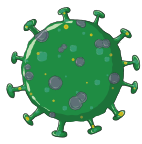
Methodology: Presentation

Process:

Facilitator will conduct this session only when FLWs from urban areas are participating

Slide 41 & 45: Discuss each slide and explain the actions which can be taken by the FLWs in urban areas





COVID-19

Reference

FAQs Things I need to know about COVID-19

1. What is COVID-19?

COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019. That is why it was called the Novel (new) Coronavirus. NCoV. It was found in 2019

2. What are the symptoms

The most common symptoms of COVID-19 are fever, cough and difficulty in breathing. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. These symptoms are usually mild and begin gradually. Some people become infected but don't develop any symptoms and don't feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around 1 out of every 6 people who gets COVID-19 becomes seriously ill and develops difficulty in breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness. People with fever, cough and difficulty in breathing should seek medical attention immediately.

3. How does COVID-19 spread?

People can catch COVID-19 from others who have the virus. The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. This is why it is important to stay more than 1 meter away from a person who is sick.

Can the virus that causes COVID-19 be transmitted through the air?

Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air. See previous answer on "How does COVID-19 spread?"

Can COVID-19 be caught from a person who has no symptoms?

The main way the disease spreads is through respiratory droplets expelled by someone who is coughing. The risk of catching COVID-19 from someone with no symptoms at all is very low. However, many people with COVID-19 experience only mild symptoms. This is particularly true at the early stages of the disease. It is therefore possible to catch COVID-19 from someone who has, for example, just a mild cough and does not feel ill.

Can I catch COVID-19 from the feces of someone with the disease?

The risk of catching COVID-19 from the feces of an infected person appears to be low. Because this is a risk, however, it is another reason to clean hands regularly, after using the bathroom and before eating.



4. How long does the virus survive on surfaces?

It is not certain how long the virus that causes COVID-19 survives on surfaces, but it seems to behave like other coronaviruses. Studies suggest that coronaviruses (including preliminary information on the COVID-19 virus) may persist on surfaces for a few hours or up to several days. This may vary under different conditions (e.g. type of surface, temperature or humidity of the environment).

If you think a surface may be infected, clean it with simple disinfectant to kill the virus and protect yourself and others. Clean your hands with an alcohol-based hand rub or wash them with soap and water. Avoid touching your eyes, mouth, or nose.

5. Can the virus travel on goods that have come in from infected places?

No. The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also low.

6. What message does an ASHA give to the community on protection?

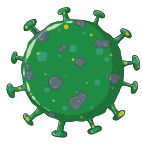
Protection measures for everyone: You can reduce your chances of being infected or spreading COVID-19 by taking some simple precautions:

- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
Why? Washing your hands with soap and water or using alcohol-based hand rub kills viruses that may be on your hands.
- Maintain at least 1 metre distance between yourself and anyone who is coughing or sneezing.
Why? When someone coughs or sneezes they spray small liquid droplets from their nose or mouth which may contain virus. If you are too close, you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.
- Avoid touching eyes, nose and mouth.
Why? Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.
- Make sure you, and the people around you, follow good respiratory hygiene. This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.
Why? Droplets spread virus. By following good respiratory hygiene you protect the people around you from viruses such as cold, flu and COVID-19.
- Stay home if you feel unwell. If you have a fever, cough and difficulty in breathing, seek medical attention and call in advance. Follow the directions of your local health authority.
Why? Health authorities will have the most up to date information on the situation in the area. Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also protect you and help prevent spread of viruses and other infections.
- Protection measures for persons who are in or have recently visited (past 14 days) areas where COVID-19 is spreading

Follow the guidance of your health care provider/ASHA/ANM

- Self-isolate by staying at home if you begin to feel unwell, even with mild symptoms such as headache, low grade fever (37.3 C or above) and slight runny nose, until you recover. If it is essential for you to have someone bring you supplies or to go out, e.g. to buy food, then wear a mask to avoid infecting other people.
Why? Avoiding contact with others and visits to medical facilities will allow these facilities to operate more effectively and help protect you and others from possible COVID-19 and other viruses.
- If you develop fever, cough and difficulty in breathing, seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Call in advance and tell your provider of any recent travel or contact with travelers.
Why? Calling in advance will allow your health care provider to quickly direct you to the right health facility. This will also help to prevent possible spread of COVID-19 and other viruses.





COVID-19

Reference

FAQs Things I need to know about COVID-19

7. Do I need medicines?

Avoid self-medication. While the symptoms can be treated as of now there are no medicines which can treat COVID-19. The best way to avoid getting Coronavirus is to wash your hands and not touch your face.

8. What should I not do?

The following measures ARE NOT effective against COVID-2019 and can be harmful:

- Smoking
- Wearing multiple masks
- Taking antibiotics

In any case, if you have fever, cough and difficulty in breathing seek medical care early to reduce the risk of developing a more severe infection and be sure to share your recent travel history with your health care provider.

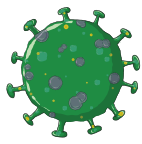
9. Do I need to use a Mask to protect myself from COVID-19?

Only wear a mask if you are ill with COVID-19 symptoms (especially coughing) or looking after someone who may have COVID-19. Disposable face mask can only be used once. If you are not ill or looking after someone who is ill then you are wasting a mask. There is a world-wide shortage of masks, so WHO urges people to use masks wisely.

The most effective ways to protect yourself and others against COVID-19 are to frequently clean your hands, cover your cough with the bend of elbow or tissue and maintain a distance of at least 1 meter from people who are coughing or sneezing.

Let me help you understand COVID-19 and support you





COVID-19

Annexure 1: Trainer Notes for the Slides

Slide 2 : What role will she play in helping to deal with COVID-19. 2. What is the information that community needs to keep themselves safe and how does the FLW give this information to the community. 3. What is community surveillance and how to conduct community surveillance, who is a person who shows the signs and symptoms and who is one who is infected but does not show the signs of infection. 4. What is Stigma and why is there stigma and how to help. 5. How to help people during home quarantine, what care should family members take. 6. Personal safety of FLWs

Slide 5: The name of the disease is COVID-19. THIS IS CORONA VIRUS DISEASE – discovered in 2019. The name of the organism that causes the disease is SARS-CoV-2. This stands for Severe (because it is serious) Acute Respiratory Syndrome- Coronavirus (the name of the family of viruses) 2. Coronaviruses cause several similar diseases including SARS, HINI (Swine flu) and the common cold and Influenza.
Symptoms of COVID-19 are fever, cough and difficulty in breathing
If a person sees these symptoms, the person must immediately contact the government helpline numbers given in this slide.
If you know that the person with whom you have been in contact has been identified as positive for COVID-19, then the person must contact on the helpline numbers immediately.

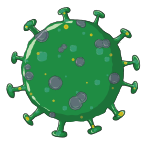
Slide 7: How do you get infected ?
The virus travels through the respiratory droplets of an infected person. When the person sneezes or coughs, the virus is deposited on the person's hand if the hand covers the mouth, or droplets fall on a surface when the mouth/nose is not covered.
From the surface/hand, the virus will get transferred to an uninfected person's hand and when that hand comes in touch with the nostril, eyes or mouth the virus gets inside the system.
We do not have the knowledge of how long this virus lives once it is out of the body. But keeping hands clean and not touching them to the face is the most important way of preventing this infection . We are going to learn about this.

Slide 8: We spoke about transmission in the earlier slide. Let us now look at how we can prevent this transmission.
1. Washing of hands with soap and water will kill the virus. Similarly sanitizing with 70% alcohol-based sanitizer. We need to wash with soap for a particular time which is 40 secs. It takes that much time for the cell wall to be rubbed off. Similarly, with Alcohol. If you do not rub your hand, the virus coat does not fall off and no harm comes to the virus
2. As we spoke earlier the infected droplets can get transferred via shaking hands with an infected person who may have the bacteria on his hands to an uninfected person or through touching of surfaces which may have the bacteria. That is why we need to have these hand hygiene practices.

Slide 9: And because we do not want the infected droplets to go out into the air and infect more people, we have to maintain what is called as respiratory hygiene at all times .
Never use the saree pallu or gamcha for sneezing into as you may use these for wiping your hands and the germs will get transferred from your hand to your nose, mouth or eyes.

Slide 11: Social Distancing is keeping a distance between you and other people so that you do not come in contact with their infected droplets in case they are carrying an infection. This does not mean that every person you come across is infected. But it is necessary being careful. Social distancing also means that you avoid crowded places, you do not organize events where people have to get together. Be aware that the virus cannot live for long when it is out of the human body. It will require to find a human body to grow and survive. If it does not, it will die. When people are at a crowded place, they touch objects, each other, and may even exhale/inhale droplets - thus the virus can get transmitted from one person to another. That is why it is necessary to decrease human to human contact in this period.





Slide 11: Though the infection can happen to anyone, the infection becomes severe when it happens in old people or people who already have an illness. This is because the immune systems of such people are weak and cannot defend the body when it is attacked by disease causing organisms. Now you will understand the importance of immunizations which prepares our bodies for attacks from viruses and bacteria.

Slide 14: In this slide we have two simple definitions, though they may look very complicated here. It tells you who is a suspect. Let us remember that the suspect needs to have any one of the 5 things:

1. Any kind of fever, cough or a difficulty in breathing.
2. If the person has traveled from any place or area which has been an outbreak area for COVID in the last 14 days
3. If the person has been in close contact of another person who is positive for COVID
4. A person who has tested but has not got the results
5. A person who may not have the symptoms but the lab reports come as positive.

Now, a Contact is:

1. Someone who is providing direct care to a person who is confirmed to be positive for COVID
2. Someone who has stayed together with a person who has been tested as positive for COVID
3. Someone who has travelled together for more than 6 hours in close space with a person who later becomes positive for COVID

Slide 15: The types of contacts can then be further divided into contact who are at a high risk and those who are at low risk. The high risk ones are those who have directly been in touch with the patient or any body fluids while taking care during home quarantine, traveled with a patient, been in the same room/house and shared utensils, etc. with the patient.

A low risk contact is someone who would have been in the same place but well outside the range of one meter, may have travelled in the same bus or train or flight but sat atleast 1 meter away from the person who tested positive.

Slide 16: This slide tells you the simple process for surveillance. You will be given the Surveillance form by your immediate supervisor and the areas where you need to conduct the surveillance. Using this format, you must visit the households, introduce yourself and the purpose of your visit and then ask the questions from the format.

While completing the format, you must take care of the following:

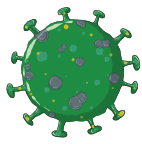
1. Communication: Always introduce yourself and the purpose, be ready to answer the questions they may have
2. Preparation: Carry your own pens, pads, books. Also carry sanitizers and masks. Always wear your mask when you are doing surveillance. Do not take the mask off and let it hang from your neck and then put it back again. Do not touch the mask several times
3. Who should we collect information about? People who have been identified as contacts. We must monitor them for fever, cough, breathing difficulty for at least 28 days.
4. We have to give the contacts information about home quarantine and what care should be taken during home quarantine
5. We must also take details of contacts of contacts (people who the person has interacted with in the last 28 days).
6. Write out all your information clearly on the format. Do not leave the work to later as you will need addresses, names and telephone numbers in order to trace contacts when needed.
7. Make sure that you maintain a distance of one meter between yourself and the person you are interviewing.
8. Do not sit in crowded rooms. If possible, sit in the open.
9. Make sure you sanitize your hands every time by washing with soap and water for 40 secs or using a 70% alcohol-based sanitizer

Slide 17: The contacts will be of two types.

1. Those who do not show any symptoms of fever, cough or breathing difficulty. You have to give advice of home quarantine, self-isolation and active monitoring to both the caregiver and the person.
2. In case the contact shows symptoms of fever, cough and breathing difficulty then the advice to be given is
 - a) immediate isolation
 - b) use of mask and
 - c) contacting the nearest health facility and reporting .

Pocket Book Page 20: While training of Nodal officers for child protection refer to page 20 of the Pocket Reference to introduce the role of the ASHA and AWW for child protection in emergencies.





COVID-19

Training Guidelines

With the help of NPSP guidance and discussions from MOHFW, the following operational plan has been developed

Day 1: NATIONAL TRAINING OF TRAINERS THROUGH NIC/ZOOM CONNECTIVITY:

a. Participants: will include State ASHA Nodal Managers, ANM focal points, State Surveillance Officers IDSP, State Programme Managers (Urban), state level WHO and UNICEF field officials

Note: Participants will be attending online by connecting from their online platforms at home or identified facility considering physical distance measures.

b. Duration: It will be a 2.5 hour training, which will include some guidance to states on new developments, methodology to cascade the online trainings and 1.5 hour of FLW training material

c. The state participants will be instructed to conduct a state level training on Day 2 for district level trainers

Day 2: STATE TRAINING OF TRAINERS THROUGH NIC/ZOOM CONNECTIVITY

a. Participants: will include from each district, District Surveillance Officer, District Epidemiologist, District Programme Manager, City Programme Manager (Urban), District ASHA Manager/District Community Mobilizers, DPO-ICDS, WHO Medical Officers, UNICEF district officials (wherever available)

Note: Participants will be attending online by connecting from their online platforms ... at home or identified facility considering physical distance measures.

b. Duration: It will be a 2.5 hour training, which will include some guidance to states on new developments, methodology to cascade the trainings and 1.5 hour of FLW training material

c. The district trainers will be instructed to conduct a district level training on Day 3 for block level trainers

Day 3: DISTRICT TRAINING OF TRAINERS THROUGH DISTRICT ECHO CONNECTIVITY

a. Participants: will include Medical Officer in-charge or his designated MO, Block Programme Manager, Block ASHA Manager/Block Community Mobilizer, ASHA Facilitators, CDPOs, Field Monitor, Lady Health Visitors (wherever available)

Note: participants will be attending online by connecting from their online platforms at home or identified facility considering physical distance measures.

b. Duration: It will be a two- hour training, which will include methodology for cascading training and 1.5 hour of FLW training materials

c. The block/urban area trainers will be instructed to conduct block/city/urban area level trainings through virtual class, whatever is feasible

Day 4, 5 & 6: THROUGH DISTRICT ECHO CONNECTIVITY

a. Participants: Block/Urban area trainers will conduct training of ANMs, ASHAs and AWWs virtually, delivered through their smart phones/ To be conducted at PHC or sub centre

b. Duration: It will be a 1.5 hour module as per plan

c. Two sessions per day may be explored

d. The feedback and unanswered queries will need to be shared with state and national level for providing standard responses



For more Information contact:

**Director, Emergency Medical and Relief. Ministry of Health
and Family Welfare. Tel: +91-11-23978046**

**Director, National Center For Disease Control.
Tel: +91-1123913148**

**Mission Director, National Rural Health Mission.
Tel: xxxxxxxxxx**

