



Curriculum on **COVID-19 Response**

for Myanmar Community Health Volunteers



PREFACE

The first case of COVID 19 was detected in Myanmar on the 23rd of March 2020 in a returnee from abroad followed by a gradual rise of cases which constituted the first wave from then to May 2020. The second wave of COVID-19 cases starting in mid-August, with the first case identified in Sittwe which spread to most states/regions identifying positive cases by late August/early September 2020 till the end of December 2020. The third wave began in Tonzan Township in Chin State from returnees across the border of Myanmar and India. It was tested to be caused by the delta variant which had high infection rate and severe symptoms starting from June 2021, peaked in July and waned in August 2021. It spread to all parts of the nation which put much stress on the health system.

Myanmar was no exception, like many other countries with fragile health systems and limited resources, the COVID-19 pandemic impacted the already stretched health systems. All out efforts invested in preparedness and response to the pandemic- imposed strain resulted in disruption of essential health care services, such as routine immunization, services related to sexual, reproductive, maternal, newborn, child and adolescent health, and other health emergencies thereby contributing to increased risk of preventable deaths.

By taking into account three waves of COVID-19 pandemic, Myanmar had survived in the past 20 months, lesson learnt, and good practices are there to be documented and sequenced to develop a standard training package for volunteers who are the front-line responders in the communities for COVID-19 pandemic. Myanmar need to be prepared for the next wave of COVID-19 and frontline responders need to be equipped with knowledge, skills and right attitude to save lives in the community who need their support and care before reaching health facilities. There are huge numbers of guidelines and pamphlets related to Infection prevention and control, do's and don'ts, waste management, and home based care. However, there is no standardized training curriculum for non- medical frontline responders to protect themselves, the patients and the population when COVID 19 outbreak occurs tailored for Myanmar context and its diverse ethnic groups. Thus, a comprehensive simple and straight forward training curriculum is developed for Myanmar community volunteers which can be used nationwide in preparation for the next pandemic or any type of Severe Acute Respiratory Infection (SARI).

A light Touch TOT for Curriculum for Community COVID 19 volunteers, a three half- day workshop was held from 27th to 29th December 2021, with core facilitators from WHO-CO, UNFPA, Jhpiego, Local Resource Centre, Myanmar Council of Churches and Myanmar Red Cross Society, that was attended by 48 representatives and observers from Non-governmental organization and Community Based organizations. The proceedings of the TOT and feedback survey was also conducted, the findings of which formed the basis for development of the curriculum for Community COVID volunteers training.

The members of the WHO-Myanmar acknowledge the inputs provided by the partners, volunteers and supervisors of COVID- 19 community volunteers, for their unrelenting efforts as frontline responders to the pandemic and for sharing their experiences and inputs to this curriculum. It is our hope that this standardized curriculum will be used to empower many community volunteers throughout Myanmar to be better volunteers for the community.

TABLE OF CONTENTS

Preface	i
Abbreviations	vi
Introduction	vii
Aim	vii
Goals	vii
Curriculum design and training approach	viii
Session 1. Basic information about COVID-19	1
1.1 What is COVID-19?	1
1.2 How is the virus transmitted?	2
1.3 Who are at higher risk of transmission from COVID-19?	2
1.4 What are the symptoms of COVID-19?	3
1.5 How can we know if someone has COVID-19?	3
1.6 Prevention of COVID-19 transmission	4
1.7 Overview of COVID-19 Management	4
1.8 Myths and Beliefs around Covid-19	5
Session 2. Volunteerism, safeguarding for community health volunteers,	6
and essential skills for volunteer work	
2.1 Volunteerism and creeds	6
▪ Code of Conduct for volunteers	7
2.2 Safeguarding and psychosocial support for community health volunteers	9
▪ Advice to organization for safeguarding of volunteers	9
▪ Advice to community health volunteers for COVID-19 infection prevention	10
▪ Prevention and addressing workplace gender-based violence (GBV)	11
harassment and abuse	
▪ Stress management for community health volunteers	12
▪ Care of Volunteers for Rest and Recognition/Recuperation (R&R)	13
2.3 Important inter-personal qualifications of volunteer	13
▪ Confidentiality in health care	13
▪ Conflict Management	14
▪ Accountability	15
▪ Integrity	15
▪ Communication	16
▪ Interpersonal Communication Skill	17
▪ Teamwork	18
Session 3. Risk communication and community engagement,	19
health promotion and creating enabling environment	

3.1 Risk communication and community engagement	19
3.2 Health promotion	20
3.3 Creating an enabling environment	21
Session 4. Community-Based Surveillance and Contact Tracing	24
4.1 Community-Based Surveillance	24
4.2 Detecting COVID-19 patient	25
4.3 Tracing and informing the contact	27
4.4 Contact tracing and quarantine in the context of Omicron variant	28
Session 5. Infection prevention and control activities in COVID-19	30
5.1 Hand hygiene	31
5.2 Cough etiquette	31
5.3 Wearing a mask	32
5.4 Personal Protective Equipment	35
5.5 Environmental cleaning and disinfection	36
▪ Linen and laundry management	38
▪ Decontaminate reusable PPE	38
▪ Decontaminate the vehicles used in patient transport	39
5.6 Waste management	39
5.7 Dead body management	39
Session 6. Vaccination	41
Session 7. Management of a contact and COVID-19 patient with	44
mild to moderate symptoms	
7.1 Advice to contacts for facility-based quarantine	45
7.2 Advice to COVID-19 suspected/confirmed patient with mild to	45
moderate symptoms for facility-based isolation	
7.3 Role of community health volunteers in facility-based care	46
7.4 Advice to contacts for home quarantine	47
7.5 Advice to COVID-19 suspected/patient with mild to moderate symptoms	48
for home isolation	
7.6 Advice to family members for home-based care	49
7.7 Role of community health volunteers on home-based care	50
7.8 Discharge from quarantine and isolation	51
Session 8. Care for special population in COVID-19 context	52
8.1 Care of NCDs patient in COVID-19 context	52
8.2 Care during pregnancy, childbirth and breastfeeding	53
women in COVID-19 context	
8.3 Care of children with COVID-19	54
8.4 Care of people living with HIV and drug users in COVID-19 context	56

8.5 Care of Leprosy and/or disability in COVID-19 context	57
Session 9. Special issues encounter in disease outbreak	58
9.1 Gender based violence in COVID-19 context	58
9.2 Discrimination and stigma in COVID-19 context	61
9.3 Mental Health and Psychosocial Support in COVID-19 context	62
▪ Assessment and Certification	64
Annexes	65
Annex 1. Poster for performing hand hygiene with soap and water	65
and ABHR hand rub	
Annex 2. Do's and Don'ts when wear a medical mask	67
Annex 3. Type of PPE use for contact and droplet precautions in COVID-19 context	68
Annex 4. WHO recommended PPE use according to type of	69
activity in COVID-19 context	
Annex 5. Prepare chlorine solution from chlorine powder and liquid bleach	74
Annex 6. Table show WHO recommended color coding and collection	76
frequency in waste management processes	
Annex 7. Prioritized population defined in COVID-19 roll out	77
plan by the MOH, Myanmar	
Annex 8. Poster of foot exercises	78
Annex 9. Positions suggested to improve oxygen level	79
Annex 10. Method for measuring body temperature by using thermal scan	80
Annex 11. WHO guide for using pulse oximeter to monitor SPO2 at home	81
Annex 12. Discharge criteria	82
Annex 13. Contact list of services for Gender Base Violence, Mental Health	83
and Psychosocial Support	
Annex 14. Pregnancy Prevention and HIV Prophylaxis after encountering	86
with sexual violence	
Annex 15. Knowledge assessment questions and answer keys	89
Annex 16. Sample Course Schedule	92
References	93

ABBREVIATIONS

ABHR	Alcohol based hand rub
ART	Anti-retroviral therapy
BMI	Body mass index
CBS	Community-based surveillance
CHVs	Community health volunteers
COVID-19	coronavirus disease 2019
DVT	Deep vein thrombosis
EUL	Emergency Use Listing
GBV	Gender based violence
HBC	Home-based care
HIV	Human immunodeficiency virus
IPC	Infection prevention and control
MERS	Middle east respiratory syndrome
MHPSS	Mental health and psychosocial support
NCDs	Non-communicable diseases
NVP	Nevirapine
PEP	Post exposure prophylaxis
PPE	Personal protective equipment
RT-PCR	Reverse transcriptase polymerase chain reaction
RCCE	Risk communication and community engagement
SARS	Severe acute respiratory syndrome
WHO	World Health Organization

INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic began with the first reports of atypical pneumonia cases in Wuhan city, Hubei Province of China in December 2019. It was declared as a public health emergency of international concern by the World Health Organization (WHO) on January 30, 2020. The virus has spread rapidly and the pandemic has affected more than 220 countries. By April 13, 2022 the virus has infected more than 49 million people globally and over 6 million lives lost from it.

In Myanmar, the first Covid-19 case was detected from returnee on March 23, 2020 followed by a gradual increase in cases with highest mortality encounter in July when the highly infectious and rapidly transmissible delta variant was introduced from the returnees across the Myanmar-India border in June 2021.

The deteriorating economic condition experienced since COVID-19 pandemic and the superimposed political crisis caused by the military takeover had again put much stress on the health system and the entire nation. The unavoidable efforts required for COVID-19 pandemic preparedness and response, to prevent further strain on the already fragile health system and limited resources.

According to the data from the WHO Coronavirus (COVID-19) Dashboard, in Myanmar, as of May 15, 2022, more than 0.6 million confirmed cases have been detected and total 19434 tested positive dead cases were recorded. Vaccination coverage with fully vaccinated primary series is around 40%. COVID-19 cases were reported to be declining with less than 1% (0.74%) tested positive by April 13, 2022, and no deaths were recorded in last 7 days. However, given the ongoing emerging of highly transmissible new variant of coronavirus and the weak health system, preparedness and readiness response action for COVID-19 strain remain the same. Therefore, it is essential to develop a comprehensive and simple curriculum require to prepare and equip the community health workers/volunteers with the right knowledge, skills and attitude. This will allow readiness on the part of first line responders to contribute to their community for those who need their support and thereby avoiding preventable deaths in the community and alleviate undue pressure on the health system.

AIM

To enable the organizations to train community health volunteers for COVID-19 response with a standardized, simple and comprehensive curriculum.

GOALS

The community health volunteers are equipped with knowledge, skills and attitude for effective contribution and support in COVID-19 response in both community-based and facility-based settings.

To strengthen and encourage the true spirit of volunteerism with support to improved effectiveness of community volunteers. There will be better care and support to people in need when community volunteers work together with other cadres of health workforce.

CURRICULUM DESIGN AND TRAINING APPROACH

- This curriculum is designed for virtual training approaches in the disease outbreak context.
- It is scheduled in the afternoon from 1 to 5 PM for 5 days duration. A total of 4 hours/day has included the time for recap of previous day take home messages and comfort break for 15 minutes each. A 30-minute session of future plan/next step development has been scheduled for the organization to conduct Training of Trainer (TOT).
- The depth and the duration of training will be depending on the participants' existing knowledge, in-person or virtual training approach, and the urgency for deployment. The topics in the curriculum are arranged in serial with logical sequences, similarly in the sample agenda (see in Annex 16). Some session includes more than once topics. The sample agenda is a place holder so that the organization/facilitators can arrange the topic within a session and adapt the duration of that required for each topic as needed.
- The facilitators require to consider how to ensure the participant achieve the required competency skills especially in virtual training.

SESSION

1

Basic information about COVID-19

Objectives	By the end of this session, learners will be able to: 1. Briefly describe about COVID-19 transmission, higher risk population, key measures for prevention of COVID-19 transmission and COVID-19 management 2. Recognize symptoms of COVID-19 3. Correct myths and beliefs around COVID-19	
Teaching/learning methodology	Interactive presentation, QUIZ session Group works and presentation	
Teaching/learning materials	Power point presentation How the virus transmitted: https://youtu.be/oqFn6AHoJZQ How to collect nasopharyngeal swab: https://youtu.be/uxuKyxiKddA ; https://www.youtube.com/watch?v=ar2Grm_t8X8 How to perform Standard Q COVID-19 Ag test: https://www.youtube.com/watch?v=IRM-_8KVf30	
Time	45 minutes	
Assessment methods	Active participation in interactive presentation Asking relevant questions	True/False question Multiple choice question

1.1 What is COVID-19?

- COVID-19 is an infectious disease caused by a new virus named “SARS-CoV-2” in 2019
- SRAS-CoV-2 is the same species with the virus that caused severe acute respiratory syndrome (SARS) in 2003 and middle east respiratory syndrome (MERS) in 2012 that mainly affects the “respiratory system”
- The source of the virus is not yet clear, but it is thought to be originated from mammals like bats and pangolins and was linked with Huanan seafood and wildlife animal market in China.
- COVID-19 in human was first reported in China, Wuhan City in December 2019. It spreads from person to person throughout the world. It was reported to be a global emergency by the World Health Organization (WHO) in January 2020 and its outbreak was declared to be a pandemic in March 2020. Since that time there has been local transmission almost every country in the world.

- In Myanmar, the first case was identified on 23rd March 2020. Majority of deaths occurred during the 3rd waves caused by delta variant with the highest peak in July during three months (June – August) period.
- In two-years period, various types of variants: Alpha, Beta, Delta, Omicron have emerged. Delta was known to be most lethal variant and Omicron had higher transmissibility.

1.2 How is the virus transmitted?

- directly to someone who are in close contact with people who have COVID-19 and have inhaled or let the “droplets that contain virus” enter into their eyes, mouth or nose delivered from the infected person when coughs, sneezes, sings, breath heavily or talks. OR
- “indirectly” when they touch their eyes, mouth or nose with their hands contaminated with virus from touching the surfaces spoiled with viruses

When can infected person infect others?

- COVID-19 patient with mild to moderate symptoms can transmit infection to others up to 8-9 days after symptom onset, and longer in severely ill patients.

Can infected people without symptoms infect other people?

- Both infected people without symptoms and infected people who never developed symptoms can transmit infection to others.

1.3 Who are at higher risk of transmission from COVID-19?

Anyone can get sick if they do not strictly follow the essential infection prevention and control (IPC) practices and social measures. They can become seriously ill or die at any age especially if not vaccinated.

In general, the following groups of people are at higher risk to be infected.

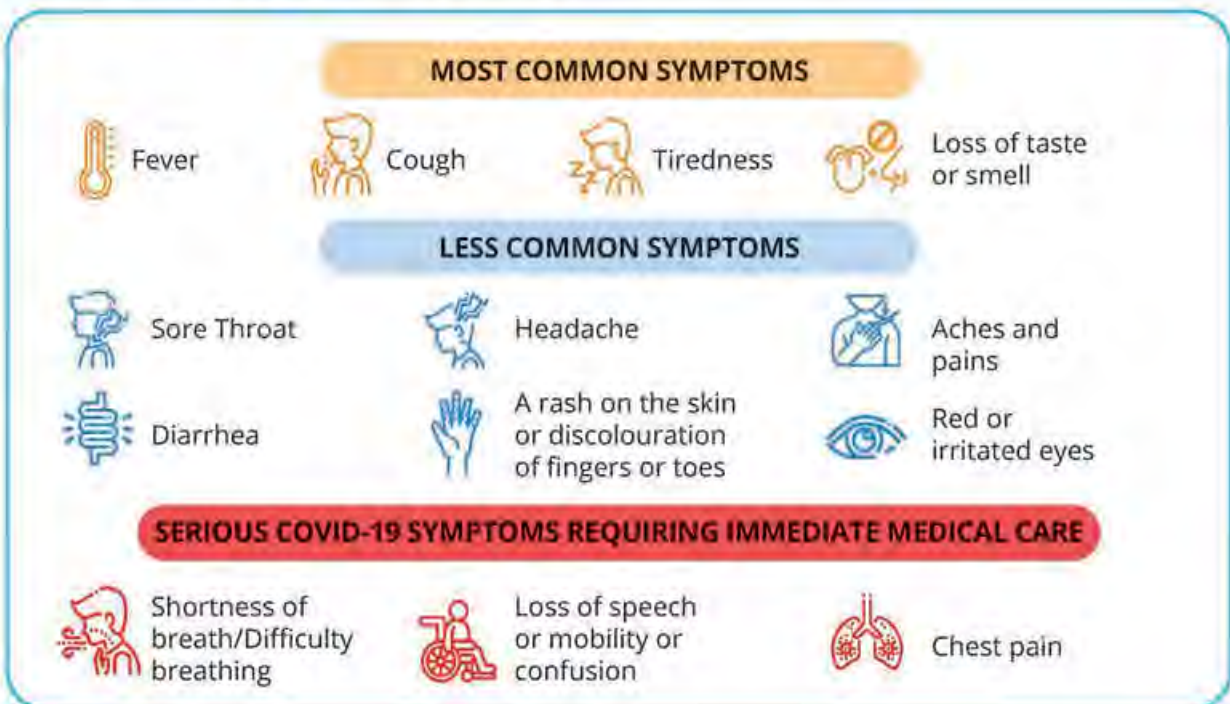
1. People aged ≥ 60 years and/or with underlying diseases
2. Disadvantage groups: refugees, internally displaced people, migrants, slums and lower income groups
3. All types of health workers including social workers

People with following conditions are at higher risk to progress to severe COVID-19 if they get infected.

1. Age ≥ 60 years (increasing with age)
2. People with underlying noncommunicable diseases (NCDs): diabetes, hypertension, cardiac disease, chronic lung disease, cerebrovascular disease, mental disorders, chronic kidney disease, immunosuppressed, HIV, obesity, cancer and smoker
3. Pregnancy with increasing maternal age, high body mass index (BMI), gestational diabetes and pre-eclampsia.

Note, Low risk isn't No risk!!!

1.4 What are the symptoms of COVID-19?



1.5 How can we know if someone has COVID-19?

COVID-19 can be confirmed with the following criteria:

1. History of exposure to COVID-19 patient two days before and two weeks after onset of symptoms,
2. Clinical findings (fever, changes in essential blood test profile, and/or lungs imaging),
3. Laboratory test on sample collected from throat, nose or sputum produced from cough

Based on the history and clinical findings, health care provider will decide to do a lab test for confirmation.

It can be done with Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) test and Antigen Rapid Diagnostic Test (Ag-RDT).

If lab test is not applicable, the patient can be confirmed with history of exposure to suspected or confirmed COVID-19 patient and having of two clinical symptoms or three clinical symptoms if no history of contact.

Things to note when performing Ag-RDT self-testing

- Select the recommended test that meets the WHO recommended standard criteria if possible and test according to instruction provided
- Prepare a stable area to avoid spillage of tested liquid from accidental accident
- Perform testing by keeping physical distancing (6 feet) from other to avoid transmission
- Discard materials as infectious waste
- Clean and disinfect the surfaces immediately after finished testing and wash hands straight away

1.6 Prevention of COVID-19 transmission

While a person infected with COVID-19 may not show any symptoms and, without knowing, can transmit the virus to others. Therefore, everyone needs comply with the following measures to protect yourself and those around you.

- Avoid the **3Cs**:
 - **Closed space** with poor ventilation,
 - **Crowded places** where may have many people around you. If impossible or indoor setting, open window to improve ventilation
 - **Close contact** with individual/many people.
- Apply **3Ws**:
 - **Watch your distance** of at least 6 feet from others, even they don't seem sick,
 - **Wear a mask** when physical distancing is not possible and in poorly ventilated setting, and
 - **Wash your hands frequently** with alcohol-based hand rub (ABHR) or soap and water.
- Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze. Dispose of used tissues and clean hands immediately.
- Clean and disinfect frequently touched surfaces
- If you develop symptoms or test positive for COVID-19, self-isolate until you recover
- Get vaccinated when it is your turn
- Follow local administrative guidance

1.7 Overview of COVID-19 Management

Many people infected with virus can be without symptoms at all.

Among infected people around

- 80% are asymptomatic or show mild to moderate symptoms (fever and cough),
- 15% will develop severe symptoms (difficulty of breathing and shortness of breath), and
- 5% become critically ill (lung failure, septic shock, organ failure and risk of death)

Specific treatment options for COVID-19 have evolving with the emerging evidence. This curriculum will focus mainly on community-based management of COVID-19 patient with mild to moderate symptoms and how community health volunteers (CHVs) can participate in the community-based management of COVID-19 patient. This will be discussed widely in session 5.

In summary, COVID-19 patient with mild and moderate symptoms needs to be isolated at home/ designated facility for 10 days (Note, follow the updated local guidance on duration required for isolation). Patient with severe symptoms will need to be hospitalized for specific treatment.

During isolation patient should

- apply all IPC measures to prevent spread of infection to household members
- monitor their health condition and seek immediate care when severe symptoms develop

- perform general measures to improve health condition and prevent complication
- continue rehabilitation if post-COVID-19 symptoms remain
- get full vaccination after symptoms completely resolve and when the schedule due.

1.8 Myths and Beliefs around Covid-19

For more information, refer to WHO website <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>.

အထင်	အမှန်
ဝိုင်းရပ်စ်ဦးက ပူတဲ့နေရာမှာ အသက်မရှင်နိုင်ဘူး။	နားလည်မှု လွဲတာပါ။ ရှင်နိုင်ပါတယ်။
အရက်သောက်ရင် ရောဂါ မကူးဘူး။	ရောဂါဖြစ်ပွားပါက အရက် သောက်ရင် ပိုမိုပြင်းထန်စွာ ခံစားရနိုင်တယ်။
ပါးစပ်နှင့် နှာခေါင်းစည်းကို အမြဲ တပ်ထားပါ။	ပါးစပ်နှင့် နှာခေါင်းစည်းကို ညွှန်ကြားချက်အတိုင်း တပ်ဆင်ပါ။
အသက်ကြီးတဲ့သူတွေပဲ ဖြစ်တာ။ လူငယ်တွေ မဖြစ်ဘူး။	အသက်အရွယ် မရွေးပါဘူး။ အသက်ကြီးသူတွေဖြစ်ရင်တော့ ပိုပြီးပြင်းထန်တတ်ပါတယ်။
ဆေးအသစ် ပေါ်နေပြီ။ တိုင်းရင်းဆေးနဲ့ ကုလို့ရပြီ။	လက်ရှိအချိန်ထိ ဆေး မရှိသေးပါ။ ပူးပေါင်း ကြိုးစားနေကြပါတယ်။
ရောဂါဖြစ်ပွားနေတဲ့ သေသတွေက ပို့တဲ့ပစ္စည်း ပါဆယ်ထုပ်တွေကို လက်ခံလို့ မဖြစ်ဘူး။	ရပါတယ်။ ရောဂါဦးက အဲဒီလို ပစ္စည်းတွေပေါ်မှာ ကြာကြာ အသက်မရှင်နိုင်ပါဘူး။
ဈေးတွေ ပိတ်နိုင်တယ်။ ရိက္ခာတွေ၊ ဆေးတွေ ဝယ်လှောင်ထားမှဖြစ်မယ်။	ပြည်သူတွေအတွက် မရှိမဖြစ် လိုအပ်တာတွေနဲ့ ဈေးတွေကို ပိတ်သိမ်းဖို့ အစီအစဉ် မရှိပါ။
သတင်းတွေကို ဝှံ့ကွယ် ထိမ်ချွန်ထားတယ်။	ပြည်သူများ သိသင့်၊ သိထိုက်တဲ့ သတင်းတွေကို အချိန်နဲ့ တစ်ပြေးညီ ထုတ်ပြန်နေတယ်။

(အထင်အမြင် မှားရင် လုပ်သင့်တာ မလုပ်တော့ဘူး)

SESSION

2

Volunteerism, safeguarding for community health volunteers, and essential skills for volunteer work

Objectives	By the end of this session, learners will be able to: <ol style="list-style-type: none"> 1. List the Code of Conducts of volunteers 2. Describe Do's and Don'ts for community health volunteer 3. Determine their possible risk exposure to infection by using risk assessment matrix 4. Discuss about what to prepare to avoid workplace GBV, harassment and abuse, and what to do if CHVs encounter with them 5. Describe selfcare to relief from stress and where and when to get mental health and psychosocial support 6. Describe when can override responsibility from confidentiality in health care 7. Name the steps how to handle conflict 8. Describe value of accountability and integrity in health care 9. Describe communication processes, key elements of interpersonal communication skills with patient, and tactic to improve communication among team members 10. Describe recommended actions to improve teamwork 	
Teaching/learning methodology	Interactive discussion, Role play, Case study, Group works	
Teaching/learning materials	Power point presentation	
Time	2 hours	
Assessment methods	Active participation throughout the session Asking relevant questions Problem solving with case presentation	True/False questions Multiple choice questions Short question

2.1 Volunteerism and creeds

Definition of Volunteer

A person who does something, especially helping other people, willingly and without being forced or paid to do it (<https://dictionary.cambridge.org/dictionary/english/volunteer>)

Volunteerism

The UN defines volunteerism as *“an activity undertaken out of free will, for the general public good where monetary reward is not the principal motivating factor”* (resolution 56/38). *United Nations Volunteers-Myanmar*.

Why community health volunteers are important in COVID-19 response?

- COVID-19 caused much strain to the health system in Myanmar especially when superimposed by the consequences of the military takeover on February 1, 2021. It caused health system constraints to provide adequate care to civilian and disrupting of access to health care leading to the highest death rate in 3rd wave of COVID-19 pandemic. Collective effort from various civilian sectors is required to response the pandemic.
- Community health volunteers have become source for basic health care especially in low resource settings. They are the members of the communities, who understand local context, culture, and languages that better fit them to work as frontline responders to support health and social services to the community who need them.

6 Hidden benefits of Volunteering

1. Volunteers are 27% more likely to find a job after being out of work when compared to non-volunteers.
2. Volunteers without a high school diploma are 51% more likely to find employment when compared to those who do not volunteer.
3. Volunteers who live in rural areas, where there tends to be fewer jobs available, are 55% more likely to find a job when compared to those who do not volunteer.
4. Volunteering helps to combat depression. A major contributing factor to depression is isolation and volunteering encourages consistent interactions with others.
5. Volunteering can help to increase someone's self confidence and self-esteem. By volunteering, you're being a part of something that's bigger than yourself, and actively making the lives of others easier.
6. According to recent research conducted by the [CDC](#), volunteering, especially among older people, can help to reduce mortality rates and help people live more fulfilling, longer lives. Volunteering has also been shown to combat the symptoms of chronic pain, and even heart disease.

Code of Conduct for volunteers

Volunteering is rooted on the basic principles to protect volunteers, communities, patients, and service organizations. The following 10 points of code of conduct will guide CHVs to avoid any misconduct in their work.

1. I will be conscious of the fact that everything I do, directly or indirectly, has the potential to reflect upon the organization I represent.
2. I will conduct myself at all times with openness, forthrightness, and honesty in dealing with people and organizations, both internally and externally.

3. I will hold myself to the highest possible standard of conduct reflective of the work that I do, striving always to avoid improper conduct.
4. I will treat everyone with dignity, value, respect, concern, courtesy, and fairness.
5. I will be sensitive to and seek solutions for all instances of discrimination and social injustice that I observe.
6. I will respect and comply with all applicable local laws and regulations.
7. I will exercise prudent stewardship of all resources endowed for common good.
8. I will avoid all conflict-of-interest relationships with board members, staff, suppliers, those we serve, and other organizations with whom I deal, unless disclosed and approved.
9. I will accept no gifts or favors that might influence the performance of my responsibilities.
10. I will also adhere to and comply with the defined standards of conduct of my own profession.

For safeguarding themselves, volunteers should follow the list below for what they need to do and to avoid throughout their volunteering in COVID-19 response.

Do's

- Do ask about any risk that may associated with the task before performing
- Do practice universal IPC precautions
 - Clean and wash your hands before, during, and after volunteering for a minimum of 20 seconds. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they feel dry.
 - Avoid physical contact with others and maintain a social distance of 6 feet.
 - Cover your cough and sneezes with your elbow or tissue.
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
- Do clean frequent touch surfaces before and after touching
- Do use PPE if needed for the activity
- Do maintain the social distancing of 6 feet with other people
- Do inform your capabilities and availability to find an area fit with you
- Do prepare to check through with the organization beforehand to make sure you are cleared to volunteer for the task
- Do seek for task that can perform at home if working outside is not safe or temporary stop for volunteering
- Do change the cloth outside home when returning back form work
- Do keep the items that usually take along with you at a specific place and perform frequent cleaning and disinfection
- Do improve personal hygiene and do not in close contact with family members before performing it
- Do prepare for quarantine at home/designated facility when required

Don'ts

- Do not attempt to volunteer if you have
 - symptoms suggestive of COVID-19 infection in last 14 days
 - close contact with person with COVID-19 in the last 14 days
 - travel to area with SARS-CoV-2 community transmission in the last 14 days
 - been on a closed space last 14 days such as on plane or at airport
 - been in the event where more than 50 people in the last 14 days
- Do not show up to volunteer for any activity unless the volunteer support is needed and expected
- Do not consider volunteering if you are living with or in frequent contact with people who are vulnerable with transmission.
- Do not take part if you are uncomfortable with the level of risk

2.2 Safeguarding and psychosocial support for community health volunteers

Community health volunteers may assign to work remotely for non-essential services or at frontline for essential services and aid for COVID-19 either individually or with a team having different skill sets and personality. Working at frontline for COVID-19 outbreak response has exposed CHVs to hazards include infection exposure, long working hours, psychological distress, fatigue, occupational burnout, stigma, and physical and psychological violence. Organization should take these into consideration when develop policies and supportive measures that safeguard for CHVs from risks and psychosocial distresses.

Advice to organization for safeguarding of volunteers

Organization should ensure sufficient measures are in place for IPC, occupational safety, equal division of labor and gender equity, free from harassment and zero-tolerance to violence against health workers at the workplace and on the way to and from their workplace for physical and psychosocial wellbeing of volunteer.

Creating enabling environment

- Enable them to work safely, free from abuse and neglect by having strong safeguarding policies and procedures in place
- Maintain communication and provide frequent supportive supervision for early detection and addressing of problem around workplace safety
- Ensure staff are accessible to mental health and psychosocial support as required, including self-care/staff-care.
- Implement baseline sanitation and hygiene measures and ensure there are adequate, sustain availability of, and accessible to facilities and supplies for hand hygiene, PPE, cleaning and disinfection products to protect them from COVID-19 transmission
- Ensure volunteers are trained on IPC measures including proper use of PPE before allowing them to carry activities require to wear PPE

- Consider having an isolation space ready in case someone shows up with symptoms, and ensure having regular communication and social contact with family members, beloved one, or support system, a psychosocial support to CHVs and family to mitigate their stress and burden when they get infected

Proper workforce arrangement

- deploy the minimum number of volunteers to carry out the essential activities for a limited period of time
- Implementing shift work or spilt arrangements
- Reducing the need for and duration of physical interaction
- Avoid overwhelming working hours

Carryout workforce screening to being on board

- Carry out screening of volunteer through one-on-one semi- structured interview before having them on board to ensure disclosure of people behavior that makes them unsuitable for certain circumstances and get to know their capacity to arrange a role better fit with their capacity to avoid stress and impact on mental health and psychosocial wellbeing.
- Ensure volunteer understand that it is his/her responsibility to avoid misconduct or commit any act or negative behavior that affect health, wellbeing and right of the client they serve and other volunteer colleague they work with, and get the agreement signs before onboard.

Advice to community health volunteers for COVID-19 infection prevention

Volunteer should be aware of the nature of activity, the context, and vulnerability of population they meet may impose possible risk of infection transmission to them. Assess your possible risk level before carrying out any activities with the risk assessment matrix provided in Table 1 and prepare appropriate preventive measures to protect you from COVID-19 transmission (see more detail in session 5).

Table 1. Risk assessment matrix

Criteria	Risk level		
	Low	Moderate	High
a. Nature of volunteer activity	Backend (i.e., no direct interaction with community/beneficiaries or items for their consumption/use)	Front-facing (i.e., direct interaction with community/beneficiaries or items for their consumption/use)	
b. Location of volunteer activity	Open-air	Well ventilated	Enclosed
c. Number of volunteers and service users involved	Small-sized groups (i.e. 10 person or less), or activities with at least 1 person in 16sqm usable space		Large-size group (i.e. 10 persons or more) or activities with more than 1 person in 16sqm usable space

d. Level of interaction between volunteers and service users	No contact	Face-to-face contact up to 15 mins	Face-to-face sustained contact beyond 15 mins
e. Type of service users	Non-vulnerable groups	Vulnerable groups	

What to do if CHVs get COVID-19 infection?

- Stop going to work. Isolate at home, dormitory or places where you live during volunteering in COVID-19 response
- Inform to your supervisor/organization and follow further guidance
- Apply all IPC and social measures, take care of your health and monitor symptoms of COVID-19 and seek immediate care when experience of severe COVID-19 symptoms
- Take proper rest and medical treatment as indicated by health care provider, maintain social contact with your loved one, and manage your thinking and feeling to avoid from stress.
- Inform immediately to your supervisor when you experience any problems and get assistance to address them

Prevention and addressing workplace gender-based violence (GBV), harassment and abuse

Definition

Gender: The state of being male or female as expressed by social or cultural distinctions and differences, rather than biological ones; the collective attributes or traits associated with a particular sex or determined as a result of one's sex. (Oxford definition)

Sex is the biological state of female or male

Gender based violence (GBV) is a harmful act that is perpetrated against a person's will and is based on socially ascribed (i.e.) gender differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.

Globally, women make up 70% of the health and social care workforce, and they are more likely to be front-line health workers including CHVs. Economic necessity forces them continue to work despite the risk of infection for them and their families. Health workers are at higher risk of violence all over the world. Between 8% and 38% of health workers suffer physical violence at some point in their careers. Many more are threatened or exposed to verbal aggression and social stigma because of their work. In the COVID19 crisis, shortage of staff and resources and increasing social tensions result in increased level of violence, threats, and aggression against health workers. Gender efforts are needed to guarantee the health and safety of essential female worker.

Factors favor to GBV and harassment in workplace

- Relational and institutional factors such as gendered expectations and the sense of personal obligation, and persistent social norms and gender role imposed uneven job allocation between men and women

- Traditional gender roles and stereotypes of how men and women should act are replicated in the world of work. This reinforces stereotypes about women's abilities and aspirations that eventually undermines equality at work.
- Work class discrimination causes women working as frontline worker face harassment, abuse, discrimination, and stigmatization for being perceive as an infection carrier from their work

Advice to organization

- Have a policy effectively addressed for the workplace free from violence, harassment and abuse and a reporting mechanism for any violence, harassment and abuse if occurred.
- Sexual exploitation and abuse have been addressed in contract and get the staff sign on it
- Orientate to staffs about policy addressing GBV, sexual exploitation, harassment and abuse at entry and organize refresher sessions
- Build respectful, gender-responsive workplace cultures between workers, employers and organizations through legislation, collective agreements, undertaking awareness raising, and supporting survivors.

What to do when you experience with violence?

- Seek immediate help from your colleagues or any trusted person present around you to protect yourself.
- Disclose to someone who you trust for GBV services if needed, not necessarily to be a supervisor
- Make sure to have a safe workplace for female workers.

Stress management for community health volunteers

Health care workers and volunteers are not immune to COVID-19 crisis. Health care workers including CHVs are already challenging with increasing demand in COVID-19 intervention. It is normal to feel under pressure with busy task especially for those who do not have experiences in outbreak response and experiencing many deaths among those whom we are giving care. Avoidance by family members or community due to stigma or fear may result in added physical, personal, social, and emotional stress in carrying out their duties over an extended period.

How to manage your stress?

- Reflect yourself to understand the causes of stress
- If stress is generated in relation to your thinking and feeling, manage with tools you have learned for stress management (see more detail in session 9) and adhere with those that work best for you
- If stress is resulting from problems relating to work, discuss with your supervisor/ organization lead to solve the problems, take a break for relief or temporarily stop from volunteering if required
- If stress is due to stigma from family/community, work with person who they trust to mitigate stigma and engage them in COVID-19 response activities.
- Seek psychosocial support when you experience with cannot focus, feel very tired, get angry easily, difficulty in sleeping, feel sad or guilty, etc. (see in Annex 13)

Advice to the organization

- Get to know CHVs capacity before getting them onboard or engaging to a specific activity to arrange the activity that fit with their capacity
- Provide orientation to all health care workers on how to provide basic emotional and practical support to affected person
- Manager/supervisor perform a role model for self-care strategies to mitigate stress of colleagues
- Ensure equity in distribution of workload among CHVs to avoid feeling of inequity and job exploitation
- Rotate workers from higher-stress to lower-stress activities when affected by stress
- Implement flexible schedules for workers who are or having a family members affected by stress
- Maintain frequent communication and provide supportive supervision
- Manage urgent mental health and neurological complaints with mental health and psychosocial support specialists
- Pay more attention to CHVs and family suffered from stress

Care of Volunteers for Rest and Recognition/Recuperation (R&R)

Some COVID 19 volunteers work continuously in high pressurized setting for three months at a stretch. These volunteers need R&R before they leave for home or resume volunteering again. For example, Myanmar Council of Churches arranged “Rest camps for volunteers” for seven days with good food, scenic surroundings and recreational activities arranged for volunteers to rest and regain strength. Recognition certificate signed by highest level of authority (State counsellor) or allowance for transportation in recognition of their hard work was given so that they know their contribution and hard work is acknowledged and appreciated.

2.3 Important inter-personal qualifications of volunteer

Community health volunteers have a long history of being an important pillar of health workforce in health care which are not fully optimal. In Myanmar, they are also the main contributor in COVID-19 pandemic response through their charity work. Thus, it is crucial for CHVs to possess some key personal skills for successful providing supportive care to patients and community in times of crisis.

Confidentiality in health care

- A health care provider has the duty to maintain confidentiality of their patient details as they have legal right to privacy and as part of good care practice in health care. It means that health care providers and volunteers involved in care should not share their patient's personal details with others, unless patient allows, or it is absolutely necessary.
- In some circumstances, it may need to override the duty of confidentiality especially when there is a serious concern of safeguarding people who are at risk of harm.
- The Human Rights Act 1988 stated that *‘every individual has the right to respect for their private and family life. This includes having any personal information held in confidence. This right, however, is not absolute and can be overridden if necessary, such as for a safeguarding concern’*

- The Care Act 2014 encourage *caregivers to take a person-centered approach when safeguarding vulnerable adults.*

When can CHVs break Confidentiality in Health and Social Care?

There are many uncertainties surrounding confidentiality in health and social care. In some situation CHVs may override their duty of confidentiality to patients if it is done to protect their best interests or the interests of the public. For example, if

- There is information that suggests a patient is at risk of harm.
- There is information to suggest that a patient is causing a risk of harm to someone else.

In this situation, you should always report your concerns to your supervisor and support to prevent risk of harm in the future.

Conflict Management

- Conflict is a state of disagreement among people.
- Conflict can hardly be avoided in the workplace. People have their own set of values, goals, needs, and interests and possess different personality types and viewpoints. Conflict arises when these clash with others.
- Conflict doesn't need to be destructive. It can be a positive thing – *good conflict* – can be a driver of change, new ideas, trust, engagement, and improvement, e.g., and healthy competition to reach the goal.
- *Negative conflict* is struggling against other people, can harm your colleagues, weaken teamwork and relationships, create a toxic environment result in a great lost in time and productivity.

How to handle conflict?

Practice diplomacy, negotiation, assertiveness and respectfulness can help you prevent and mitigate the conflict.

Managing conflict is aiming to reduce the impact resulting from conflicts and prevent them from progressing. To manage conflict, arrange a safe place for people to talk about and express with their emotion and explore the underlying sources to find the best solution to mitigate the situation

- Effectively utilized it rather than “controlled.”
- Compromise with others rather than make an argument for their preferred approach
- Treat people as people because everyone is worthwhile, capable and accountable.
- Balancing care, concern and kindness with goals, aspirations and standards, instead of telling people what to do.
- Identify a suitable person to mediate the issue if you are not the best person to mediate a problem.
- It can be handled with compassion.

Three pointers for successful conflict resolution

- **Be more open.** Empathize with others. Understand their motives, emotions and responses. Listen well and then validate their feelings

- **Be more resourceful.** Avoid sharing your ideas first. Instead, ask others for their thoughts. Disagree while respecting other's intentions
- **Be persistent.** See things through with integrity and respect. Be clear about your expectations. Hold yourself and others accountable. Acknowledge when you make mistakes and try to correct it.

Accountability

- Accountability includes the procedures and processes by which one party justifies and takes responsibility for its activities.
- **Accountability in health care** means putting the client's best interests first and always being able to justify your actions. It also means complying with privacy laws and ethical codes of conduct to protect your clients' confidentiality and safety. Patient accountability is equally important for positive treatment outcomes. Accountability can encourage patients to participate in their treatment and recognize their influence on their mental and physical health.
- Accountability is not about blaming, getting angry or making others feel guilty. It's about finding solutions and working together to accomplish goals.

Some best practices that CHVs can model to be able to accountability on their action are:

1. Know your reasons before you provide services
2. Consider your qualifications ensure that you are qualified to provide certain services
3. Agree on plan with your client
4. Set clear boundaries ensure your client understand your role
5. Monitor and evaluate the progress
6. Help relevant persons such as family members, your supervisor, or community members/ leaders understand the importance of accountability in your practice and how it impacts patient care and success of your organization.
7. Make it easy, not imposing overwhelming. Change one behavior at one time
8. Be honest if you do mistake and try to change for improvement

Integrity

Integrity is the quality of having strong ethical principles that a person follows at all times.

- A person with integrity is self-aware, accountable, responsible, truthful and adheres sound moral and ethical principles and following them at all times, no matter who is watching.
- Integrity can be observed from an individual through their actions that are performed with honesty and responsibility

Why is it important to have integrity?

1. Like your reputation, your integrity precedes you
2. Have a positive impact on patient outcome
3. Inspire others to be better
4. Help create a better work environment

How can community health volunteers demonstrate integrity in your practices?

1. Be honest
2. Be dependable
3. Treat other people with respect
4. Hold yourself accountable
5. Give credit to others for their efforts
6. Follow organization policies and rules
7. Be a positive example for others to follow
8. Respect property and equipment
9. Offer a helping hand
10. Address conflict and stress at work with respect

Communication

The imparting or exchanging of information by speaking, writing, or using some other medium. ... The successful conveying or sharing of ideas and feelings. (Oxford English Dictionary)

In communication processes it includes the sender, the message, channel and the recipient. Communication can be done in different ways.

1. Verbal communication: face-to-face, telephone, radio or television and other media. The tone of voice can give clues to mood or emotional state.
2. Non-Verbal Communication: body language, gestures
3. Written Communication: letters, e-mail, social media, books, magazine, brochures
4. Visualizations graphs and charts: maps, logos, and other visualizations can all communicate messages

COVID-19 changes the ways people communicate and channel used to convey messages. Misunderstanding can occur at any stage of the communication process. It depends on how the sender construct the messages, choose appropriate channel to send the messages, and remove all the anticipated possible barriers that may interfere recipient's receiving and understanding the messages. Barriers include use of jargon, lack of attention, distraction, different in perception and viewpoint, hearing problems, cultural and languages differences, etc.

Effective communication can minimize potential misunderstanding and overcome any barriers in the communication process. In COVID-19 pandemic period, overabundance of information spreading alongside the progression of disease transmission, making hard for people to take the right decision to protect their health. If people take up of false health information, it can impact their health. If many people do not follow the correct guidance, it will prolong the pandemic. Infodemic management is an important non-pharmaceutical intervention. CHVs can work with the community they serve to fight infodemic together through:

- Listen to the people, building relationships and trust to engage them in the fight against infodemic
- Collect and manage mis- and disinformation

- Provide populations with reliable and comprehensive information they need to protect themselves, their families and communities from harm
- Sharing the right information at the right time and that is locally relevant, sensitive to context and in local languages

Interpersonal Communication Skill

The ability to communicate effectively is essential everywhere. COVID-19 has imposed a lot of uncertainty, stress, and fear across the world. Patients are especially the most vulnerable to suffer from stress, depression, irritability, frustration. Effective interpersonal communication in healthcare can make a difference during sensitive time. They include:

1. Build rapport through listen attentively and showing caring, concern and respect
2. Encourage patient to explain concern
3. Reinforce patient ability to make decision and positive changes
4. Express empathy by acknowledge emotion and avoid judgement
5. Use plain language to provide information patient need
6. Check for understanding by asking question to patient.

Healthcare workers are not excluded from widespread of stress. Over workload, fear of being infected and risk of transmitting infection to family, and stigmatization worsening healthcare worker with more stress. Some of communication skills listed below can help CHVs to alleviate tense communication atmosphere and improve communication among team members. They include:

1. Active listening involves paying close attention to what other person is saying, asking clarifying questions, and rephrasing what the person says to ensure understanding
2. Nonverbal communication with a relaxed, open stance, and a friendly tone will encourage other to speak openly with you and feeling you are approachable
3. Clarity and concision by thinking in advance on what you want to say. Don't talk too much or too little to avoid confusing to listener
4. Friendliness through a friendly tone or simply a smile will encourage other to engage in open and honest communication with you
5. Confidence shows that you believe in what you are saying and will follow through
6. Empathy is important for you to understand and respect the point of view of others even when you disagree with them
7. Open-mindedness to be able to listen to and understand other person's point of view
8. Respect will support people more open to communicating with you
9. Feedback in a constructive way including giving a praise can greatly increase motivation to other
10. Picking the right medium based on the sensitivity of information and the person you wish to speak

Teamwork

In healthcare setting, teamwork is essential to ensure the quality and safety of patient care. While teamwork become more critical in COVID-19 outbreak, it is challenging for healthcare workers to engage in a teamwork. Coordination of expertise and communication are two strong characteristics for effective teamwork.

CHVs can improve their teamwork through practicing of:

1. establishing mutual understanding
2. involving people from different professions
3. clarifying roles and responsibilities and interdependencies
4. helping and backup others
5. identifying issue and then make adjustments
6. asking others to speak up and pay attention and repeat the distinct information voices by others
7. sharing information in timely manner

SESSION

3

Risk communication and community engagement, health promotion and creating enabling environment

Objectives	By the end of this session, learners will be able to: 1. Describe the importance of RCCE and approaches to engage community 2. Outline how to conduct and what topics to include in health promotion on COVID-19 and essential preventive measures 3. Enumerate the supports required for an enabling environment including for gender equity in COVID-19 intervention	
Teaching/learning methodology	Interactive discussion, Case study Group works, Assignment	
Teaching/learning materials	Power point presentation Know your risk and low your risk video http://themimu.info/sites/themimu.info/files/documents/Video_Best_Practice_during_COVID-19_Pandemic_WHo_ENG-MMR.mp4	
Time	1 hours 45 minutes	
Assessment methods	Active participation throughout the session Asking relevant questions by participants	True/False questions Multiple choice questions Short question

3.1 Risk communication and community engagement

Risk communication and community engagement (RCCE) is an essential activity for successful response to health emergencies. Every public health emergency faces new communication challenges. Failure to communicate lead to loss of trust and reputation, economic impacts, and loss of lives.

Proactively communicate on what is known, what is unknown, and what is being done to get more information, for the purposes of saving lives and reducing adverse consequences is one of the most important and effective intervention in public health response.

Why RCCE is essential?

1. RCCE helps prevent excessive information about a problem from “infodemics” that often lead people find it difficult to identify a solution, resist and deny the situation, fear and mistrust health recommendations, stop accessing healthcare, ignore life-saving preventive

measures (such as quarantine), mistreat people who have been or seems to be sick because of lack of knowledge about treatment and its outcome, which make outbreak difficult to manage

2. It can alleviate confusion and avoid misunderstandings
3. It is a way to transform and deliver evidence-based knowledge so that it is understood by, accessible to and trusted by populations and communities
4. Involve communities in the response and develops acceptable and beneficial interventions to stop outbreak progression and to ensure that individuals and larger community follow protective measures
5. RCCE is essential for gathering local support throughout intervention processes

How to engage community?

1. **Introduce yourself**, your roles and activities you are undertaken aiming to bring COVID-19 under control. While communicating **show empathy** that you are aware of their worries, and you are willing to help them to protect themselves and others
2. **Listen first** to determine what people know, how they feel, and what they do in response to disease outbreak before sharing what they must know and do to control the outbreak form you.
3. **Response** to their questions, fears, and misinformation with clear, timely, useful, fact-checked information by using local language, simple terms, and explain a few simple messages. Be honest when you don't know something and tell the community that you will try and find out and come back to them.
4. **Ask questions** to assess levels of understanding to ensure everybody understands the information you give to them
5. **Involve them in designing and delivering health activities** to get them play an active role in prevention measures. Encourage community to think of how to make COVID-19 prevention measure work in their situation. Remember: listen as well as speaking. Ask for the input because the best solutions often come from the people affected
6. **Who to reach out** and collaborate with? Ask the people they already know and trust. They are community members, community leaders, religious leaders, traditional leaders and people from civil society.
7. **How to communicate** Community know best the way works for them. In general, message can be passed through social media (facebook, messenger/viber group), poster or banner at public places, radio and television, etc.
8. **What to communicate** helping the community understanding about COVID-19. Health messages need to be clear and simple as possible. Identify the behavior change requirement and addressed them with reason why it is important

3.2 Health promotion

Health promotion is aiming to provide community the useful information about COVID-19 and important measures they need to adopt and to facilitate the community responsive effort together

fight against COVID-19 transmission. Use the language that meet different communication requirement of disabilities and ethnicity. Choose appropriate way of communication that works with local context especially during lock down period.

Health promotion should cover what is COVID-19, how dangerous is it, who are the higher risk population and who are at higher risk of progress to severe COVID-19, how it is spread, what are the important behavior changed practices to prevent from transmission, who is a 'contact', what being 'close' mean, what are the COVID-19 symptoms, why early alert on any COVID-19 symptoms is important, what people need to follow when becoming infected, explain the importance of vaccination and how it can prevent severe COVID-19 infection, hospitalization and death, and lastly correct myths and misconceptions of disease and answer questions they may have around vaccine. Refer to session 1, 4, 5 and 6 for detail information.

3.3 Creating an enabling environment

Community adherence to preventive measures is crucial to the success of reducing COVID-19 transmission. In addition to introducing of knowledge, skills and attitude, it is important to ensure all the necessary resources are available, accessible, and sustain to bring preventive measures into practice. While some measures are government responsibility required policy and law enforcement, some measures require community engagement. This can be made sure at time of designing for preventive activities during RCCE processes.

Supports required for behavior change intervention

- Ensure there is hand washing facility, sustain availability of water, soap and ABHR at every household and frequently access public area
- Production of hand hygiene products with low cost to facilitate equal accessible to it
- Free/low-cost distribution of mask
- Promote physical distancing with clear line demarcation at frequently access public places
- Promote peer awareness raising
- Law enforcement on mask wearing, maintain social distancing, restriction of movement, and immunization
- Promote and strengthen public awareness of tobacco and alcohol control issues, harms of alcohol consumption and tobacco use (including betel quid chewing) in general and links to communicable diseases, and benefits of the cessation of alcohol and tobacco use through available communicable tools.
- Increase taxation in trading tobacco, alcohol and betel quid products

Supports required for improving personal immunity

- Support accessible to and utilization of quality vaccines
- Promote nutrition program and ensure people access to basic food stuff with affordable cost
- Promote personal hygiene

Support required for early identification and care

- Health promotion on COVID-19 symptoms with emphasizing on importance of early recognition of severe symptoms
- Support accessible to low-cost quality testing for confirmation
- Provide social support required for hospitalization
- Provide social support required for Home Based Care (HBC)
- Arrange health care facility and health care provider available for service delivery
- Strengthen support quitting and addressing withdrawals of alcohol and tobacco use by increasing availability of and access to telephone and virtual mental health supports and counselling.

Supports required for preventing transmission to others

- Ensure adequate PPE are available and accessible and effective use
- Strengthen frequent environmental cleaning and disinfection with provision of all required cleaning and disinfectant supplies including toilet brush
- Strengthen waste management system

Measure for gender inclusive facility-based quarantine center

Safety measures

- Separate rooms for men and women with partition or curtain
- Separate bathroom with good lighting and lockable door for men and women
- Keep children and adolescent together with their parents/caregivers
- Arrange safety measures for persons with disabilities
- Provide trainings to staffs to be able to differentiate and report on sexual harassment and misconduct, and other abuses
- Keeping male and female staff

Health/nutrition/environmental sanitation/personal hygiene

- Arrange for clean, accessible and functioning bathroom with adequate water supply
- Ensure there is enough sanitary pad for women and youth
- Ensure pregnant women are accessible to antenatal care with qualified health care providers
- Provide basic social support, counselling on breastfeeding, and practical feeding practices to pregnant women and women with young children
- Arrange a separate place for breastfeeding

Information sharing

- Information regarding COVID-19 services are available in Myanmar and other local languages, and audiovisual form to ensure accessibility to everyone

- Women, girl, man and boy are provided with the information regarding hotline and other support

Prevention for GBV, sexual harassment and abuse

- Raise the awareness about policy in place on addressing GBV, sexual harassment and abuse to people who are on facility-based quarantine/isolation and engage them in whistle blowing action
- People on quarantine should only be cared for by their same-sex care providers
- If possible, provide female security for women, children and youth
- Ensure there is a safe space, and referral for necessary support when facing with GBV, sexual harassment and abuse (see in Annex 13)

SESSION

4

Community-Based Surveillance and Contact Tracing

Objectives	By the end of this session, learners will be able to: 1. Describe approaches of CBS 2. Describe how to detect COVID-19 patient and do active case finding in area with COVID-19 transmission 3. Define contact, COVID-19 suspected patient 4. Discuss how to do contact tracing and inform a person who is a contact	
Teaching/learning methodology	Interactive discussion, Case study Demonstration and return demonstration	
Teaching/learning materials	Power point presentation	
Time	1 hours 15 minutes	
Assessment methods	Active participation in interactive presentation Ask relevant question	True/False question Multiple choice question

Epidemic begin and end in communities! Therefore, community-based surveillance and contact tracing is important task in which CHVs have important role to play.

Surveillance is an effective rapid response measure to break the chain of COVID-19 transmission through early identification of confirmed, suspected and probable cases and contain them through quarantine and isolation from further spread of infection to other.

4.1 Community-Based Surveillance

Community-based surveillance (CBS) is the systematic detection and reporting of events of public health significance within a community, by community members.

CHVs with their knowledge about COVID-19 and community context can effectively participate in early identification of suspected cases through community networks, facilitate case testing, and support for quarantine and isolation to prevent community transmission.

How to conduct community-based surveillance?

Explore the possible risk conditions that provide opportunity for transmission. For example, crowded living area, workplaces, frequent social and cultural events, chances of travel exposure, insufficient access to water and sanitation, and cultural practices that involve direct physical contact. These conditions should be kept in mind for targeted intervention.

Identify any unusual event happening in the community. Such as several people from the same community or workplace showing similar symptoms, illness after large gatherings, etc.

It can be identified through

- Observation: keep an eye on community health e.g., loss of taste which is not a common symptom that has experienced before
- Listen for 'rumors': which may be true or not and regular talk with key stakeholders such as traditional healers, women's groups, etc.
- Gather a network with key stakeholders those who know the community and can be a source of information to collect, verify rumors and getting details.

Report your findings immediately to your supervisor with any reporting way that works with the context so that quick action can be taken if needed.

4.2 Detecting COVID-19 patient

How CHVs detect COVID-19 patient in their community?

In an area where there has no COVID-19 patient, CHVs should use CBS techniques to identify any suspected cases of COVID-19 as early as possible through

- Observing are people traveling back from places where COVID-19 is present
- Listening for news or rumors on people being ill or dying with severe cough
- Explore with traditional healer about symptoms they are seeing, if there is increasing respiratory related conditions
- Follow up any suspected cases and report findings to supervisor

Suspected cases

A. A person who has

- Acute onset of Fever AND Cough; **OR**
- **Any Three or More** of fever, cough, tiredness, sore throat, headache, muscle aches and pain, loss of taste, loss of appetite/nausea/vomiting, diarrhea, difficult breathing, chest pain, changes in mental status **AND**
- Residing or working in an **area with high risk of transmission of virus** (closed residential settings, humanitarian settings such as camp and camp-like settings for displaced persons) anytime within 14 days prior to symptom onset; or
- Residing or travel to an **area with community transmission** within 14 days prior to symptom onset; or
- Working in **any health care setting** including within health facilities or within the community, any time within 14 days prior to symptom onset

B. A patient with **Severe Acute Respiratory Illness** (SARI: Acute respiratory infection with history of fever or measured fever $\geq 38^{\circ}\text{C}$ and cough; with onset within last 10 days; and requires hospitalization)

C. Asymptomatic person not meeting epidemiologic criteria with a **positive SARS-CoV-2 Antigen-RDT**

Once a COVID-19 case has been identified in the community, CHVs need to start active case search as early as possible to reduce the time the person infectious in the community and help improve the outcome of the illness through early care.

How to do active case search?

- Consult with local leaders about how best to work with the community to find cases
- Talk to the community about why finding cases early is important
- Ask community members to inform you or the nearest healthcare facility, if they think someone in the household has symptoms like COVID-19
- Make regular visits to the community and key stakeholders including local drugs vendors, spiritual and traditional healers where suspected cases may visit first before access healthcare at a clinic or hospital
- Assist field investigators when they are investigating around a known case
- Engage key stakeholders to help detecting and referring suspects

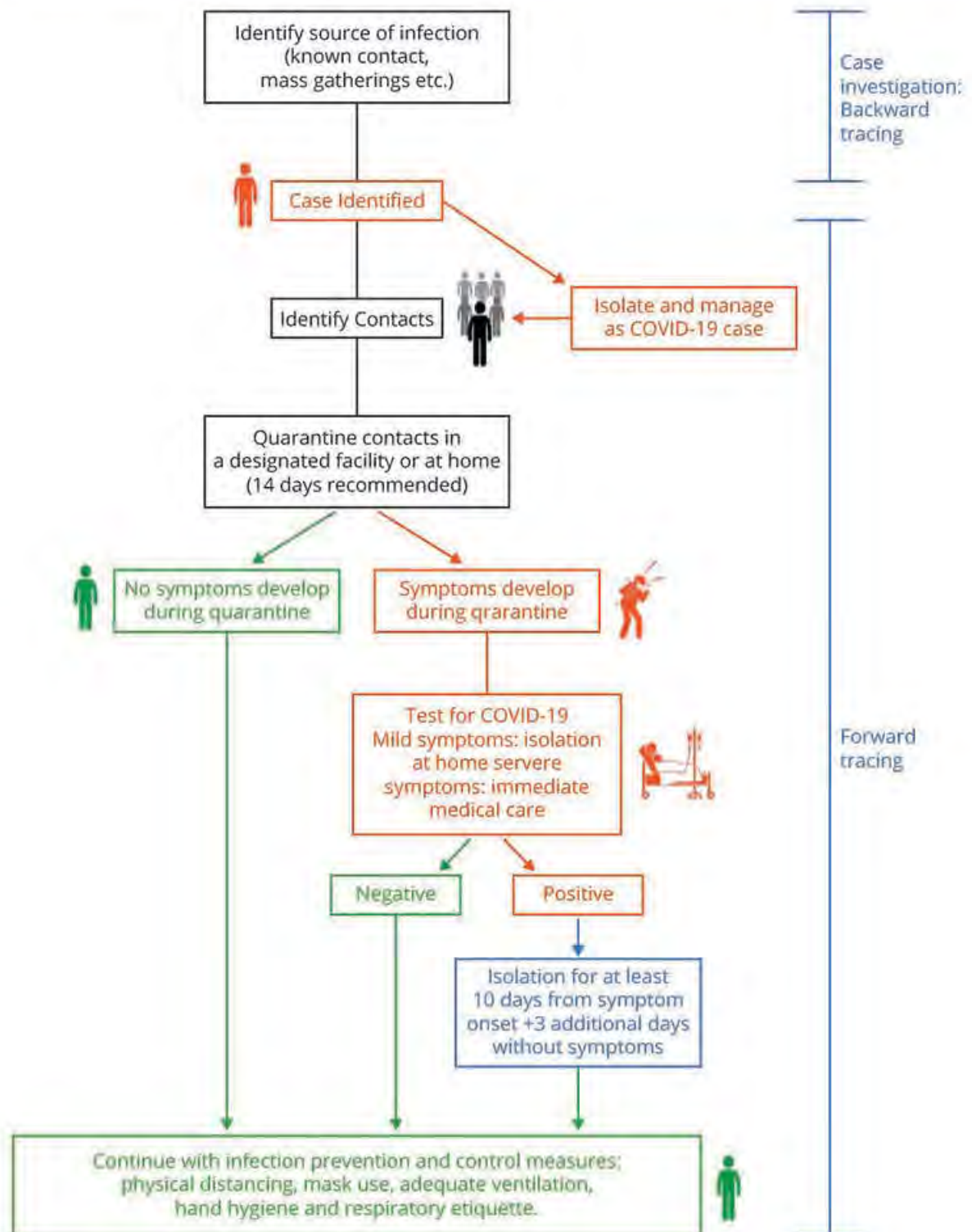
What to do when you find a suspect case?

- Report to supervisor/health authorities and follow the guidance
- Explain to the person that they might have COVID-19
- Follow the procedure for referring people for testing or support self-test with Ag-RDT test if applicable
- Follow local guidelines for quarantine and isolation
- If take home quarantine/isolation, instruct patient what to follow during quarantine/isolation period and advice family on how to care for the patient and protect themselves
- Maintain regular contact with patient to monitor the disease progress.
- If the patient has or progressing to more severe symptoms, ask or support them to seek immediate health care at nearest health facilities
- Communicate with community members to reinforce the prevention activities

4.3 Tracing and informing the contact

Definition: Contact tracing is the process of identifying, assessing, and managing people who have been exposed to someone who has been infected with the COVID-19 virus. (See Figure 1 below)

Figure 1. Flow chart for contact tracing and management



Contact tracing reduces the risk of infection in the community by keeping people who might be infected under observation until they are not infectious (14 days) and ensuring early detection of new cases so that they can be contained and receive care as needed.

Who is a contact?

Contact is a healthy person who may or may not be infected. It is a person who has been in close contact (within 6 feet) with COVID-19 symptomatic person 2 days before and 14 days after development of symptoms and 2 days before and 10 days after confirmed testing of asymptomatic person through:

- being face-to-face within 1 foot for more than 15 minutes with probable or confirmed COVID-19 patient
- having direct physical contact (e.g., hugging, kissing, holding hands) with probable or confirmed COVID-19 patient
- caring for the probable or confirmed COVID-19 patient without using proper PPE
- being in a closed environment with probable or confirmed COVID-19 patient
- being in other situations as indicated by local risk assessments

How to identify and inform contacts?

Ask the case to go through their activities and the people they have been around from 2 days before to 14 days after symptoms started. That may include people who live in the same household, friends and other people who they have visited, spoken with and places they have visited. List the people who fulfill the criteria of being contact with required information as described by organization and report to your supervisor. CHV will reach out to the contacts assigned by supervisor to inform and follow up with them. It is preferably to communicate over phone. If required to meet in-person, maintain physical distancing and wearing of appropriate PPE and finished communication shorter than 15 minutes duration.

Be empathetic to the contact and expecting that a challenging response may occur. Inform the contact that s/he has been identified as a contact and you will guide and support s/he to quarantine for 14 days at home or dedicated facilities as instructed by your supervisor. Apply active listening throughout communication and ensure all the query or concern raised by the contact are addressed.

4.4 Contact tracing and quarantine in the context of Omicron variant

When it is not possible to identify, monitor and quarantine all contacts in situation where SRAS-CoV-2 incidence is very high and contact tracing capacity is overstretched, the contacts should be prioritized with the focus to reduce the morbidity and mortality rather than to break all chains of transmission.

Prioritized contacts are:

1. those at higher risk of getting infected or spreading the virus to vulnerable
2. those at highest risk of developing severe disease
3. health and care workers

All cases are encouraged to privately notify their known contacts of their possible exposures and follow the local guidance for self-quarantine

Duration of quarantine

1. 7 days if PCR or Ag-RDT test results negative and contact shows no symptoms
 2. 10 days if testing is not possible and contact shows no symptoms
- However, contact need to continue wear a medical mask at all times along with other IPC measures for total 14 days, monitor their symptoms and seek testing if symptoms arise.
 - WHO does not recommend self-test to shorten quarantine.

SESSION

5

Infection prevention and control activities in COVID-19

Objectives	<p>By the end of this session, learners will be able to:</p> <ol style="list-style-type: none"> 1. Perform hand hygiene correctly 2. Discuss importance of cough etiquette 3. Describe appropriate mask use according to settings 4. Choose right PPE for the right time 5. Put on and take off PPE correctly 6. Prepare different concentrations of chlorine solution 7. Enumerate appropriate waste disposal 8. List the key messages to advice family on handling of dead body at funeral home 	
Teaching/learning methodology	<p>Power point presentation, QUIZ session Exercise for calculating different percentage of chlorine solution Demonstration and return demonstration Practical session for chlorine solution preparation</p>	
Teaching/learning materials	<p>Hand washing: https://www.youtube.com/watch?v=3PmVJQUCm4E Burmese poem for hand washing steps, hand hygiene posters How to properly fit your mask: https://www.youtube.com/watch?v=YPd-XrDhZrQ How to wear a medical mask: https://www.youtube.com/watch?v=adB8RW4I3o4 PPE Donning - YouTube; Demonstration of Donning (Putting On) Personal Protective Equipment (PPE) - YouTube PPE Doffing - YouTube; Demonstration of Doffing (Taking Off) Personal Protective Equipment (PPE) - YouTube Dead body management: https://www.youtube.com/watch?v=qkBBn7dnwWA How to clean and disinfect the toilet https://www.youtube.com/watch?v=0z-NTXcSURw chlorine powder, spoon, water bottles, water, measuring jar, PPE set, ABHR, medical mask, non-medical mask</p>	
Time	2 hours and 30 minutes	
Assessment methods	<p>Active participation in interactive presentation Volunteering in performing demonstration Competency check with return demonstration</p>	<p>True/False question Multiple choice question Support in practical work</p>

Community health volunteers who are working at frontline for health and supportive care are at higher risk of exposing to COVID-19 infection. Understanding and strictly follow the essential infection prevention and control measures appropriately is critical to prevent from infection transmission. They include maintain physical distance of at least 6 feet as much as possible, clean hand frequently, apply cough etiquette, effective and appropriate use of PPE, and clean and disinfect of environmental surfaces and proper waste management.

5.1 Hand hygiene

- Proper hand hygiene can destroy SARS-CoV-2 virus that might carry on hands after contact with patient, patient surrounding and contaminated environmental surfaces.
- Hand hygiene can be done either with water and soap or alcohol-based hand rub (ABHR) with at least 60% alcohol. Hands should be washed with water and soap when it is visibly soiled and let it air dry or use clean towel, tissue. If not visibly soiled ABHR is preferable. Hands need to be dry before using ABHR.

When to perform hand hygiene?

- Wash hands as frequently as possible in COVID-19 context
- After coughing or sneezing and disposing of tissue
- Before wearing and after removing of a mask, gloves, PPE
- After touching of body fluid or items soiled with body fluid, patient surrounding environment, handling patient's laundry and materials
- Before entering and leaving suspected or infected patient room or environment
- On entering home returning from public places
- Before preparing food, serving meal, and before and after eating
- After using toilet and changing diaper
- After touching animals or animal's waste and waste management and whenever hands visibly soiled

How to clean hand properly

see the posters in Annex 1 and watch the video from link provided in session plan

5.2 Cough etiquette

SARS-CoV-2 is mainly transmitted through droplets produced from patient when cough, sneeze, heavy breath and talk. Cough etiquette is very important to apply all time to prevent spread of infection to the people around you

How to follow cough etiquette?



- Cover your mouth and nose with a tissue when coughing, sneezing or blowing nose and disposed used tissue in a trash bin with cover, and clean your hands immediately, or cough or sneeze into your inner elbow (not hands) or if wearing a mask cough in it. Don't take off mask when coughing. Change mask if it is wet and throw it into a trash bin with cover and clean your hands immediately.

5.3 Wearing a mask

Why people need to wear a mask?

People get infected from SARS-CoV-2 when directly breath-in the respiratory droplets produced from the patient during their close contact. Appropriate and proper use of mask prevent infection transmission through inhalation

Types of masks - This session does not cover mask used for airborne transmission

<p><u>Non-medical masks</u> including fabric masks and homemade multi-layered masks that meet standard criteria</p> <ul style="list-style-type: none"> • Use in non-healthcare related environments 	 <p>non-medical mask</p>
<p><u>Medical masks</u>, that meet standard criteria for use</p> <ul style="list-style-type: none"> • in health care settings • by people >60 years old and at high risk of severe complications from COVID-19 • by individuals feeling unwell or infected with COVID-19 and those who care for them, at home or in the health care setting 	 <p>medical mask</p>

Mask safety (See in Do's and Don'ts for mask safety in Annex 2)

- The appropriate use, storage, cleaning and disposal of masks are essential to make masks used effectively
- Change the mask every day and immediately when it is soiled or damp
- When take it off, store it in a clean plastic bag and wash it every day if it is a fabric mask
- Do not share a worn mask with others

How to wear a mask refer to video link provided in session plan.

When to wear a mask : Choose appropriate type of mask based on the activity as shown in Annex 4.

Mask for general population

Table 2. WHO recommended masks use in community settings depending on transmission scenario, setting, target population and purposes

Transmission scenario	Situations/ settings	Target population	Mask type
In settings where there is known or suspected community or cluster transmission of SARS-CoV-2 irrespective of vaccination status	Indoor settings where ventilation is known to be poor or cannot be assessed or the ventilation system is not adequately maintained regardless of whether physical distancing of at least 1 meter can be maintained	The general population in public settings such as shops, shared workplaces, schools, churches, restaurants, gyms, etc or in enclosed settings such as transportation	Non-medical mask
	Indoor settings that have adequate ventilation if physical distancing of at least 1 meter cannot be maintained	For households, in indoor settings, when there is a visitor who is not a member of the household	
	Outdoor settings where physical distancing cannot be maintained	Individual/s/people with a higher risk of severe complications from COVID-19	
	Settings where physical distancing cannot be maintained, and the individual is of increased risk of severe complications	Individual/s/people with a higher risk of severe complications from COVID-19	Medical mask
Known or suspected sporadic transmission or no documented SARS-CoV-2 transmission	Risk-based approach (risk of exposure, vulnerability of population, setting in which population lives, feasibility, type of mask, vaccination coverage, and circulating variants of concern)	General population	Depends on purpose

Any transmission scenario	Any setting in the community	Anyone with suspected or confirmed COVID-19, regardless of whether they have symptoms or not. OR Anyone awaiting viral test results when in the presence of others	Medical mask
---------------------------	------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------

Mask use during physical activity

- People should not wear masks during vigorous-intensive physical activity
- The most important measure is to maintain physical distancing of at least 6 feet and to ensure good ventilation when exercising
- If exercise indoor, go to uncrowded gyms with good ventilation, keep distance the farther the better, clean hand frequently, clean and disinfect frequently touched surfaces and equipment

Masks for Children

- Children aged up to 5 years should not wear masks
- Masks are recommended for children aged above 5 years to 11 years old in area where there is known or suspected community transmission of SARS-CoV-2
 - Indoor setting where ventilation is poor or cannot be assessed – even if physical distancing of at least 2meter can be maintained
 - Indoor setting that has adequate ventilation, but where physical distancing of at least 1m cannot be maintained
 - Adolescent 12 years or older should follow the same WHO recommendations for mask use as adults
 - The use of mask is recommended for children with a higher risk of severe complication from COVID-19 after assessing with the child's medical provider
 - Children with cognitive or respiratory impairments, developmental disorders, disabilities or other specific health conditions who experience difficulties wearing a mask or have health conditions that interfere with mask-wearing should not wear a mask
 - No child should be denied access to education because of mask-wearing or the lack of a mask due to low resources or unavailability.

Note! Wear a mask alone is not enough to protect from COVID-19 infection, remember to get vaccinated when it is your turn, keep at least 6 feet distancing from others, clean hands frequently, follow cough etiquette, and open windows

5.4 Personal Protective Equipment

Personal protective equipment (PPE) (see in Annex 3) is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. This session will focus on PPE used to protect the eyes, nose, mouth, skin, and clothing from exposure to SARS-CoV-2 while caring of COVID-19 suspected or confirmed patient to prevent transmission to themselves and others. It is mandatory to use when direct and close contact with COVID-19 patient.

Wear the right PPE based on type of activity perform and level of risk exposure (see in Annex 4). It should be worn before entering to the patient room or isolated area and must be removed before leaving that area.

Key messages to note before putting on PPE

- Ensure the CHVs have been trained on how to put on and take off procedures before performing activity and have a trained observer or colleague to supervise the procedure, to ensure the correct steps are followed
- Before putting on PPE, all jewelry, watch, pen and mobile phone should be removed from the pocket
- Put on and take off PPE at designated place and strictly followed the steps (refer to video link provided in session plan) to prevent missing. It is especially important when taken off.

Key messages to note when wearing PPE

- Do not touch the eye protection (face shield/google) or mask. Keep hands away from face
- Limit touching surfaces, no sitting, running or leaning against the wall
- If there is a partial or total breach, e.g., gloves torn, or insect entered the goggles, leave the area immediately and go to doffing area and remove PPE

Key messages to note when removing PPE (doffing)

- Removing PPE is a high-risk activity. This must be done in the designated area and moved slowly and consciously in the correct sequence to reduce the possibility of self-contamination and spreading infection to other
- Discard PPE in the appropriate trash bin with cover. Storage carefully for processing of reusable items. Perform hand hygiene straight away

In the situation with severe shortage of supply, PPE use can be extended by wearing of items longer than normal or for multiple patient encounters or can be reprocessed.

Wearing a gloves

Wearing gloves is aiming to prevent transmission of infection to caregivers through their hands from directly touching of patient's body fluid/secretion and patient's surrounding that contain virus. This curriculum focuses on gloves use in non-medical settings for COVID-19 management. Wear appropriate type of gloves according to the activities performed (see in Annex 4).

Dos and Don'ts when wearing a gloves

- Choose appropriate gloves according to activity. Do not use if it is torn
- Remove gloves if they become visibly damaged, discolored, sticky or contaminated with body fluids
- Discard disposable gloves immediately after use, wash hand immediately
- WHO strongly discourage the use of medical grade gloves in the general community setting for non-medical purposes
- Do not replace wearing of gloves for other preventive measures
- Gloved hand contaminated with virus can spread infection to yourself if you touch your mouth, eye, and nose and to other from touching of frequently touched surfaces before cleaning it. Therefore, it is important to avoid unnecessary touching as much as possible, to proper take off and disposed it and wash your hand straight away

5.5 Environmental cleaning and disinfection

Infection can be spread when touching of patient's surroundings that has contaminated with virus. Perform frequent environmental cleaning and cleaning of frequently touched surfaces reduce the number of infectious agents.

Cleaning schedule

Table 3. Cleaning schedules and methods depend on the risk of infection transmission

Places	Frequency	Item	Frequency
Screening area	At least twice daily After a patient with a suspected infectious disease	Surfaces (floors, tables, chairs)	At least twice daily When visibly soiled
Isolation area	At least once daily After every patient	Medical equipment (axillary thermometers)	After every patient
Non-Patient care areas	At least once daily	Plates and utensils	After every patient
Latrines/Toilets	At least twice daily When visibly soiled	Reusable PPE (aprons, boots)	After procedures After exiting an isolation area When visibly soiled
All areas	Immediately following possible contamination with blood or body fluid	Linens and mattress	After every patient When visibly soiled

Cleaning processes

1. Clean first with natural detergent and water to physically remove contamination by dust, soil, organic materials such as blood and body waste products
2. Before performing disinfection, ensure the surface is dried. Apply 0.1% chlorine solution for minimum 1 minute contact duration for general environmental disinfection (See Table 4 for preparation of different concentrated chlorine solutions). Apply 0.5% chlorine solution for surface heavily soiled with blood and body fluid.
3. Rinse with water to remove disinfectant residual if required

Table 4. Preparation of chlorine solution (see in Annex 5)

Preparation of chlorine solution from bleaching powder	Preparation of chlorine solution from liquid bleach
$\left[\frac{\% \text{ of chlorine desired}}{\% \text{ of bleaching powder}} \right] \times 1000 = \text{grams of bleaching powder for 1 liter of water}$	$\left[\frac{\% \text{ liquid bleach}}{\% \text{ chlorine desired}} \right] - 1 = \text{total parts of water for each part of liquid bleach}$
E.g. $\left[\frac{0.5\% \text{ chlorine desired}}{35\% \text{ bleaching powder}} \right] \times 1000 = 0.0143 \times 1000 = 14.3 \text{ grams of bleach powder}$	E.g. $\left[\frac{5\% \text{ liquid bleach}}{0.5\% \text{ chlorine desired}} \right] - 1 = 9 \text{ parts of water for each part of liquid bleach}$
14.3 grams of bleaching powder + 1 liter of water = 0.5% chlorine solution	Mix 9 parts of water with 1 part of 5% liquid bleach = 0.5% chlorine solution

Notes:

- The chlorine solution should be prepared on daily basis or for each cleaning shift for environmental cleaning and discard left over after 24 hours.
- The solution should be stored in an opaqued container, in a well-ventilated area without exposed to direct sunlight
- Wear heavy-duty gloves when handling and preparing solutions. Protective eyewear must be worn in case of splashing.

Do's for cleaning procedures

- Wear mask, goggles, gloves, apron, boots and utility gloves when cleaning the floor with large spill of blood and body fluid
- Routine cleaning with detergent and water for minimal hand contact areas, e.g., floors, walls, ceilings and non-patient areas
- Frequently touched surfaces (light switches, door and windows handles, bathroom surfaces, toilets and taps, sinks, table, phone, personal computer keyboards, etc.) and high-risk surfaces around patient area e.g., bedrails, bedside tables, water tap, toilet and bathroom, etc. required frequently cleaning followed by disinfection with 0.1% chlorine solution.

- Cleaning should be from high to low, clean to dirty area and in systematic manner. For example, when cleaning a bathroom, the toilet should be cleaned last as it is likely to be most contaminated part in bathroom. After cleaning the toilet bowl, cover the toilet seat lid before flushing.
- Damp mopping is preferred than dry mopping. Swapping with brooms or feather dusters are not recommended in patient area. Use separate or disposable equipment for isolation room if possible
- Wash hand after removing of gloves

Don'ts for cleaning procedures

- Spraying or fogging either indoor or outdoor is not recommended because it is ineffective rather it is risky from exposure to solution
- The use of spray bottles or equipment that might generate aerosols during usage is not recommended to avoid irritation
- Never shake mop heads and cleaning cloths because it can disperse dust or droplets that contain microorganism

Linen and laundry management

- Wear appropriate PPE with heavy-duty gloves when handling soiled linen
- Soiled linen should be put in a leak-proof container in patient area before processing
- When collecting soiled linen, carefully roll it up and put into a leak-proof container/bag for further processing. Do not shake the linen.
- Launder soiled linen with
 - Machine processing
 - Follow instructions from launder manufacturer or
 - Use hot water (60-90°C x 10 min) (158-176°F) and laundry detergent
 - Disinfectant depending on the risk of contamination
 - Manual launder
 - Immerse hot water with soap/detergent in a large drum using a stick to stir, taking care to avoid splashing
 - Followed by Soak the clean linen and cloths in 0.05% hypochlorite solution for 30 minutes then rinse with clean water
- Wash hand after removing of gloves
- Allow full dry under sunshine after laundering
- Clean and disinfect the container after each use

Decontaminate reusable PPE

- Clean with water and soap followed by wiping with/apply 0.1% chlorine solution on the surfaces, leave it for 10 minutes then rinse with water.

Decontaminate the vehicles used in patient transport

- Wear appropriate PPE with heavy-duty gloves
- Disinfect with 0.1% hypochlorite solution and leave it for 10 minutes, then clean with clean water
- Clean and disinfect all soiled area and surfaces in contact with patient while transporting patient

5.6 Waste management

- Apply appropriate PPE with heavy-duty gloves throughout the processes of handling and processing of waste and perform hand hygiene after removing it
- For facility-based care in the community, all health care waste produced during patient care is considered as infectious wastes and should be discarded in designated color-coded (see Annex 6), leak-proof, puncture resistant, labelled containers with double-layer bags, securely sealed the first bag, then placed in the second bag before disposal and collection by municipal waste or buried them.
- For household in the community, separate and dispose waste from patient as indicated if possible. If not possible waste from patient should be placed in a double-layer bag, sealed and place at patient's room until dispose with household waste.

5.7 Dead body management

- Before attending to a dead body, ensure necessary supplies and facilities for hand hygiene, PPE and cleaning and disinfection supplies are readily available.
- The dignity of the dead, their cultural and religious traditions, and their families should be respected and protected throughout.
- Coordinate with authorities to manage the dead body by balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection

How to transport dead body from hospital to mortuary or crematorium or burial site?

- All measures should respect the dignity of the dead including avoiding hasty disposal of dead body
- All persons who interact with the body (health care provider or mortuary staff, or the team preparing the body for burial or cremation) should wear appropriate PPE depending on the level of interaction with the body
- Remove all catheters and other indwelling devices before transfer of the body. Prepare the body according to prevailing local health authority guidance if an autopsy is to be performed
- Ensure that any leakage of body fluid from orifices are contained. Maintain minimum movement or handling of the body
- Wrap the body in cloth and transfer it as soon as possible. Do not disinfect the body before transferring
- Do not use body bags unless there is excessive fluid leakage, to facilitate the transportation and storage of body outside mortuary area, managing large numbers of dead bodies and when the available bag is thin
- Do not use special transportation vehicles for transfer

Advice for mortuary care/funeral home

- Embalming is not recommended. If it is done it should be performed with appropriate PPE
- Allow the family to view the body if they wish with maintaining of at least 6 feet distancing. Do not touch or kiss the body and wash hands after viewing
- If to bring the body home due to traditional funeral rites
 - Prepare the body at mortuary/hospital before released to the family
 - Place the body in a body bag or coffin for transportation
 - Wear a medical mask and gloves to open the body bag/coffin for viewing, once it is opened, remove gloves and perform hand hygiene
 - Do not remove the body from body bag/coffin
 - If further manipulation is required, perform according to guidelines for preparation of dead body at home
- Follow local health authority guidance

Handling the bodies at the community level

- Protect and respect the dead dignity, culture, religious traditions, and families
- Cover the body with a plastic sheet or clothing or a body bag if available before handling, turning, or rolling it if culturally appropriate
- Keep minimum handling and movement of the body
- Place a non-medical/fabric mask on the deceased before any movement or manipulation of the body
- Person preparing the deceased should wear a full PPE (medical mask, goggles/face shield, long-sleeves fluid resistant gown or apron, heavy-duty gloves and boots) during the procedure and perform hand hygiene after removing PPE. Anyone who had assisted in preparing the body should perform hand hygiene when finished
- Person who places the body in the grave should wear heavy-duty gloves and perform hand hygiene when finished
- Handling, cleaning and disinfect the reusable PPE with water and soap and followed by disinfection with 0.1% chlorine solution

Advice for funeral home

- Follow local guidance for the number of people can attend burial. During process, people should maintain at least 6 feet physical distance, wear a well-fitted mask and perform hand hygiene when finished and frequently as required
- Balancing between the cultural practice and protecting family from infection transmission
- Minimum people should be involved in the preparing the body
- Instruct family not to kiss and touch the body, personal belongings or other ceremonial objects. Identify alternative if it is culturally required
- People involve in burial with aged >60 years should wear a medical mask
- People who are unwell should not participate in the funeral. If not possible, wear a medical mask, maintain at least 6 feet distance from others and perform hand hygiene to avoid infection to others

SESSION

6

Vaccination

Objectives	By the end of this session, learners will be able to: <ol style="list-style-type: none"> 1. Educate community on benefit of COVID-19 vaccine 2. Discuss the importance of vaccination for COVID-19 3. Describe about common side effects of vaccination and how to tackle them 4. Answers about concerns of COVID-19 vaccine 5. Describe steps taken for community mobilization for vaccination 	
Teaching/learning methodology	Interactive presentation	
Teaching/learning materials	Power point presentation Posters	
Time	45 minutes	
Assessment methods	Active participation in interactive presentation Asking questions	True/False question Multiple choice question

Why vaccination is needed?

Vaccination is an important pandemic response to protect against severe disease and death, stop emerging of new variants, to end the pandemic, and minimize the impact on economics.

Are current vaccines safe and effective?

- Vaccines are designed for the generation of body immune response to fight against target virus without causing the disease.
- Covishield, Sinopharm, Sinovac, Janssen (J&J), Pfizer, Moderna, The Bharat Biotech BBV152 Covaxin vaccine and Covovax are vaccines included in WHO Emergency Use Listing (EUL) and are all effective against existing variants especially preventing from developing severe disease, hospitalization and death.
- Current vaccines do not provide full (100%) protection, breakthrough infections can happen.
- Therefore, it is important to continue maintain physical distance from others, avoid crowds, and keep indoor spaces well ventilation, wear a well-fitting mask, apply cough etiquette and wash hands frequently.

Who should get vaccination?

- Every people should get vaccination on their turn following with the local vaccination roll out plan.
- Vaccines (Covishield, Sinopharm, Sinovac, Myancopharm) currently provided in Myanmar are safe for most people 18 years and older including those with underlying diseases such as hypertension, diabetes, lung, liver, and kidney diseases, cancer, TB, HIV, and pregnant women and lactating mother. People who have had COVID-19 should also get vaccination.
- While vaccines are not enough to cover all population at the same time, vaccination is generally rolling out in phase approaches with prioritization (see MOH, Myanmar defined prioritized population in Annex 7) to population groups who are at higher risk of exposure to infection and risk to progress to severe disease. They are:
 1. Frontline workers in health and social care settings
 2. People over age of 65
 3. People under the age of 65 who have underlying health conditions are at a higher risk of death.
- People who are at risk of developing severe disease require a booster dose to optimize their protection against prevailing circulating variants

Possible adverse effect after vaccine injection

- After vaccination, people may experience mild side effects or not is depending to individual body responds, and varies with type of vaccine.
- Common side effects are – pain or itching at injection site, fever, fatigue, headache, muscle pain, chills and diarrhea. Usually, these symptoms resolve within one or two days.
- The symptoms can be managed by taking rest, proper hydration, and antipyretic or mild pain killers. If experience of difficult breathing, chest pain, confusion, loss of speech, or move after vaccination, seek immediate health care at nearest health facility.

Why people need to remain for 15-30 minutes at vaccination site after vaccination?

Severe allergic reactions to the vaccine after vaccination are very rare (about 1 in a million). If happen, it is normally occurred within seconds to minutes after vaccination. Since COVID-19 vaccine is a new vaccine, the exact information about the severe allergy reaction is not yet known. Therefore, people should remain 15-30 minutes at vaccination site after vaccination to monitor severe adverse reaction so that immediate care or referral can be made.

Common questions around vaccination

1. *Do COVID-19 patient and people with suspected COVID-19 symptoms need to get COVID-19 vaccine?*
They need to get COVID-19 vaccine, but they need to postpone for 14 days for all symptoms to resolve
2. *Can COVID-19 be prevented immediately after COVID-19 vaccine?*
Generally, it takes at least two weeks for the body to start producing immunity after a full dose of the vaccine. Therefore, it is required to continue perform frequent hand hygiene, maintain 6 feet physical distancing with others and wearing a face mask to prevent from infection transmission.

3. *Do people who have had COVID-19 need to get COVID-19 vaccine?*

People who have had COVID-19 should also get a full dose of COVID-19 vaccine. Vaccine acts as booster that strengthens the immune response.

4. *Do people with underlying diseases and continuing taking of their medicine need to get COVID-19 vaccine?*

People with underlying diseases who continue to take their medicine need to get COVID-19 vaccine as they are the prioritized group with higher risk to progress to severe condition when they are infected with COVID-19.

5. *Who should not get COVID-19 vaccine?*

People who are suspected/confirmed with COVID-19, people who are within 14 days of recovery from COVID-19, and people with COVID-19 symptoms. People who have undergone organ transplant and those who have lower immune diseases and taking immunosuppressive drugs should consult with healthcare provider in advance before vaccination

6. *Do pregnant women need to get COVID-19 vaccine?*

Pregnant women need to get COVID-19 vaccine because they are at higher risk of progress to severe condition if they get COVID-19 infection. It is not required to postpone vaccination and undergo abortion if with pregnancy and do pregnancy test before vaccination

7. *Do breastfeeding women need to get COVID-19 vaccine?*

COVID-19 vaccine does not cause harm to breastfed baby. Therefore, breastfeeding women should get COVID-19 vaccine as other adults do

8. *Can people get different type of vaccines for primary doses?*

It is safe to receive two different COVID-19 vaccines for 1st and 2nd dose.

9. *Can women get COVID-19 vaccine during their menstrual period?*

Women can receive COVID-19 vaccine at any point in their menstrual cycle

Role of CHVs in vaccination activity

CHVs is part of a vaccination team, and their participation may vary according to team/organization assignment. In general, CHVs can support in

- community mobilization to ensure people are vaccinated on their turn. While carry out community mobilization, be kind and listen with empathy during conversation
- inform the team about special issues arise such as the requirement of home vaccination and assist in implementation
- provide health education to community about the vaccination to improve their understanding and lessen their worry
- answers to questions people may have around vaccination
- offer caring to older people and people with disability
- navigate people with underlying disease to health care provider to inform their status and any concern they may have
- Support in vaccine transportation, cold chain management and waste management

SESSION

7

Management of a contact and COVID-19 patient with mild to moderate symptoms

Objectives	By the end of this session, learners will be able to: <ol style="list-style-type: none"> 1. Differentiate between quarantine and isolation 2. Discuss about facility-based and home-based cares for contact/ COVID-19 patients 3. Discuss about their role in facility-based and home-based care 4. Describe discharge criteria from quarantine/isolation
Teaching/learning methodology	Interactive presentation, role play case study
Teaching/learning materials	Power point presentation, poster, pulse oximeter Proning position: https://www.youtube.com/watch?v=f-AkBQ9CvGA Breathing exercise: https://www.youtube.com/watch?v=bBkGDleQwXo Home based Care of suspected and mild case of COVID-19: https://cdn.who.int/media/videos/default-source/default-video-library/home-care-of-suspected-and-mild-cases-of-covid-19-mm-version-web.mp4?sfvrsn=1fd8c2f2_4
Time	2 hours and 30 minutes
Assessment methods	Active participation in interactive presentation, True/False question, Asking question

A person who has been exposed to someone who has COVID-19 infection and traveler on arrival from area with community transmission of COVID-19 need to **quarantine** for 14 days either at home or designated facility according to local guidance to control spread of virus, and for early detection of the case and provision of treatment as needed. (Note, follow local guidance on updated duration required for quarantine)

A person who has tested COVID-19 positive regardless of having symptoms or not need to **isolate** from other for 13 days after onset of symptoms or until symptoms resolves to avoid further spread of infection. For patient with mild to moderate symptoms can be isolated at home or designated facility according to local guidance whereas patient with severe COVID-19 symptoms need to be treated at hospital for specific treatment.

7.1 Advice to contacts for facility-based quarantine

Stay away from other

1. Stay at designated place for a defined period, do not go outside to meet other people.
2. Open room's windows to improve ventilation
3. Maintain at least 6 feet physical distance with others

Reduce contact with virus

4. Clean hand frequently (see detail in session 5). Avoid touching of eyes, nose, and mouth without cleaning hands properly.
5. Apply cough etiquette (see detail in session 5)
6. Wear a medical mask if physical distancing (at least 6 feet) cannot be maintained with the presence of other persons
7. After using, cover the toilet seat lid before flushing

Take care of your health condition

8. Take enough rest, drink plenty of fluids, eat nutritious food, perform regular physical activity and continue medication for underlying diseases
9. Monitor health condition and report immediately to CHVs when COVID-19 symptoms develop
10. Maintain social contact with friend and colleagues via phone call or social media

Environmental cleaning and waste management (see detail in session 5)

11. Clean and disinfect frequently touch surfaces around you such as bedframes, side table, chair, door knob/handle, etc.
12. Clean clothes, bed linen, and other fabrics using soap and water or machine wash at 60 – 90°C (140-194°F) and dry thoroughly. Do not shake soiled laundry while handling.
13. Dispose your waste to the designated trash bin
14. Immediately report to CHVs/health care provider if encounter gender-based violence or harassment

7.2 Advice to COVID-19 suspected/confirmed patient with mild to moderate symptoms for facility-based isolation

- Follow all advice for people on facility-based quarantine PLUS
 1. Perform regular foot exercise to avoid deep vein thrombosis (DVT) (see in Annex 8)
 2. Perform regular breathing exercise to improve lung function and oxygen level
 3. Stay in positions that can improve oxygen level (see in Annex 9) for up to 2 hours at a time

4. Measure body temperature 2 times a day (see in Annex 10) and oxygen level (SpO2) 3 times a day with pulse oximeter and report to a health provider. If oxygen level is less than 90%, call for emergency help for immediate health care services. If the oxygen level is between 90-94%, consult with health provider for further guidance (see in Annex 11).
5. Take paracetamol when you have fever, muscle pain or headache as prescribe by health care provider. If fever persist, put a cold wet cloth on your forehead. Do not take other drugs without prescription
6. Monitor health condition and report immediately to CHVs/health care provider if severe COVID-19 symptoms (see detail in session 1) develop for specific treatment regardless of oxygen level

7.3 Role of community health volunteers in facility-based care

Role of CHVs in facility-based care varies according to country and organization's policies and level of assignment. Perform your activities according to your assignment in compliance with the code of conduct of volunteer. Wear appropriate PPE according to activity perform (see in Annex 4). In general, CHVs are supporting following activities in facility-based care.

General support to people on quarantine or isolation

- Conduct awareness raising to all people in facility-based care about COVID-19 symptoms through virtual meeting or sharing of poster via social media
- Educate all people in facility-based care about IPC measures on arrival and monitor throughout their stay period
- Conduct awareness raising with microphone in the facility to advocate encourage people on facility-based care about hand hygiene, cough etiquette and maintain social distancing of at least 6 feet while they are in common rooms or if they are assigned to live in a hall room
- Supervise people in facility-based care remain at their place throughout period and do not contact with people from outside
- Record and regularly update the list and relevant information of people who are in facility-based care and staffs who are working there

Specific support to people on quarantine

- Support health care provider by daily follow up with people in quarantine and report immediately to health care provider if symptoms suggestive of COVID-19 develop

Specific support to people on isolation

- Advise people on isolation with instruction to do regular foot exercise to avoid DVT, regular breathing exercise and to stay in positions that can improve oxygen level for up to 2 hours at a time through sharing of poster, video or demonstration while maintaining 6 feet distancing with wearing of appropriate PPE.
- Advise people on isolation with instruction to measure body temperature 2 times a day and oxygen level (SpO2) 3 times a day with pulse oximeter and report to a health provider. If oxygen level is less than 90%, call for emergency help for immediate health care services.

- Support health care provider by daily follow up with people in isolation and report immediately to health care provider if they reported of severe COVID-19 symptoms

Support other administrative works in facility-based care

- Support in preparation of facility for facility-based care
- Support in managing donor entry to the defined area with provision of appropriate PPE.
- Support in food delivery from donation
- Ensure the windows are opened to improve air ventilation. If air-condition is used, helping in cleaning of filter and reporting to supervisor to change a new one when required
- Support in facility environmental cleaning, cleaning of frequently touched surfaces, patient surrounding, and common area
- Support in total cleaning of the room after discharge of COVID-19 suspected/confirmed person.
- Check drainage and sewage system regularly to ensure there is no leakage

7.4 Advice to contacts for home quarantine

Stay away from other

1. Stay in a separate room. If impossible isolates at a well-ventilated place for a defined period.
2. Open room's windows to improve ventilation
3. Maintain at least 6 feet physical distance with others

Reduce contact with virus

4. Wash hand frequently
5. Apply cough etiquette
6. Wear a medical mask if physical distancing (at least 6 feet) cannot be maintained with the presence of other persons
7. Less frequent use of shared area. Wear a medical mask and maintain 6 feet physical distance while staying at shared area.

Take care of your health condition

8. Take enough rest, drink plenty of fluids, eat nutritious food, perform regular physical activity and continue medication for underlying diseases
9. Monitor health condition and report immediately to CHVs when COVID-19 symptoms develop
10. Establish communication link with a health care provider for the duration of observation period
11. Do not go outside and maintain social contact with friend and colleges via phone call or social media

Environmental cleaning and waste management (see detail in session 5)

12. Use separate bathroom. If not possible, clean and disinfect bathroom and toilet at least once daily. After using, cover the toilet seat lid before flushing
13. Keep separate utensil from family members. Clean them with soap and water after each use
14. Clean and disinfect frequently touch surfaces around you such as bedframes, side table, chair, window/doorknob/handle, etc.
15. Clean clothes, bed linen, and other fabrics using soap and water or machine wash at 60 – 90°C (140-194°F) and dry thoroughly. Do not shake soiled laundry while handling.
16. Packed your waste in strong bags and closed completely before disposal and collection by municipal waste or buried them

7.5 Advice to COVID-19 suspected/patient with mild to moderate symptoms for home isolation

- Follow all advice for the people on home quarantine PLUS
 1. Perform regular foot exercise to avoid DVT
 2. Perform regular breathing exercise to improve lung function and oxygen level
 3. Stay in positions that can improve oxygen level up to 2 hours at a time
 4. Take paracetamol when you have fever, muscle pain or headache as prescribe by health care provider. If fever persist, put a cold wet cloth on your forehead. Do not take other drugs without prescription
 5. Monitor health condition and report immediately to CHVs/health care provider if severe COVID-19 symptoms develop for specific treatment regardless of oxygen level
 6. Measure body temperature 2 times a day and oxygen level (SpO2) 3 times a day with pulse oximeter and report to a health care provider.
 - a. If your oxygen level is 94% or above, continue to check your oxygen level as before
 - b. If your oxygen level is 90% or more, but less than 94%
 - Consult with health care provider or seek immediate health care
 - Use oxygen as prescribed by health care provider
 - Take steroid as prescribed by health care provider
 - c. If your oxygen level is less than 90%, it is severe COVID-19
 - seek immediate health care
 - Use oxygen accordingly
 - Take steroids as prescribed
 - Continue maintain in the positions that improve oxygen level for up to 2 hours at a time
 7. Cooperate fully with health authorities for health monitoring

7.6 Advice to family members for home-based care

Isolate the person with COVID-19 infection

1. Prepare a separate room or isolated space for the patient and keep distance from others
2. Open a window(s) to improve ventilation and increase the circulation of fresh air

Reduce contact with the virus

3. Identify one household member to be the caregiver. The caregiver should not have high risk factors and the fewest contacts with people outside and have completed the recommended vaccination in last 14 days ago.
4. Caregiver should wear a medical mask when in the same room with patient. Mask should not be touched while wearing. Replace the mask immediately if it gets wet or dirty from secretions
5. Do not allow visitors. Limit the patient's movement around the house and minimize shared space. Ensure that shared spaces are well ventilated
6. Household member should sleep in a separate room, if not possible sleep in a separate bed with at least 6 feet distance
7. Everyone should wear a medical mask when in the same room with the patient
8. Use separate dishes, cups, eating utensils and bedding for the patient
9. Do not share toothbrushes, towels, cloths, bed linen, cigarettes, etc.
10. Clean hand frequently and immediately after exposure to patient's immediate surrounding and also required before and after preparing food, before eating, after using the toilet, and whenever hands look dirty. If visibly soiled use water and soap always if not visibly soiled use ABHR. Avoid touching of eyes, nose, and mouth without cleaning hands properly.
11. Avoid direct contact with patient's body fluids especially oral or respiratory secretions and stool. Use disposable gloves and a mask when providing oral or respiratory care. Wear appropriate PPE when handling stool, urine and other waste (see in annex 4)

Take care of the patient

12. Monitor the patient's symptoms once a day and report to health provider
13. Seek immediate care at nearest health facility if develop any danger signs: difficulty breathing, chest pain, confusion and loss of speech or mobility
14. Ensure the patient to take rest, drink plenty of fluids, and eat nutritious food, continue medication for underlying diseases
15. Pay special attention to the patient who are at a higher risk (see in session 1) of progressive to severe COVID-19
16. Ensure to have 6-month drug stock for patient with underlying diseases, and at least a 2-week supply of critical medicines are available for older people. A mechanism for refill should be in place
17. Provide psychological support to the patient

18. For children, seek immediate care if oxygen level is less than 90% plus a cough, difficulty breathing, inability to breast feed or drink, lethargy or unconsciousness, or convulsions

Environmental cleaning and waste management

19. Clean eating utensils for patient with soap and water after each use
20. Clean and disinfect frequently touched surfaces in patient's room such as bedframes, bedside tables, etc. at least once daily with wearing of appropriate PPE
21. Clean and disinfect bathroom and toilet at least once daily with wearing of appropriate PPE. After cleaning, cover the toilet lid before flushing (watch video from link provided in session plan)
22. Clean patient's clothes, bed linen, and other fabrics using soap and water or machine wash at 60 – 90°C (140-194°F) and dry thoroughly. Wear appropriate PPE when handle them and do not shake soiled laundry. Clean and disinfect utility gloves after each use
23. Packed the waste of patient in strong bags and closed completely before disposal and collection by municipal waste or buried them
24. Cooperate with basic health staff who come for IPC activities

Resources mobilization

25. Establish the communication link with health providers for full duration of HBC period. Organize contact of health facilities, health center/hotlines and emergency number for health information and care
26. Stock up of supplies such as regular medicines, medical masks and cleaners/disinfectants
27. Organize contact for support network: family, friends, neighbors, work, etc.
28. Put in place a support network for groceries, transport, and other essentials

7.7 Role of community health volunteers on home-based care

Role of CHVs in home-based care (HBC) varies according to country and organization's policies and level of assignment. Perform your activities according to your assignment in compliance with the code of conduct of volunteer. Wear appropriate PPE according to activity perform. In general, CHVs would be able to provide the following support.

1. Support contact, patient and family member about IPC measures through providing health education, sharing of posters, video or perform demonstration on-site if required with maintaining of at least 6 feet distancing, wearing of a medical mask and in a well-ventilated place (see in session 5)
2. Advice the contact and patient what to follow to take care of themselves and to protect family members during quarantine/isolation period as described above.
3. Advice family members how to support the contact/patient and protect themselves from infection transmission, and help you supervise the contact to remain at home without going outside and report you immediately if the contact changes the places
4. Establish communication link and agree up on with contact, patient and family member for regular and emergency contacts

5. Give advance instructions on where to seek care when a contact experiences of COVID-19 symptoms and when patient progress to severe COVID-19 or arrange hospital care immediately for specific treatment
6. Provide linkage between family and relevant sectors for psychosocial and economic support if required
7. Collaborating with the community to respond to the needs that will make the HBC more manageable

7.8 Discharge from quarantine and isolation

Discharge the contacts after quarantine for 14 days if no symptom develops

Discharge the symptomatic patients from isolation on day 14, it means isolation for 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms)

Discharge asymptomatic patient from isolation on day 11, it means isolation for 10 days after positive test for SARS-CoV-2 (see in Annex 12)

SESSION

8

Care for special population in COVID-19 context

Objectives	By the end of this session, learners will be able to: <ol style="list-style-type: none"> 1. Describe what to advice and how CHVs can help to COVID-19 patient with NCDs 2. List the essential supports and other supports that CHVs can provide to women with COVID-19 during pregnancy, childbirth and breastfeeding 3. Describe what to advice to family member for taking care of a child with COVID-19 at home 4. Describe support for PLWHA and drug user in COVID-19 context 5. Discuss about care of disability in COVID-19 context
Teaching/learning methodology	Interactive presentation, case study Assignment, small group discussion
Teaching/learning materials	Power point presentation Posters
Time	2.5 hours
Assessment methods	Active participation in interactive discussion, short question

8.1 Care of NCDs patient in COVID-19 context

In Myanmar, NCD is increasingly become the leading causes of death since 2010. Stroke, ischemic heart disease, chronic obstructive pulmonary disease, diabetes mellitus are top 4 causes of death since 2019.

Physical and mental distress resulted from COVID-19, leading to excessive consumption of alcohol and tobacco as a coping mechanism. People with tobacco-related conditions such as chronic obstructive pulmonary disease and coronary artery disease has increased severity of disease and death among those who has hospitalized for COVID-19. Alcohol consumption weakens the immune system, making individuals more susceptible to COVID-19 infection and increasing the risk of severe illness, such as severe acute respiratory syndrome.

Globally, during COVID-19 pandemic, accessibility to NCDs services has declined compared to previous year. NCDs patients with longer hospital stay and death from COVID-19 become relatively high compared to people without NCDs. It means that people with NCDs are at higher risk to becoming severely ill or dying from COVID-19.

Community health volunteers can help NCDs patient having a mechanism in place for NCDs treatment continuation and preventing from COVID-19 transmission through following advice with necessary support

1. Wash hands frequently, avoid crowds, avoid close contact with others, maintain at least 6 feet distancing from others, open windows to improve ventilation, wear a medical mask when necessary to going outside, wearing a medical mask when a COVID-19 suspected/confirmed person presence in the household and clean and disinfect frequently touched surfaces
2. Encourage the patient to continue routine medication, and stock up the medicine for at least 6 months duration
3. Support the patient to establish a mechanism with (family) physician for continuing routine medical care, know where can access to essential drugs supply and where to go for emergency services.
4. Share updated COVID-19 information and health education published from WHO and the MOH, and suggests community to follow WHO Myanmar Facebook page.
5. Support patient to maintain all behavioral change practices to improve health condition and to reduce burden from NCDs. For example, advise them to quit from alcohol and tobacco use, monitor BP and blood glucose level, and consult with health care provider as suggested.
6. Correct the misconception that drinking alcohol prevents from COVID-19 infection.

8.2 Care during pregnancy, childbirth and breastfeeding women in COVID-19 context

CHVs need to know that pregnant women are having the same risk as general population do in regard to COVID-19 transmission but they have higher risk of progressing to severe COVID-19 when they get infected in compare to non-pregnant women of similar age. Therefore, it is important for CHVs to help pregnant women and people around them know protecting pregnant women is important than even during COVID-19 period and know where to seek immediate care once they experience of COVID-19 symptoms.

There are some essential supports that need to be addressed and other support may require to provide to pregnant woman and family to adapt in COVID-19 pandemic.

Essential support

- Educate pregnant woman and family members about signs and symptoms of COVID-19 and advice/refer them to seek immediate care when experience COVID-19 symptoms
- Support woman to prepare birth of choice, where to go and whom to communicate in emergency situation
- Explain woman and family the pros and cons of keeping baby in the same room with mother who is suspected/confirmed of COVID-19 to support them to make informed choice.
- Support woman for successful breastfeeding with respecting of their choice around breastfeeding

Other support

- Inform pregnant women and family members that pregnant women have increased risk of developing severe disease if they are infected compare with non-pregnant women of a similar age.
- Ensure the family mindful of pregnant women are likely to be admitted to ICU and need respiratory support and likely to give a preterm birth if the women infected with COVID-19.
- Encourage pregnant women and family members to apply IPC and social measures and get vaccinated when their turn comes. Reinforce the importance of pregnant women and persons around them take precaution to protect themselves against COVID-19.
- Educate women and family member that baby can be infected after birth from other infected person, therefore, it is important that women and other caregivers to take precaution to reduce the risk of passing infection to baby.
- Help women to access to health services for care during pregnancy, childbirth and after delivery in context of COVID-19
- Educate pregnant women that they can make birth of choices and plan their pregnancy. WHO advise that caesarean sections should only be performed when there is medical indication. The mode of birth is individualized and based on woman's preferences alongside obstetric indications.
- Educate women that mother to child transmission of COVID-19 during pregnancy and during childbirth is possible, but very rare. If happen, most babies won't develop COVID-19 disease, those who develop symptoms tend to recover quickly.
- Encourage women with COVID-19 to provide immediate and continued skin-to-skin care and continue breastfeeding with wearing of a medical mask unless the woman is seriously ill. If a medical mask is not available women should continue those practices with strictly following of cough etiquette and hand washing before and after touching the baby, because there are numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risk of COVID-19 transmission and develop illness associated with COVID-19 in baby.
- Support women to make choice from the following options to enable continue breastfeeding to baby when the woman is seriously ill and unable to breastfeed or express milk for her baby.
 - Resume breastfeeding after getting well
 - Donor human milk
 - Another breastfed and caring of baby

8.3 Care of children with COVID-19

Children are generally at low risk of SARS-CoV-2 infection. If become infected, it is likely to be mild but can spread infection to other. Children with underlying diseases such as asthma, obesity, diabetes or cancer are at higher risk of developing severe disease and death. Keeping those in mind, CHVs need to let the community aware that in COVID-19 context, it is more important than ever to protect their child from influenza and to take all precaution to protect their children from COVID-19 transmission and be able to response when children get infected.

Community health volunteers can advise and support through following activities to children and family members for home-based care of children with COVID-19

How to stay connect with the child with COVID-19?

- Do not isolate the child with COVID-19 alone. Ideally to have the child to separate from the rest of family member together with a healthy caregiver who has no underlying disease and have vaccinated.
- Talk about COVID-19 with the child. Stick to the facts. Keep the message simple, clear and be age appropriate.
- Encourage children to ask questions and express their feelings. Acknowledge their feeling and be patient and understanding as the child may have different reaction to stress
- Stay calm and positive to mitigate feeling of worry and uncertainty caused by COVID-19 pandemic as the child is modeling adult
- Let the child stick with routine activities such as online learning, playing and social contact with friends and relatives through phone or virtual call.

How to enable the child to apply essential IPC practices?

- Be a model of IPC practices for children. Explain the child why it is important to follow these measures.
- Empowered the child take part in infection prevention activity by letting them do what they can do, e.g., perform hand hygiene and praise on their practices

Should the child with COVID-19 wear a mask at home?

- Let the child wear a medical mask when they are in shared spaces.
- When child is not able to wear a mask due to disabilities, may use face shield to substitute the mask. When wear face shield it should cover the entire face, wrap around the sides of the face and extended to below the chin. Pay attention while wearing face shield to avoid from injury that could break and harm on face or eyes.
- Family members who are in interacting with children should also wear a medical mask if 6 feet distancing cannot be maintained or indoor setting when good ventilation is uncertain.
- Adults who are at higher risks of progressing to severe COVID-19 should wear a medical mask when in a shared space with children who has COVID-19.

When to seek immediate care?

- Ensure the child take adequate rest, drink plenty of fluids and nutritious food to support child's recovery
- Get medical advice even if symptoms are mild. Seek immediate care when the child with high fever, rapid breathing, unable to drink/breastfeed, severe vomiting, lethargy, etc.

In addition to the above support, CHVs may

- Establish communication link with parent/caregiver for regular follow up and emergency contact

- Provide IT support to parent/caregiver with limited IT capacity in IT operation required for the child online learning

8.4 Care of people living with HIV and drug users in COVID-19 context

People living with HIV and AIDS (PLWHA) are at higher risk of getting infection and progressive to severe COVID-19 when they get infected. Therefore, special attention is required for them to prevent from COVID-19 transmission and continuing access to HIV treatment services in COVID-19 context.

Advice for drug user and people living with HIV

- Strictly follow all IPC measures to protect you from COVID-19 transmission
- Maintain at least 6 feet distancing from others and wear a medical mask when visit service center or if you are coughing
- Ensure you have enough drugs stock for a period and know where to get them refill during COVID-19 outbreak
- Maintain social contact with PLWHA network, CHVs and other related health care provider for emergency support
- Monitor your health condition and seek immediate care if you have COVID-19 symptoms

How CHVs can support HIV population in COVID-19 pandemic?

- Establish communication link with PLWHA network to carry out of routine HIV prevention and COVID-19 prevention activities
- For HIV prevention and control activities
 - Support in managing follow up schedule of PLWHA and drug users and arrange physical distancing at Drop-in Center/Key Population Service Center to avoid crowds
 - Support in dispensing of ART and methadone at treatment center
 - Link/support them with focal person and health facilities for overdose management
 - Refer them to COVID-19 treatment center if they have COVID-19 or flue like symptoms
 - Support special populations such as children, pregnant women and people travel from remote area to get prioritized services
 - Identify other PLWHA and drug user who are lockdown in your coverage area and support them to access to ART and methadone and other health care services during lockdown period
 - Continue group chat with PLWHA network for HIV prevention and control activities through online meeting
- For COVID-19 prevention
 - Keep in touch with them via phone call or social media to provide COVID-19 updated information and to relief their stress imposed by COVID-19 outbreak
 - Educate them essential COVID-19 preventive measures through virtual group call, sharing of key messages, poster, and video and ensure they understand and following the guidance
 - Answer the questions and provide support with addressing their concerns

8.5 Care of Leprosy and/or disability in COVID-19 context

People with Leprosy and/or disabilities are often socially excluded with barriers to accessing information, care and support that make them at higher risk of exposure to infectious diseases and affect by the impacts.

People with disabilities are more vulnerable to the impacts of the infectious diseases like COVID 19 and may have more health care needs than others. It is necessary to understand and prepare for those needs and to identify and eliminate the barriers to access health care facilities in the community.

How CHVs can support disability in COVID-19?

- Work with local stakeholders/village leader to consult or engage disabled person for champions of change in reaching out to their peers and communities and develop appropriate inclusive preventive plan
- Establish linkage with disability and or Leprosy network or parent's group to share life-saving information, maintain social contact for psychosocial and emergency supports when required
- When provide life-saving information, use accessible formats for people with different communication needs. Such as use:
 - easy-to-read version with pictures for people with intellectual disabilities, children and ethnic population with language difficulty
 - Braille and large print for blind and people with low vision or provide information through loudspeakers in the community
 - written formats or video with text caption or sign language for people with hearing impairment
 - Share the website with screen reader for people using assistive technologies
 - Champion the influencers from disability network to share information, role model for IPC behavior changed and combat xenophobia, stigma, and discrimination
- When communicate with them be empathy and communicate through a 'person-first language' to avoid negative and discrimination terminology. Example using 'a child who is deaf', rather than 'deaf child' or a 'a person affected with leprosy' rather than 'Annu'

SESSION

9

Special issues encounter in disease outbreak

Objectives	By the end of this session, learners will be able to: 1. Differentiate difference between gender and sex 2. Enumerate 4 basic principles of survivor-centered approach 3. Discuss about what to avoid when referring a survivor 4. Discuss on how to address stigma 5. Describe conditions that required to seek MHPSS 6. Discuss about what to advice to people prevent from stress
Teaching/learning methodology	Interactive presentation, Breakout session for small group discussion Role play, Case study, Assignment, Small group discussion
Teaching/learning materials	Power point presentation Emergency contraceptive pills Fighting COVID-19 stigma: https://www.youtube.com/watch?v=3EsXlQqbD98 Addressing stigma: https://drive.google.com/file/d/1nfK20y5pHG-KR5mqBi1MEb5vh4VeJzGiW/view?usp=sharing
Time	2 hours
Assessment methods	Active participation in interactive presentation, short question, True/False question

9.1 Gender based violence in COVID-19 context

Conditions favorable to GBV and sexual harassment

- Stay-at-home put the GBV survivors more exposed to their abusers.
- Perpetrators take benefit on COVID-19 restriction to exercise power and control over their victims
- Economic uncertainty, job losses and over-crowded setting increase the perpetration of violence in the home
- Women are limited or no access to protective support from families and friends, and protection services during mobility restriction
- Confinement results perpetrators increase consumption of alcohol and other substance

What can be done to address GBV during COVID-19 pandemic?

Policy makers, program and facility managers in health system and other sectors who are involved in preventing and responding to violence against children, women and older people are necessary to effectively address a world free from violence and harassment everywhere.

- Plan violence and harassment prevention and response in pandemic preparedness and response plan e.g., include maintain and adapt services during lockdown
- Inform public about availability of service, how to avoid from being targeted, alert essential service providers signs suggestive of violence and how to help them if needed
- Prevent through enforcement of rules and regulations to reduce risks associated with violence. Example, harms caused by alcohol, weapons, drug use and/or addictive behaviors.
- Support survivors
- Work across sectors to address violence and track and update information about referral service

Referral

This curriculum will focus on how to referral ethically and in a way that will not cause further harm to the survivor. It is required to apply survivor-centered approaches when communicating or referring the survivor.

1. Prioritize both **physical and psychological safety and security** of survivor
2. **Keep confidentiality** about survivors unless it is necessary to share to the individuals or organizations who can provide support upon inform consent of survivor.
3. **Respect** to the choices, wishes, rights and dignity of the survivor
4. **Non-discrimination** regardless of their ethnicity, religious and gender status

Role of CHV in referring of survivor

- Always speak first to GBV specialist to find out what services are available in your area. Refer the survivors of GBV first to the GBV case management service providers at any time if possible. They will provide further necessary referral based on the willingness and needs of the survivor. Prior written consent must be obtained from the survivor before referral to other organization.
- Find out what other services are available in your area. Support to get immediate medical treatment in case of emergency with the consent of the survivor (provide emergency contraceptive pills within 120 hours and HIV prophylactic drugs within 72 hours of exposure) (see in Annex 14)
- Protect the safety of survivors and listen to them at the safe place. Do not write or take photos of personal and identifiable information of survivor and their experiences. Keep confidential about survivor and the event

If there is no GBV actor in your area

- Provide physical and psychological security to the survivor while you are arranging to support the survivor

- Refer the survivor to the nearest GBV service provider with the consent of the survivor. Contact UNFPA if there is no service provider.
- Arrange for the convenient travelling or provide transportation fees if required when transferring the survivor to the service provider or link with the focal point who are providing service.
- Some survivors do not agree to meet with the service provider. In that case, you must explain about immediate need of HIV prevention and emergency contraceptive pills within defined hours.

Things to avoid when referring survivor

- Do not mediate in GBV incident
- Do not include details about the survivor when sending email or text message and in any documents used to transfer the survivor
- Do not disclose any GBV incidence in any forum. Do not share information of survivors with family or friends.

Sexual Exploitation and Abuse (SEA) by a humanitarian actor or individual associated with humanitarian aid

- Protection from Sexual Exploitation and Abuse (PSEA) is a term used to refer to steps taken to protect vulnerable people from sexual exploitation and abuse by humanitarian actors and associated personnel, including humanitarian aid workers, volunteers, security guards, drivers, UN mission personnel, and so on.
- Regardless of who the perpetrator is, the roadmap to support any survivor of GBV remains the same. For additional responsibilities that arise when the perpetrator is an aid worker or associated with humanitarian aid, contact your PSEA Focal Point or in-country PSEA network.

When a GBV incident is disclosed to you

In SEA, it is responsible to report immediately whether we have consent from survivor or not. But we can still keep confidential survivor identity when we report.

By survivor:

- ask whether she need medical treatment
- ask if she want to contact with GBV service provider

By someone else

- Seek out another group to take care of her security, but do not say anything without her permission
- No inquiries should be made about the incident for the interest of that group
- The group should be told about the service providers (see in Annex 13) to provide the survivors with the information they need

If GBV incidence happen in front of you

- Contact to the security or community leader, camp committee for assistance
- If you can provide security, separate survivor from the perpetrator
- Ask if medical treatment require or want to contact with GBV service provider

9.2 Discrimination and stigma in COVID-19 context

Uncertainty around COVID-19 pandemic has imposed a lot of confusion, anxiety, worries and fear that misleading the community response in a dangerous way including killing of returnee who has COVID-19. Discriminate against or reacting negatively to people who have recovered from illness could lead people who have symptoms to hide, refuse to get tested and delay access to health care that will cause difficult to control COVID-19 outbreak.

Knowing the impacts of stigma, why stigma happen and how to address social stigma will support CHVs to work with community to mitigate the stigma.

Who is affected from stigma?

1. People with disease, their caregivers, family, friends and communities
2. Anyone perceived to have been in contact with the virus including health care workers

Why stigma happen?

1. It is a new disease with many unknown still remain
2. People are often afraid of unknown
3. It is easy to associate that fear with 'others'

How to address social stigma?

1. Understand the disease itself and show empathy with those affected
2. Build trust and advice on reliable services
3. Adopting effective, practical measures so that people can help prevent for themselves and others
4. Link people who have been stigmatized with the organization to obtain psychosocial support.

Follow the tips below to address stigma

1. Prepare to discuss the disease and its impact openly, honestly and effectively
2. **Choose appropriate words.** Some words may fuel on existing negative perception and create widespread fear. Choose languages that is general to all ethnicity and religion, and less stigmatizing terminology

Do – talk about people 'acquiring' or 'contracting' COVID-19

Don't - talk about people 'transmitting COVID-19' 'infecting others' or 'spreading the virus' as it implies intentional transmission and assigns blame. Using dehumanizing terminology creates the impression that people have disease have done something wrong

Do – speak accurately about the risk from COVID-19

Don't – repeat unconfirmed rumors

Do – talk positively and emphasis the effectiveness of adopting protective measures, early screening, and treatment

Don't – emphasis on the negative, messages of threat

3. **Spread the facts & correct misconceptions:** stigma is mostly due to insufficient knowledge about the disease. Prepare and share accurate and specific information about vulnerable population, treatment options, where to access care by using simple language
4. **Engage social influencers** such as religious leaders to help reflection about people who are stigmatized and how to support them, or famous celebrities to amplify messages that reduce stigma. Engage with survivor and influential persons on how to address fear, stigma, and discrimination, and correct information to whom express them.
5. **Amplify the voices,** stigma need to be addressed first for people who are willing to admit publicly they have recovered from COVID-19. Sharing the people who have supporting the patient through recovery to emphasize that most people do recover from COVID-19
6. **IEC materials are neutral for all community** regardless of ethnic groups
7. **Ethical journalism:** Journalist overly reporting about individual behavior can increase stigma to people who have been infected and overly reporting about a certain activity related to treatment can increase fear and give the impression of powerless to deter the infection now. Instead, should promote the experiences around infection prevention practices, symptoms of COVID-19 and when to seek health care.
8. **Link up with other the services and activities** that can create a movement that shows care and empathy for all

9.3 Mental Health and Psychosocial Support in COVID-19 context

In COVID-19 pandemic, has imposed a lot of anxiety and stress due to sudden job loss, movement restriction and isolation from lockdown, social distancing, economic shock, uncertainty of future, fear of illness or death, and sadness and grief for those who have died. In addition, mis- and disinformation published alongside the progression of diseases transmission further exacerbate worry that ultimately impact on mental health and psychosocial wellbeing.

How CHVs can help people to mitigate stress related to COVID-19 pandemic?

- Talk to people that it is normal to experiencing stress in the pandemic and remember that no one is alone. People in community and all around the world are also struggling with stress.
- Support people to walk through their thinking and clarify what activities are controllable and what are not controllable within their capacity.
- Encourage people to focus on controllable activities such as stay at home, perform frequent hand hygiene, maintain physical distancing, doing regular exercise, keep daily routine, eating healthy foods, take proper rest and sleep well, limit watching of COVID-19 news, connect with family, friend and trusted persons, do things they enjoy, control thinking and feeling, etc. that would be helpful to prevent from COVID-19 transmission and stress related to COVID-19.
- Advise people to seek mental health and psychosocial support (MHPSS) (see in Annex 13) if s/he feel emotional distress and that cause him/her difficult to continue carry out daily activities as before. Example,
 - thinking about harming yourselves or others
 - feeling that cannot handle distress such as intense feelings or bodily sensations, or continue to feel numb and empty

- a continued decline in carrying out routine/daily activities
- increase smoking or drugs intake to bring relief
- have no one that can share emotions but feel the need to do so

In recognition of the magnitude on mental health and psychosocial burden imposed by COVID-19, WHO has suggested some intervention to support mental and psychological wellbeing for different target groups during the outbreak. CHVs can work with village leader or community members to share this information with the best way to reach to wider population to allow them to be able to prevent from and cope with stress.

For general population

- Remind yourself that COVID-19 is likely to affect people around the world. It is neither your fault nor the infected person who transmit infection to other without knowingly if they do not experience any symptoms.
- Be empathetic to people who are infected because they do not do anything wrong, and they deserve to support, compassion and kindness
- Control your watching, reading, or listening to news about COVID-19 that causes you worry
- Seek information only from trusted sources. Get the facts do not rumor. Facts can help to minimize fears
- Follow local authority/your immediate healthcare provider/CHVs instruction to prevention infection transmission
- Protect yourself and be supportive to others. Working together as one community is stronger in fighting against COVID-19 transmission
- Share positive experiences and outcome from people who recovered from COVID-19 with evidence-based to mitigate fear and stigma to the community who generate it.
- Appreciate healthcare workers and those who provide care and support to the people affected with COVID-19 in your community to acknowledge their great effort and increase community participation in intervention measures.

For older people, people with underlying health conditions and their care provider

- Pay more attention to and provide emotional support from families and healthcare providers to older people especially during isolation and those with cognitive decline/dementia from becoming more anxious, angry, stressed, agitated and withdrawn
- Share simple facts about what is going on and give information about how to reduce risk of infection in a clear, concise, respectful and patient way
- Engage family members and other support networks to help practice of IPC measures
- Arrange for elderly peoples to minimize contact with other family members. (If possible, arrange a separate living place for them).
- Do not stay closed and maintain at least 6 feet distance with family members. Do not having meal together with family members.
- Use separate washroom if possible. If sharing with other family members, clean and disinfect the water tap, door handles with 0.1% chlorine solution after each use.

- Separate personal used materials (eating bowls and cups, towel, bed sheet) for elderly peoples. (Properly clean and disinfect them if they have been used by other peoples)
- Clean the places frequently used and touched by elderly peoples.
- Serve elderly people with nutritious food
- Make sure for those who have underlying health condition have updated information on where and how to access for continuing medical care and emergency help, and stocked up of drugs that are routinely taken for two weeks and how to continue access to them
- Organize the contact numbers of health care providers who are normally consulting for underlying diseases to communicate through phone or internet call to obtain treatment. If in-person treatment is required, obtain prior appointment to minimize contact and duration of contact with people from outside.
- Keep regular routines activities as much as possible and do simple daily physical exercises that can maintain mobility and reduce boredom
- Keep regular contact with loved one via phone and social media and update social contacts to get assistant if needed

Assessment and Certification

Participants who fulfill the following criteria will be given a certificate of success

- Participants who attended all days of training, punctually
- Scores more than 60% in summative tests
- Participate in class actively, ask relevant questions, make intelligent comments,

ANNEXES


Annex 1

Poster for performing hand hygiene with soap and water and ABHR hand rub

Figure 1. Perform hand hygiene with soap and water

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Patient Safety

SAVE LIVES

Clean Your Hands

Figure 2. Perform hand hygiene with alcohol-based hand rub

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



World Health
Organization

Patient Safety

It's all about keeping you and your community safe.

SAVE LIVES

Clean Your Hands

Annex 2

Do's and Don'ts when wear a medical mask

HOW TO WEAR A MEDICAL MASK SAFELY

[who.int/eip-win](https://www.who.int/eip-win)

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not Use a ripped or damp mask



Do not wear the mask only over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



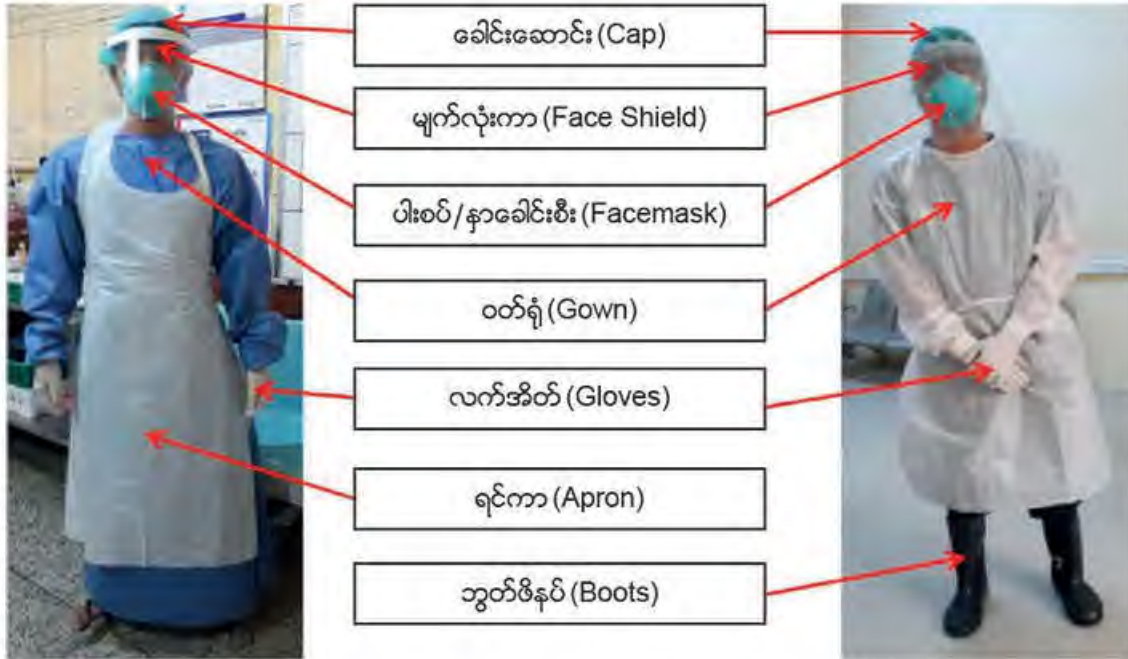
Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.




Annex 3

Type of PPE use for contact and droplet precautions in COVID-19 context



Annex 4

WHO recommended PPE use according to type of activity in COVID-19 context

Description	Medical Mask	Others respiratory barrier	Gowns	Gloves	Googles or face shield	Boots/ closed shoes
Special consideration for community-based health care setting including humanitarian setting						
Any community-based interaction for general population (e.g., for ANC or PNC) in areas of known or suspected community, cluster or sporadic SARS-CoV-2 transmission	+	Other PPE according to standard precautions and risk assessment				
Any activities involving direct physical contact or when entering the home of a person with suspected or confirmed COVID-19	+	-	+	+	+	
Activity involving non-direct physical contact (e.g., interview) with a person with suspected or confirmed COVID-19	+	-	-	-	-	-
Entering the patient's room, but not providing direct care or assistance	+	-	-	-	-	-
Providing direct care or assistance to a patient with COVID-19 at home	+	-	+	+	+	
When handling stool, urine, or waste of COVID-19 patient	+	-	+	+	+	-

Special considerations for rapid-response teams assisting with public health investigations

In-person interview of persons with suspected or confirmed COVID-19 or their contacts Interview should be conducted outdoor	+	-	-	-	-	-
Investigation of occupied setting where transmission event has occurred	+	-	-	-	-	-
Investigation of unoccupied setting where transmission event has occurred in areas of known or suspected community, cluster or sporadic SARS-CoV-2 transmission	-	Validated non-medical mask	-	-	-	-

Special considerations for vaccination

Vaccination in areas of known or suspected community, cluster or sporadic SARS-CoV-2 transmission	+	other PPE according to standard precautions and risk assessment				
---------------------------------------------------------------------------------------------------	---	-----------------------------------------------------------------	--	--	--	--

Inpatient and outpatient facilities

Preliminary screening not involving direct contact with at least 1m distance in area of known, or sporadic SARS-CoV-2 transmission	+ continuously	Glass/plexiglass screens			+ if distancing not possible	
Entering the room of COVID-19 patient for cleaning	+	-	+	+ heavy duty gloves	+	+

Surgical settings

During transport of COVID-19 patient for surgery	+	-	-	-	+	-
--------------------------------------------------	---	---	---	---	---	---

During transport of patient without COVID-19 for surgery in area of known or suspected community, cluster or sporadic SARS-CoV-2 transmission	+	-	-	-	-	-
Assisting COVID-19 patient from bed to transport	+	-	+	+	+	-
Additional settings in inpatient and outpatient facilities						
Any activity that does not involve contact with patients in area of known or suspected community, cluster SARS-CoV-2 transmission	+ continuously	-	-	-	-	-
Administrative tasks that are not performed in patient occupied areas and do not involve patient contact in areas of known or suspected community or cluster SARS-CoV-2 transmission	+/- continuously	-/+ validated non-medical fabric mask continuously	-	-	-	-
COVID-19 dedicated intensive/semi-intensive care units and severe acute respiratory infection treatment centers						
In settings where AGPs are frequently performed, but with no direct interaction with patient	-	Respirator continuously	-	-	-	-
Cleaning ICU/semi-intensive ICU with COVID-19 patient	-	Respirator	+	+ heavy duty gloves	+	+
Any activity at mild and moderate case isolation centers (e.g., COVID-19 hotels)	+ continuously	-	-	-	+ if distancing is not feasible	-
Cleaning rooms of isolated cases	+	-	+	+ heavy duty gloves	+	+

Special considerations for points of entry at airports. Ports and ground crossing as applicable

Any indoor setting of known or suspected community or cluster SARS-CoV-2 transmission with poor ventilation regardless of possibility of maintaining distancing	-	validated non-medical fabric mask	-	-	-	-
Temperature measuring at screening area in area of known or suspected community or cluster SARS-CoV-2 transmission	-	Screen barrier between staff and travelers	-	-	+ if screen barrier is not available	-
Interviewing passengers with clinical symptoms suggestive of COVID-19 and travel history	+	-	-	-	+	-
Cleaning the area where passengers with fever are being screened	+	-	+	+heavy duty gloves	+	+
Entering the isolation area, but not providing direct assistance	+	-	-	-	-	-
Assisting or caring for traveler being transported to the health care facility as a suspected case of COVID-19	+	-	+	+	+	-
Cleaning isolation area	+	-	+	+heavy duty gloves	+	+
Transporting patient with suspected or confirmed COVID-19 to the referral health care facility	+	-	+	+	+	-
Driving for patient from known or suspected community or cluster transmission of COVID-19, and the driver's compartment is separated from patient	+	-	-	-	-	-

No direct contact with patient, but no separation between driver's and patient's compartments	+ continuously	-	-	-	-	-
Assisting with loading or unloading patient	+	-	+	+	+	-
Cleaning after and between transport of patient to the referral care facility	+	-	+	+ heavy duty gloves	+	+

Annex 5

Prepare chlorine solution from chlorine powder and liquid bleach

၀.၅% ကလိုရင်းဆေးရည် ဖျော်စပ်ပုံ

- ၁။ ကလိုရင်းအမှုန့်၏ပြင်းအားအားဦးစွာ စစ်ဆေးပါ။
 - ၂။ လိုအပ်သော ပြင်းအား ၀.၅% ရှိသည့် ကလိုရင်းဆေးရည်ကို ဖျော်ရန် ထည့်ရမည့် ကလိုရင်းအမှုန့်ပမာဏ (ဂရမ်) ကို တွက်ချက်ပါ။
- ဥပမာ ။ ၃၅% ပြင်းအားရှိသော ကလိုရင်းဆေးမှုန့်မှ ၀.၅% ပြင်းအားရှိသော ကလိုရင်းရည်ရရှိရန် တွက်ချက်ခြင်း။ (ဂရမ်/လီတာ)

$$\diamond \frac{\text{လိုအပ်သော ကလိုရင်း ပြင်းအား}}{\text{လက်ရှိရှိသော ကလိုရင်း ဆေးမှုန့်ပြင်းအား}} \times ၁၀၀၀ = \text{ဂရမ် / လီတာ}$$

$$\diamond \frac{၀.၅\%}{၃၅\%} \times ၁၀၀၀ = ၁၄.၂ \text{ ဂရမ် / လီတာ}$$

- ၃။ တွက်ချက်၍ရသော ကလိုရင်းပမာဏ (ဂရမ်) နှင့် ရေ ၁ လီတာအား ရောမွှေပါ။



ရေ ၁ လီတာ



၃၅% ကလိုရင်းဆေးမှုန့်ဖြစ်ပါက ကလိုရင်းဆေးမှုန့် ၂ ဇွန်း သို့မဟုတ်
၆၅% ကလိုရင်းဆေးမှုန့်ဖြစ်ပါက ကလိုရင်းဆေးမှုန့် ၁ ဇွန်း
ထမင်းစားဇွန်း ၁ ဇွန်း = ၇.၇ ဂရမ် (၃၅% ကလိုရင်းဆေးမှုန့်)

- ၁။ ကလိုရင်းဆေးရည်ဖျော်စပ်သူသည် အကာကွယ်ပစ္စည်း (PPE) ဝတ်ဆင်ရမည်။
- ၂။ ကလိုရင်း နှင့် ရေ ဖျော်စပ်ပြီး မိနစ် ၃၀ ကြာပြီးမှသာ စတင်အသုံးပြုရမည်။
- ၃။ ဖျော်စပ်ထားသော ကလိုရင်းဆေးရည်အား ၂၄ နာရီအတွင်း အသုံးပြုရမည်။
- ၄။ ဖျော်စပ်ထားသော ကလိုရင်းဆေးပုံးအား နေနှင့် အလင်းရောင်တိုက်ရိုက်မကျရောက်သော နေရာတွင် အဖုံးဖုံး၍ ထားရမည်။

Prepare 0.5% chlorine solution from 5% bleach

1. Check the concentration of bleach solution
2. Calculate the amount of water required to prepare 0.05% chlorine solution

Example. To prepare 0.5% chlorine solution from 5% bleach solution

$$\text{Total parts of water} = \frac{\% \text{ Concentration}}{\% \text{ Dilute}} - 1$$

$$\text{Total parts of water} = \frac{5\%}{0.5\%} - 1$$

$$\text{Total parts of water} = 9$$

3. Mix 1 part of bleach solution with 9 parts of water



- ⌚ Wear PPE during preparation
- ⌚ Wait for 30 minutes from preparation
- ⌚ Use chlorine solution within 24 hours
- ⌚ Keep chlorine solution away from direct sun light

Annex 6

Table show WHO recommended color coding and collection frequency in waste management processes

Waste Categories	Colour of container and markings	Types of container	Collection Frequency
Infectious waste	Yellow with biohazard symbol (highly infectious waste should be additionally marked HIGHLY INFECTIOUS)	Leak-proof strong plastic bag placed in a container (bags for highly infectious waste should be capable of being autoclaved)	When three-quarters filled or at least once a day
Sharp waste	Yellow, marked SHARPS with biohazard symbol	Puncture-proof container	When filled to the line of three-quarters
Pathological waste	Yellow with biohazard symbol	Leak-proof strong plastic bag placed in a container	When three-quarters filled or at least once a day
Chemical and pharmaceutical waste	Brown labelled with appropriate hazard symbol	Plastic or rigid container	On demand
Radioactive waste	Labelled with radiation symbol	Lead box	On demand
General health-care waste	Black	Plastic bag inside a container which is disinfected after use	When three-quarters filled or at least once a day

Annex 7**Prioritized population defined in COVID-19 roll out plan by the MOH, Myanmar**

1. Union/State and Regional Level Government Bodies and Union/State and Regional Level Parliamentarians
2. Government Health Staff
3. Private sector health workers
4. Volunteers
5. Religious institutions and organizations
6. Government staffs
7. Private workforce from manufacturing
8. Private workforces for goods transport and boarder area
9. Private workforces from Hotel/Motel and food services
10. Private bank workforces
11. Prisoners
12. Private education workforces
13. UN Staffs
14. Ethnic Armed Organizations
15. Private workforces for goods transport and boarder area
16. Private workforces from imports/exports and storage
17. Others (Those from any other income generated businesses)
18. Private staffs from food industry
19. Migrants and IDP camps
20. Dependents
21. Disable persons
22. Person with chronic illness
23. Staff of local NGOs/INGOs
24. Secondary school students

Annex 8

Poster of foot exercises

သွေးပြန်ကြော သွေးခဲပိတ်ခြင်းကို ကာကွယ်ရန်ပြုလုပ်ရမည့် လေ့ကျင့်ခန်းများ

၁။

ခြေချောင်းများကို
အောက်ဘက်ကွေး၍ ခြေဖဝါးကို
အောက်ဘက်ကော့ပါ။



၂။

ခြေချောင်းများကို
အပေါ်ဘက်ကော့ပါ။



၃။

ခြေချောင်းများကို
တင်းတင်းစုပါ။



၄။

ခြေချောင်းများကို
ကာထားပါ။



၅။

ခြေကျင်းဝတ်ကို
စက်ဝိုင်းသဖွယ် လှည့်ပါ။



၆။

ခြေထောက်နှစ်ချောင်းစလုံးကို
ဆန့်ထားပါ။
ပြီးလျှင် ခွေးကို တစ်လှည့်စီ ကွေးပါ။



Annex 9

Positions suggested to improve oxygen level



၁။ ပထမအဆင့်
မှောက်အိပ်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)



၂။ ညာဖက်သို့
ဘေးစောင်းအိပ်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)



၃။ ၃၀-၆၀ ဒီဂရီစောင်း၍
ထိုင်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)



၄။ ဘယ်ဖက်ဘေးသို့
စောင်း၍အိပ်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)



၅။ တခြမ်းမှောက်
အိပ်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)



၆။ နောက်ဆုံးအဆင့် မှောက်အိပ်ပါ။
(မိနစ် ၃၀ မှ ၂ နာရီ)
ပြီးလျှင် ပထမအဆင့်မှ ပြန်စပါ။

ခေါင်းအုံး (၅) လုံးကို နေရာချပါ။

- ဦးခေါင်းအောက်တွင် (၁) လုံး
- ရင်ဘတ်အောက်တွင် (၂) လုံး
- တင်ပါးဆုံအောက်တွင် (၁) လုံး
- နှုတ်ခေါင်းအောက်တွင် (၁) လုံး

အသက်ရှူရအဆင်ပြေစေရန်
ဝမ်းဗိုက်အောက်သို့
လက်ထိုးထည့်ရနိုင်သည့်
အနေအထားမှ လွတ်နေရမည်။

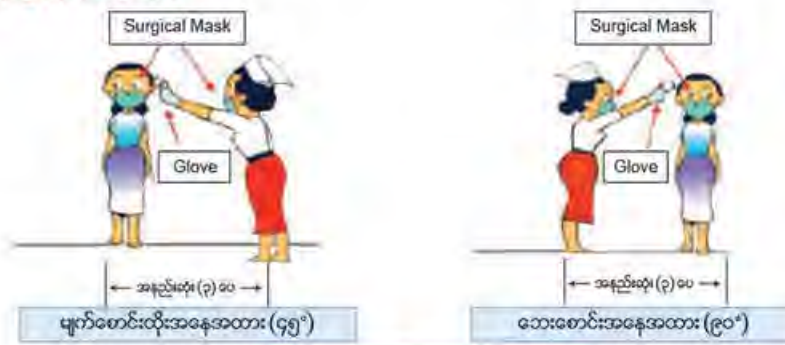
Except for:

- person has recently undergone abdominal operation
- pregnant women
- people with severe ascites, people on renal dialysis
- people with head and spinal injuries, people with BP < 90mmHg

Annex 10

Method for measuring body temperature by using thermal scan

- ၁။ တိုင်းတာမည့်သူသည် အပူချိန်တိုင်းကိရိယာကို ညာဘက်လက်ဖြင့်ကိုင်၍ တိုင်းတာခံရမည့်သူ၏ ညာဖက်ခြမ်းတွင် နေရာယူပါ။ (ဘယ်လက်ဖြင့်တိုင်းလျှင် ဘက်ဖက်ခြမ်းတွင် နေရာယူပါ။)
- ၂။ တိုင်းတာမည့်သူနှင့် အတိုင်းခံရမည့်သူသည် လက်တဆန် (၃) ပေဝန်းကျင် ကွာဝေးရမည်ဖြစ်ပြီး ပျက်စောင်းထိုး အနေအထား (၄၅°) (သို့မဟုတ်) ဘေးစောင်း အနေအထား (၉၀°) ဖြစ်ရမည်။
(ပျက်စားရင်းဆိုင်၍ (လုံးဝ) မတိုင်းရပါ။)



(ပုံ-၁) သာမန်ပြည်သူများကို တိုင်းတာခြင်း



(ပုံ-၂) အသွားအလာကန့်သတ်ခံရသူကို တိုင်းတာခြင်း

- ၃။ နမူနာတို့တွင် တည့်တည့်ကိုမတိုင်းပဲ နမူနာညာဘက်ဘေး (သို့မဟုတ်) ဘယ်ဘက်ဘေးနေရာကို တိုင်းပါ။
(နမူနာတွင် ဆံစလုံးဝ မရှိရပါ။)



(ပုံ-၃) အပူချိန်တိုင်းတာရမည့်နေရာ

မှတ်ချက်

- ၄။ အပူချိန်တိုင်းကိရိယာ၏ အသုံးပြုရန်အညွှန်းတွင် ဖော်ပြထားသည့်အတိုင်း အခြေကိုဖတ်ပါ။

- အပူချိန်တိုင်းတာမည့်သူများအနေဖြင့် ကိုယ်ဝန်ဆောင်ထားခြင်း၊ နာတာရှည်ရောဂါများရှိခြင်း၊ (ဥပမာ - သွေးတိုး၊ ဆီးချို၊ နှလုံးရောဂါ၊ ကင်ဆာရောဂါများ) နှင့် အသက် (၆၀) နှစ်နှင့်အထက်ရှိသူများဖြစ်ပါက အပူချိန်တိုင်းတာခြင်း လုပ်ငန်းများ ဆောင်ရွက်ခြင်းမပြုရပါ။

- အပူချိန်တိုင်းတာခြင်းခံရမည့် ပြည်သူများအနက် ကိုယ်ဝန်ဆောင်ထားခြင်း၊ နာတာရှည်ရောဂါများရှိခြင်း၊ (ဥပမာ - သွေးတိုး၊ ဆီးချို၊ နှလုံးရောဂါ၊ ကင်ဆာရောဂါများ) နှင့် အသက် (၆၀) နှစ်နှင့်အထက်ရှိသူများ ဝါရှိပါက အခြားသူများ နှင့်ရောနှော၍ အပူချိန်တိုင်းတာခြင်း မပြုသင့်ပါ။
- ဖြစ်နိုင်ပါက သီးသန့်နေရာခွဲခြား၍ တိုင်းတာခြင်း (သို့မဟုတ်) အုပ်စုခွဲခြား၍ တိုင်းတာခြင်းများ ပြုလုပ်ရပါမည်။

ပြည်သူ့ကျန်းမာရေးဝန်ကြီးဌာန
ကျန်းမာရေးနှင့်အားကစားဝန်ကြီးဌာန
(၄-၂-၂၀၂၀)

Annex 11

WHO guide for using pulse oximeter to monitor SPO2 at home

**For the Public**

MANAGING COVID-19 AT HOME: Checking Blood Oxygen Levels

Pulse oximetry is used to check how well your body is getting oxygen. If your oxygen saturation (oxygen level) is low when you have symptoms of COVID-19, it might mean you have severe illness

This is for people who have symptoms of mild or moderate COVID-19 and are being treated at home.

If recommended by your health care provider, here is how to record your oxygen level using an oximeter:



Strictly follow your healthcare provider's advice. Based on your recorded oxygen level, the following might be advised as next steps:



Whatever your level of oxygen, if you have breathing difficulties, you are unable to get out of bed or care for yourself, you have chest pains, or if you become confused, dizzy or drowsy, get immediate help from a health care provider.

Annex 12

Discharge criteria

COVID-19




The timeline: discharge from isolation


August 2020

Someone has a positive PCR test and no COVID-19 symptoms

- The day of the test is counted as day 1. Watch for symptoms.
- If no symptoms appear, isolate for 10 days.




Day 1:
PCR Test Positive



Isolation for 10 days
from the day of a
positive PCR test


Discharge from
isolation on day
11

Someone with COVID-19 symptoms and a positive PCR test

- Isolation always includes 10 days from symptom onset plus an additional 3 days without symptoms.
- The minimum isolation period is 13 days, with release on day 14 (or later if symptoms persist).




Symptoms start
(day 1) and last up
to 10 days:
10 days isolation


Plus 3 days
isolation without
symptoms


Discharge from
isolation on day
14

Symptoms persist for
more than 10 days:
isolation continues
throughout the whole
period

Plus 3 days
isolation without
symptoms

Discharge from
isolation on the
4th day without
symptoms

* This is based on the latest scientific information about when people are infectious and it will be updated as more information becomes available:
<https://www.who.int/news-room/commentaries/detail/criteria-for-releasing-covid-19-patients-from-isolation>

Annex 13

Contact list of services for Gender Base Violence, Mental Health and Psychosocial Support

Contact number of MHPSS

မသန်စွမ်းအမျိုးသမီးများ
အိမ်တွင်းအကြမ်းဖက်မှု၊ လိင်ပိုင်းဆိုင်ရာအကြမ်းဖက်မှုနှင့်
ကျား၊ မ ရေးရာ အခြေပြုအကြမ်းဖက်မှုများ ရင်ဆိုင်နေရပါသလား?
ရုံးချိန်အတွင်း - နံနက် (၉ : ၀၀) နာရီမှ ညနေ (၅ : ၀၀) နာရီထိ
ဥပဒေရေးရာ အွန်လိုင်းအကြံပေးဝန်ဆောင်မှုကို ရယူနိုင်ပါပြီ

 www.facebook.com/helpline4wwd www.facebook.com/helpline4wwd.mm	 09-765 777 890 09-959 777 890	 09-426 777 890 (SL Interpretation)
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Contact numbers of GBV

Allegations of sexual exploitation, sexual abuse and sexual harassment can be made to

- Interagency PSEA Helpline - 09-405 149616

For GBV Helpline services, you can make call to

- “Phone Khaw Lite Par” Helpline
- 09-789 122 649 (Daily from 9AM-9PM)
- Find “Phone Khaw Lite Par” Facebook Page
<https://www.facebook.com/HelpLineVAW>
- “Nar Htaung Pay Mal Naw” (We Are All Ears) Hotline
- 09-777 206035 (Daily, 9AM - 4PM)
- 09-889 570586 (Daily, 4PM - 12AM)
- Viber, Whatsapp and “Nar Htaung Pay Mal Naw”
 Facebook page <https://www.facebook.com/all ears.w>

A Pyone Pan and Legal Clinic Myanmar (LCM) are also providing helpline services. It is needed to request via [this form](#) to get access to their service mapping information

[Registration for accessing Hotline/Helpline service mapping information \(google.com\)](#)

Contacts for Mental Health and Psychosocial Support

Citta Consultancy

- Adjusting to Change / Life Transitions.
- Post-Traumatic Stress Disorder (PTSD) / Trauma / Complex PTSD.
- Relationships & Marriage. Child and/
- or Adolescent Issues.
- Health / Illness / Medical Issues.
- Mindfulness Meditation.
- Employee Assistance Program;
- Support groups

Phone : +95 99609 89551

Marble Psychological Services

- Individual Therapy (Adults)
- Couples Therapy
- Family Therapy
- Individual Therapy (Children), Play Therapy, Group Work, Social Skills Groups
- Parents Support, Parenting Courses
- Assessments (Cognitive, Educational, Developmental, Behavior Assessments)
- Employee Assistance Services
- Stress and Wellbeing – Training and Consultancy
- Mental Health – Training and Consultancy

Phone : +95 9456124067

Counseling Corner

- Psychotherapy and Counselling Services (Individual, Couple, Family, and Group Therapy)
- Basic and Advanced Counselling Skills Training
- Employee Assistance Programme

Phone : +95 9784509916, +95 9785074173

Metanoia

- Psychiatric services
- Psychotherapy
- Lay counseling
- Life skills training
- Group psychoeducation and psychosocial activities
- Outreach emergency response (PFA team)

Phone : +95 9 9595 40733

"Khan Sar Chat Lay Myar"
(Little Emotions) Helpline : 09 961140000 (all SIM)

Serenity

- Counseling specifically related to anxiety, stress, grief, depression, and trauma (Individual, Family, and other)
- Mental health awareness training to different organizations.
- Psychosocial Support Training and Basic Counseling Training
- Employee Assistance Programmes

Phone : +95 9 776 884275

Reach Out Myanmar

- Individual Counselling
- Couple and Family Counselling
- Psychotherapy
- Assessments
- Group counseling/Support Group
- Psychological Training/Workshop and Talk
- Offering mental health-related
- consultation for organization
- Feedback and consultation for managers and supervisor

Phone : +95 9 767128927 (Office Hours)

Annex 14

Pregnancy Prevention and HIV Prophylaxis after encountering with sexual violence

အရေးပေါ်သန္ဓေတားခြင်း

အရေးပေါ်သန္ဓေတားဆေးပေးခြင်း

လိင်ပိုင်းဆိုင်ရာအကြမ်းဖက်ခံရပြီးနောက် (၅) ရက်အတွင်း အရေးပေါ်သန္ဓေတားဆေးပေးနိုင်ပါက ကိုယ်ဝန်မရရှိစေရန် ကူညီပေးနိုင်သည်။ အရေးပေါ်သန္ဓေတားဆေးနှစ်မျိုးလုံးကို အသုံးပြုရမည်။

Levonorgestrel တစ်မျိုးတည်းပါသောဆေး

ဟော်မုန်းနှစ်မျိုးပါသော ဆေးထက် ပို၍ထိရောက်ပြီး ပျို့အန်မှုနည်းသည်။ Levonorgestrel 1.5 mg ပါဝင်သောဆေးကို တစ်ကြိမ်တည်းသောက်ပါ။

Combined estrogen-progestogen ဟော်မုန်း နှစ်မျိုးပါသောဆေး

Levonorgestrel တစ်မျိုးတည်းပါသောဆေး မရရှိနိုင်ပါက သုံးပါ။

Ethinylestradiol 100µg နှင့် Levonorgestrel 0.5 mg ပါဝင်သောဆေးကို ၁၂ နာရီခြား၍ နှစ်ကြိမ်သောက်ပါ။

မည်သည့်အမျိုးသမီးမဆို အရေးပေါ်သန္ဓေတားဆေးကို သောက်နိုင်သည်။ ကျန်းမာရေးအခြေအနေစစ်ဆေးခြင်း (သို့) ကိုယ်ဝန်ရှိ/မရှိ စစ်ဆေးခြင်းတို့ကို မလိုအပ်ပါ။

အမျိုးသမီးတစ်ဦးသည် အရေးပေါ်သန္ဓေတားဆေး လိင်မှတစ်ဆင့်ကူးစက်ရောဂါအတွက် ပဋိဇီဝဆေးနှင့် PEP တို့ကို တစ်ပြိုင်တည်းသောက်နိုင်သည်။ အန္တရာယ်မရှိပါ။ အရေးပေါ်သန္ဓေတားဆေးနှင့် ပဋိဇီဝဆေးတို့ကို ပျို့အန်ခြင်း နည်းစေရန် အချိန်ခြား၍ အစာနှင့်အတူ သောက်နိုင်သည်။

လိင်ပိုင်းဆိုင်ရာအကြမ်းဖက်ခံရသည့် အမျိုးသမီးအား အောက်ပါအချက်အလက်များကို ဆွေးနွေးရှင်းပြ၍ အရေးပေါ်သန္ဓေတားဆေးကို ပေးပါ။ သုံး/မသုံး သူမ ဆုံးဖြတ်နိုင်ပါစေ။

အရေးပေါ်သန္ဓေတားဆေးအတွက် ရှင်းပြဆွေးနွေးရန် အချက်များ

အလိုမတူဘဲ လိင်ဆက်ဆံခြင်းခံရသော အမျိုးသမီးသည် ကိုယ်ဝန်ရလာမည်ကို စိုးရိမ်နေနိုင်သည်။ အရေးပေါ်သန္ဓေတားဆေးအကြောင်း ရှင်းပြပါ။

သူမသည် ထိရောက်သော သားဆက်ခြားဆေးတစ်ခုခု သုံးစွဲနေခြင်း ရှိ/မရှိ မေးပါ။ (ဥပမာ-ဆေးကင်၊ ထိုးဆေး၊ လက်မောင်းအရေပြားအောက်ထည့်ခြင်း၊ သားအိမ်တွင်းပစ္စည်းထည့်ခြင်း၊ သားကြောဖြတ်ထားခြင်းစသည်) သုံး ထားပါက ကိုယ်ဝန်ရနိုင်ခြေနည်းသည်။ သူမနောက်ဆုံးရာသီလာသည့်ပထမရက်သည်လိင်ဆက်ဆံမှုမဖြစ်မီ ၇ ရက်အတွင်းဖြစ်ပါက ကိုယ်ဝန်ရနိုင်ခြေနည်းသည်။

မည်သို့ပင်ဖြစ်စေ သူမဆန္ဒရှိပါက အရေးပေါ်သန္ဓေတားဆေးကို သောက်နိုင်သည်။

- အရေးပေါ်သန္ဓေတားဆေး သုံး/မသုံးမှာ အမျိုးသမီး၏ ရွေးချယ်ဆုံးဖြတ်မှုအတိုင်းဖြစ်သည်။
- အရေးပေါ်သန္ဓေတားဆေးသည် ကိုယ်ဝန်ရနိုင်ခြေကို လျော့နည်းစေသည်။ သို့သော် ၁၀၀% ကာကွယ်မပေးပါ။
- အရေးပေါ်သန္ဓေတားဆေးသည် အဓိကအားဖြင့် သားဥမကြွေရန်တားဆီးသည်။
- အရေးပေါ်သန္ဓေတားဆေးသည် ကိုယ်ဝန်ကို မပျက်စေနိုင်ပါ။
- အရေးပေါ်သန္ဓေတားဆေးသည် နောက်တစ်ကြိမ် လိင်ဆက်ဆံမှုရှိပါက ကိုယ်ဝန်မရအောင် တားမပေးနိုင်ပါ။
- အရေးပေါ်သန္ဓေတားဆေးသည် ပုံမှန်သုံးစွဲရသည့် ထိရောက်သော သားဆက်ခြားနည်းလမ်းများအစားအသုံးပြုရန် မဟုတ်ပါ။

- အရေးပေါ်သန္ဓေတားဆေးမသောက်မီ ကိုယ်ဝန် ရှိ/မရှိ စစ်ဆေးရန်မလိုပါ။ ကိုယ်ဝန်ရှိနေပြီးဖြစ်ပါက အရေးပေါ်သန္ဓေတားဆေးကြောင့် ထိခိုက်နိုင်ခြင်းမရှိပါ။ သို့သော် သူမဆန္ဒရှိပါက ကိုယ်ဝန် ရှိ/မရှိ စစ်ဆေးပေးနိုင်သည်။

ညွှန်ကြားချက်

- အရေးပေါ်သန္ဓေတားဆေးကို တတ်နိုင်သမျှ အစောဆုံးသောက်သင့်သည်။ အလိုမတူဘဲ လိင်ဆက်ဆံခံရပြီးနောက် (၅) ရက်အတွင်း သောက်နိုင်သည်။ သို့သော် ရက်ကြာသည်နှင့်အမျှ ထိရောက်မှုပိုနည်းမည်။
- အရေးပေါ်သန္ဓေတားဆေးသောက်ပြီးနောက် ပျို့အန်ချင်စိတ်ဖြစ်နိုင်သည်။ ဆေးသောက်ပြီး ၂ နာရီအတွင်း အန်ခဲပါက နောက်ထပ်ဆေးပြန်သောက်နိုင်ရန် အမြန်ဆုံးပြန်လာပါ။ နေ့စဉ်သောက် သားဆက်ခြားဆေးကဒ် ထဲမှဆေးကို သောက်မည်ဖြစ်ပါက မသောက်မီ နာရီဝက်၊ တစ်နာရီကြို၍ ပျို့အန်ခြင်းသက်သာသည့်ဆေး (Domperidone, Maxalon စသည်) သောက်နိုင်သည်။
- ဆေးသောက်ပြီး ရက်အနည်းငယ်အတွင်း ရာသီသွေး အနည်းငယ်ဆင်းနိုင်သည်။
- နောက်ဆုံးရာသီလာပြီးနောက် အကြမ်းဖက်မခံရမီ အခြားလိင်ဆက်ဆံမှုရှိခဲ့ပါက ကိုယ်ဝန်ရှိကောင်း ရှိနေနိုင်သည်။ အရေးပေါ်သန္ဓေတားဆေးက ထိုကိုယ်ဝန်အပေါ် သက်ရောက်နိုင်မည်မဟုတ်ပါ။ အန္တရာယ်လည်း မဖြစ်စေပါ။
- ပုံမှန်ရာသီလာရမည့်ရက်ထက် တစ်ပတ်နောက်ကျပါက ပြန်လာပြသင့်သည်။

သားအိမ်တွင်းထည့်ပစ္စည်းကို အရေးပေါ်ထည့်ပေးခြင်း (Copper IUD)

- အရေးပေါ်သန္ဓေတားရန်အတွက် အကာအကွယ်မဲ့လိင်ဆက်ဆံပြီး (၅) ရက်အတွင်း ထည့်ပေးနိုင်သည်။
- အရေးပေါ်သန္ဓေတားဆေးလုံးထက် ပိုထိရောက်သည်။
- အလိုမတူဘဲ လိင်ဆက်ဆံခံရပြီးနောက် သားအိမ်တွင်းထည့်ပစ္စည်းကိုသုံးပါက လိင်မှတစ်ဆင့် ကူးစက်ရောဂါပို၍ ရနိုင်ခြေရှိကြောင်း ထည့်သွင်းစဉ်းစားပါ။
- အမျိုးသမီးက ထည့်သွင်းလိုပါက အလွန်ထိရောက်သော ရေရှည်သားဆက်ခြားနည်းလမ်းဖြစ်၍ ထည့်သွင်းရန် ချက်ချင်းညွှန်းပို့ပါ။

HIV ပိုးဝင်ရောက်မှုမှ ကာကွယ်ခြင်း

HIV ပိုးနှင့်ထိတွေ့ပြီးနောက် ကာကွယ်ရန် ဆေးပေးခြင်း (Post-exposure prophylaxis-PEP) ကို HIV ပိုးနှင့် ထိတွေ့ပြီး (၇၂) နာရီအတွင်း စောနိုင်သမျှ စော၍ပေးပါ။ သူ၏ အခြေအနေမှာ PEP သုံးစွဲရန် လိုအပ်သင့်လျော်ခြင်း ရှိ/မရှိ သူနှင့် ပြောဆိုဆွေးနွေးပါ။

PEP ပေးရန် မည်သည့်အခါ စဉ်းစားသင့်သလဲ

အခြေအနေ၊ ပိုးကူးစက်နိုင်ချေ	ဆောင်ရွက်ရန် အကြံပြုချက်
ကျူးလွန်သူသည် HIV ပိုးရှိနေခြင်း (သို့) ရှိ/မရှိ မသိခြင်း	PEP ပေးပါ။
လူနာတွင် HIV ပိုးရှိ/မရှိ မသိခြင်း	HIV ပိုးရှိ/မရှိ သွေးစစ်ခြင်း၊ နှစ်သိမ့်ဆွေးနွေးခြင်းတို့ ဆောင်ရွက်ပေးနိုင်ကြောင်း ပြောပြပါ။
လူနာတွင် HIV ပိုးရှိ/မရှိ မသိဘဲ သွေးစစ်လိုခြင်း မရှိပါက	PEP ပေးပြီး ဆက်လက်လာရောက်ပြသရန် ချိန်းဆိုပါ။
လူနာတွင် HIV ပိုးရှိနေပါက	PEP မပေးပါနှင့်။ ART ဆေး သုံးစွဲနေခြင်းမရှိပါက ရရှိနိုင်သည့် ဌာနသို့ ညွှန်းပို့ပေးပါ။
လူနာသည် သွေး (သို့) သုတ်ရည်နှင့် ထိတွေ့ခဲ့ပါက (မိန်းမကိုယ်တွင်ဖြစ်စေ၊ စအိုတွင်ဖြစ်စေ၊ ပါးစပ်တွင်ဖြစ်စေ၊ အင်္ဂါရာ (သို့) အခြားအတွင်းအင်္ဂါတွင်ဖြစ်စေ)	PEP ပေးပါ။

သူသည် သတိမေ့နေခဲ့ပြီး ဘာဖြစ်မှန်းမသိခဲ့ပါက	PEP ပေးပါ။
အုပ်စုလိုက် မုဒိမ်းကျင့်ခံရခြင်း	PEP ပေးပါ။

ဆက်သွယ်ပြောဆိုခြင်း

PEP ဆေး သုံး/မသုံးကို လူနာက ဆုံးဖြတ်ရမည်။ သူ့အား အောက်ပါအချက်များကို ရှင်းပြ၍ ဆုံးဖြတ်နိုင်ရန်ကူညီပါ။

- ဒေသတွင်း HIV ဖြစ်ပွားနှုန်း အခြေအနေ၊
- ကျူးလွန်သူသည် HIV ပိုးရှိသူ ဟုတ်/မဟုတ် သိပါသလား၊
- အကြမ်းဖက်ခံရပုံ၊ ကျူးလွန်သူ အရေအတွက်၊ မျိုးပွားလမ်းကြောင်း (သို့) အခြားနေရာများတွင် ပွန်းပဲ့ဒဏ်ရာ ရရှိခြင်း ရှိ/မရှိ၊
- PEP သည် HIV ပိုးကူးစက်နိုင်ခြေကို လျော့ချပေးသည်။ သို့သော် ၁၀၀% ကာကွယ်မပေးပါ။
- ဆေးကို (၂၈) ရက်ကြာအောင် သောက်ရသည်။ လက်ရှိ မြန်မာနိုင်ငံတွင် အသုံးပြုနေသောဆေးမှာ တစ်နေ့ တစ်ကြိမ် သောက်ရသည်။ အသုံးပြုသည့် ဆေးညွှန်းပေါ်မူတည်၍ တစ်နေ့တစ်ကြိမ် (သို့) နှစ်ကြိမ် သောက်ရသည်။
- PEP သောက်သူများအနက် ထက်ဝက်ခန့်မှာ ဘေးထွက်အာနိသင်များ ခံစားရသည်။ (ဥပမာ - ပျို့အန်လိုခြင်း၊ မောပန်းခြင်း၊ ခေါင်းကိုက်ခြင်း၊ အများစုမှာ ရက်အနည်းငယ်အတွင်း သက်သာသွားတတ်သည်။)

သူသည် PEP ကို သောက်မည်ဖြစ်ပါက

- အတတ်နိုင်ဆုံး စောစီးစွာ စ၍သောက်ပါ။ အကြမ်းဖက်ခံရပြီး (၇၂) နာရီထက် ပို၍နောက်မကျရပါ။
- ပုံမှန် ဆက်လက်ပြသရန် သေချာပါစေ။
- PEP တွင် ပါဝင်မည့်ဆေးများမှာ နိုင်ငံ၏ စံလမ်းညွှန်အတိုင်းဖြစ်သည်။
- HIV ပိုးမရှိသူများအတွက် Nevirapine (NVP) ဆေးမှာ အဆိပ်အတောက်ဖြစ်နိုင်ချေ များသောကြောင့် PEP တွင် ထည့်မပေးရပါ။
- ပထမအကြိမ်တွေ့ဆုံ၍ ဆွေးနွေးကုသသည့်အချိန်တွင် HIV ပိုးရှိ/မရှိ သွေးစစ်ပေးနိုင်ကြောင်း ပြောပြပါ။
- တစ်လခွဲအကြာတွင် သွေးပြန်စစ်ပါ။
- သွေးပြန်စစ်ရာတွင် HIV ပိုးရှိနေသည်ကို တွေ့ရပါက HIV ကုသမှု (ART) နှင့် စောင့်ရှောက်မှုတို့အတွက် ညွှန်းပို့ပေးပါ။

PEP ကို မှန်မှန်သောက်ရန် ဆွေးနွေးရှင်းပြခြင်း (Adherence Counseling)

PEP ပေးသည့်အခါ မှန်မှန်သောက်ရန်မှာ အရေးကြီးသော ကိစ္စတစ်ရပ်ဖြစ်သည်။ လူနာအား အောက်ပါအချက်များကို ဆွေးနွေးရှင်းပြပါ။

- ဆေးသောက်ရန် တစ်ကြိမ်စီတိုင်းကို သတိရရန် အရေးကြီးသည်။ ထို့ကြောင့် နေ့တိုင်း အချိန်သတ်မှတ်၍ သောက်သင့်သည်။ (ဥပမာ - မနက်စာစားချိန် (သို့) ညစာစားချိန်၊ ဆေးကို အချိန်မှန်သောက်ခြင်းဖြင့် သွေးထဲတွင် ဆေးပမာဏ မှန်ကန်စွာရှိနေလိမ့်မည်။)
- လက်ကိုင်ဖုန်းမှ နှိုးစက် (သို့) အလားတူပစ္စည်းသုံး၍ ဆေးသောက်ရန် သတိပေးစေနိုင်သည်။ မိသားစုဝင် (သို့) မိတ်ဆွေတို့ကလည်း သတိရစေရန် ကူညီပေးနိုင်သည်။
- အချိန်မှန် ဆေးသောက်ရန်မေ့ခဲ့ပြီး ၁၂ နာရီထက်ပို၍ နောက်မကျသေးပါက သတိရချိန်တွင် ဆေးကိုသောက်ရမည်။
- ၁၂ နာရီထက်ပို၍နောက်ကျနေပါက နောက်တစ်ကြိမ် သောက်ရမည့်ဆေးကို ပုံမှန်အချိန်တွင်သောက်ပါ။
- တစ်ချိန်တည်းတွင် နှစ်ခွက်စာဆေးကို မသောက်ရပါ။
- ဘေးထွက်အာနိသင်များသည် ရက်အနည်းငယ်အတွင်း ပျောက်မသွားပါက ဆေးညွှန်းအတိုင်း မသောက်နိုင်ပါက (သို့) အခြားပြဿနာတစ်ခုခုရှိပါက ဆေးခန်းသို့ ပြန်လာပြသင့်သည်။

Annex 15

Knowledge assessment questions and answer keys

Knowledge Assessment

Instructions: In the space provided, write a capital T if the statement is true or a capital F if the statement is false

1. Stay home only is effective for older people age more than 60 year to prevent from COVID-19 infection ()
2. It is safe to stay with a COVID-19 person as usual without wearing a mask if s/he does not cough ()
3. Wear a medical mask is the most important measure to prevent from COVID-19 transmission ()
4. Volunteering is rooted on the basic principle to protect volunteers, communities, patients, and service organizations ()
5. A community health volunteer should never breach the confidentiality in any circumstances ()
6. Accountability in healthcare means a community healthcare volunteer justifies and takes responsibility for his activities ()
7. Effective communication can minimize potential misunderstanding and overcome any barriers in the communication process. ()
8. Team work is not important as infection prevention should be a priority in pandemic ()
9. Risk communication and community engagement is important to control outbreak with community participation ()
10. Surveillance is an effective rapid response measure to break the chain of COVID-19 transmission through early identification of cases ()
11. A person is suspected of COVID-19 must has fever or cough ()
12. Family member should not kiss/touch the body who died of COVID-19 even if culturally require ()
13. Pregnancy women and breastfeeding mother are safe to get COVID-19 vaccine in WHO EUL ()
14. In one household, only a person who care of COVID-19 should wear a medical mask ()
15. Gender-based violence includes assaults that cause someone's the physical, sexual or mental harm ()

Instructions: Circle the single best answer

1. Important measures to protect from COVID-19 transmission include
 - a. Avoid crowds, keep at least 6 feet distance from other, wash hands frequently, wear a mask when 6 feet distancing is not possible, cough or sneeze into bent elbow or tissue, avoid touching your eyes, nose and mouth, and open windows
 - b. Stay away from people who have COVID-19 symptoms
 - c. Take proper rest, eat nutritious food and take vitamins to improve your immunity
2. A contact means
 - a. Have received a puzzle from a person who has tested COVID-19 positive.
 - b. Have contact with a confirmed COVID-19 patient 14 days before s/he was tested positive
 - c. Being face-to-face within 1 meter for more than 15 minutes with probable/confirmed COVID-19 patient
3. Anyone with suspected or confirmed COVID-19, regardless of whether they have symptoms or not, should wear a mask
 - a. Only in indoor setting
 - b. Any setting in the community
 - c. In the presence of a person who is not a family member
4. A pregnant woman is at higher risk of progressing to severe COVID-19
 - a. If she is not immediately given birth to her baby
 - b. If she is given birth through normal labor and delivery processes
 - c. If she is at older age, obese, and have hypertension caused by pregnancy
5. COVID-19 patient has to isolate from others
 - a. For 14 days after start of symptoms
 - b. until symptoms resolve plus additional 3 days
 - c. when COVID-19 symptoms develop
6. During isolation, a COVID-19 patient should
 - a. Take antibiotics to quickly relief from illness
 - b. To manage his/her thinking and feeling and apply healthy practices
 - c. Totally avoid from other people
7. For disinfection to be effective,
 - a. To clean the surface with soap and water first
 - b. To use strong concentration of disinfectant
 - c. To soak with disinfectant for minimal 30 minutes
8. For disinfecting the surface heavily soiled with blood or body fluid
 - a. Use 0.1% chlorine solution
 - b. Use 0.5% chlorine solution
 - c. Thoroughly clean with detergent and water

9. When handling soiled linen
 - a. Wear a mask, google/face shield, utility gloves, gown/apron, and a boots
 - b. Wear a mask is enough to prevent from inhaling of virus
 - c. Wear a glove is more important to prevent direct contact from soiled linen
10. Correct sequence of removing PPE is
 - a. Remove gloves, wash hand, take off gown, remove face shield/google, take off mask, wash hand
 - b. take off gown, remove gloves, wash hand, remove face shield/google, take off mask, wash hand
 - c. Remove gloves, take off gown, wash hand, remove face shield/google, take off mask, wash hand
11. COVID-19 vaccine can prevent a person from
 - a. Transmission of SARS-CoV-2 new variant
 - b. Hospitalization and dead from COVID-19
 - c. Requirement of performing frequent hand hygiene
12. COVID-19 vaccine is required
 - a. Especially for people who are at higher risk of transmission
 - b. For every person age 18 years old and above who has no special contraindication
 - c. Especially for people who are at risk of develop severe COVID-19
13. When handling a conflict, you should
 - a. Listen well
 - b. Neglect the difference
 - c. Focus on facts not feeling
14. To address the workplace free from violence, harassment, and abuse
 - a. Require to have a strong policy addressing them and ensure it is strictly applied
 - b. To assign a watch-men specific for it
 - c. To do proper screening before staff & client entry
15. To avoid/relief from stress in an outbreak scenario
 - a. Focus on your controllable matters
 - b. Neglect everything related to outbreak
 - c. Do not watch or communicate about outbreak

Answer key

Question #	1	2	3	4	5	6	7	8	9	10	11	12	12	14	15
True/false	F	F	F	T	F	T	T	F	T	T	F	T	T	F	T
MCQ	a	c	b	c	b	b	a	B	a	c	b	b	a	a	a

Annex 16

Sample Course Schedule

Day 1	Day 2	Day 3	Day 4	Day 5
1:00-1:30PM	1:00-1:15PM	1:00-1:15PM	1:00-1:15PM	1:00-1:30PM
Session 0 • Opening & Introduction • Objectives of training	Recap of Day1 take home messages, Q&A	Recap Day2 take home messages, Q&A	Recap Day3 take home messages, Q&A	Recap Day4 take home messages, Q&A
1:30-2:00PM	1:15-2:15PM	1:15-3:15PM	1:15-3:00PM	1:15-1:45PM
Pre-course knowledge assessment	Session 3 Risk Communication and Community Participation Q&A	Cont: Session 5 Infection prevention and control in COVID-19 Q&A	Cont: Session 7 Facility-based and home-based care for contact and suspected and COVID-19 patient with mild to moderate symptoms and roles of CHVs in FBC and HBC Q&A	Cont: Session 8 Care of special population Q&A
2:00-2:45PM	2:15-3:00PM	3:15-3:30PM	3:00-3:15PM	1:45-3:45PM
Session 1 Introduction on COVID-19 Q&A	Cont: Session 3 Health promotion and creating a conducive environment Q&A	Comfort Break	Comfort Break	Session 9 Special issues encounter during diseases outbreak Q&A
2:45-3:30PM	3:00-3:15PM	3:30-4:15PM	3:15-5:00PM	3:45-4:00PM
Session 2 Volunteerism, and safeguarding of CHVs, Essential skills required for a volunteer Q&A	Comfort Break	Session 6 COVID-19 vaccination Q&A	Session 8 Care of special pollutions Q&A	Comfort Break
3:30-3:45PM	3:15-4:30PM	4:15-5:00PM		4:00-4:30PM
Comfort Break	Session 4 Surveillance and contact tracing Q&A	Session 7 Facility-based and home-based care for contact and suspected and COVID-19 patient with mild to moderate symptoms Q&A		Post-test
3:45-5:00PM	4:30-5:00PM			4:30-5:00PM
Cont: Session 2 Volunteerism, and safeguarding of CHVs, Essential skills required for a volunteer Q&A	Session 5 Infection prevention and control in COVID-19 Q&A			Future Plan
				5:00PM
				Closing

References

1. Coronaviridae Study Group of the International Committee on Taxonomy of Viruses The species severe acute respiratory syndrome-related coronavirus: classifying 2019-nCoV and naming it SARS-CoV-2. *Nat Microbiol.* 2020;5:536–544. - [PMC](#) - [PubMed](#)
2. WHO-convened global study of origins of SARS-CoV-2: China Part. Joint WHO-China study: 14 January-10 February 2021. 30 March 2021 COVID-19: Animal-human interface and food safety. Access from https://www.who.int/publications/i/item/who-convened-global-study-of-origins-of-sars-cov-2-china-part_on_14_April_2022
3. Ebrahim Abbasi-Oshaghi, Fatemeh Mirzaei, Farhad Farahani, Iraj Khodadadi, Heidar Tayebinia, Diagnosis and treatment of coronavirus disease 2019 (COVID-19): Laboratory, PCR, and chest CT imaging findings, *International Journal of Surgery*, Volume 79, 2020, Pages 143-153, ISSN 1743-9191, <https://doi.org/10.1016/j.ijsu.2020.05.018>.
4. C. Sohrabi, Z. Alsafi, N. O'Neill, M. Khan, A. Kerwan, A. Al-Jabir, et al., World Health Organization declares global emergency: a review of the 2019 novel coronavirus (COVID-19), *Int. J. Surg.* 76 (2020) 71-76, <https://doi.org/10.1016/j.ijsu.2020.02.034>.
5. World Health Organization (2020). Transmission of SARS-CoV-2: implications for infection prevention precautions. Scientific brief, 09 July 2020. Geneva: World Health Organization; 2020
6. Ong SWX, Tan YK, China PY, Lee TH, Ng OT, Wong MSY, et al. Air, surface environmental, and personal protective equipment contamination by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) from a symptomatic patient, *JSMA*, 2020
7. Cambridge Dictionary. Meaning of volunteer in English. Available at <https://dictionary.cambridge.org/dictionary/english/volunteer?q=volunteer%29> (Accessed on 15 April 2022)
8. Volunteers of America, Greater Baton Rouge. "VII. Code of Ethics." Volunteer Handbook, Board of Directors of Volunteers of America Greater Baton Rouge, 2014, June 25, pp 11. 1-13. Retrieved from https://voa-production.s3.amazonaws.com/uploads/pdf_file/file/854/Volunteer_Handbook_Revised_2014.pdf
9. Spera, C.; Ghertner, R., Nerino, A., DiTommaso, A. (2013). *Volunteering as a Pathway to Employment: Does Volunteering Increase Odds of Finding a Job for the Out of Work?* Corporation for National and Community Service, Office of Research and Evaluation: Washington, DC, 2013.
10. Centers for Disease Control and Prevention. (2012, September 19). Volunteering Throughout the Disaster Cycle: Insights from the Medical Reserve Corps [Blog post]. Retrieved from <https://blogs.cdc.gov/publichealthmatters/2012/09/volunteering/by> (Accessed on 15 April 2022)
11. MCCY. Guidelines for volunteer management during COVID-19 pandemic. Available at <https://www.mccy.gov.sg/about-us/news-and-resources/press-statements/2020/apr/covid-19-guidelines-for-volunteer-management>. (Accessed on 3 May 2022)
12. Volunteer Glasgow. COVID-19: Keeping volunteers & individuals safe. Updated 29th April 2022. Available at <https://www.volunteerglasgow.org/volunteer/covid-19-keeping-volunteers-individuals-safe/>. (Accessed on 3 May 2022)
13. Virginia Service. COVID-19 Volunteer Guidelines. Available at <https://virginiainservice.virginia.gov/2020/04/covid-19-volunteer-guidelines/>. (Accessed on 3 May 2022)

14. SHCC. Report. Violence Against or Obstruction of Health Care in Myanmar. December 2021
15. Qing Miao, Susan Schwarz, Gary Schwarz, Responding to COVID-19: Community volunteerism and coproduction in China, World Development, Volume 137, 2021, 105128, ISSN 0305-750X,
16. Actionaid. Safety guidelines for volunteers participating in COVID-19 control activities. Version 1. June 2020. Volunteers of America Greater Baton Rouge, Inc. Code of Ethics/Standards of Conduct. Available at <https://www.voagbr.org/voagbr-code-of-ethics>. (Accessed on 3 May 2022)
17. HUB. High Speed Training. A Guide to Confidentiality in Health and Social Care. April 12, 2019. Available at <https://www.highspeedtraining.co.uk/hub/confidentiality-in-health-and-social-care/> (Accessed on 4 May 2022)
18. Hypercontext. Management Skills. 5 Conflict management skills every manager should learn. Available at <https://hypercontext.com/blog/management-skills/conflict-management-skills> (Accessed on 4 May 2022)
19. SHRM. Better workplaces better world. Why Workplace Conflict Can Be Healthy. Available at <https://www.shrm.org/hr-today/news/hr-magazine/0517/pages/why-workplace-conflict-can-be-healthy.aspx> (Assessed on 4 May 2022)
20. October Boyles. ICA Notes. Behavioral Health HER. How Is Accountability Measured in Healthcare? October 6, 2020. Available at <https://www.icanotes.com/2020/10/06/how-is-accountability-measured-inhealthcare/#:~:text=As%20a%20behavioral%20health%20professional,your%20clients'%20confidentiality%20and%20safety>. (Accessed on 4 May 2022)
21. The balance careers. What is Integrity. Available at <https://www.thebalancecareers.com/what-is-integrity-really-1917676> (Accessed on 4 May 2022)
22. Nursing and Healthcare Education. 10 Ways to Demonstrate Integrity in Nursing Practice. Available at <https://www.nursingprocess.org/integrity-in-nursing.html> (Accessed on 4 May 2022)
23. E. Salas, J.A. Cannon-Bowers, Teamwork and Team Training, Editor(s): Neil J. Smelser, Paul B. Baltes, International Encyclopedia of the Social & Behavioral Sciences, Pergamon, 2001, Pages 15487-15492, ISBN 9780080430768, <https://doi.org/10.1016/B0-08-043076-7/01436-4>.
24. World Health Organization (2020). WHO calls for healthy, safe and decent working conditions for all health workers amidst COVID-19 pandemic. Departmental news.20 April 2020 (Accessed on 4 May 2020)
25. World Health Organization (2020). Risk communication and community engagement readiness and response to coronavirus disease (COVID-19). Interim guidance. 19 March 2020
26. IFRC, Unicef, WHO. COVID-19: Key tips and discussion points for field staff, community workers, volunteers and community networks. 23 February 2020
27. C. Rothe, M. Schunk, R. Sothmann, et.al., Transmission of 2019-nCoV infection from an asymptomatic contact in Germany, N. Engl. J. Med. (2020) NEJMc2001468. Epub ahead of print.
28. World Health Organization (2022). Infection prevention and control in the context of coronavirus disease (COVID-19): A living guideline. 7 March 2022
29. World Health Organization (2019). Standard Operating Procedures and Guideline on Health Care Waste Management. April 2019.
30. The novel coronavirus pneumonia emergency response epidemiology team. Vital surveillances: the epidemiological characteristics of an outbreak of 2019 Novel Coronavirus disease (COVID-19) -China 2020. China CDC Weekly. 2020;2(8):113-22.
31. Myanmar Covid-19 Surveillance Dashboard. Available at [MINISTRY OF HEALTH \(moh.gov.mm\)](https://moh.gov.mm) (accessed April 14, 2022)

32. World Health Organization (2020). Infection prevention and control during health care when COVID-19 is suspected. Interim guidance 19 March 2020
33. World Health Organization (2020). Rational use of personal protective equipment for COVID-19 and considerations during severe shortages. Interim guidance. 23 December 2020
34. World Health Organization (2020). Water, sanitation, hygiene, and waste management for the COVID-19 virus. Interim guidance. 23 April 2020
35. World Health Organization (2022). Masks in the context of COVID-19. The latest on the global situation & updated recommendations on wearing masks. EPI.WIN. Coronavirus Update 76. 21 march 2022
36. World Health Organization (2021). COVID-19 Infection Prevention and Control. Living guideline. Mask use in community settings. 22 December 2021
37. PPE definition. United States Department of Labor. Available at <https://www.osha.gov/personal-protective-equipment> (Accessed on 22 April 2022)
38. Pacific Public Health Surveillance Network. Infection prevention and control guidelines.2021. ISBN: 978-982-00-1391-9
39. CDC. Best Practices for Environmental cleaning in Healthcare Facilities: in Resources-Limited Settings. Version 2. 2019
40. IGES. UN environment program. Waste Management during the COVID-19 Pandemic. *From Response to Recovery*. August 2020.
41. IFRC. Community-Based Surveillance. Indonesia. Case Study. Community Epidemic & Pandemic Preparedness Programme. April, 2021.
42. WHO COVID-19: Case Definitions Updated in Public health surveillance for COVID-19, published 16 December 2020 (https://www.who.int/publications/i/item/WHO-2019-nCoV-Surveillance_Case_Definition-2020.2)
43. World Health Organization (2022). Contact tracing and quarantine in the context of the Omicron SARS-CoV-2 variant. Interim guidance. 17 February 2022
44. African Union. Africa CDC. COVID-19 & Community Health Workers. 2-Days Orientation training. ppt.1/31/2021
45. Ministry of Health. Personal and Family Member's Guideline for Home Quarantine, (Version – 5.0) Updated as of (13-2-2022)
46. Ministry of Health. သတ်မှတ် Community Based Facility Quarantine Center များတွင် အသွားအလာကန့်သတ်ခြင်း (သို့မဟုတ်) တားမြစ်ပိတ်ပင်ခြင်း (Quarantine) ဝင်ရောက်သည့်သူများအနေဖြင့် လိုက်နာရန်အချက်များ (Version 3.0) (Updated as of 5-7-2021)
47. Social Science in Humanitarian Action. Key considerations: quarantine in the context of COVID-19 (February 2020). Available at www.socialscienceinaction.org.
48. World Health Organization (2021). Considerations for quarantine of contacts of COVID-19 cases. Interim guidance. 25 June 2021
49. Ministry of Health. ဟိုတယ်/တည်းခိုခန်း (Hotel/Guest House) Quarantine Center များပြင်ဆင်ခြင်းနှင့် လိုက်နာဆောင်ရွက်ရမည့်အချက်များ (Version 3.0) (Updated as of 5-7-2021)
50. Ministry of Health and Sport (2020). Department of Public Health. Proper measuring of body temperature
51. Ministry of Health. Personal and Family Member's Guideline for Home Isolation, Version – 1.0 (13-2-2022)
52. WHO Presentation of Preliminary Results of 2021 Assessment on NCD Service Disruption during COVID-19 Pandemic. Available at [Presentation of Preliminary Results of 2021 Assessment on NCD Service Disruption during COVID-19 Pandemic \(who.int\)](#) (Accessed 30 April Dec 2022)

53. Population-wide interventions for reducing alcohol consumption: what dose the per capita consumption indicator say. Snapshot series on alcohol control policies and practice. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.
54. The Royal Children's Hospital Melbourne. Supporting your child to cope with the COVID-19 pandemic. Available at https://www.rch.org.au/kidsinfo/fact_sheets/Supporting_your_child_to_cope_with_the_COVID-19_pandemic/. (Accessed on 30 April 2022)
55. WHO Coronavirus disease (COVID-19): Children and masks. Available at <https://www.who.int/news-room/questions-and-answers/item/q-a-children-and-masks-related-to-covid-19>. Accessed on 30 April 2022)
56. The Ministry of Health, National AIDS Program. Emergency protocol for HIV prevention and care during COVID-19 outbreak
57. Unicef. Risk Communicaton & Community Engagement for COVID-19-Engaging with Children and Adults with Disabilities
58. UN Women 2020. From Insight to Action. Gender Equality in the Wake of COVID-19. 2020
59. World Health Organization. Home/Activities/Preventing violence against health workers. Available at <https://www.who.int/activities/preventing-violence-against-health-workers> (Accessed on 30 April 2022)
60. International Labor Organization. Gender, Equality and Diversity and ILOAIDS Branch, Conditions of Work and Equality Department. Sexual harassment in the world of work.
61. International Labor Organization (2020). ILO Brief. ILO Violence and Harassment Convention, 2019 (No. 190): 12 ways it can support the COVID-19 response and recovery. May 2020.
62. World Health Organization (2020). Addressing Violence Against Children, Women and Older People during the COVID-19 Pandemic. Key Actions. 17 June 2020
63. GBV Pocket Guide: How to support survivors of GBV when a GBV actor is not available in your area (<https://myanmar.unfpa.org/en/publications/gbv-pocket-guide-book>)
64. Myanmar GBV sub-sector GBV Referral Guidance during COVID-19 (<https://sites.google.com/view/myanmargbvcwg/covid-19/covid-19-referral-guide>)
65. UNFPA. Gender Based Violence and Referral.ppt. Light Touch Training for CHW. 27-29 Dec 2021
66. Ministry of Health and Sport (2017). Guideline on Health Care for Gender-Based Violence. September 2017
67. IFRC, Unicef, WHO. COVID-19 Stigma & Discrimination: Should we be scared of people who have had COVID-19?
68. CFRC, Unicef, WHO. Social Stigma Associated with COVID-19. Updated on 24 February 2020
69. World Health Organization (2020). Mental health and psychosocial considerations during the COVID-19 outbreak. 18 March 2020
70. World Health Organization. Myanmar (2022). Elderly health and COVID-19. Health education brochure for elderly people
71. World Health Organization. Myanmar (2022). Elderly health and COVID-19. Health education brochure for family members
72. UNFPA. MHPSS During COVID-19 Pandemic Crisis. Power point presentation in light touch training for volunteers conducted on 27-29 December 2020

