Responding to COVID-19 through Liberia’s National Community Health System

Liberia’s response to COVID-19

Olasford Wiah
Director
Community Health Services Division
Ministry of Health
Liberia
Government of Liberia’s National Community Health Assistant Program
3.3M visits
Home visits conducted including 229,562 pregnancy home visits

3797
Providers hired by program as community health workers, nurses and midwives

1,020,807
Cases of malaria, pneumonia, malnutrition and diarrhea treated in children under five years old

4622
Potential epidemic events identified by community health workers

As of February 2020
COMMUNITY HEALTH WORKERS DIAGNOSE & TREAT 1/5 OF ALL CASES OF CONFIRMED MALARIA IN LIBERIA
CHILDREN RECEIVING CARE FROM A QUALIFIED PROVIDER INCREASED BY 50%

Any Illness

Fever

Diarrhea

Acute Respiratory Infection

TREATMENT OF CHILDHOOD ILLNESS INCREASED BY 30%; SKILLED BIRTH ATTENDANCE INCREASED BY 30%.

| Prevent | Educate communities regarding signs, symptoms, and transmission routes, as well personal preventive measures such as social distancing, hand hygiene, coughing/sneezing into elbows, and WASH interventions.  
Organize hand hygiene stations in communities and health facilities.  
Support, lead or reinforce community and facility-based infection prevention and control measures, such as construction of triage areas, use of personal protective equipment.  
Prepare health systems and communities for the rapid introduction of COVID-19 vaccines in development, including outreach to high-risk groups. |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Detect</td>
<td>Identify signs and symptoms, carry out rapid diagnostic tests or support sample collection in communities to reduce risk of nosocomial transmission, and ensure rapid sample transport to labs.</td>
</tr>
</tbody>
</table>
| Respond | Ensure results are rapidly and effectively communicated to residents.  
Support self-isolation and monitor patients while ensuring delivery of food, social, and medical support.  
Monitor patients for clinical deterioration and support rapid referral of patients who require hospitalization.  
Implement or support contact tracing, symptom reporting, and monitoring of contacts of COVID-19 patients to ensure access to testing and treatment for those who develop signs and symptoms.  
Implement or support disinfection of high-risk surfaces in communities.  
Ensure routine primary healthcare services, e.g. vaccinations and integrated community case management, are safely sustained. |

Personal Protection Equipment (PPE) - TAKING OFF

Order to **TAKE OFF** PPE

1. Gloves
2. Wash hands
3. Goggles / face shield (if available)
4. Wash hands
5. Face mask
6. Wash hands

3 & 4 Take off goggles or face shield (if these were available to wear - not required) and wash hands

Take off without touching the front of the goggles or face shield

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20–30 seconds

1. Apply a plentiful of the product in a cupped hand, covering all surfaces.
2. Rub hands palm to palm.
3. Right palm over left dorsum with interlaced fingers and vice versa.
4. Palms to palms with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb clamped in right palm and vice versa.
7. Rotational rubbing backwards and forwards with interlaced fingers of right hand in left palm and vice versa.
8. Once dry, your hands are safe.
CHWs CAN ENSURE CONTINUATION OF HEALTH SERVICES

They will be trained to safely provide routine health services
Routine Services - Malaria

If patient complaining of fever:

- Screen patient and household for COVID-19 from 6 feet

If not a COVID-19 Trigger:

- Is CHA PPE (mask & gloves needed - face shield/goggles optional) available?
  - Yes: Normal Protocol: Screen for danger signs (Job Aid #18). Pre-treat, record, and refer if patient has danger sign.
    - If NO danger signs, do RDT and treat with ACTs if positive.
  - No: No Touch Protocol: Screen for danger signs (Job Aid #18). Pre-treat, record, and refer if patient has danger sign.
    - If NO danger signs, do NOT do RDT. Refer patient to health facility

After every patient: Wash hands with soap and clean water. Clean the area.

Follow steps for COVID-19 trigger (Job Aid #X). Continue visit with no touch protocol.
Family Planning - Switching from injectables to pills

1. Ask if the woman is on Sayana Press. If yes, tell her:
   - To keep us both safe during COVID-19, we need to stay 6 feet apart
   - This means CHAs can not safely give you the Sayana Press injection during this time. The CHAs can still safely give you other family planning methods, like pills and condoms.
   - You have two safe options:

   **IF** Woman wants to keep using an injectable family planning method, like Sayana Press or Depo
   - Refer to the health facility

   **IF** Woman wants to switch to family planning pills or condoms
   - Continue with family planning counseling

2. Provide health education on family planning like normal