Strategy for Engaging High-Risk Communities for COVID Prevention & Control

Royal Government of Bhutan
Ministry of Health
1st Edition

15th April 2020

Strategy for Engaging High-risk Communities for COVID-19 Prevention & Control

1. Background

COVID-19 is spreading across the globe causing large-scale morbidity, mortality and socio-economic instability. In Bhutan due to the early implementation of prevention and control measures, only five imported cases of COVID-19 have been reported as of 15th April 2020. However, given that Bhutan shares a long and porous international border with the neighboring states of India, which are reporting an increasing number of COVID-19 cases (11,439 as of 15th April 2020) there is likelihood of importing disease through movement of people across the border. In order to plan intervention measures to prevent importation and community transmission of COVID-19, it is critical to identify the high-risk communities along the international border. Further, to minimize the spread and deaths in case an outbreak occurs, it is imperative to identify the vulnerable groups of population such as elderly, people with comorbidities and disabilities and devise relevant targeted interventions.

2. Objectives

i. To identify and engage high-risk communities to prevent introduction of local transmission of COVID-19

ii. To identify vulnerable population (elderly, people with disabilities, and living with comorbidities) to minimize morbidity and mortality through targeted interventions

iii. To conduct sero-surveillance among the people living in the high-risk communities to determine exposure for early detection and prevention of community transmission

3. High risk Community Mapping

High-risk community clusters have been mapped based on the risk profile such as proximity to the communities across the borders, cross border social interaction (marriage, gathering, rituals, shared cultivation and grazing areas, trade etc.,), and frequency of interaction between the communities. Further mapping of vulnerable groups of people in the community such as elderly and people living with the comorbidities and disabilities will be also carried out.

The high-risk community clusters include but is not limited to the Annexure 1.

4. Intervention Strategies

4.1. Promote Community Engagement

4.1.1. Identification of Community Champion

Community led approach for the prevention and control of COVID-19 will be adopted for people living along the international borders. This will allow the motivated individuals to make a difference shifting the view from "Observer" to "Participant" in the fight against COVID-19. Each cluster village will identify a few champions or local leaders or existing Community Action Groups to initiate and lead the community actions. The champions/leaders may include but not limited to following members.

- Tshogpa
- Village Health Worker
- Chipon
- Representative from the religious group
- Any individual
- Opinion leader

The Term of Reference (ToR) of the Champion(s) is attached in Annexure 1.

4.2. Improve Risk Communication

These communities shall be given due priority and every risk communication material developed by the Ministry of Health will be delivered to these communities. The usage of hotline **2121** for general COVID-19 information and **6060** for elderly care services for COVID-19 should be reinforced.

The risk communication will be facilitated through the social media platforms (WeChat, WhatsApp, Facebook) moderated by the Champions or local leaders.

The following content shall be considered for risk communication:

- COVID-19 basics
- Modes of transmission
- Preventive measures (hand hygiene, cough etiquette, physical distance)
- Roles of community in the prevention of COVID-19
- Travel advisories (within & across the border)
- Avoidance of mass gathering and crowd
- Usage of mask
- Step up vigilance on other common communicable diseases (e.g., dengue, malaria)

4.3. Enhance Community Surveillance

4.3.1. COVID-19 Testing

All suspected cases will be tested as per the case definition at health centers. Further, individuals in the community will be randomly selected and tested for COVID-19 infection by Rapid Diagnostic Test (RDT) kits. For this, 5-10 households (depending on number of households in a community) will be selected randomly per community per month. From each selected household, two individuals will be selected randomly and tested fro COVID-19.

4.3.2. Reporting & Referral

The villagers should be contacting Champion/Tshogpa or health staff of Primary Health Center (PHC) if they suspect someone with COVID-19 signs/symptoms**.** In case any individuals in the villages fulfil the case definition for COVID-19 suspected case, they will be tested and, if positive, they will be taken to COVID Centers for Case Management in Phuentsholing (for Chukha & Samtse) or Mongar (for Samdrup Jongkhar).

4.3.3. Perimeter Control

In case of an outbreak in the high-risk community or the immediate community across the border, a perimeter will be set based on the situational assessment and the community shall be locked down. The perimeter control will ensure that there is no unchecked movement of people and vehicles from the affected community. Only vehicle carrying the essential goods and the health personnel monitoring the health of the communities or evacuating the positive cases or other critically sick people will be allowed to move in and out of the affected community. Details of all persons moving out of the perimeter for essential/ emergency services will be recorded. All other preventive measures such as fever screening, disinfection and decontamination of vehicles and environment shall be considered. All the people in the affected community will not be allowed to leave their houses.

4.4. Community Support services

Health and sanitation interventions such as setting up of wash station, provision of essential medicines, masks etc should be considered. Since the people living in the high-risk community are generally poor, the Government may consider in providing essential food items.

The elderly and people with disabilities will be mapped and managed as per the special packaged program for elderly and people with disabilities.

Table 1: Strategic area and activities for implementation

Sl #	***Strategic area***	***Actions***	***Responsible***	***Expected outcome***
1.	***Community engagement***	a. Situational assessment of community practices b. Identify the Community Champion c. Developing community action plan and sharing ownership d. Encourage community people to stay at their community during lockdown	TAG team, District health/Local government	Community engaged and ownership shared on COVID-19 prevention and control activities
2.	***Risk Communication***	***Means of communication*** a. Door to door campaign on COVID-19 b. Community social media group c. Community radio, if available d. Pamphlets/brochures ***Contents*** a. COVID-19 basics b. Modes of transmission c. Preventive measures (hand hygiene, cough etiquette, physical distance) d. Roles of community in the prevention of COVID-19 e. Travel advisories (within & across the border) f. Avoidance of mass gathering and crowd g. Usage of mask h. Step up vigilance on other common communicable diseases	Dzongkhag/Dungkhag Health Sector	Reliable and adequate risk message on COVID-19 conveyed
3.	***Community Surveillance***	a. Monitor cross-border travel b. Avoiding travel across border c. Avoiding cross-border trade and employment d. Monitoring people getting inside the border e. Suspending cross border joint agriculture and livestock farming activities f. Avoid cross border participation in rituals and ceremony	Local Government Selected community champions Primary Health-Care Centre officials Community champions /Desuup/RBP/RBA	Community has the basic syndromic screening and sero-surveillance capacity No trans-movement of people along the border
4.	***Community Support services***	Supply of essentials a. Ration and other essentials will be distributed b. Village produce marketing facilitated		Ration and other essentials are adequately supplied to discourage cross-border activities

5. Implementation & Monitoring

- Conduct meeting with the Local Government leaders and identified champions by MoH and Dzongkhag Task Force member
- Sensitize and create awareness in the high-risk community on COVID-19
- Conduct assessment of the high-risk community including the details of the households and individuals (age, gender, comorbidity and disabilities)
- Develop action plans for prevention and containments of COVID-19 within the cluster community
- Implement community action plan led by Community leaders/Champions in close collaboration with district/gewog administration
- Maintain proper documentation by the community leader/Champions
- TAG team will provide overall support to districts and community in planning and implementation of COVID-19 related activities
- Timely monitoring from district and central level to give onsite support and address gaps and come with way forward
- Online support through social media tool like WeChat and WhatsApp as and when necessary

Annexures

Annexure 1: Term of Reference (ToR)

- Attend training and briefing by the MoH or Dzongkhag Task Force members
- Carry out the COVID-19 risk communication activities at the community level.
- Monitor the movement of communities in collaboration with Royal Bhutan Police, Desuups and local government
- Report any suspected case(s) of COVID-19 and unusual occurrence of illness in the community to health staff
- Support and assist the outbreak response team
- Assist in the referral of any flu like illness or suspected case of COVID-19 to Primary Health Centers (BHU-II) or hospitals
- Actively participate in any training, meeting, and workshop related to the COVID-19
- Consistently update and be informed on the regional and national situation on COVID-19
- Actively support community leaders and law enforcement agencies in the event of community lock down
- Assist health staff in distribution of medication to the people with co-morbidities in times of community lockdown
- Establish community help group in social media networks (WeChat, WhatsApp, Facebook)

Annexure 2: Situational Assessment Checklist

- No of households
- No of elderly people (>60)
- No of people with disability
- People with underlying medical conditions
- Inventory of cross border joint activities
- Agricultural products & market
- No of volunteers
- Likely illegal activities
- Extent of clustering of community (in meter)

Annexure 3: Checklist of Materials to be taken to community

- Rapid Diagnostic Test kits
- Risk Communication materials:
    - Information Booklet on COVID-19 for community
    - Poster on hand washing techniques
    - Poster on prevention of COVID-19 transmission
    - Poster on dengue and malaria
- Flipchart & marker pen

Annexure 4: List of high risk communities

i. **Samtse**

Sl. no	Name of the settlement	Gewog/Dungkhag	Districts	No of households	Population
1	Jitti-C (Chuchungsa)	**Sangacholing**	**Samtse**	29	102
2	Pakhadura-(Saduzimba)			27	75
3	Ttherpa-(Chuchungsa)			13	36
4	Sathphaiya-(Dephelingmeth)			14	39
5	Gathia-D (Dephelingmeth)			40	118
6	Langthay-(Dephelingmeth)			13	36

7	Bhimtar-Yangphelthang			78	218
8	Magay-Dawaling	**Norbugang**		34	144
9	**Jarithang-chewog**				
10	Ngatshang			35	108
11	Jangsa	**Ugyentse**		31	73
12	Kharbandi-A (Kinzangling)	**Yoeseltse**		58	235
13	Kharbandi-B(Kinzangling)			33	110
14	Guma-(Sonamkhar)			12	44
15	Kencholing-(Sonamkhar)			29	114
16	Zepaling-(Dungkhar)			6	18
17	Samtenchu-(Dungkhar)			15	47
18	Pugli-B	**Phuentshopelri**		73	200
19	Dholey			39	137
20	Adharey				
21	Kalapani		**Samtse**	13	40
22	Titi			35	142
23	Tempaling-(Temapling	**Tading**		50	208
24	Tading-(Tempaling)			45	134
25	Houri-(Tempaling)			7	25

26	Souney-(Tempaling)			8	45
27	Toribri-(Thangchenang)	**Pemaling**		11	48
28	Silwaythang-Dawathang			10	51
29	Lamatar- Dawathang			4	20
30	Barleney-Tendutar	**Tendu**		14	80
31	Miphelgang-Migphelgang	**Norgaygang**		25	86
32	Samphelgang-Miphelgang			67	165
33	Dubey-Gungaling-Pachaling			24	82
34	Lingarnang-Satshangma			45	166
35	Joenpang-Satshangma			48	143

ii. Chukha

Sl. no	**Name of the settlement**	**Gewog/Dungkhag**	**District**	**No of households**	**Population**	***Nearest border towns in India***
1	Pana C	Samphelling		42	330	Rangamati Kalchini Hematoni
2	Pana B	Samphelling		44	290	
3	Pana A	Samphelling		18	131	
4	Kothiline	Samphelling		22	165	
5	Daragoan	Samphelling		22	169	
6	Khabitar	Samphelling		18	75	
7	Saku chewog	Darla	Chhukha	68	252	Bhutan Ghat

	(Dovan, Sharphu)					
8	Lower Toribari	Pekarzhing Demkhong, P/ling Throm		9	100	
9	Khokla (Toribari)	Pekarzhing Demkhong, P/ling Throm		8	60	
Total				251	1416	

iii. Dagana

Sl no	Settlement	**Gewog/Drungkhag**	Population	***Nearest border towns in India***
1	Chongsamling (Sibsoni)	**Lhamoizhingkha**	350	Kulkule
2	Kuenrelthang		392	Kulkule
3	Farmgaon		128	Kulkule
4	Belaytar		128	Kulkule
5	Chakramari	**Nichula**	300	Balamjora
6	Soletar	**Nichula**	218	Balamjora

iv. Samdrup Jongkhar

Sl. no	**Name of the settlement**	**Gewog/Dungkhag**	**No of households**	**Population**
1	Rongchuthang	Langchenphu	19	80
2	Jangsa	Langchenphu	58	221
3	Lower Langchenphu	Langchenphu	43	159

4				

v. Sarpang

Sl. no	***Name of the settlement***	***Gewog***	***Poulation***	***Nearest border towns in India***
1	Rijug (1 household only)	**Umling**	5	Bagmara
2	Nearby Paithakhola (2 household/structures)	**Samtenling**	13	Tukrabasti
3	Akokhola (1 household)	**Shompangkha**	3	Murray
4	Shawali (5 households)		22	Murray