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Attitude and Practice of Health Promotion among Community Health Practitioners during Covid 19 Pandemic in Bayelsa State

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Abstract
The main aim of the study was to investigate the attitude and practice of Health Promotion activities among Community Health Workers during COVID-19 pandemic in Bayelsa State. The study adopted the descriptive survey research design. Three research questions and two hypotheses guided the study. The population for study comprised of all registered Community Health Workers working in both public and private health facilities in Bayelsa State, which according to the National Association of Community Health Practitioners of Nigeria, Bayelsa State chapter was 320 practitioners. A 23-item self-structured questionnaire titled Attitude and Practice of Health Promotion among Community Health Workers during COVID-19 pandemic Questionnaire (APHPCHWCPQ), was used for the collection of data for the study. Three research experts in the field of public health established the face and content validity of the instrument. The reliability of the instrument was ascertained using test-rest method, through Pearson Product Moment correlation and a reliability coefficient of 0.76 was obtained. The data collected were analyzed using mean, standard deviation, ANOVA and Z test statistical tools. The result from the study revealed that community health workers attitude towards health promotion activities during COVID-19 in Bayelsa State was positive (mean=2.58), but their attitudes towards motivating others for health promotion was negative (mean=2.26). The findings from the tested hypotheses revealed that, there was no significant difference in the attitude of community health workers toward health promotion activities during COVID-19 pandemic in Bayelsa State based on location (z-cal=1.333 and z-crit=1.96) and on cadre (F-cal= 2.05 and F-crit=2.67). It was recommended that policies be formulated to compel all community health workers to mandatorily schedule health education as a routine activity at the health facility.
Key Words: Coronavirus, community health, health promotion, fatalities, pandemic,

Introduction

The COVID-19 pandemic has caused an indelible negative impact on the socio-economic wellbeing of the country and the people of Nigeria since the virus was first confirmed in February 27, 2020. This highly infectious respiratory tract infection has so far infected more than 49,000,000 people and in the process caused more than 1,220,000 fatalities globally. The numbers still increase significantly on daily basis, as a result of the new waves of the virus in Europe, North and South America and Asia. Although not like other continents, Africa has also recorded more than 1,850,000 cases and more than 44,400 fatalities in all 55 countries within the continents. With 63,731 confirmed cases and 1154 fatalities in all the 36 states and the Federal Capital Territories, Nigeria was considered the fifth highest country with COVID -19 prevalence in Africa as at 30th October, 2020 (Ihekweazu, 2020). COVID-19 otherwise known as coronavirus disease 2019 is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-COV-2). The virus responsible for COVID-19 is a novel coronavirus because, it is a newly discovered type of coronavirus among human. The disease was previously known as 2019-n CoV (2019 Novel Coronavirus) until 11th February 2020 when the International Committee on Taxonomy of Virus (ICTV) introduced the new name COVID-19 (Berkeley, 2020). The disease is transmitted through droplets and the signs and symptoms may sometimes mild, but could also be severe, such as fever, cough, shortness of breath, pneumonia, kidney failure and death, runny nose, sore throat. The possible preventive measure is basic hygiene.

According to Ezigbo, Onyebuchi, Ifijeh, and Martins (2020), the confirmation of the first case of COVID-19 in Nigeria on the 27th February, 2020, prompted WHO to list Nigeria among high risk countries in the world. The first confirmed case in Nigeria was an Italian citizen in Lagos who tested positive to the virus (Nigeria Centre for Disease Control, February, 2020). The COVID-19 pandemic has not been so chaotic in Bayelsa states

since the index cases was confirmed on the 27th April, 2020. The state has so far recorded 413 confirmed cases of COVID-19 with 21 fatalities as at 30th October, 2020. Although the state was not in complete lockdown, but some preventive measures were put in place to mitigate the spread of the virus. According to Apoku, (2020), the state government inaugurated the COVID-19 taskforce that was responsible for directing the response efforts of the state government. As affirmed by Ajiri (2020), this task force was headed by the governor of the state Governor Douye Diri, who relentlessly encouraged all citizens to observe all preventive protocols. The COVID-19 mitigation strategy adopted by government was to test aggressively, isolate, treat, conduct robust contact tracing and directed the closure of all public and private schools and some major business outlets

Since COVID-19 was declared global pandemic in March 11, 2020 by the World Health Organization, the global apex health body was at the fore front of the global response to COVID-19 in collaboration with governments of countries that are affected. One fundamental aspect that is consistently emphasized by WHO in this response is the responsibility of individuals to protect themselves from the highly infectious virus. Apart from the out-lined the COVID-19 protective protocols, WHO also urged people all over the world to play their part in preventing the spread of the pandemic, by observing social distancing, wearing of face mask, and washing of hand with soap in a running water, coughing into a bent elbow or tissue paper and voluntary testing. To be healthy and remain alive in the mist of the pandemic, it is very important to encourage individuals and families in the community to be at the front burner in carrying out the COVID-19 protocols established by WHO. This is the basic principle behind Health Promotion activities during the pandemic. The most reliable way to prevent and slow down the spread is to be well informed about the COVID-19 virus, the infection, the mode of transmission and the preventive measures (Whenayon, Olumuyiwa & Rohina, 2020). Health Promotion will encourage individuals to protect themselves and others by consciously observing the established protective protocols.

Health promotion is the process of enabling individuals to increase control over their health and its determinants and thereby improving their health. It is a behavioural and social science concept that draws content from biological, environmental, psychological, physical and medical science to promote health and prevent diseases through education that is driven by voluntary behaviour change activities (Hildingh, Cunico, Lindgren & Liddell, 2015). It encapsulates various social and environmental interventions that are structured to protect the health of the people. It provides quality of life by addressing and preventing the primary causes of illness and not just placing emphasis on treatment and cure (Inyang & Ugwulor, 2015). The three key pillars of health promotion are good governance for health, health literacy and healthy cities. The purpose of health promotion is to positively influence the health behaviour of individuals and families in the communities as well as the living condition that influence their health. Health Promotion programmes are focused on keeping individuals healthy and enhance quality of life of individuals (Jahan, 2012). It reduces cost of medical treatment and premature death.

The significance of Health Promotion as a measure to curtail the spread of COVID-19 cannot be overemphasized, since this viral respiratory tract infection has no specific known cure and the measures advocated for protecting citizens and health workers require behaviour change (World Health Organization, 2020). There is the need to include the individuals in the community in the process of containment. This fact was supported by the tsunami of patients visiting the health facilities, suffering from this deadly and highly infectious diseases on daily basis. The rapid and continues increase in COVID-19 cases and fatalities globally, in spite of the large scale measures initiated to mitigate its spread was also an indication that the existing health system was failing to protect citizens against the spread of SARS-CoV-2, hence there is the need for individuals in the community to regain the responsibility of preventing and protecting themselves from the destructive consequences of COVID-19.

The Ottawa Charter highlighted five health promotion strategies, which include build healthy public policy, strengthening community action, developing personal skills and creating supportive environment (Federal Ministry of Health, 2006). They are also called the five pillar of health promotion and among them, plan of actions and activities are designed to sustain and maintain a healthy population during the period of COVID-19 pandemic (Onya, 2009). The following strategic plan of actions will be appropriate in curtailing the COVID-19 spread and guarantee a better health and well-being that will bring about quality of life for all members of the population during this period of the pandemic. Health education, physical exercise, lifestyle and behaviour change, nutritional intervention, environmental intervention, hand and respiratory hygiene, preventive medical approach (testing), and public policy. These activities are designed to empower individuals and families in the communities to take responsibility for their health and well-being (Adepoju, 2020).

The fight against COVID-19 require a comprehensive approach, involving different categories of health care workers. One very significant group of frontline health care workers that have made immerse contribution in the fight against COVID-19 is the Community Health Workers. The Community Health Workers are frontline health personnel who are trusted and chosen members of the community and are given requisite training in a conventional College Of Health Technology to provide basic health care services to members of the community.

Community Health Workers are members of the communities where they work, selected by the communities and are answerable to the communities for their activities and should be supported by the health system but not always part of its organizational structure (Madeleine, Bancroft, Josh, & Johnson, 2020). This category of health workers contribute to the development and well-being of the community and also assist in improving access to basic health care services. Community Health Workers are major players in the delivery of primary health care services to the resource constrained hard-to-reach areas of the population (Whenayon, Olumuyiwa & Rohina, 2020). They are part of the national health system trained to carry out functions related to health care delivery especially at the grass-root where access to health care services is very difficult to sustain. Community Health Workers serve as link between the community and the health system and comprehensively and rightly knit the social aspects of health (Soumyadeep, Sandeep, Jyti, Devaki, & Misimi, 2020). Some countries train Community Health Workers for specific disease areas, specific target group and other for general health care delivery services, who are properly integrated into the primary health care delivery system, especially in Nigeria.

In Nigeria, Community Health Workers are trained as part of the professionals that implement the various components of Primary Health Care at the Local Government Area level which formed the third tier of the national health care delivery system. Three cadres of Community Health Workers are trained in the Colleges of Health Technology, which include the Community Health Officers, Community Health Extension Workers and the Junior Community Health Extension Workers. As frontline public health workers, community health sub-system is the level of care that provides the individuals and families in the community the access way to the national health care system. The state has over 300 community health workers, rendering primary health care service in the more than 200 primary health care facilities at the Local Government levels. As frontline health personnel, they are at high risk of being exposed to the COVID-19 infection at the grass root level. Attitude and location are factors that can determine the utilization of health promotion activities among the Community Health Workers. Attitude, Achalu (2019), is the perception and reaction to a situation, which can be negative or positive and even indifference. Health attitudes are learned and are difficult to change once established. The attitude of Community Health Workers towards health promotion activities can greatly determine if they would practice them during the COVID-19 pandemic. The location is place where the Community Health Worker is stationed to provide health care services, which could be rural or urban. Location can determine the availability and utilization of health care services. According to Badri, and Amrita, (2017), the utilization of health promotion activities among health personnel can be significantly determined by location.

Available data revealed that, Nigeria has so far recorded more than 800 confirmed cases of COVID-19 among frontline health care workers as at June, 2020 with more than 40 fatalities including 14 doctors and other allied health workers. In view of the manner in which COVID-19 spreads, and the fact that, the disease has no known cure at the moment and can only be prevented, it becomes a matter of responsibility for every front-line medical personnel to follow universal acceptable health promotion measures that will break the channel of transmission between them and their patients and build up their body's ability to withstand the infection. With over 412 confirmed cases of COVID-19 and 21 fatalities as at 30th October, 2020, Bayelsa State was listed among the high risk states by the Nigeria Center for Disease Control, and it was therefore necessary that this study investigate the attitude and practice of Health Promotion activities among Community Health Workers during COVID 19 pandemic in the state.

Purpose of the Study

The main aim of the study was to investigate the attitude and practice of Health Promotion activities among Community Health Workers during COVID 19 pandemic in Bayelsa State. The study specifically sought to ascertain;

1. Community Health Workers attitude towards Health Promotion activities
2. Community Health Workers attitudes towards motivating others for Health Promotion
3. Practice of Health Promotion activities among Community Health Workers.

Research Questions

The following research questions were posed to guide the study.

1. What is the attitude of Community Health Workers towards Health Promotion activities during COVID 19 pandemic in Bayelsa State?
2. What is the attitude of Community Health Workers towards motivating others for Health Promotion during COVID 19 pandemic in Bayelsa State?
3. To what extent is Health Promotion activities practiced by Community Health Workers during COVID 19 pandemic in Bayelsa State?

Hypotheses

The following hypotheses were postulated and tested at 0.05 level of significance

1. There is no statistically significant difference in the attitude of Community Health Workers toward health promotion activities during COVID 19 pandemic in Bayelsa State based on location.
2. There is no statistically significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID 19 pandemic in Bayelsa State based on cadre.

Methods

The study adopted the descriptive survey research design. This design was considered because, it provided the researchers the opportunity to identify and describe the characteristics of a given population naturally. According to Nwankwo (2016), descriptive research design is a study design that is aimed at collecting and describing data in a systematic way the characteristic attributes or facts of a given population. The population of study comprised of all registered community health workers working in both public and private health facilities in Bayelsa State, which according to the National Association of Community Health practitioners of Nigeria, Bayelsa State chapter was 320 practitioners. Since the population was moderately small and manageable, the entire population was used for the study. This was supported by Uzoagulu (2011), who affirmed that, a researcher can study the entire population when it is small and manageable. A small and manageable population according to him, is a population that is 300 or less. Three research questions and two hypotheses guided the study. A 23-item self-structured questionnaire titled Attitude and Practice of Health Promotion among Community Health Workers during COVID-19 pandemic Questionnaire (APHPCHWCPQ), was used for the collection of data for the study. Three research experts in the field of public health were consulted to establish the face and content validity of the instrument. The reliability of the instrument was ascertained using of the test-retest. Twenty copies of the instrument were administered to 20 community health workers in Bomadi Local Government Area of Delta State, which were retrieved after few minutes. This process was repeated again in two week period and the scores from the two administrations were analyzed using Pearson Product Moment correlation and a reliability coefficient of 0.76 was obtained.

Three hundred and twenty copies of the questionnaire were administered to the respondents and 292 copies were retrieved, given a return rate of 91.3 percent. The copies of the questionnaire were administered by the researchers with the help of seven trained research assistants. The 320 copies of the questionnaire were administered to the respondents in their various health facilities in the eight local government area of Bayelsa State. The data collected were analyzed using mean, standard deviation, ANOVA and Z-test statistic tools. Mean and standard deviation was used in answering the research questions while the null hypotheses was tested using Z-test and ANOVA statistics, at 05 level of significance. In answering the research questions, one and two, a criterion mean or cut-off point of 2.50 was set for decision making. Any mean score of 2.50 and above implies positive attitude while a mean score of less than 2.50 is considered as negative attitude. However the criterion set for research question three implies that, any mean score from 3.1-4.0=Great extent, mean score of 2.1-3.0 =some extent, mean score of 1.1-2.0=low extent, mean score of 0.1-1.0=very low extent.

Results

Research Question 1: What is the attitude of Community Health Workers towards Health Promotion activities during COVID 19 pandemic in Bayelsa State?

Table 1: Mean score of attitude towards Health Promotion among Community Health Workers during COVID 19

S/N	Items	Mean	SD	Decision
5	I believe moderate exercise will improve my health during COVID pandemic	2.51	1.02	Positive
6	I feel eating balanced diet will improve my immune system during COVID 19 pandemic	2.66	0.97	Positive
7	I love to take COVID 19 test	1.96	0.94	Negative
8	I think avoiding alcohol is good for health during COVID 19 pandemic	2.76	1.10	Positive
9	I feel avoiding tobacco would improve my respiratory health	2.49	0.99	Negative
10	I feel comfortable using face mask and face shield while in the health center	3.03	0.77	Positive

11	I feel comfortable wearing apron while in the health center during COVID 19 pandemic	2.64	1.12	Positive
	Grand Mean	2.58	0.99	Positive

Table 1 showed and standard deviation scores of respondents' attitude towards Health Promotion activities during COVID 19 pandemic in Bayelsa State. The table revealed that in items 5, 6, 7, 10 and 11, respondents recorded positive attitude towards Health Promotion activities, whereas in items 8 and 9 respondents showed negative attribute towards Health Promotion activities. With a grand mean score of 2.58, which is above the cut-off point of 2.50, it was concluded that Community Health Workers have positive attitude towards Health Promotion activities during COVID 19 in Bayelsa State.

Research Question 2: What is the attitude of Community Health Workers towards motivating health others for Health Promotion during COVID 19 pandemic in Bayelsa State?

Table 2: Mean score of attitude towards motivating others for Health Promotion among Community Health Workers during COVID 19

S/N	Items	Mean	SD	Decision
12	I feel joyful encouraging patient and clients to partake in 30minutes moderate exercise	1.88	0.75	Negative
13	I like to educate to take COVID 19 test	3.13	0.96	Negative
14	I like to educate clients to use face mask and face shield during COVID 19 pandemic	2.90	0.81	Negative
15	I feel fulfilled educating people to observe proper respiratory hygiene during COVID 19 pandemic	1.70	0.93	Negative
16	I like to encourage my patient on hand hygiene during COVID 19 pandemic	1.67	0.83	Negative
	Grand Mean	2.26	0.83	Negative

Data in table 2 showed a grand mean score of 2.26 indicating that Community Health Workers have negative attitude towards motivating patients and other clients to Health Promotion activities. The table further indicated that items 13 and 14 showed that, respondents recorded positive attitudes, while items 12, 15, and 16 respectively recorded mean scores lower than the cut-off mean score 2.50 and above. These lower mean scores indicating a negative attitude of community health workers towards motivating others for Health Promotion activities during COVID 19.

Research Question 3
What is the extent practice of Health Promotion activities by Community Health Workers during COVID 19 pandemic in Bayelsa State?

Table 3: Mean score of extent of practice of Health Promotion activities among Community Health Workers during COVID 19

S/N	**Items**	**Mean**	**SD**	**Decision**
17	Exercise moderately for 30 minutes daily	2.00	0.78	**Low Extent**
18	Eating of balanced diet	2.65	0.86	**Some Extent**
19	Using face mask and face shield	2.76	1.08	**Some Extent**
18	Taking COVID 19 test	1.39	1.01	**Low Extent**
19	Washing hand with soap and water or use of hand sanitizer	3.00	0.88	**Great Extent**
20	Avoid tobacco and alcohol	2.80	0.93	**Some Extent**
	Grand Mean	**2.43**	**0.92**	**Some Extent**

Table 3 reveals that the mean score of respondents on moderate exercise was (mean=2.00), eating of balanced diet was (mean=2.65), using face mask and face shield was (mean=2.76), taking COVID 19 was (mean=1.39), washing hand with soap and water or using hand sanitizer (mean=3.00) and avoid tobacco and alcohol was (mean=2.80). With a grand mean score of 2.43, it was concluded that, Community Health Workers

practice in Health Promotion activities during COVID 19 was some extent. Meaning, the practice of Health Promotion among Community Health Workers during COVID 19 in Bayelsa State was not very impressive

Hypothesis 1

There is no statistically significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID 19 pandemic in Bayelsa State based on location.

Table 4: Summary of z-test analysis on significant difference in attitude of Community Health Workers towards Health Promotion activities based on location during COVID 19

Variables	N	Mean	SD	z-cal	df	z-crit	Decision
Rural	203	2.87	0.58	1.333	290	1.96	Not rejected
Urban	89	2.65	0.75				

Table 4 shows that, the calculated z-value of 1.333 was less than the z-critical value of 1.96 with degree of freedom of 290 at 0.05 level of significance. This means that, the null hypothesis of no significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID-19 pandemic in Bayelsa State based on location was accepted. This implies that the attitude of Community Health Workers serving in both rural and urban areas towards Health Promotion activities during COVID-19 pandemic are the same in Bayelsa State.

Hypothesis 2

There is no statistically significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID-19 pandemic in Bayelsa State based on cadre

Table 5: Summary of ANOVA analysis on significant difference in attitude of Community Health Workers towards Health Promotion activities based cadre during COVID-19

Cadre	Sum of Square	Degree of Freedom	Mean Square	F-cal	F-crit	Decision
Between Groups	347.674	2	167.112	2.05	2.67	Not rejected
Within Group	4653.315	289	594.123			
Total	5000.989	291				

Table 5 revealed that, the calculated F-value of 2.05 was lesser than the critical F-value of 2.67 with degrees of freedom of 2 and 289, at 0.05 level of significance. Hence the null hypothesis was not rejected. Meaning that, there was no significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID-19 pandemic in Bayelsa State based on cadre

Discussion

The result from table 1 above revealed a grand mean score of 2.58, which is above the cut-off point of 2.50, and this implies that Community Health Workers have positive attitude towards Health Promotion activities during COVID-19 in Bayelsa State. This result was expected and not surprising, considering the fact that as frontline professional health personnel, they are very much aware of the manner in which COVID-19 spreads, the fact that the disease has no known cure for now and the only reliable way of breaking its transmission is by deliberately following the protective protocols that stipulated for prevention. The result is in agreement with the findings of Amalia and Hadist (2018), Badri, and Amrita, (2017) and Albalaushi, Al-Omair, Sayed (2015), who in their separate studies also affirmed a very positive attitude among health personnel towards preventive protocols of communicable diseases. The findings of Walker (2019), also gave credence to this finding, who confirmed a positive attitude among local government council workers in Bayelsa state, south-south Nigeria. However this finding contradicted the views of Damiani, Federico and Basso, (2012) and Dalton, Bottle, Okoro, Majeed, and Millet, (2011) who reported negative attitude towards health check as Health Promotion measures.

Data in table 2 above showed a grand mean score of 2.26, which indicates that Community Health Workers have negative attitude towards motivating patients and other clients to partake in Health Promotion activities. This finding is surprising and was not expected considering the fact that as public health professionals in the Nigerian health system, it is their responsibility to extend health literacy in the population in order to establish the expected health consciousness among individuals and families in the community. This finding is in consonant

with the findings Eke, Eke, Joe-Ikechebelu, and Okoye, (2012), Damiani, Federico and Basso, (2012) and Dalton, Bottle, Okoro, Majeed, and Millet, (2011). Their results revealed that, a greater percentage of public health personnel studied were not having positive attitude towards health education, which is supposed to have formed a major part of the duties of a health care provider. However, this result contradicts the views of Amalia and Hadist (2018), Olayinka, and Alele, (2015) and Liu (2012). Their findings revealed a positive attitude among health care workers concerning health education as a major aspect of their work schedule on daily basis.

The data from table 3 revealed a grand mean score of 2.43, which was an indication that, Community Health Workers practice in Health Promotion activities during COVID-19 was to some extent. Meaning, the practice of Health Promotion among Community Health Workers during COVID-19 in Bayelsa State was not very impressive. This result was surprising and was not expected considering the high global fatality rate of COVID-19 among frontline health care workers, who are daily exposed to the disease as a result of their professional calling, and the only to curtail its spread is through Health Promotion. It will be more chaotic at the frontline of the fight against COVID 19, if health care workers are massively infected with SARS-COV-2 as a result of failure to adhere to established preventive protocols established by WHO and relevant health agencies. This finding validates the findings of Badri, and Amrita, (2017), Olayinka, and Alele, (2015), Eke, Eke, Joe-Ikechebelu, and Okoye, (2012). The findings from these studies convincingly revealed that, majority of the respondents were not impressively practicing Health Promotion activities. This finding was not in consonance with the views of Amalia & Hadist (2018).

The result from the tested hypothesis in table 4 revealed that, there was no significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID-19 pandemic in Bayelsa State based on location. This implies that the attitude of Community Health Workers serving in both rural and urban areas towards health promotion activities during COVID-19 pandemic are the same in Bayelsa State. This finding is in variance with Amalia and Hadist (2018), Badri, and Amrita, (2017) and Albalaushi, Al-Omair, Sayed (2015), who affirmed that the location of the individual may significantly determine his attitudes toward Health Promotion programmes and activities. However this finding was supported by Olayinka, and Alele, (2015) and Liu (2012), Damiani, Federico and Basso, (2012) and Dalton, Bottle, Okoro, Majeed, and Millet, (2011), who concluded in their separate studies that, location can predict and determine the attitudes of individuals toward adherence to preventive protocols.

Results in table 5 showed that the calculated F-value of 3.05 was higher than the critical F-value of 2.67 with degrees of freedom of 2 and 289, at 0.05 level of significance. Hence the null hypothesis was not rejected. Meaning that, there was no significant difference in the attitude of Community Health Workers toward Health Promotion activities during COVID-19 pandemic in Bayelsa State based on cadre**.** This finding is supported by Badri, and Amrita, (2017), Albalaushi, Al-Omair, Sayed (2015) and Albalaushi, Al-Omair, Sayed (2015), Eke, Eke, Joe-Ikechebelu, and Okoye, (2012) and who observed in their studies that, the cadre or type of wok will significantly determine the attitudes toward Health Promotion activities

Conclusion

Based on the findings of this study, it was concluded that Community Health Workers attitude towards Health Promotion activities during COVID-19 in Bayelsa State was positive, but their attitudes towards motivating others for Health Promotion was negative. The findings also affirmed that, the practice of health promotion activities among Community Health Workers during COVID-19 was not so impressive.

Recommendations

The following recommendations were made in accordance with the findings.

1. Government at all levels should formulate policies that will compel all community health workers to mandatorily schedule health education as a routine activity in their work schedule.
2. The state primary health care development board and the Local Government health authorities should set up a supervisory mechanism that will monitor and ensure adherence to health promotion measures among community health workers during COVID 19 pandemic.
3. Government, partner agencies and NGOs should ensure the provision of handwashing materials, hand sanitizers, face mask, face shields, aprons and other equipment that are designed to effectively curtail the spread of COVID within the reach of the community health workers.

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