

Continuing essential Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic

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Operational guidance for South and South-East Asia and Pacific Regions

PURPOSE

This document has been prepared to provide generic operational guidance to countries in the regions for preparing a continuity plan for maintaining good quality and equitable sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services during the COVID-19 pandemic. It is commonly observed that response to a pandemic stresses the health systems in the countries and poses the risk of disruption in provision and use of ongoing health services that are essential for population groups that are particularly vulnerable.

This document builds upon the global guidance issued by WHO and UN agencies^{1, 2, 3, 4, 5, 6, 7} and encourages countries to adapt the guidance, based on local conditions to sustain essential SRMNCAH and nutrition services^{8, 9} while implementing prevention, infection control and curative services for COVID-19. This guidance shall be updated as the new information and evidence emerges on the nature and stage of the pandemic.

COVID-19 PANDEMIC: CHALLENGES TO HEALTH SYSTEM

Already over-stretched health systems in the countries of the region are likely to be further challenged in the context of COVID-19 preparedness and response, causing risk of disruptions in essential health and nutrition services for mothers, newborns, children, and adolescents, potentially leading to preventable maternal, newborn and child mortality and morbidity. Analyses from previous epidemics

¹ WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

² WHO. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

³ UNICEF. Interim UNICEF Internal Guidance on Community-based Programme Support in the Context of the COVID-19 Pandemic. 2020.

⁴ UNFPA. COVID-19: A Gender Lens. Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality. March 2020.

⁵ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

⁶ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief.

⁷ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA Interim Technical Brief on Adolescents and Young People & Coronavirus Disease (COVID-19) UPDATED. March 24 2020.

⁸ UNICEF, GNC & GTAM. Infant and young child feeding in the context of COVID-19. V1 30 Mar 2020.

⁹ UNICEF, GNC & GTAM. Management of child wasting in the context of COVID-19. V1. 27 Mar 2020.

like the 2014–2015 Ebola outbreak suggest that deaths caused by measles, malaria, HIV/AIDS, and tuberculosis attributable to health system failures exceeded deaths from Ebola^{10, 11}. It is understood that the countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse.¹² Many routine and elective services may need to be postponed or suspended. In addition, when routine practices come under threat due to competing demands, simplified purpose-designed governance mechanisms and protocols would be needed to mitigate outright system failure.

The collective national goal during the pandemic must be to maintain equitable access to essential service delivery throughout the emergency, limiting direct mortality and avoiding increased indirect mortality.

OPERATIONAL GUIDANCE

Below are the guiding principles and recommended critical actions to be taken at national and sub-national levels to sustain provision of equitable and good quality essential services for RMNCAH and their utilization. Similar guidance on nutrition¹³, immunization¹⁴, and HIV services¹⁵, and recommendations for clinical care of COVID cases at hospitals¹⁶ and home¹⁷ are available elsewhere.

Health system's ability in a country to maintain delivery of essential health services when resources are diverted for COVID response will depend on and be guided by:

- **The COVID-19 transmission context** classified as no cases, sporadic, clusters, or community transmission. The situation is different in each country and they have adopted different mechanisms to cut transmission such as complete lockdown, or quarantine, self-isolation etc. This has affected the health services differently.
- **Baseline capacity of the health system in the country**
 - The capacity of the health system including workforce skill-mix and deployment, supplies to safely meet essential SRMNCAH needs and to control infection risk in health facilities
 - Options for task shifting and alternate strategy:

¹⁰ Elston, JWT, Cartwright, C, Ndumbi, P, & Wright, J. (2017). The health impact of the 2014–15 Ebola outbreak. *Public Health*, 143, 60–70.

¹¹ Parpia, AS, Ndeffo-Mbah, ML, Wenzel, NS, & Galvani, AP. (2016). Effects of response to 2014–2015 Ebola outbreak on deaths from malaria, HIV/AIDS, and tuberculosis, West Africa. *Emerging infectious diseases*, 22(3), 433.

¹² WHO. Covid-19: Operational Guidance for Maintaining Essential Health Services During an Outbreak.

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jmo_who_strategicplanning-operationalguidance_web11.pdf

¹³ Joint statement on nutrition in the context of the COVID-19 pandemic in Asia and the Pacific (Releasing soon)

¹⁴ WHO. Guiding Principles for Immunization Activities during the COVID-19 Pandemic. Interim Guidance 26 March 2020.

¹⁵ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020

¹⁶ WHO. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected Interim guidance 13 March 2020

¹⁷ WHO. Operational considerations for case management of COVID-19 in health facility and community Interim guidance 19 March 2020

- If the country has an existing qualified community cadre, they may be deployed for home visiting for ANC and PNC etc.
- Legislation or policy in support of task shifting with authorization to provide specified services
 - Options of mobile services
 - Options of Tele-Health mechanisms for training and service provision
- **Burden of existing diseases** like communicable diseases and non-communicable diseases in the country that need continued services for prevention and treatment.
- **Social conditions and demand for services:** Maintaining population trust in safe services is the key to ensure timely care-seeking and adherence to clinical and public health advice.

As the condition in countries is quite variable, it is understood that one model will not fit all. However, principles and high-level actions could be common, which are included in this note.

GUIDING PRINCIPLES

For minimizing the impact of the COVID outbreak on essential RMNCAH services, the following principles must be considered.

- Countries must prioritize essential SRMNCAH services for continuation during the pandemic as these serve women, children and adolescents, who are especially vulnerable during emergency situations and it is imperative to meet their rights.
- Plans should be prepared in anticipation that the SRMNCAH services would need to be reorganized, reduced or delivered by tele-health etc. in phases as the pandemic evolves.
- The existing national standards of care must be followed to ensure that services continue to be of high quality and safe; and equity and gender-specific considerations must be addressed.
- Strict IPC practices including specific ones for COVID-19 must always be enforced to ensure safety of the RMNCAH clients and healthcare workers, including full PPEs.
- There must be clear mechanisms to address barriers for the clients to access services including the physical (due to lockdown etc.), financial (due to unemployment, stressed financial services) and social (fear of getting infected when seeking services) barriers.
- Close monitoring of provision and utilization of SRMNCAH services must be undertaken to understand the level of sustainment in terms of equity, access, coverage and quality.
- The situation of the COVID-19 outbreak must be periodically reviewed and routine SRMNCAH services restored fully, as early as possible.
- Additional funds (World Bank, GF, EU) for COVID-19 response should also be used for continuation of SRMNCAH services and strengthen the health system over the long term.

RECOMMENDED ACTIONS

Based on the WHO interim guidance COVID-19: Operational guidance for maintaining essential health services during an outbreak (25 March 2020)¹⁸ the following key actions for sustaining prioritized SRMNCAH services in the regions are recommended to be adapted to local contexts.

STRENGTHEN GOVERNANCE AND COORDINATION

- Under the National COVID-19 Task Force / Steering Committee, a SRMNCAH focal person should be included as a member of the essential health services coordination team.
- Joint H6 mechanism of H6 agencies should be activated at country level for coordinated support to the national health cluster/ RH subcluster.
- The existing national SRMNCAH technical working group / expert group in the MOH may be re-purposed for coordination of sustaining the prioritized SRMNCAH services in the wake of the pandemic. This may be housed in the Health cluster of national emergency response plan.
- When routine services begin to be compromised, this working group will lead a phased plan for continuing SRMNCAH services as part of overall national essential health services plan. They will activate a phased plan for redesigning essential SRMNCAH services and reallocation of the overall health system and service delivery capacity.

SUSTAINING ACCESSIBLE AND QUALITY RMNCAH SERVICE PROVISION

The national essential services coordination team should prioritize SRMNCAH services, guided by the local health system context. Such essential services would cover each stage of life-course across the RMNCAH continuum, including family planning, comprehensive abortion care, care during pregnancy, childbirth, postnatal and newborn periods, infancy and childhood and adolescence. Some of these services would be considered for modification or reorganization to reduce the demand on the overstretched health system and protect people from exposure to infection. It may be possible to stop some of the on-site health promotion services altogether for the time being.

While reorganizing the SRMNCAH services there should be no compromise in the standards of care and safety. Any modifications in the standard protocols should be based on evidence.

Some specific actions and practical examples are provided below. Specific guidance for continuity plans for nutrition and immunization services are also available.

¹⁸ <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>

Redesigning of SRMNCAH services:

Create a phased roadmap during the outbreak. Identify components of SRMNCAH services that can be delayed or relocated to non/low-affected risk areas. Depending upon the local situation of the outbreak and health system capacity, one or more of the following options could be considered. These are examples for selected SRMNCAH services. Another document with the detailed guidance on all these services will follow.

- **Antenatal care:** Consider pragmatic reorientation of essential care, like
 - Identify high risk pregnancies for ANC and modify schedule and give pre-appointments to come to health facilities to reduce crowding and maintain physical distancing.
 - Replace ANC at health facilities with home visits, or tele-consultation and counselling to reduce exposure of women.
 - Prioritize ANC at health facilities for high-risk pregnancy and during second half of pregnancy with adequate IPC measures.
- **Postnatal care:** Consider rational modifications of the services, like
 - May prioritize first contact (within 24 hours of delivery) with adequate IPC measures.
 - May replace subsequent contacts in no-risk cases with home-visits, tele-consultation and counselling
- **Facility based-care for SRMNCAH:** Countries should consider identifying designated SRMNCAH centers with enhanced IPC provisions, triage and isolation areas for COVID suspected or positive cases to sustain provision of safe and quality services for family planning, safe delivery and management of potential complications (CEmONC), abortion care, and referral care for newborns and children with serious diseases.
- **Home visits for childcare:** Consider replacing the health promotion visits by tele-consultation and counselling. Visits for sick children should be prioritized with adequate IPC measures.
- **Referral and Emergency Transport:** A referral pathway and mechanisms must be provided for emergency transport from home and lower level health facilities to higher level facilities and back to home. Separate transport vehicles and personnel are recommended for COVID-negative cases and COVID suspected and confirmed cases.
- **Long term and chronic care for SRMNCAH:**
 - Use alternate mechanisms like outreach and mobile teams, e-health services.

- Ensure supplies for long-term care like IFA tabs, sanitary pads, OCPs, condoms medicines for hypertension, diabetes, HIV, TB etc. Map private and public pharmacies that could deliver medicines to homes.
- Consider alternate non-health agencies to deliver supplies like runners, teachers, agriculture workers, postal services, police etc.

Special considerations under COVID pandemic:

- **Psychosocial support:** Provide information on COVID and counselling on safety practices to healthcare workers and clients of SRMNCAH services.
- **Nurturing care for early childhood development:** Prioritize counseling and services for responsive caregiving, parenting¹⁹, feeding and child protection from abuse and violence.
- **Adolescent health:** During isolation and prolonged lockdown periods, adolescent boys and girls are more vulnerable to anxiety, stress and health-risk behaviours. Provide anticipatory guidance and counselling through appropriate mechanisms.
- **Response to Domestic violence:** Domestic violence of all types is likely to increase during isolation and lockdown; children, girls, women and people with disabilities are especially vulnerable. A comprehensive response for prevention, treatment and rehabilitation of domestic violence of all types must be integrated into SRMNCAH services in collaboration with other sectors.

Health workforce: Surge health workforce need to be identified, recruited, trained and deployed to both meet the additional requirement for COVID-19 response and cater for a likely higher rate of absenteeism of regular health workers. Any diversion of skilled providers of maternal and newborn care to COVID-19 response work should be completely discouraged. Specific options and measures for optimizing health workforce for SRMNCAH include:

- **Task sharing / task shifting:** Some of the tasks of SRMNCAH care could be shifted to community health workers or nurses and midwives or non-specialist cadres depending on alternatives available and policy, regulatory and legal provisions. Additional or refresher trainings may be required for the cadres that get the new or additional work.

¹⁹ WHO. Helping children cope with stress during the 2019-nCoV outbreak (2020)

- **Training in IPC:** All cadres must be oriented, refreshed to IPC procedures and practices.
- **Training in COVID-19 case management:** Identified healthcare providers will require training in identification, triage and management of COVID cases as per the national protocols.
- **e-Training mechanisms** should be used for primary and refresher trainings, as possible.

Essential supplies: There is an eminent challenge to ensuring uninterrupted supplies for health services during outbreaks guided by the local context. For the prioritized essential SRMNCAH services (routine and emergency including contraception and abortion care), a country-specific list should be generated including essential equipment, medicines, commodities, IPC provisions (including hand sanitizers, masks and PPE), diagnostics and blood banking. An appropriate platform for monitoring and reporting inventory and stock-outs should be created, along with a mechanism for quick re-distribution and mobilizing fresh supplies.

Demand side actions: Inform communities via multiple media platforms (e.g., TV, radio, and social media) on the importance of seeking care from skilled providers, and how and when to access SRMNCAH services in designated centers that may have been diverted from usual facilities, use of recommended IPC practices and safe care seeking, information about transport facilities and COVID-19 designated facilities. The users should be reassured that safe care is available with adequate infection prevention.

MONITOR PERFORMANCE OF PRIORITIZED RMNCAH SERVICES

In the challenging situation of the outbreak and serious risk of disruption of essential services, it is especially important to monitor the prioritized SRMNCAH services within the national information system. Virtual platforms should be considered to collect data, report back the analysis, and provide follow-up supportive supervision to address the gaps in these essential services.

Coverage (utilization) and quality of essential prioritized SRMNCAH services should be monitored using selected core indicators. Such a list and the data reporting mechanisms may need to be adapted based on the local situation. Some of the following indicators may be considered:

Number of clients that received antenatal care (ANC1 & ANC4)	Number of births conducted in health facilities (or by a skilled birth attendant)
Number of mothers and newborns provided postnatal care within 24 hours of birth	Number of admissions in special newborn care units
Number of neonatal deaths	Number of maternal deaths
Number of intrapartum stillbirths	Number of women who received contraceptives
Number of women who received abortion/post abortion care	Number of children, girls and women managed for GBV
Stock-outs of essential medicines	Stock-outs of contraceptives

Analysis disaggregated by gender and equity differentials should be undertaken for corrective actions. For COVID-19 hotspots or vulnerable areas, additional mechanisms may be used for quick identification of gaps in essential services. Consider more frequent (like weekly) digital monitoring of selected key SRMNCAH indicators and establishing dashboards / maps to visualize short-term fluctuations for early identification of health service disruptions followed by corrective actions.

Existing social media platforms (e.g., WhatsApp groups, Facebook groups, etc.) and specially designed learning / knowledge-exchange platforms can be used to monitor performance, document best practices, and share common experiences, challenges and ideas.

Agree on the recognition and reward mechanisms for the best performing teams and health facilities for delivering good quality SRMNCAH services in the face of COVID-19 pandemic.

COUNTRY ADAPTATION

This joint UN regional Operational guidance for continuity of Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic is presented to provide guidance to countries in the South and South-East Asia and Pacific Regions. It is suggested that countries undertake adaptations to suit their local conditions before implementation.

This may be considered as an interim guidance to prepare plans for continuing essential SRMNCAH services. Operations in the countries would need to be modified based on local implementation experience and in response to any new global recommendations that emerge because of evolving situation of the COVID pandemic in the Regions.

WORK IN PROGRESS

This regional guidance will be periodically updated as new information becomes available and in response to fresh requests from the countries.

A more detailed set of operational guidance will follow that will include specific actions for continuing services for different stages of SRMNCAH life-course continuum.

In the meanwhile, please refer to the following sources for additional and new information.

SUGGESTED WEBSITES FOR UPDATED INFORMATION ON COVID PANDEMIC:

WHO

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

<https://www.who.int/teams/risk-communication>

https://www.who.int/maternal_child_adolescent/links/covid19-resources-and-support-for-mncah-and-ageing/en/

https://www.who.int/pmnch/media/news/2020/guidance-on-COVID-19/en/?fbclid=IwAR1lB5bh6SP_Ez2V7nBhA6HxurCXN4VVTGx2vWI2ZljymZNvZ5iej0ltuD4

UNFPA:

<https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19-0>

<https://www.unfpa.org/resources/covid-19-technical-brief-maternity-services>

<https://www.unfpa.org/resources/case-management-gbvmsgbvims-and-covid-19-pandemic>

<https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-modern-contraceptives-and-other-medical-supply>

<https://www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid-19>

UNICEF:

<https://www.unicef.org/coronavirus/covid-19>

Other resources:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://mailchi.mp/ecdan/covid19>