Operational Guidance for Continuity of Essential Services Impacted by COVID-19

A practical guide for program implementation and adaptation

jhpiego
Johns Hopkins University Affiliate

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Cover photo: National Health Ministry, Government of Assam, India

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Abbreviations

ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral
CHW	community health worker
ENC	essential newborn care
FP	family planning
GBV	gender-based violence
HTS	HIV testing services
IPC	infection prevention and control
IPTp	intermittent preventive treatment of malaria in pregnancy
IRS	indoor residual spraying
ITN	insecticide-treated net
KMC	kangaroo mother care
KP	key population
LARC	long-acting reversible contraception
MNH	maternal and newborn health
PLHIV	people living with HIV
PNC	postnatal care
PPE	personal protective equipment
PrEP	pre-exposure prophylaxis
SRH	sexual and reproductive health
STI	sexually transmitted infection
VMMC	voluntary medical male circumcision
WHO	World Health Organization

Impact of COVID-19 on Global Health Indices

Beyond its direct effect on mortality, the COVID-19 pandemic is disrupting the provision of health care services globally, resulting in an increase in the number of deaths from non-COVID-19 causes.

> "A well organized and prepared health system has the capacity to maintain equitable access to high-quality essential health services throughout an emergency, limiting direct mortality and avoiding indirect mortality."
>
> –*Maintaining essential health services: operational guidance for the COVID-19 context*, interim guidance from the World Health Organization (June 1, 2020)

Hard-earned global health gains are being reversed, with health inequalities widening, as resources meant for routine health programming and health service delivery are directed toward the pandemic.

The Time to Act Is Now!

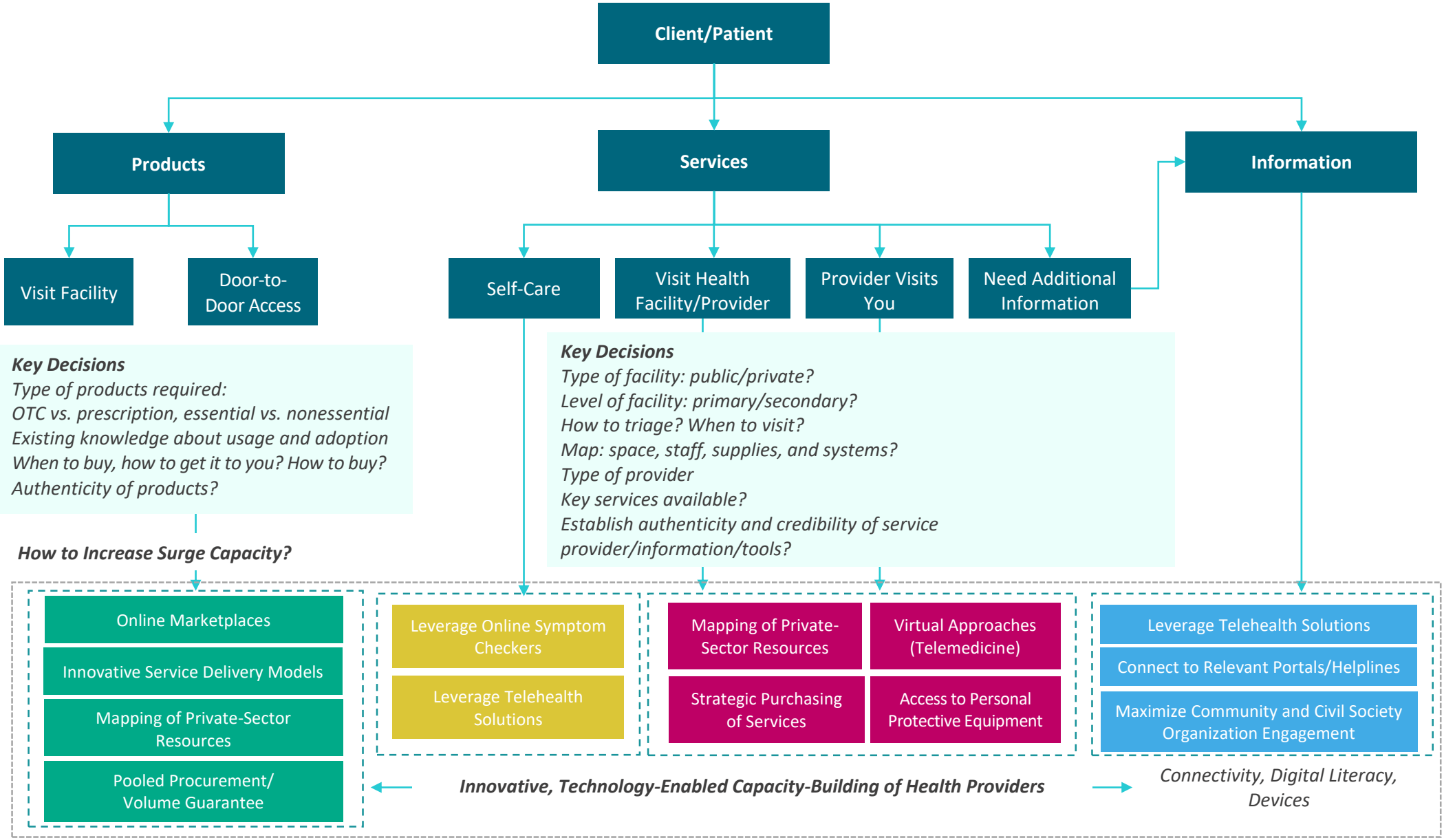
Countries and global health programs are making difficult decisions to balance the demands of responding directly to COVID-19 while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse.

The World Health Organization (WHO) released operational guidance that included a set of targeted immediate actions that countries should consider at national, regional, and local levels to reorganize and maintain access to essential, high-quality health services for all (June 1, 2020). Ten key priorities in the WHO guidance are:

> "High-priority categories include:
> - essential prevention and treatment services for communicable diseases, including immunizations;
> - services related to reproductive health, including during pregnancy and childbirth;
> - core services for vulnerable populations, such as infants and older adults;
> - provision of medications, supplies and support from health care workers for the ongoing management of chronic diseases, including mental health conditions;
> - critical facility-based therapies;
> - management of emergency health conditions and common acute presentations that require time-sensitive intervention; and
> - auxiliary services, such as basic diagnostic imaging, laboratory and blood bank services."
>
> –Maintaining essential health services: operational guidance for the COVID-19 context, interim guidance from the World Health Organization (June 1, 2020)

- Adjust governance and coordination mechanisms to support timely action.
- Prioritize essential health services and adapt to changing contexts and needs.
- Optimize service delivery settings and platforms.
- Establish safe and effective patient flow at all levels.
- Rapidly optimize health workforce capacity.
- Maintain the availability of essential medications, equipment, and supplies.
- Fund public health and remove financial barriers to access.
- Strengthen communication strategies to support the appropriate use of essential services.
- Strengthen the monitoring of essential health services.
- Use digital platforms to support essential health service delivery.

The global health community's response to this pandemic presents an unprecedented opportunity to reinvigorate health systems strengthening measures that prioritize decentralized, community-based, and client-focused mechanisms for accessing health products, services, and information, as traditional modalities for accessing these may be compromised and disrupted due to COVID-19.



Critical Considerations

Children

- Children are particularly vulnerable when health resources or social structures are stressed.
- Lack of access to preventive or curative health care, food, and other factors that contribute to healthy development can have lasting consequences on growth and well-being.
- Every child health encounter should be maximized for preventive care, such as by combining growth assessments, checks for illness, and/or screening for abuse with vaccination visits.

Adolescents and Youth

- Changes to service delivery may particularly impact adolescent girls and youth. These changes may result in increased sexual exploitation and abuse, gender-based violence (GBV), poor educational outcomes, adolescent pregnancies, and unequal access to information.
- While the technical components of service delivery may remain the same, alterations to the mode of delivery may be needed to ensure all needs are met.
- Programs should advocate for waiving restrictions, such as age or marital status, parental or spousal consent, and costs, to facilitate adolescents' and youth's access to sexual and reproductive health (SRH) and HIV services.
- For more information on adolescent and youth health service considerations, see p. 26–28 of WHO's *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020). The United Nations Population Fund's COVID-19 preparedness and response interim technical brief on adolescents and young people (March 24, 2020) and WHO's Q&A: Adolescents, youth and COVID-19 (May 4, 2020) may also be helpful.

Gender

- SRH and rights is a significant public health issue that requires extra attention during pandemics.
- Safe pregnancies and childbirth depend on functioning health systems and strict adherence to infection prevention. Provision of family planning (FP) and other SRH commodities, including menstrual health items, are central to women's health, empowerment, and sustainable development, and may be impacted as supply chains undergo strains from pandemic response.
- Obstacles and barriers must be addressed to ensure that women and girls can access services, including psychosocial support services, especially those who are subject to or may be at risk of violence in quarantine. Pandemics make existing inequalities for women and girls worse, including increasing the risk of intimate partner and domestic violence.
- Women represent 70% of the health and social sector workforce globally. Their work on the frontlines means they face a higher risk of exposure to COVID-19. Special attention should be paid to how their work environment may expose them to discrimination and should address their SRH and psychosocial needs as frontline health workers.
- As the majority of the health and social sector workforce, women should be adequately represented in the leadership, policymaking, and action-planning for national COVID-19 responses. See the United Nations Population Fund's *COVID-19: A Gender Lens: Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality* (March 2020).

Infection Prevention and Control

This guidance does not address infection prevention and control (IPC) and the use of personal protective equipment (PPE) in detail. Reference to additional IPC/ PPE guidance in highlighted throughout the document.

- To guarantee the safe delivery of services, the minimum requirements for IPC must be established.
- Adherence to standard precautions for all patients at all times should be strengthened, particularly regarding distancing, hand hygiene, the appropriate use of PPE, and surface and environmental cleaning and disinfection.
- Additional IPC measures will depend on the local COVID-19 transmission scenario and the type of contact required by the activity.
- It is key that health care providers and community health workers (CHWs) be trained on COVID-19 prevention and use PPE based on situation.

How Is This Guidance Organized?

- Each section/chapter addresses one of the **service delivery** key priorities from the WHO *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020).
- Cross-cutting guidance for each service delivery key priority that applies across all technical areas is presented first.
- Within each chapter/ section, each column highlights the specific guidance for a technical area (SRH/FP, MNH, Immunization, GBV, TB and HIV, Malaria)

Focus of this operational guidance: service delivery interventions

Key Priority	Adjust governance and coordination mechanisms to support timely action	Prioritize essential health services and adapt to changing contexts and needs	Optimize service delivery settings and platforms	Establish safe and effective patient flow at all levels	Rapidly optimize health workforce capacity	Maintain the availability of essential medications, equipment and supplies	Fund public health and remove financial barriers to access	Strengthen communication strategies to support the appropriate use of essential services	Strengthen the monitoring of essential health services	Use digital platforms to support essential health service delivery

Prioritize Essential Health Services and Adapt to Changing Contexts and Needs

SRH/FP	Maternal and Newborn Health (MNH)	Immunization	GBV	TB and HIV	Malaria
Contraceptive education and counseling • Group education (facility/community) • Counseling for new clients • Counseling for continuation, follow-up, side effect management, and routine check **Contraceptive service delivery** • Minimum service package that would allow for access to safe contraception and FP based on informed decision-making. • For interval FP care: - For new long-acting reversible contraception (LARC) clients, discuss and offer interim contraceptive options.	**Individualized counseling, preparation of birth preparedness/complication readiness plans (adapted to change in services), and advice on self-care, in addition to COVID-19-specific messages** See *Providing Antenatal Care Counseling in the Context of COVID-19*. **Essential and emergency maternal care interventions** • Screening/management of anemia, pre-eclampsia/ eclampsia, sexually transmitted infections (STIs)/HIV, TB, GBV, infection, antenatal/postpartum hemorrhage, and labor and childbirth complications • Preventive measures per country guidelines • Auxiliary services: ultrasound, laboratory	• Newborn and child immunizations given as per schedule; newborn vaccinations after delivery; zero-dose vaccination (oral polio vaccine, hepatitis B, and Bacille Calmette-Guérin) per national immunization schedule) • Primary series vaccinations, especially for measles-rubella- or poliomyelitis-containing vaccines and other combination vaccines • Vaccination for diseases with risk of outbreaks: measles, polio, diphtheria, and yellow fever	Identify and inquire about GBV with standard protocol. First-line support for GBV: • Listen closely without judgment. • Inquire about needs and concerns. • Validate experiences. • Enhance safety (safety planning). • Connect clients with additional services. • Provide care for injuries and urgent medical treatment. Minimum package of post-rape care: • Counseling • Rapid HIV testing with referral to care and treatment, as appropriate	• Targeted HIV testing services (HTS), including targeted provider-initiated HIV testing and counseling • Same-day antiretroviral therapy (ART) initiation for all newly diagnosed with HIV • Optimized ART regimens and appropriate dosing for all people living with HIV (PLHIV) • Treatment support for all PLHIV groups • 12-monthly viral load • Children and adolescents in orphans and vulnerable children programs • HIV self-testing including for sexual	• Core preventive and case management interventions • Intermittent preventive treatment of malaria in pregnancy (IPTp; see *Delivery of Community Intermittent Preventive Treatment in Pregnancy in the Context of COVID-19*) • Distribution of insecticide-treated nets (ITNs) through antenatal care (ANC) and growth monitoring/vaccination • Intermittent preventive treatment in infants • Seasonal malaria chemoprevention for young children • Vector control activities, including ITNs and indoor residual spraying (IRS)

Guidance must be contextualized and finalized with in-country decision-makers, in line with national guidance and priorities.

Context and Assumptions

The focus of this Jhpiego operational guidance is how to adapt and implement the five service delivery priorities listed in WHO's *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020):

- Prioritize essential health services and adapt to changing contexts and needs (the **what** of service continuity).
- Optimize service delivery settings and platforms.
- Establish safe and effective patient flow at all levels (the **where** of service continuity).
- Rapidly optimize health workforce capacity (the **who** of service continuity).
- Maintain the availability of essential medications, equipment, and supplies (the **with what** of service continuity).

These priorities rely on strong system governance, coordination, and financing mechanisms. Communications strategies need to be strengthened to support the appropriate use of essential services. This guidance does not include specific content for communications with clients and communities about the changes to service delivery addressed—which is beyond the scope of this guidance at this time—but it is critical to inform and engage clients and communities.

Further relevant resources are included as hyperlinks, both to technical guidance and approaches to operationalize them (e.g., telehealth/digital health and self-care).

The content of this guidance **will need to be contextualized and finalized with in-country decision-makers, in line with national guidance and priorities.**

This guidance does not specifically address how to strengthen essential health services monitoring. There is a critical need to monitor and work with countries to draft, develop, and use context-relevant data to understand the impact of COVID-19 on health service uptake, delivery, and quality; evidence-based operationalization, prioritization, and adaptation for continuity of services; and measuring performance and outcomes.

Prioritize Essential Health Services and Adapt to Changing Contexts and Needs

SRH/FP

Contraceptive education and counseling

- Group education (facility/community)
- Counseling for new clients
- Counseling for continuation, follow-up, side effect management, and routine check

Contraceptive service delivery

- Minimum service package that would allow for access to safe contraception and FP based on informed decision-making.
- For interval FP care:
  - For new long-acting reversible contraception (LARC) clients, discuss and offer interim contraceptive options.

Maternal and Newborn Health (MNH)

Individualized counseling, preparation of birth preparedness/complication readiness plans (adapted to change in services), and advice on self-care, in addition to COVID-19-specific messages
See *Providing Antenatal Care Counseling in the Context of COVID-19*.

Essential and emergency maternal care interventions

- Screening/management of anemia, pre-eclampsia/ eclampsia, sexually transmitted infections (STIs)/HIV, TB, GBV, infection, antenatal/postpartum hemorrhage, and labor and childbirth complications
- Preventive measures per country guidelines
- Auxiliary services: ultrasound, laboratory

Immunization

- Newborn and child immunizations given as per schedule; newborn vaccinations after delivery; zero-dose vaccination (oral polio vaccine, hepatitis B, and Bacille Calmette-Guérin) per national immunization schedule)
- Primary series vaccinations, especially for measles-rubella- or poliomyelitis-containing vaccines and other combination vaccines
- Vaccination for diseases with risk of outbreaks: measles, polio, diphtheria, and yellow fever

GBV

Identify and inquire about GBV with standard protocol.

First-line support for GBV:

- Listen closely without judgment.
- Inquire about needs and concerns.
- Validate experiences.
- Enhance safety (safety planning).
- Connect clients with additional services.
- Provide care for injuries and urgent medical treatment.

Minimum package of post-rape care:

- Counseling
- Rapid HIV testing with referral to care and treatment, as appropriate

TB and HIV

- Targeted HIV testing services (HTS), including targeted provider-initiated HIV testing and counseling
- Same-day antiretroviral therapy (ART) initiation for all newly diagnosed with HIV
- Optimized ART regimens and appropriate dosing for all people living with HIV (PLHIV)
- Treatment support for all PLHIV groups
- 12-monthly viral load
- Children and adolescents in orphans and vulnerable children programs
- HIV self-testing including for sexual

Malaria

- Core preventive and case management interventions
- Intermittent preventive treatment of malaria in pregnancy (IPTp; see *Delivery of Community Intermittent Preventive Treatment in Pregnancy in the Context of COVID-19*)
- Distribution of insecticide-treated nets (ITNs) through antenatal care (ANC) and growth monitoring/vaccination
- Intermittent preventive treatment in infants
- Seasonal malaria chemoprevention for young children
- Vector control activities, including ITNs and indoor residual spraying (IRS)

SRH/FP	Maternal and Newborn Health (MNH)	Immunization	GBV	TB and HIV	Malaria
					
- Defer permanent methods and discuss interim contraceptive options until elective procedures restarts. - Consider delay of long-acting methods (implant/intrauterine device) removal with use of another method of contraception to avoid pregnancy at this time. • Maximize immediate postpregnancy (postpartum and postabortion) methods to be initiated prior to discharge from a facility. LARC continues to be an option for use.	services, and blood bank services • Registration of maternal deaths **Essential and emergency newborn care interventions** • Initiation of skin-to-skin contact and early and exclusive breastfeeding • Screening/management of asphyxia, congenital anomalies, birth injuries, infection, feeding problems, breathing difficulties, hypo-/hyperthermia, and preterm or low-birthweight newborns • Prophylactic treatment as indicated: antibiotics, antiretroviral (ARV) dugs, TB drugs • Essential care: oral polio, Bacille Calmette-Guérin, and hepatitis B vaccinations; thermal protection; eye and cord care; and vitamin K • Individualized counseling messages for parents/caregivers	• Pneumococcal, meningococcal, and seasonal influenza vaccines for vulnerable population groups	• Post-exposure prophylaxis if the individual is reached within the first 72 hours • STI screening/testing and treatment • Emergency contraception if the individual is reached in the first 120 hours	partner/contacts of index cases • Continued access to pre-exposure prophylaxis (PrEP) for those at elevated risk of HIV • Key population (KP) services • Voluntary medical male circumcision (VMMC) postoperative follow-up (delay new VMMCs if guidance about mass gatherings cannot be followed) • Process for prioritization of clients in need of intensified virtual or in-person support (poor adherence, pregnant and breastfeeding women living HIV, etc.) • TB symptom screening of PLHIV and others at increased risk	campaigns across communities and households

SRH/FP	Maternal and Newborn Health (MNH)	Immunization	GBV	TB and HIV	Malaria
	• Registration of all births, regardless of place of birth • Registration of perinatal deaths • Consider COVID-19 sentinel surveillance by testing women at a few facilities.			• TB diagnosis (molecular where available), TB contact tracing, TB treatment initiation, and continuous adherence support	

Optimize Service Delivery Settings and Platforms

Consider optimal service delivery setting and platform for each service to minimize clients' and health care workers' exposure. This may vary depending on availability of service locations to safely provide services, disruptions to movement and transport, need to limit nonessential facility-based encounters, and local policy and guidance. Facility-based services should be delivered remotely where appropriate and feasible. Where feasible, services that would routinely be delivered across multiple visits should be integrated.

Where necessary, community events should be organized in a manner that minimizes the gathering of people (i.e., social distancing and limiting numbers), and participants should use available PPE.

Be prepared to shift rapidly to providing care through alternative ways by creating effective response plans (e.g., by ensuring frontline health care workers have phones and can charge them). Protocol to ensure continued safe document storage in case of sudden lockdown.

Adapt monitoring and tracking tools for capturing changes and progress in project implementation; guide programmatic course correction as needed.

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
Remote See *Ensuring Quality Family Planning Services during COVID-19 Pandemic*. • Explore and use phones and other digital technologies for screening, triaging, ad referral for	**Remote** • Assess risk: co-morbidities; under- or overweight; < age 19; tobacco, alcohol, or other substance use; mental health conditions	**Remote** • Triage and advice for women who think they are in labor	**Remote** • Triage and provide advice on concerns or preoccupations and danger signs. • Provide counseling on FP, pregnancy spacing, and complication	**Remote** • Provide family reminders of the importance of routine immunization, by SMS and other communication means.	**Remote** • Information, adherence support, and referral for services	**Remote** • Virtual HTS • Differentiated models of care • Mobile health strategies where feasible to provide clinical care and proactively communicate with PLHIV	**Remote** • Outreach services/ mobile clinics, particularly to expand access to ANC/IPTp

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
care; education and counseling when feasible; responding to questions about method use, side effects, and management, and supporting client continue using the method; and information and accessing resupply of short-acting methods, such as condoms, pills, and subcutaneous depot medroxyproges terone acetate. • Establish telehealth mechanisms for individual counseling of adolescents that adhere to	(e.g., anxiety, depression); GBV; and other vulnerable groups • Triage and provide advice on common discomforts, concerns or preoccupations, and danger signs. • Provide counseling on FP, pregnancy spacing, and birth preparedness/ complication readiness plan (adapt for changes to services). • Advise on self-care. • Advise on visit schedule based on risk		readiness plan (adapt for changes to services). • Advise on self-care. • Advise on visit schedule, newborn vaccinations, etc.			using positive messaging about the need to stay healthy and adhere to ART • Phone calls to reach contacts of index cases. • Telephonic VMMC consultation as an initial screening, before an in-person visit • Empowering clients themselves to provide peer support	

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
the principles of confidentiality and noncoercive decision-making.	assessment. Prioritize third-trimester visits.						
Community-based • Increase availability of methods requiring less contact with health care workers through pharmacies, CHWs, and other outlets. • Increase availability and access to contraceptives that can be used by the client without service provider support, including	Community-based visits with a trained CHW using point-of-care devices: • Discontinuation of group ANC • Visits at 20, 26, 34, and 38 weeks • Advice on common discomforts • Voluntary counseling and testing for HIV, syphilis, hepatitis B • Hemoglobin, urinalysis with urine dipsticks, rapid test for malaria	**Community-based providers** • Triage and advice for women who think they are in labor • Maternity waiting homes (where they exist): Follow appropriate IPC guidance. • Safe transport to care for women and newborns	**Community-based visits with a trained CHW:** • Visits at 48–72 hours and 7–14 days • Integrated management of newborn illness • Follow-up of problems/ infections/illnesses being managed by a skilled provider • Support for continued kangaroo mother care (KMC) in the home	**Community/ household-based** • Avoid/postpone mass vaccination campaigns temporarily where there is no active outbreak of a vaccine-preventable disease. • In the event of an outbreak, consider rapid vaccination campaigns after a careful risk analysis that considers both the potential impact of the outbreak and the	Community-based • CHWs to provide first-line response to GBV, with special attention on ensuring privacy and confidentiality, and measures to keep themselves safe	Community-based • Maximized use of HIV self-testing for targeted community testing • Community-based testing, including for KPs and rapid ART initiation • Differentiated service delivery models for community distribution and adherence support to orphans and vulnerable children; services	Community/ household • Provide malaria case management, including testing and treatment. Do not to suspend the planning for or implementation of vector control activities, including ITN and IRS campaigns.

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
							
various self-care methods. • Ensure availability of in-person contraceptive services (including both information and methods) through places other than health care facilities, such as pharmacies, drug shops, online platforms and other outlets, home deliveries, and CHWs, whether outreach, community-based, or home-based.	• Follow-up of problems/ infections/ illnesses being managed by a skilled provider • Distribution of 2–3 months of micronutrient supplements, ARV drugs, IPTp • Distribution of mebendazole and ITNs • Treatment of malaria, urinary tract infection/ asymptomatic bacteriuria • Triage and referral for identified problems/ danger signs		• Distribution of 2–3 months of micronutrient supplements and ARV drugs • Distribution of mebendazole and ITNs • Short-acting methods: offer 2–3 months' supply at each visit • Triage and referral for problems/ danger signs	possibility of adapting campaign procedures to ensure staff and families' safety. • Refer to the WHO framework for decision-making on implementation of mass vaccination campaigns in the context of COVID-19. School-based vaccination may continue only if infection control can be guaranteed. If mass campaigns are suspended, school-based campaigns should also be avoided. • Integrated outreach should		provided through home visits only if a critically ill beneficiary urgently needs transport; a child or adult exposed to physical harm, abuse, or neglect; children living with HIV (or adult due to disability/other limitation) who cannot access ART and is in danger of treatment interruption • KP services: Continue to access treatment, PrEP, viral load testing, and other care through	

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
				be used to identify potential COVID-19 cases and provide immunization and ANC so that those clients do not access facilities for care.		community platforms.	
Facility-based • Optimize opportunities for integration with other essential services, including immediate postpartum and postabortion care.	Facility-based visits with a skilled provider and laboratory capacity • Discontinuation of group ANC • First visit at any gestational age (12 weeks), to include ultrasound estimation of gestational age • Visits at 30, 36, and 40 weeks • Catch-up of missed ANC	Facility-based with a skilled provider private or public sector • Provision of essential and emergency maternal and newborn care during labor, childbirth, and the immediate postpartum period • Prioritization of support for initiation of skin-to-skin	Facility-based visits with a skilled provider • Inpatient care for sick women and newborns, including neonatal intensive care unit • KMC for preterm and low-birthweight newborns • PNC and ENC before discharge/within the first 24	Facility-based visits with a skilled provider • Routine immunization can be provided at facilities adhering to IPC recommendations. • Reduce missed opportunities by integrating other services (well-baby, illness check, maternal health, and FP) with primary	Facility-based • First-line response to GBV, with special attention on ensuring privacy and confidentiality, and measures to keep themselves safe • Informing survivors of ways they can protect themselves and providing small,	Facility-based • Introducing/strengthening clinical, lab, and pharmacy appointments systems • Targeted provider-initiated testing and counseling, including HTS for clients with TB and STIs, and in ANC settings, nutrition clinics • Early infant diagnosis	Facility-based • Triage, including, where possible, have pregnant women coming for ANC or delivery enter through a different door than sick patients, and screening febrile patients for malaria in malarial areas • Malaria case management,

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
	contacts, including delivery of tetanus toxoid vaccination, and HIV and syphilis testing • Catch-up of incomplete home-based records • Distribution of 2–3 months of recommended micronutrient supplements and ITNs • Evaluation and management of danger signs • In- or outpatient management of complications	contact and early and exclusive breastfeeding, with appropriate precautions • Performance of cesarean section operations based solely on obstetric indications independent of COVID-19 transmission scenario and the COVID-19 status of the woman	hours in the case of a home birth • Counseling on complication readiness plan before discharge (adapt for changes to services) • Visit at 6 weeks, to include newborn vaccination • Catch-up of missed PNC/ENC contacts or essential elements, including vitamin K and birth dose immunizations, and of incomplete home-based records	vaccination visits. Consider vaccine delivery along with other routine health service delivery. • Delay introduction of any new vaccine(s) in the national immunization schedule.	credit card-sized cards listing relevant phone numbers for support		including testing and treatment; in situations with significant service continuity disruption, consideration of temporary return to presumptive malaria treatment (i.e., without the benefit of diagnostic confirmation, such as through a rapid diagnostic test) or the use of mass drug administration if there are significant stock-outs of rapid diagnostic tests

SRH/FP	ANC	Labor and Childbirth	Postnatal Care (PNC)/Essential Newborn Care (ENC)	Immunization	GBV	TB and HIV	Malaria
			• Evaluation and management of danger signs • Outpatient management of complications • Provision of short-acting methods: offer 2–3 months' supply at each visit • Initiation of LARC and sterilization				

Establish Effective Patient Flow (Screening, Triage, and Targeted Referral) at All Levels

Reorganize facilities to include a screening area at health facility entrances and standard operating procedures to isolate clients with suspected or confirmed COVID-19, ensure adequate social distancing in in- and outpatient client areas, strengthen use of PPE for health workers depending of type of exposure, and develop patient flow that minimizes contact between clients. Consider booking system for appointments (clinical consultation, medication pickup, and laboratory work) to minimize crowding and wait times.

Offsite Triage: Consider triage via phone.

Onsite Triage and Screen: For client and companion, for COVID-19, consider temperature check at entrance of health care facility (using infrared thermometer whenever possible) and assess clinical symptoms and/or contact with clients with suspected or confirmed COVID-19 using a simple checklist. Prioritize clients with respiratory symptoms and/or respiratory distress for clinical evaluation, and follow up with/refer and manage as needed. Consider if administrative staff or other nonclinical staff can be involved in triage. Provide training on COVID-19 triage, screening, standard precautious, and PPE, with direct communication and support to clinical backstop.

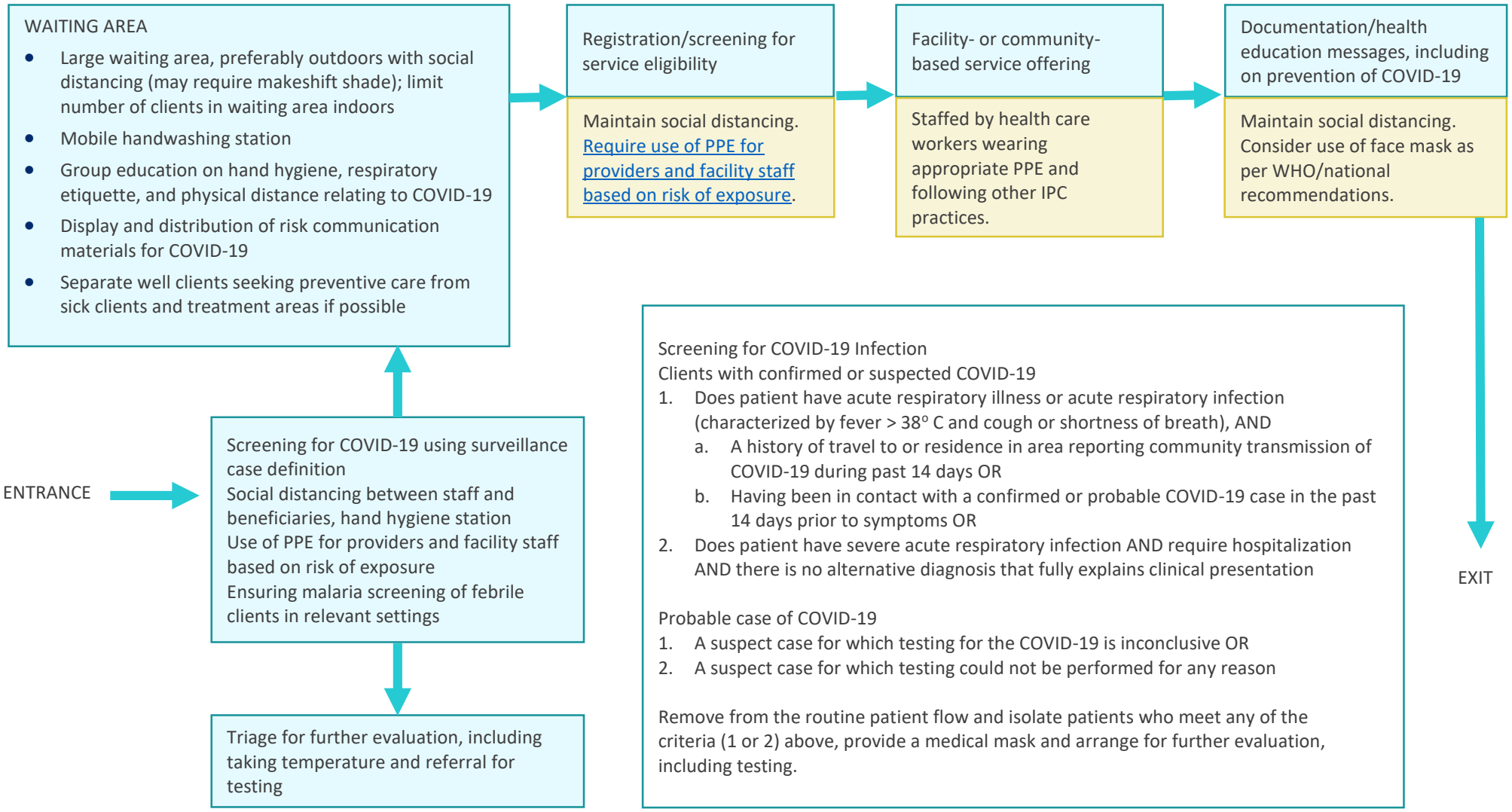
Other facility-based patient flow considerations include:

- Ensure there are handwashing stations at facility entrance(s). Instruct all clients to wash their hands before entrance, wear a cloth mask, and keep physical distance in waiting areas.
- Limit number of companions with clients coming to health care facilities.
- Consider use of online tool so clients can assess themselves and self-identify with symptoms. Conduct follow-up clinical assessment.
    - Isolate clients with suspected/confirmed COVID-19 in a dedicated treatment area separate from other patients, where possible, and provide them with a facemask See *COVID-19 Personal Protective Equipment for Healthcare Workers and Community Health Workers*.
    - Refer clients experiencing moderate/severe disease and requiring higher-level acute care and intervention to designated facilities (private or public sector).
- Follow guidance for wearing masks and require quarantine/self-isolation for exposed clients.
- Where possible, have clients wait in a comfortable area outside or in a well-ventilated area with handwashing facilities. Seating should ensure social distancing and limit number of clients in indoor waiting areas.
- **Disinfect all surfaces between visits/clients.**
- **Reorganize client flow and movements to bypass emergency or fever clinics to minimize exposure risk.**
- In areas of malaria transmission, ensure all those with fevers are screened for malaria. Implement procedures to ensure that malaria cases are not exposed to suspected COVID-19 cases where and as possible.

SRH/FP	ANC/PNC	Labor and Childbirth/ENC	Immunization	GBV	TB/HIV	Malaria
	• In the waiting area: - Prioritize visits for women/ newborns with danger signs. - Conduct group education sessions. • Where possible, conduct history and provide individualized counseling in a private area. • Call only one woman (and her baby) from the waiting area for consultation/ investigation/ results and plan of care/ collection of prescriptions. • Ensure adequate distance	For all situations: • Ensure adequate distance between examination spaces/limit access to only one woman in triage/examination room. • Facilitate frequent handwashing. • Keep women and their babies together, regardless of their COVID-19 status, with appropriate precautions. **Obstetric triage/initial examination of woman in labor** See *Initial Assessment of Clients Presenting for Intrapartum Care: Summary of Key Considerations in the Context of COVID-19*. • Prioritize care for danger signs or imminent birth. • Provide care and monitor labor, assist with childbirth, and provide immediate care to woman and newborn. Facilitate early and exclusive breastfeeding, and	• Separate preventive clinics from treatment areas. • Consider smaller, more frequent clinics to reduce crowding. • When facility outreach is possible, maximize advance communications to encourage attendance but with appropriate timing and space to reduce crowding.	• Identify/update information on local services for survivors, including hotlines, shelters, rape crisis centers, and counseling. • Share opening hours, contact details, and whether these services can be offered remotely, and establish referral linkages. • Make information available to health care providers and CHWs, and ensure it is easily accessible to clients coming to a facility.	• Institute clinical and pharmacy appointment systems if they do not already exist. • Consider staggering clinical appointments, ARV PrEP pickup, TB treatment, and TB preventive treatment to avoid crowding and to streamline clinic flow so PLHIV do not interact with multiple health care workers (e.g., avoiding multiple points of contact between PLHIV and health care workers).	• Ensure women are not sharing cups for IPTp by directly observed therapy.

SRH/FP	ANC/PNC	Labor and Childbirth/ENC	Immunization	GBV	TB/HIV	Malaria
	between examination tables/limit access to only one woman (and her baby) in the examination room/ laboratory/ pharmacy.	practice skin-to-skin contact, regardless of COVID-19 status, with appropriate precautions. • Provide care for the postpartum woman and newborn. - Consider early discharge after an uncomplicated vaginal birth (after 6 hours) and cesarean section (after 2 days) for healthy women and newborns, and for stable preterm or low-birthweight newborns receiving KMC (with follow-up). - Limit the number of caregivers providing KMC support to one or two using appropriate PPE.				

Model of Effective Facility Patient Flow (Screening, Triage, and Targeted Referral) at Facility or Community Outreach



Social distancing: maintaining a spatial distance of 6 feet between beneficiaries

Rapidly Optimize Health Workforce Capacity

Redistribute/reassign staff:

- **Regional/district level:** Assess health workforce needs and consider redirecting staff to priority areas based on burden and HR available. Identify changes in volume of essential services related to COVID-19 and staffing levels in districts. Deploy staff from over- to understaffed districts.
- **Facility level:**
  - Identify changes in volume of essential services related to COVID-19 and staffing levels in units. Reassign staff from over- to understaffed units.
  - Reassign/hire staff to screen, triage, and test clients on arrival.
  - Where possible, designate ANC and labor and delivery staff who do not circulate through curative services to minimize COVID-19 exposure risk.

Strengthen capacity to assume new roles/tasks:

- **All staff at all levels:** Develop job aids and use remote training/teletraining/eLearning to train on use of PPE, IPC, and screening and triaging of clients.
- **Reassigned staff:** Orient staff on new duties and assign a preceptor to mentor them as they assume new duties. Provide one-on-one training using low-dose, high-frequency training as needed.
- **Deployed staff:** Orient staff on the facility infrastructure, workflow, policies and procedures, documentation, and monitoring.
- **Remote/telehealth providers**: Develop job aids/algorithms and use remote training/teletraining/eLearning to train on triage and provision of counseling over the phone.

Reorganize facilities to include a screening area, ensure adequate social distancing in in- and outpatient client areas, and develop patient flow that minimizes contact between clients. If needed, develop job aids and use remote training/teletraining/eLearning to train on reorganization of services in the context of COVID-19.

Update quality assurance indicators, data collection tools, and supervision tools to reflect task shifting and shifts in care provision. Formalize and strengthen roles of community-based volunteers and lay health workers. Utilize them to assist supportive functions, but ensure clear roles, safe interactions, and adequate training.

Develop tools and systems to support remote supervision and teleconsultation.

SRH/FP	ANC/PNC	Labor and Childbirth/ENC	Immunization	GBV	TB and HIV	Malaria
• Leverage trained CHWs to continue providing counseling at the community level about contraceptive options, where relevant and appropriate provide commodities, make referrals when needed and support continuing users.	• Where possible, designate ANC and labor and delivery staff who do not circulate through curative services to minimize COVID-19 exposure risk. • Strengthen capacity of all maternal and newborn health providers to promote self-care. - Develop aids for providers and clients. - Use remote training/ teletraining/ eLearning on self-care. • Identify resources used by pregnant/postpartum women and parents/ caregivers of newborns (e.g., pharmacies, traditional healers, religious leaders) and distribute client aids for self-care for use if they are asked for advice.	• Community-based/ nonfacility providers (depends on country strategies for task shifting and health worker learning needs) to conduct: - Triage for women in labor, postpartum women, and newborns - Counseling during pregnancy and the postpartum - Counseling for women in labor prior to transport to a facility with a skilled provider - Counseling on what to expect in labor, childbirth, and the immediate postnatal period - Counseling on care of the newborn	• Involve and train health care providers not engaged in COVID-19 response, including from NGOs and civil society organizations, to start enumerating the cohorts of children who have missed their vaccine doses and develop an action plan for tailor-made catch-up immunization.	• Inform and alert all service providers about the heightened risk of GBV related to prevention measures, such as isolation, stigma, mental health effects and socioeconomic stresses related to the pandemic. • Train CHWs on first-line response to GBV, with special attention to ensuring privacy and confidentiality, and measures to keep themselves safe. • Build provider capacity on: - Providing GBV first-line support and crisis	• Ensure all staff working in TB program are oriented to disease manifestation and management of COVID-19. • Optimize community health worker impact by integrating COVID-19 and TB contact tracing efforts.	Community-based • ITN distributors • IRS personnel/ spray teams • Integrated community case management • Community IPTp, where already being implemented

SRH/FP	ANC/PNC	Labor and Childbirth/ENC	Immunization	GBV	TB and HIV	Malaria
	• Community-based/ nonfacility providers (depends on country strategies for task shifting and health worker learning needs) to conduct: - Contents of ANC visit by GA - ANC visit schedule by point of care - Point-of-care diagnostics - Voluntary counseling and testing - Management of common discomforts in pregnancy - Counseling on and provision of micronutrient supplements, anthelmintics, IPTp, ARV drugs - Triage - Management (e.g., malaria, mild anemia,	- Contents of PNC/ENC visits - PNC/ENC visit schedule by point of care - FP counseling - Initiation of short-acting postpartum FP methods - Breastfeeding support - Continuation of KMC at home - Management (e.g., malaria, mild anemia, urinary tract infection) and follow-up (e.g., HIV, nonsevere pre-eclampsia, chronic hypertension) of select problems - Management of select breastfeeding and newborn problems		management by phone - Conducting case management by phone - Conducting safety planning with survivors over the phone - Ensuring confidentiality in documentation		

SRH/FP	ANC/PNC	Labor and Childbirth/ENC	Immunization	GBV	TB and HIV	Malaria
	urinary tract infection/ asymptomatic bacteriuria) and follow-up (e.g., HIV, nonsevere pre-eclampsia, chronic hypertension) of select problems					

Critical Health Workforce Considerations

Service delivery modality (i.e., can the service be offered successfully and at a high quality):
By the client/family (self-care)
By a health provider:

- Remotely/virtually
- Within a home/community
- Within a facility

Health status of health worker:

- **Asymptomatic:** Have not had and are not currently exhibiting symptoms of COVID-19, including recovered post-positive COVID-19 testing (criteria based on WHO and/or local authorities)
- **Symptomatic/confirmed cases/exposed:** health workers currently exhibiting COVID-19 symptoms under investigation and/or have COVID-19 confirmed as well as health worker caring for someone who is exhibiting symptoms of COVID-19 without applying standard precautions and applicable PPE and health workers health workers who have had contact with household/family member
- **Co-morbidities** that place health worker at high risk (including hypertension, diabetes, cardiac disease, respiratory disease, and malignancy)

Protecting physical health of frontline health workers:

- Appropriate work hours and enforced rest
- Consider working shifts (every 7–10 days)
- Appropriate training and availability of PPE for rational PPE/IPC and standard precautions
- Health worker partner for doffing and donning of PPE
- Occupational health: reporting symptoms, self-isolation/quarantine, safe return to work
- Mental health and psychosocial support

Repurposing/mobilizing health workforce:

- Consider sources for temporary health workforce surge capacity/service continuity: part-time staff, staff in quarantine (can support remote tasks, such as telemedicine/hotlines), staff from nonaffected areas, and health workers available for temporary reassignment.
- Consider working shifts to limit exposure to COVID-19 (every 7–10 days).
- Recruit additional health workers, including licensed retirees and medical trainees for appropriate supervised roles; nongovernmental, military, and private-sector health workforce; workers from nonhealth sectors to support tasks and functions in health care facilities (administration, maintenance, other support services for staff and patients, etc.); and volunteers.
- Provide additional capacity-building, which may have to be delivered virtually (eLearning, telementoring, hub-and-spoke communities of practice, WhatsApp-based training).
- Link training to HR information management systems so it can be closely monitored and adjusted based on the what and where.

Scopes of work:

- Critical for delivery of the essential health service
- Noncritical for delivery of the essential health service
- Opportunity for task shifting/sharing

Maintain the Availability of Essential Medications, Equipment, and Supplies

- Based on strategies for task shifting and shifts in provision of care (e.g., self-care, provision of care at community vs. facility, multimonth provision of medications):
  - Update norms/standards for equipping all levels of care.
  - Update data collection tools for stock inventory and the supply chain to reflect updated standards.
- Consider a cloud-based inventory management system to track inventory. Use mobile apps to trigger reordering.
- **Where feasible, deploy multimonth dispensing to assist clients in reducing facility visits. Clients should preferentially receive their drug supplies outside health facilities.**
- Develop/distribute job aids for:
  - Estimating and forecasting needs for equipment, supplies, and medications, given the shifts in care provision and increased needs with COVID-19 (consider longer lead times, given freight disruptions)
  - Establishing minimum levels that trigger orders; implement order staggering to prevent delivery delays
  - Improving accuracy of data to follow inventory
  - Calculating and maintaining safety stock
- Develop and implement strategies to engage all providers to take responsibility for:
  - Alerting relevant staff when stocks reach the minimum level or equipment need repair/replacement to ensure continuous availability of essential medications, equipment, and supplies
  - Ensuring rational use of PPE, medications, and diagnostic tests
- Facilitate monthly facility (with associated communities)-, district-, regional, and national-level reviews of data on stock:
  - Identify trends and issues. Troubleshoot to identify bottlenecks and strategies to improve stock levels and reduce stock-outs and waste/loss from theft or expiration or poor storage conditions.
  - Conduct prioritization exercises to ensure that the most urgent need is met. Ongoing supply plan and inventory data (PPM/R) review to identify and respond to urgent need.
- Strengthen relationships between vendors and public-sector procurers.
- Strengthen linkages and communication between:
  - People responsible for the supply chain at all levels to ensure timely provision of needed equipment, medications, and supplies

- Facilities and communities to facilitate availability of essential equipment, medications, and supplies at the community level
- Facilities/communities to facilitate moving or trading equipment, medications, and supplies as needed

- Partner with providers of PPE to improve availability and timely delivery of PPE. Engage the private sector to bridge gaps in the public sector.

SRH/FP	MNH	Immunization	GBV	TB and HIV	Malaria
					
• Facilities, pharmacies, and CHWs to carry extra supplies of short-term methods (pills, condoms, injectables) • Advance distribution of emergency contraception to clients • Increased availability and access to those contraceptives that can be used by the client without service provider support, including various self-care methods (condoms, fertility awareness-based methods, lactational amenorrhea, pill or mini-pill, emergency contraception pills, and subcutaneous depot medroxyprogesterone acetate/Sayana Press, depending on country	• Multimonth (2–3 months) dispensing of micronutrients, ARV drugs, contraceptives, condoms, and IPTp specifically • Increased availability and access to postpartum LARC methods and sterilization that can be initiated prior to discharge from the facility after childbirth • Increased availability and access to postpartum birth control methods that can be used by the client without service provider support	• Consider other partners (such as resource extraction companies) making regular essential transport as partners to maintain freight chains for vaccines and injection equipment. • Maximize sharing of the vaccine cold chain for temperature-sensitive supplies from other programs, such as COVID-19 diagnostics, oxytocin, insulin, and HIV diagnostic kits, limiting this to products that do not pose any risk to vaccine programs.		• Community distribution of condoms and lubricants • Multimonth (3–6 months) of ART, ideally through community-based distribution points; also of PrEP and TB preventive treatment • Community-based treatment prioritized for TB clients • Substitute for equivalent products/ formulations where necessary	• Uninterrupted supply of essential malaria commodities, such as long-lasting ITNs, rapid diagnostic tests, artemisinin-based combination therapy, drugs for severe malaria, and sulfadoxine-pyrimethamine for IPTp

SRH/FP	MNH	Immunization	GBV	TB and HIV	Malaria
guidance) and methods available without a prescription (e.g., condoms, spermicides, diaphragm, pills, or emergency contraceptive pills)					

Global Guidance and Resources

WHO *Maintaining essential health services: operational guidance for the COVID-19 context* (June 1, 2020)

SRH/FP

WHO Contraception/Family planning and COVID-19 (April 6, 2020)

Family Planning 2020 COVID-19 and Family Planning

United Nations Population Fund Coronavirus Disease (COVID-19) Preparedness and Response Interim Technical Brief: Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19 (March 23, 2020)

WHO Q&A: Self-care interventions for sexual and reproductive health and rights (SRHR) and COVID-19 (May 5, 2020)

MNH

United Nations Population Fund COVID-19 Technical Brief for Antenatal Care Services (April 2020)

United Nations Population Fund COVID-19 Technical Brief for Maternity Services (May 2020)

Immunization

WHO Guiding principles for immunization activities during the COVID-19 pandemic (March 26, 2020)

WHO Protecting lifesaving immunization services during COVID-19: New guidance from WHO (March 26, 2020)

UNICEF Immunization in the context of COVID-19 pandemic frequently asked questions (April 16, 2020)

WHO Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19 (May 22, 2020)

GBV

WHO COVID-19 and violence against women: What the health sector/system can do (April 7, 2020)

WHO Q&A on Violence against Women and COVID-19 (April 15, 2020)

Inter-Agency Standing Committee Identifying & Mitigating Gender-Based Violence Risks within COVID-19 Response (April 6, 2020)

Gender-Based Violence AOR Staff Care and Support during COVID-19 Crisis (April 23, 2020)

TB and HIV

President's Emergency Plan for AIDS Relief Technical Guidance in Context of COVID-19 Pandemic (June 10, 2020)

President's Emergency Plan for AIDS Relief HIV Response in the Context of Coronavirus Disease 2019 (COVID-19) (March 25, 2020)

WHO Q&A: HIV, antiretrovirals and COVID-19 (March 24, 2020)

WHO Information Note: Tuberculosis and COVID-19 (May 11, 2020)

Malaria

WHO Q&A: Malaria and the COVID-19 pandemic (June 8, 2020)

WHO Jointly addressing endemic malaria and pandemic COVID-19 (April 25, 2020)

WHO Tailoring malaria interventions in the COVID-19 response (April 3, 2020)

The Alliance for Malaria Prevention Considerations for insecticide treated nets (ITNs) amid COVID-19 concerns and in COVID-19 affected countries (March 2020)

RBM Partnership to End Malaria Practical Guidance for Delivery of Malaria in Pregnancy Interventions

SRH/FP	MNH	Immunization	GBV	TB and HIV	Malaria
WHO Consolidated Guideline on Self-Care Interventions for Health: Sexual and Reproductive Health and Rights (2019)		WHO/ UNICEF Temperature-sensitive health products in the Extended Programme on Immunization cold chain (May 15, 2020) Polio Global Eradication Initiative Polio eradication in the context of the COVID-19 pandemic (May 21, 2020)			through Antenatal Care during the COVID-19 Pandemic (April 15, 2020) RBM Partnership to End Malaria Adapting seasonal malaria chemoprevention in the context of COVID-19: operational guidance (April 29, 2020) RBM Partnership to End Malaria Saving Lives of Pregnant Women and Newborns in the Fight Against Malaria

Jhpiego
1615 Thames Street
Baltimore, Maryland 21231
www.jhpiego.org
410.537.1800

jhpiego
Johns Hopkins University Affiliate