Data Abstraction Tool

FP, ANC, L&D and Immunization-specific analysis

COVID-19 RMNCH Policy Analysis

DRAFT 7/7/2020

*Instructions: Please fill **one** form in for every policy reviewed.*

Name of Country: Kenya

Name of Policy: Guidelines on the Continued Provision of Community Health Services in the Context of the Corona Virus Pandemic in Kenya

Date of Issuance: April 2020

Authority Issuing: Ministry of Health

Name of analyst(s) and date: Marya Plotkin 7/20/2020, Katie Williams 7/28/20

Comments on distribution of policy (format, media, levels):

Any known mechanisms for enforcing policy (please describe):

Overview: *This policy is designed to provide guidance for continuation of community services through the community health volunteer (CHV) cadre in Kenya, using UNICEF categories of transmission as a framework. RMNCH services are discussed in the context of a package of services which CHV deliver to community members. The references to continuity of services are not directed specifically at RMNCH rather to the entire package of services provided by CHVs. The policy emphasizes the importance of providing clear guidance for community level structures in order to alleviate pressure on primary care facilities.*

In the introduction to the policy, pregnant women, newborns and children under 5 years of age are designated as vulnerable people who may experience interruption of care and increased morbidity and mortality (pg v).

Does this policy include (**BOLD** all that apply): **FP** **ANC** **Labor and Delivery/ Intrapartum** **Immunization** **Cross-cutting Health Services** Cross-cutting Population/ Society

Instructions: Please qualitatively describe specific guidance about the key policy factor described in the policy. Please note any important themes arising under "Other."

Section 1. Key Policy Factors for FP, ANC, L&D and Immunization_____

1a. Family Planning Service Provision

Family planning services are deemed essential, to be provided at all times regardless of the stage of the pandemic in the county or curfew hours (pg 1). Annex 3 provides guidelines for phone-based contact to households on family planning, mentioning counseling, refills, and referrals (pg. 15).

Types of methods provided through public sector:

Not mentioned

Outreach versus facility-based service provision (and timing of services):

Not mentioned

Recommendations on multi-month dispensing:

Not mentioned

Method switching:

Not mentioned

Other:

Not mentioned

1b. ANC Service Provision

Overview: *ANC services are **not** listed among the essential services, to be provided at all times regardless of the stage of the pandemic in the county or curfew hours (pg 1). However, there is an indicator to evaluate the accessibility of essential community health service and linkage to primary health care facilities which focuses on ANC attendance. In counties with "case clusters" typology, in-person household visits are prioritized for risk groups that include pregnant women (pg.5).*

Recommendations on timing and number of visits:

Pregnant women not fitting COVID-19 presumed case definition are recommended to visit the health facility for ANC services (pg 15). It is not mentioned what CHV should tell women fitting the COVID-19 presumed case definition.

Recommendations on multi-month dispensing of ANC medicines:

Not mentioned

Other:

The indicator: "proportion of pregnant women seeking ANC services at health facility" is listed as one of 18 indicators of access to community health services / linkage to facility-based care (pg 15).

1c. Labor and Delivery Service Provision (Intrapartum Care)

Overview: *CHVs are encouraged to refer for skilled care to health facilities, assist in arranging transport, and make arrangements to go to the health facility with the woman if it is during curfew hours (pg 16).*

Closure of maternity waiting homes:

Not mentioned

Support person during labor:

Not mentioned – though Annex 4 includes a phone-based guidance to advise expectant mothers on a birth plan that includes a support preson/birth companion (pg. 15).

Other:

The indicator: "proportion of women seeking skilled delivery services at health facility" is listed as one of 18 indicators of access to community health services / linkage to facility-based care.

1d. Immunization Service Provision

Outreach versus facility-based service provision:

The policy contains specific guidance to refer children who have not received their scheduled vaccines to the health facility (pg 20).

Other:

1e. Other

The policy contains a flow chart for community MPDSR reviews (pg 21).

Section 2. Key Policy Factors: Cross Cutting Health Service Provision_____

2a. PPE:

This guidance contains multiple references to CHVs being provided with adequate PPE (masks, gowns, hand sanitizer, cleaning/disinfecting supplies, trash bags and cans and gloves) for provision of community health services. (pg vi, 3, 5, 8). The main reference to PPE which CHV should have is pg 8. There are varied recommendations for PPE provision and used based on COVID-19 typology of a given geographic area (pg.2-3). There is also an indicator specific to PPE: "% of PPE supply needs met (masks, gloves, gowns, alcohol-based sanitizer)"(pg.11).

2b. Establishing designated COVID-19 health facilities:

Not mentioned

2c. Human Resources for Health (including absenteeism, compensation, work station or shifts, other HRH-related)

The policy makes it clear that CHVs have the right to opt-out of their work during COVID-19 or to only work using phone calls. If a CHV opts out, he or she will not be sanctioned and will continue getting a stipend (pg 7).

2e. Testing health care providers or clients for COVID-19:

Not mentioned

2f. Telehealth/Telemedicine

There are multiple references to tele-health throughout the document which recommend that certain services are provided remotely. In addition, the appendices contain screening protocols for danger signs in pregnancy and childhood illness which can be implemented over the phone (pg 16, 19). There is a telehealth-related indicator provided as well: "Proportion of CHVs receiving in person or phone-based wellness checks and support supervision from supervisors" (pg. 11).

2g. Other cross-cutting health service provision (please describe):

Section 3. Key Policy Factors: Cross Cutting Population / Society_____

3a. Curfews and/or restrictions on movement:

The policy makes reference to the curfew which was established in March of 2020 from 7 pm to 5 am (pg vi), and makes it clear that services should be provided regardless of the curfew (pg 1).

3b. Face masks:

See reference to PPE

3c. Other (please describe):