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: A Kenya Practical Guide for Continuity of Reproductive Maternal Newborn and Family Planning Services in the Background of COVID-19 Pandemic

Date of Issuance: April 2020

Authority Issuing: Ministry of Health

Name of analyst(s) and date: Marya Plotkin, 7/6/2020 & Katie Williams, 7/7/2020

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

Any known mechanisms for enforcing policy (please describe):

Overview: *This policy was one of the first issued by the MOH and "provide a simple algorithm to ensure RH services are not compromised during the pandemic."*

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

Overview: *the policy section starts by acknowledging the threat to gains in contraceptive coverage which COVID poses to these gains and the importance of providing all of the range of necessary elements in FP service provision even in the COVID era. The policy goes on to state that condoms and oral contraceptive pills will be the mainstay of contraceptives provided due to ease of administration and less need for skilled health care provider inputs "until health services normalize."*

Types of methods provided through public sector:

The policy states that condoms, patches and oral contraceptive pills with 3 monthly extended refills will be the mainstay of contraception. All clients presenting themselves at a health facility to either start or

re-start contraceptive services will be counseled to use condoms, pills and patches. Elective surgical contraception is suspended and where applicable, removal of long acting methods is deferred. Injectable contraceptives will provided in health facilities and FP clinics, which condoms, pills and patches may be distributed through pharmacies and drugstores. Postpartum FP and post abortion FP services will continue to be offered in health facilities. For hormonal contraceptives and IUDs, clients at risk for STI will be counseled to use condoms. (pg 14)

BTL and vasectomies will be postponed until regular hospital services resume (pg 14). Clients who desire permanent methods will be offered condoms, pills or injectables instead.

Postpartum IUD services will continue to be offered (pg 14).

Removal of LARCs will be postponed till normal services return, and clients can be counseled that LARCs can be safely delayed till up to 12 months of expiration date (pg 14). Specific schedules of safe delays per method are provided on page 14 of the policy for multiple types of implants and IUDs.

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

FP services should be provided on a 24 hour basis in facilities to reduce workload on FP service delivery points. Group counseling is suspended. Visits to FP clinics are to be scheduled through phone. All FP clients should be provided with a HCW or facility phone number in case of need (pg. 14- 15).

(Note: the policy is somewhat contradictory on community distribution) The policy states that community-based distribution of contraceptives is restricted to condoms and oral pills, and community FP outreach services are suspended until restrictions on movement are removed. Later, it states that community-based distribution is limited to pill refills and condoms.

Recommendations on multi-month dispensing:

All clients who have been using pills for more than 3 months should be provided with three months supply of pills. (Pg 13)

Health facilities are told to increase minimum stock level of contraceptives from four months to six months to cushion potential supply chain problems (Pg 14).

Condoms and oral contraceptives with 3 monthly extended refills will be the "mainstay" and service delivery points should increase the minimum stock level from the current 4 months of stock to 6 months of stock.

Method switching:

Method switching/ method discontinuation are discouraged. The rationale given is that "unnecessary method switching…depletes commodities and place extra burden on the health system." (pg 13)

For clients returning for injectable contraceptives, consider converting to long-acting progesterone implant (pg 14). For clients who do not want to shift, they should be provided with injection and also given 3 months supply of pills in case of supply issues. Guidance is provided on method-specific plans the delay of LARC expiration or removal.

Other:

All clients to FP facility must wear a mask.

Clear records of service by method and date must be kept and uploaded into Kenya HIS, even in case of teleconsultation.

Online prescription refills are encouraged.

1b. ANC Service Provision

Overview: *Policy acknowledges that not much is known about susceptibility of pregnant women to COVID-19 and states that ANC services should be provided despite COVID.*

Recommendations on timing and number of visits:

The policy states that some initial services can be provided over the phone but does not state which services. The policy recommends that women visit the clinic unaccompanied and wear a mask. The policy recommends that 4 visits be held in person and 4 visits by phone – referral or consultation by phone is encouraged. The policy further states that records should be kept of all visits, whether virtual or face-to-face (pg 5). Women suspected of being COVID-positive or actually testing COVID positive should be referred and transported to designated facilities (named as Level 4 hospitals or isolation centers).

Recommendations on multi-month dispensing of ANC medicines:

The recommendation includes extended prescriptions for antenatal supplements and any other regular medications for other chronic illnesses, including anti-retroviral drugs, for at least 3 months (pg 6).

Other:

The policy states that ANC should include the following and that these should be included at earliest possibility (potentially due to disruptions in services related to COVID-19): recommended lab tests; baseline investigations of co-morbidities; and ultrasound scans (pg 5).

An algorithm is provided to triage ANC attendees as to whether they are positive, suspected positive or negative for COVID-19 (PG 20).

Home deliveries are discouraged.

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

Overview: *This section of the policy starts with the mention of the need for health care providers be equipped with protection and information while conducting clinical duties, and the need for pregnant women to receive respectful maternity care. It goes on to list co-morbidities or general health conditions and then briefly describes vaginal delivery and cesarean delivery protocols in women who are NOT suspected of having COVID-19. This is followed by protocols for women with suspected or confirmed COVID-19 infection.*

Closure of maternity waiting homes:

Not mentioned

Support person during labor:

The policy specifically discourages "birthing partners" or companions in the intrapartum unit (Pg 6).

Other:

The policy describes in detail processes for either normal delivery or cesarean delivery for women with COVID or suspected COVID infection, and this includes:

- *Woman should wear a mask; breast should be washed before baby is put to the breast; labor will be conducted in isolation rooms; negative pressure operating theatre should be used for cesarean; regional anesthesia is preferred; no counter indications for delayed cord clamping; restrict staff assigned to patient and movement in and out of the theatre. Instructions for intubation are also provided and reference is made to Anaesthesia Guidelines for COVID-19 issued by MOH.*

Breastfeeding: The policy states that there is currently no evidence to support transmission of COVID-19 through breastmilk.

An algorithm is provided to triage intrapartum and postpartum care clients as to whether they are positive, suspected positive or negative for COVID-19 and case management following (pg 21).

- *For women who test positive, are some specific recommendations for delaying breastfeeding practices, and the assertion that mothers shall wear an N95 mask "at all time during labor and during contact with the baby," including at home for those mothers who test positive for COVID.*

1d. Immunization Service Provision

Note: this policy does not address immunization.

Outreach versus facility-based service provision:

Other:

1e. Other

Postnatal care: *The policy confirms the importance of PNC and need to attend women with emergencies. The policy does not give firm guicance on number of face-to-face visits, rather suggests that women are evaluated for risk and situation reviewed at 2 and 6 weeks postpartum. Women with co-morbidities, complications and medical emergencies during the postnatal period are considered high risk. The policy states that women who are low risk should be attended to at lower level facilities while women who are higher risk or had cesarean section should be seen at Level 4/ CEmONC facilities.*

Breastfeeding: *The policy states that the benefits of breastfeeding outweigh the risks and encourages breastfeeding, also stating that there is no evidence suggesting that SARS-COV2 is transmitted through breastmilk. The guidelines also refer to another MOH policy entitles Guidelines on the Management of*

Paediatric Patients During COVID-19 Pandemic, March 2020. The summarized version in this policy promotes hand hygiene and mother wearing a mask; and in cases that the mother cannot be with the baby it is recommended that the mother express milk and a care giver feed this to the baby, with appropriate breastmilk substitutes used when needed.

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

2a. PPE:

There are policies for PPE in intrapartum care, specifically for medical doctors and midwives performing C-sections and normal delivery at level 5 and 4 hospitals, respectively.

2b. Establishing designated COVID-19 health facilities:

Not mentioned

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

*Much of the HR-specific guidance surrounds telemedicine measures for COVID. The initial guidelines in each section address some aspects of health worker safety.*2d. Screening of patients:

Algorithms contain screening step. This policy contains a generic screening form for patients for use at the entrance to RMNCH services.

Screening should be conducted for symptoms prior to entering L&D room, every twelve hours after, and for potential exposure to someone with COVID.

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

Not mentioned.

2f. Telehealth/Telemedicine

The policy recommends telemedicine for RMH in the context of COVID. Specifically, phone calls are mentioned as the preferred first contact. The policy confirms that telephone consultations are encouraged and makes reference to a government 24 hour call center and dedicated tele-call centers.

Prescriptions can be filled electronically for certain medicines and individualized care should be provided through telemedicine. Within FP, teleconsultations included for "low-risk new users" who could "effectively use condoms, oral contraceptives, and contraceptive skin patches." The policy states that all clients should receive a card with the method and contact information (telephone number) of the provider or health facility. The role of Tele Call centers seems prominent for general management of health care.

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

Universal IPC measures lead the policy (handwashing, staying at home, avoiding public transport, keeping a distance, reducing visitors, etc.

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

Not mentioned.

3a. Curfews and/or restrictions on movement:

Not mentioned.

3b. Face masks:

Patients must wear face masks for clinic visits and in the operating theaters, must wear during birth for mothers expected to have/tested for COVID.

3c. Other (please describe):