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: Uganda

Name of Policy: Guidance on Continuity of Essential Health Services during the COVID-19 outbreak

Date of Issuance: April 2020

Authority Issuing: Uganda Ministry of Health

Name of analyst(s) and date: Katie Williams, 7/17/20 & Patrick Walugembe 9/15/20, Sheillah Nsasiirwe, Marya Plotkin 8/31/2020

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

The guidelines were disseminated at National, Regional, District and health facility levels with support from development and implementing partners. A national TOT was conducted through a series of virtual training sessions using powerpoint presentatiions, where regional IPs and other members of the thematic technical working groups were oriented on the guidelines. Regional IPs were assigned respective regions to disseminate the guidelines to. Regional IPs then conducted regional, district and health facility level trainings on the guidelines in their respective regions.

Any known mechanisms for enforcing policy (please describe):

The regional IPs and District Health Teams (DHTs) conduct joint support supervision to health care facilities to ensure provision of services within the guidelines.

Overview: *Averting maternal and child morbidity and mortality is defined as an priority area by the MOH (pg 5). Essential services in MNCH include pregnancy care, BEmONC and postnatal care services (pg 6) (FP not mentioned as an essential service). This draft policy offers "guidance for health managers at national and district level, as well as frontline health service providers in public, private and community level on how to continue or discontinue the implementation of selected key essential service during the COVID 19 outbreak." The specific objectives are to:*

1. *Strengthen governance and coordination mechanisms for essential service continuity at the national and sub-national level.*
2. *Define high priority essential services.*
3. *Provide guidance on a set of targeted immediate actions at health facility level to re-organize and maintain access to essential quality health services.*

4. *Monitor continuity of essential health services and provided necessary support to sustain quality essential health services. (pg 4)*

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: While FP is not listed as an essential service on the description of prioritized services on page 10 – 11, there is an Annex devoted to continuity of family planning (**Annex 11.** Guidance for Sexual and Reproductive Health and Rights: Access to Modern Contraceptives in the context of COVID-19). In Annex 11, the policy states the importance of continuity of contraceptive services, and also states that COVID is likely to increase need for contraceptives as well as unintended pregnancies, as well as creating the potential to disrupt supply chains (pg 71). The policy goes on to state that current supplies of contraceptives at national level in the Joint Medical Stores and National Medical Stores is sufficient for the country (pg 71). The policy supports continuation of modern short- and long-acting contraceptive methods, information, counseling and services (pg. 25). FP indicators are included in the list of indicators to be tracked to track quality of services during COVID*

Types of methods provided through public sector:

Not specifically described, although it is stated that modern short and long-acting contraceptives should be made available throughout the pandemic (pg. 25).

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

The policy states that for health facilities already providing community-based distribution of oral contraceptives and DMPA-SC (including self-injection) that these should continue, with village health teams being involved and well-oriented to COVID-19 symptoms, preventative measures and case identification (pg. 25). Outreach services can continue but with "Outreaches should be conducted with modifications to incorporate the COVID-19 preventive measures. Do not plan for massive community mobilization and drive. The health facility leadership and implementing partners have to engage with district leadership and the district COVID19 response team to agree on the implementation modalities of the planned outreaches and community service delivery activities" (pg 73). The policy also recommends that health workers should review records to look for clients whose method may be expiring and contact them via phone or through village health workers to advise on availability of FP services (74). The policy encourages health workers to use alternative methods of community distribution, including "boda boda" drivers, bicycle riders and food distribution chains (pg 73).

Recommendations on multi-month dispensing:

The policy notes that stock management should be ensured at health facilities and community levels. Short-term contraceptives, especially oral contraceptives should be dispensed with at least 3-months supply to minimize clinic visits (pg. 25). Women who are self-injecting DMPA should be provided with 3 units to take home (pg 73). Women who are using oral contraceptives should be given a 3 month supply as part of postnatal care (pg 31).

Method switching:

The policy states that patients should be fully counseled on "when to switch and when to return to the health facilities" (pg. 25). No specific recommendations are made in terms of promoting short term over long term methods or encouraging or discouraging switching of methods during COVID.

Other:

The policy restates the importance of triage of clients and general infection prevention and personal protection for health workers in the provision of contraceptive services.

Counseling should be available from "community resource persons" to any time sensitive cases of on refills or method support (pg. 25).

The policy calls for adequate supplies of data management tools to monitor service provision and stock so that both facility and community service provision are tracked (pg 74).

The policy recommends that stocks at facility and community level should be monitored for contraceptives, and that in case of poor distribution, commodities which are overstocked at facilities or district stores should be redistributed to service delivery points.

1b. ANC Service Provision

Overview: *The policy recommends that health workers continue to provide antenatal care as a "routine package".*

Recommendations on timing and number of visits:

ANC is considered an essential service and visits should continue to be the WHO-recommended 8 visits. An indicator is presented to monitor quality of care in the COVID period which includes how many women got 4 and 8 ANC visits (pg 18). The policy recommends that if pregnant women develop potential COVID-19 symptoms in the community or at the facility, she should postpone routine ANC visits and the health worker will alert surveillance teams to continue checking on the woman (pg. 23). Otherwise, women are advised to attend routine ANC services if incompliance with self-quarantine guidance (pg. 23). It is not specified how women with suspected COVID should complete 8 visits.

Recommendations on multi-month dispensing of ANC medicines:

Mentioned generically with stock management and tracking, not ANC medicine-specific

Other:

The guidelines state that social distancing of 4 meters should occur at ANC clinics, as well as use of face masks.

Women attending ANC should be screened for intimate partner violence.

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

Overview: *Pregnant women are encouraged to deliver in health facilities for their safety and the safety of the newborn (pg 24). The policy states that pregnant mothers will continue to receive care when confirmed with COVID-19, with guidelines followed and PPE worn for obstetric emergencies (pg. 24). All health workers must wear PPE and follow proper IPC guidelines. The guidelines present a flow chart to assess COVID-19 risk among pregnant and BF women at health facility (pg 50).*

Closure of maternity waiting homes:

Not mentioned

Support person during labor:

Not mentioned.

Other:

Screening: *The policy states that maternity departments should have a system in place to identify potential cases. Women with suspected COVID should be referred to an isolation unit for management.*

Breastfeeding: *There is advice related to continuation of breastfeeding (pg 26).The policy acknowledges the limited data on the effect of COVID-19 on pregnant women, mother-to-child transmission, breastfeeding, and infants but presents limited available evidence to support breastfeeding(pg 26). Women should not be separated from their newborns, and breastfeeding should include precautions including mother wearing a mask and handwashing, and expressing breastmilk to be fed to the baby in case mother is symptommatic (pg. 25). Specific guidance on BF among negative, suspect positive and COVID-positive mothers is found on page 33-34. Specific information for health workers on caring for BF women is provided on page 53.*

Psychosocial counseling*: The policy recommends that women with or recovering from COVID-19 should be offered psychosocial counseling on potential risk of adverse pregnancy outcomes (pg. 25).*

1d. Immunization Service Provision

Overview: *Mass immunization campaigns will be suspended but routine immunization service delivery will continue in accordance with COVID-19 infection prevention guidance. The policy outlines key program changes in immunization services dependent on the COVID-19 epidemiological profile of a given region (pg. 27).*

Outreach versus facility-based service provision:

The policy recommends that mass vaccination campaigns be suspended and that regular monitoring, re-evaluation, and contact tracing of children who may miss vaccinations continue to ensure services are provided post-COVID ("mop up" campaigns) [pg. 17]. Daily provision of immunization at static sites is recommended to reduce turnout on any particular day of the week (pg. 28). Static site services and vaccine preventable disease outreach are to continue under safe conditions in order to maintain

continuity of immunization services (pg. 28). At static outreach sites, client groups may not exceed 5 mother-child pairs at a time and should maintain a distance of at least 1 meter from others (pg. 28). note that for ANC a distance of 4 meters was recommended.*

1e. Other

Stock-outs: *healthcare facilities will monitor and track (mTrac) availability of commodities and stocks, updating National Medical Stores on stock supply status regularly (pg. 28).*

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

2a. PPE:

The policy states that all health care facilities should offer information, instruction, and training on the use, dressing/undressing, and disposal of PPE. PPE will be provided at established triage stations, and the policy provides algorithms (pg. 13) for COVID-19 case definition, health practice and safety mechanisms (handwashing, PPE use, social distancing, disposal or cleaning of materials). Core infection prevention and control centers should provide PPE to healthcare staff (pg 15).

2b. Establishing designated COVID-19 health facilities:

The policy makes clear mention of establishing mechanisms for isolation and separation of patients suspected of or confirmed with COVID-19 (pg. 7). While there are not specific COVID-19 health facilities introduced, the policy designates and details screening stations at existing health care facilities (pg. 8). In addition, the policies require facilities that a) lack the capacity for single isolation spaces or b) are in high community transmission areas should designated socially distant waiting spaces called "respiratory waiting area" (pg. 9).

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

Not mentioned

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

There is consistent mention of testing of patients is suspected of or exposure to symptoms but no specific guidance on how to conduct testing.

2f. Telehealth/Telemedicine

The policy has limited mention of telemedicine. Under "additional considerations," a statement is made that "facilities should "begin or reinforce existing alternatives to face-to-face triage and visits, such as telemedicine" but no details are provided as to how and when to conduct telemedicine. (pg. 13) Facility staff are encouraged to develop protocols for patient assessment and algorithms for patient management via telephone, encourage use of on-line self assessment tools, and identify staff who can conduct telephone interviews (pg. 15) Note that on pg 58, for continuity of HIV services, specific instructions on telehealth are mentioned, while no such specifics are mentioned for RMNCHH "The facilities will display toll free and other telephone numbers for COVID-19 response teams in visible places so that Clients can save them in their phones or write them down"

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

The policy recommends using both radio and social media platforms to disseminate information about health service delivery (pg. 7)

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

3a. Curfews and/or restrictions on movement:

While there is no curfew mentioned, the policy recommends expanding hours of operation for facilities during periods of community transmission in order to decrease crowding during peak hours (pg. 13)

Health workers are encouraged to connect with community transportation systems (boda boda cyclists) for transportation of pregnant or post-partum mothers, newborns, and children from communities to facilities (pg. 26).

3b. Face masks:

Facemasks are provided and required for providers when screening patients and when working with patients suspected of or positive for COVID-19 (pg. 8).

3c. Other (please describe):

The policy mentions the need to prepare and support "task-shifting" to village health teams and community leadership for broad service delivery at the community level (pg. 13, 16).

Stigma: *The policy aims to protect both health workers and patients from stigma or blame around reporting on or being diagnosed with COVID-19 (pg. 7). There are provisions around respectful, empathetic, and reassuring patient communication (pg. 11) largely to encourage continuity of care seeking (pg 17.). Further, the policy supports health workers to provide psychosocial counseling and support to women suspected of or confirmed with COVID-19 and sensitize patients on risk and mitigation of stigma and discrimination associated with a) COVID-19 and b) fear of mother-to-child transmission (pg. 23).*