COVID-19 RESPONSE: COUNTRY KNOWLEDGE EXCHANGE SERIES
MOMENTUM Country and Global Leadership
Thursday, July 23, 2020
John Borrazzo is a senior health specialist at the Global Financing Facility for Women, Children and Adolescents (GFF), which is hosted by the World Bank, where he focuses on maternal, newborn, and child health. Before joining the GFF in October 2018, he was at USAID for more than 26 years, serving in various leadership and management roles. His work there focused on environmental health; water supply, sanitation, and hygiene; and maternal and child health. He has a PhD from Carnegie Mellon University and an undergraduate degree in physics from Harvard University, and recently served on the WHO-UNICEF-Lancet Commission, “A Future for the World’s Children.”
WEBINAR #2

Strategies for ensuring continuity of child health and immunization services
Dr. Farhana Akhter, Maternal and Newborn Health Specialist, Office of Population, Health, Nutrition and Education, USAID Bangladesh

Dr. Farhana has been working in the public health sector for 12 years, particularly in the area of maternal, newborn, child, and reproductive health. Dr. Akhter currently serves as the USAID Bangladesh Mission expert on maternal and newborn health and is responsible for ensuring synergy within USAID Bangladesh supported activities, and with the Government of Bangladesh and other development partners. She also helps to facilitate the exchange of technical information as well as identifying and fostering opportunities for partnership on technical and programmatic activities.
ACTING ON THE CALL

PREVENTING CHILD & MATERNAL DEATHS: A FOCUS ON THE ROLE OF NURSES AND MIDWIVES

2020

Report available online: www.usaid.gov/actingonthecall
Figure 8.1: Progress Towards Our Goal and the Path Forward
Declines in Maternal and Child Mortality to Date and Acceleration Needed to Reach Country's 2030 Targets

- **Neonatal Mortality**
  - Deaths per 1,000 Live Births
  - 2012: 24.5
  - 2020: 9.4
  - 2030: 86

- **Under-5 Mortality**
  - Deaths per 1,000 Live Births
  - 2012: 48.3
  - 2020: 14.8
  - 2030: 64

- **Maternal Mortality**
  - Deaths per 100,000 Live Births
  - 2012: 147
  - 2020: 64
  - 2030: 86


Figure 8.2: Our Investments in Preventing Child and Maternal Deaths
Total Fiscal Year 2012-2019 Budget: $490M

- Maternal and Child Health
- Nutrition
- Family Planning and Reproductive Health
Dr. Stephen Hodgins is on the faculty of the University of Alberta School of Public Health. He is a physician-epidemiologist with a doctoral degree in health behavior and board certification in family medicine and in preventive medicine and public health. His work has focused on maternal, newborn, and child health; nutrition; and primary health care (including community health worker programs). He has made helpful contributions to how programs approach scale-up in global health. Before joining the University of Alberta, he was based in Washington, DC, for eight years, first as technical director of USAID’s Maternal and Child Health Integrated Program, and then as senior technical advisor on Saving Newborn Lives, managed by Save the Children. He has lived and worked in Zambia and Nepal, and provided technical support for work in more than 30 countries in sub-Saharan Africa and South Asia.
Needed: Context-Specific Strategies that Do More Good than Harm

Stephen Hodgins MD MSc DrPH

Editor-in-Chief, Global Health: Science & Practice
Assoc. Prof, Global Health,
School of Public Health, University of Alberta
What should we be doing?

Key considerations:

• *What the epidemic itself could do.*

• *What our response to the epidemic could do.*

• How to get to *the least bad outcome.*
Verity et al. https://doi.org/10.1016/S1473-3099(20)30243-7
Younger age structure

Fewer expected deaths
Control strategy based on a context-specific weighing of:

• expected **benefits** of possible response actions &

• the **harms** that could result from such actions, …

taking full account of what is **feasible**.
Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study

Timothy Robertson, Emily D Carter, Victoria B Chau, Angela R Stegmuller, Blanca D Jackson, Yvonne Tam, Talata Sawadogo-Lewis, Neff Walker

Summary
Background While the COVID-19 pandemic will increase mortality due to the virus, it is also likely to increase mortality indirectly. In this study, we estimate the additional maternal and under-5 child deaths resulting from the potential disruption of health systems and decreased access to food.

Methods We modelled three scenarios in which the coverage of essential maternal and child health interventions is reduced by 9.8–51.9% and the prevalence of wasting is increased by 10–50%. Although our scenarios are hypothetical, we sought to reflect real-world possibilities, given emerging reports of the supply-side and demand-side effects of the pandemic. We used the Lives Saved Tool to estimate the additional maternal and under-5 child deaths under each scenario, in 118 low-income and middle-income countries. We estimated additional deaths for a single month and extrapolated for 3 months, 6 months, and 12 months.

Findings Our least severe scenario (coverage reductions of 9.8–18.5% and wasting increase of 10%) over 6 months would result in 253,500 additional child deaths and 12,200 additional maternal deaths. Our most severe scenario (coverage reductions of 39.3–51.9% and wasting increase of 50%) over 6 months would result in 1,157,000 additional child deaths and 56,700 additional maternal deaths. These additional deaths would represent an increase of 9.8–44.7%.

uterotonics, antibiotics, and anticonvulsants, and clean birth environments) would account for approximately 60% of additional maternal deaths. The increase in wasting prevalence would account for 18–23% of additional child deaths and reduced coverage of antibiotics for pneumonia and neonatal sepsis and of oral rehydration solution for diarrhoea would together account for around 41% of additional child deaths.

Interpretation Our estimates are based on tentative assumptions and represent a wide range of outcomes. Nonetheless, they show that, if routine health care is disrupted and access to food is decreased (as a result of unavoidable shocks, health system collapse, or intentional choices made in responding to the pandemic), the increase in child and maternal deaths will be devastating. We hope these numbers add context as policy makers establish guidelines and allocate resources in the days and months to come.

https://doi.org/10.1016/S2214-109X(20)30238-2
Highest risk:

• very close contact,
• extended period of time,
• Tightly-enclosed, poorly-ventilated spaces
Will the Higher-Income Country Blueprint for COVID-19 Work in Low- and Lower Middle-Income Countries?

Stephen Hodgins, Abdulmumin Saad
Dr. Mohammad Shamsul Haque is a medical graduate with a postgraduate degree in public health. He has been working in the public health field for the past 30 years. He has experience in rural and urban settings in the implementation of government programs and policies related to maternal, newborn, child, and adolescent health. Currently, he is leading the country’s programs on immunization, maternal, neonatal, child, and adolescent health at the national level. As a delegate of the Government of Bangladesh, he has led the country in overseas workshops and meetings on several occasions.
Bangladesh health sector response for COVID-19 pandemic to mitigate disruptions of child health and immunization services


July 23, 2020

Dr. Mohammad Shamsul Haque
Line Director- Maternal Newborn Child & Adolescent Health(MNC&AH)
Directorate General of Health Services
Ministry of Health and Family Welfare, Bangladesh.
## MoHFW field service delivery system: District and below

### Administrative structure

<table>
<thead>
<tr>
<th>64 Districts</th>
</tr>
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<tbody>
<tr>
<td>District or General Hospital (64), MCWC (96)</td>
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<table>
<thead>
<tr>
<th>492 Upazilas</th>
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<tbody>
<tr>
<td>UHC (424);</td>
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<table>
<thead>
<tr>
<th>4,501 Unions</th>
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<tbody>
<tr>
<td>USC/RD (2,550);</td>
</tr>
<tr>
<td>UH&amp;FWC (3,975)</td>
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<table>
<thead>
<tr>
<th>40,509 Wards</th>
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<tbody>
<tr>
<td>13094 Community Clinics</td>
</tr>
<tr>
<td>Outreach EPI Center (8/ward)</td>
</tr>
<tr>
<td>Satellite center (4-8/Union)</td>
</tr>
<tr>
<td>Domiciliary service</td>
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### ESP by level of service

<table>
<thead>
<tr>
<th>District</th>
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<tbody>
<tr>
<td>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, Advance NB care, CEmONC</td>
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<table>
<thead>
<tr>
<th>Upazila (Sub-district)</th>
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<tbody>
<tr>
<td>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, NB care, BEmONC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, NB care, NVD</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Unit/Ward/Village/Community</th>
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</thead>
<tbody>
<tr>
<td>EPI, IMCI, Growth monitoring, Limited curative care, ANC, PNC SBCC,</td>
</tr>
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</table>
Magnitude of service disruption of essential child health care and immunization due to COVID-19

**MARCH 26 : LOCK DOWN**
- 68% reduction of overall care seeking
- 71% reduction of Pneumonia care seeking
- 72% reduction of diarrhoeal disease care seeking

**May 31 : PARTIAL EASE DOWN**
- 37% reduction of overall care seeking
- 39% reduction of Pneumonia care seeking
- 34% reduction of diarrhoeal disease care seeking

**Immunization**
- 9% fixed & 38% outreach immunization center postponed.
- 1.8 lac child missed vaccine of one or more antigen.
- 22 district less than 50% immunization coverage
- MR campaign postponed

**Facility IMCI care seeking of <5 children**
- 68% reduction of overall care seeking
- 71% reduction of Pneumonia care seeking
- 72% reduction of diarrhoeal disease care seeking

**Community IMCI care seeking of <5 children**
- 37% reduction of overall care seeking
- 39% reduction of Pneumonia care seeking
- 34% reduction of diarrhoeal disease care seeking

**Source**: EPI directorate; DHIS-2, DGHS
Trend in EPI coverage during the period Jan- June 2020

COVID-19 started

EPI prepared & circulated Guideline on how to conduct & continue vaccination amid COVID-19 pandemic for vaccinators

EPI Intensified Monitoring Countrywide

Emphasis on line listing of left out/ drop out & immediate vaccination

Coverage improving

Community transmission & lockdown

Source : DHIS-2, DGHS
What has been done to restore service disruption of Immunization and Child Health?

• Periodically monitoring coverage data to follow up with low coverage area
• Utilization of EPI network for COVID response for -
  • Sample collection & transportation to lab
  • Distribution of sample collection logistics, PPEs, ice-lined refrigerators
• In spite of lockdown, uninterrupted supply chain of vaccine, medicine, logistic is ensured
• Capacity building on IPC package, immunization guideline, IMCI, maternal health guideline during COVID
• Flu corner developed at each facility for Triage of all patients attending the facility
What has been done from the Demand side?

Daily COVID-19 situation update through TV with specific message on IPC, immunization, nutrition, and child care

Muktopaath : Online hotline for COVID management and counselling with specific message on IPC, immunization, nutrition, child care, etc, delivery voluntary services by doctors

- Total Phone call received : 16517651, Doctors trained : 16485
- Number of doctors providing voluntary phone Service: 4217

- Auto generated pre recorded message on IPC with every phone call
- Development of communication materials for IPC, awareness, immunization & MNCH service utilization during COVID
- Utilization of traditional methods of communication—IPC by community level health care provider, miking on immunization day at outreach vaccination center
What has been done for creating an enabling environment?

• Commitment and ownership of Government-leadership, governance, and management

• Formation of a interdepartmental committees for MNCH guidance

• Coordination, integration, and stakeholders/institution alignment

• Strategic guidance developed for adaptation of COVID response to maintain essential services at facility and community such as-
  • Immunization service,
  • Child Health Care service (IMCI-N)
  • IPC – appropriate use
Guidance on Immunization

Flow chart: EPI session with IP in the context of COVID
Guidance on IMCI-N

**Figure 4:** Patient flow for IMCI services in the context of COVID-19

**Figure 5:** Simplified IMCI guideline for IMCI services in the context of COVID-19

**Flow chart of IMCI-N services in the context of COVID-19**
Guidance on Essential Service Delivery from Community Clinic

Flow chart: Flow chart of service delivery at CC
Communication Materials
Immunization activities in FDMN, Cox’s Bazar

- Established routine system in FMDN, Cox’s Bazar since July 2018
- Conducted so far 10 vaccination campaigns
- Registration post vaccination
- Vaccination at registered camp & No-man’s land
- Contact vaccination
- Close and frequent monitoring
- Supportive supervision
- Strengthened VPD surveillance and outbreak response activity
Way forward

• Data guided monitoring at sub-district and district level for catch up of Immunization coverage at fixed site and outreach immunization center
• Data guided monitoring sub-district and district level for catch up of IMCI-N services at facility and community
• Continue uninterrupted supply of IPC materials, vaccine, and medicine
• Continue communication activities for care seeking and awareness
• Developing detailed action plan to conduct postponed MR campaign
COVID Vaccine & Bangladesh

• Bangladesh is actively coordinating globally to get COVID vaccine
• Hon’ble Prime Minister attended Global Vaccine summit
• Preparing to utilize strength and opportunity of EPI for COVID vaccination.
• Local pharmaceutical company is in the race of vaccine trial
THANK YOU
Dr. Isabella Sagoe-Moses is a child health specialist with several years of experience working as a clinician and at the national policy level of the Ghana health sector. She is currently the Deputy Director of the Family Health Division of the Ghana Health Service, overseeing the Department of Reproductive and Child Health. She is also the focal person for newborn health at the national level and chairs the national committee for newborn health, which coordinates the efforts of government and partners to improve newborn survival and health in Ghana. Previously, she was the national child health coordinator for the Ghana Health Service for more than 15 years.
Strategies to Maintain Provision of Child Health Services In Ghana During COVID-19 Pandemic

Dr. Isabella Sagoe-Moses
Dep. Director Family Health (RCH)
Ghana Health Service
Presentation Outline

• Introduction
• Some COVID-19 control measures
• Impact of the pandemic on immunisation
• Actions to provide enabling environment for service delivery
• Modifications to service delivery
• Strategies to maintain demand for services
• Preliminary results: In-depth assessment of effect of COVID-19 on MCH services at the PHC level
• Summary of key points of presentation
Impact of Covid-19 on Health Service Delivery

• Initial fear among health workers and caregivers leading to non patronization of services
• Re-assignment of MCH/EPI staff to support COVID-19 response
• Lockdown in major cities and restricted movement in all other parts of the country affected service delivery
• Low patronage of health services with greater toll on preventive/promotive services for women and children
• Postponement of Polio Outbreak Response Vaccinations and Yellow Fever Preventive Mass Vaccination campaigns
## Coverage of MCH Services January – March (2018 – 2020)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
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<tbody>
<tr>
<td>Number of mothers, all deliveries</td>
<td>160,645</td>
<td>169,969</td>
<td>162,726</td>
</tr>
<tr>
<td>ANC registrants</td>
<td>243,750</td>
<td>239,048</td>
<td>236,256</td>
</tr>
<tr>
<td>Total Postnatal mothers registered</td>
<td>184,687</td>
<td>188,234</td>
<td>177,905</td>
</tr>
<tr>
<td>Child Welfare Clinic Registrants</td>
<td>795,667</td>
<td>728,017</td>
<td>591,617</td>
</tr>
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</table>
# Unvaccinated Children, Q1 2020

<table>
<thead>
<tr>
<th>Region</th>
<th>Target</th>
<th># Vaccinated</th>
<th>Left Out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahafo</td>
<td>6,127</td>
<td>5,857</td>
<td>270</td>
</tr>
<tr>
<td>Ashanti</td>
<td>59,243</td>
<td>54,482</td>
<td>4,761</td>
</tr>
<tr>
<td>Bono</td>
<td>11,708</td>
<td>12,219</td>
<td>- 511</td>
</tr>
<tr>
<td>Bono East</td>
<td>11,321</td>
<td>11,770</td>
<td>- 449</td>
</tr>
<tr>
<td>Central</td>
<td>26,053</td>
<td>23,395</td>
<td>2,658</td>
</tr>
<tr>
<td>Eastern</td>
<td>33,189</td>
<td>28,550</td>
<td>4,639</td>
</tr>
<tr>
<td><strong>Greater Accra</strong></td>
<td><strong>50,558</strong></td>
<td><strong>37,859</strong></td>
<td><strong>12,699</strong></td>
</tr>
<tr>
<td>North East</td>
<td>5,856</td>
<td>7,003</td>
<td>- 1,147</td>
</tr>
<tr>
<td>Northern</td>
<td>19,540</td>
<td>24,610</td>
<td>- 5,070</td>
</tr>
<tr>
<td>Oti</td>
<td>7,599</td>
<td>7,020</td>
<td>579</td>
</tr>
<tr>
<td>Savannah</td>
<td>5,928</td>
<td>6,202</td>
<td>- 274</td>
</tr>
<tr>
<td>Upper East</td>
<td>13,027</td>
<td>12,416</td>
<td>611</td>
</tr>
<tr>
<td>Upper West</td>
<td>8,685</td>
<td>7,527</td>
<td>1,158</td>
</tr>
<tr>
<td>Volta</td>
<td>19,076</td>
<td>12,176</td>
<td>6,900</td>
</tr>
<tr>
<td>Western</td>
<td>22,146</td>
<td>18,392</td>
<td>3,754</td>
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<tr>
<td>Western North</td>
<td>9,480</td>
<td>7,240</td>
<td>2,240</td>
</tr>
<tr>
<td>Ghana</td>
<td>309,536</td>
<td>276,718</td>
<td>32,818</td>
</tr>
</tbody>
</table>

Almost 33,000 (11%) children unvaccinated.

Greater Accra Region missing out on over 12,000 (25%) children
Strengthening the Enabling Environment

- Guidelines for service delivery developed and disseminated
- IPC Guidelines modified for COVID-19
- Increased use of IT for information sharing, supervision to improve QoC. (Calls, WhatsApp, Zoom meetings etc.)
- Scheduled and last mile delivery for essential medicines, vaccines and supplies; drones used for hard-to-reach areas
- Provision of running water for communities and facilities; Water and Electricity bills scrapped for 3 months
- Dedicated transport/movement passes provided for essential staff during lock-down
- Community support for health facilities – water, equipment
Zipline Ghana: Vaccine Deliveries by Week, 2020

- **March 30:** Ghana implements lockdown
- Zipline delivers 4x vaccine volume week over week
- Zipline continues adding health facilities to its service despite lockdown
Service Delivery Approaches

All routine services continue with recommended modifications and appropriate PPEs for all staff:

• Daily provision of services at facility with appointments to reduce crowding - ANC, PNC, Immunizations, Vitamin A, growth monitoring

• Increased community-based approaches, including outreach

• Home visits limited to at-risk clients e.g. mothers with preterm babies, malnourished children, pregnant women with complications

• Follow-up by phone calls whenever appropriate

• Contact numbers for service providers and other relevant services to reach when client have questions

• Link with Rapid Response teams to attend to clients (women, newborns and children) who are in quarantine/isolation
Strategies to Maintain Demand for Services and Promote HH and Community Preventive Services

• Provision of PPEs and safety measures at facilities for providers and clients
• Advocacy and Public education with specific key messages for maternal and child health using-
  - Telecommunication platforms
  - Community broadcasts
• Child health Promotion Week and Africa Vaccination week platforms with COVID related theme and special key messages
• Intensified education on Danger signs for pregnant women, newborns and children for prompt care-seeking
• Follow up caregivers of due/ defaulted children with phone calls
Gender

‘Weighing’ has not stopped with COVID-19 — GHS

By Aquatina Yankson

Women Eradication of Violence against Women (WAVAW) has expressed concern over the increase in cases of gender violence during the lockdown period.

Women were usually the ones who were most affected during times of crisis, even though the traditional notion of families had changed over time, the WAVAW said.

Ghana, therefore, needed to intensify efforts to prevent violence against women and children, especially during the pandemic.

A WAVAW official said the lockdown had increased cases of domestic violence, with many cases being reported in the Greater Accra Region.

Women had been forced into isolation, which had led to domestic violence, the WAVAW official said.

The WAVAW official urged the media to help in the sensitisation of vulnerable women and children to the dangers of domestic violence.

“The lockdown effect has been very manifest in the negative actions of some husbands. Women are really at risk. They must be able to make decisions to protect themselves from violence,” the WAVAW official said.

She said it was important for the media to sensitise vulnerable people to the seriousness of domestic violence and how they could learn to protect themselves.

The WAVAW official said that women must be able to define what their rights were, and demand for it.

Women were being forced into giving up their rights, she said.

She called on the law enforcement agencies to do their due diligence in handling cases of gender violence.

Face masks for children under 2 risky

A WAVAW official said that children under two years old were at risk of coming into contact with surfaces that had been touched by adults.

“Children have low hand and touch sensitivity and surfaces. It is, therefore, important for parents to handle things that have been touched by adults,” the WAVAW official said.

The WAVAW official said that the public should also be sensitised to take extra care with children under the age of two, especially during the pandemic.

She said that it was important that parents made sure children washed their hands and wore masks.

Help Preserve the Gains

1. Immunisation

* Check your child’s immunisation schedule.
* Contact a child welfare clinic to schedule an appointment.
* Encourage your neighbours, friends and loved ones to do same.

2. Malaria

* Malaria remains a threat to child survival
* Use Insecticide treated nets
* Carry out an RDT in suspected cases
* Start treatment promptly and complete the course for all confirmed cases.
CHILD HEALTH PROMOTION WEEK COMMEMORATION

ABLEKUMA SUB-METRO

THEME

PROMOTING NEWBORN AND CHILD HEALTH SERVICES IN THE WAKE OF THE COVID-19 PANDEMIC

DATE: 11th - 15th May, 2020

ACTIVITIES

- Immunization
- Breast Feeding
- Birth Registration
- Growth Monitoring
- Nutrition Counseling
- Promoting Use Of ITN'S
- Prevention of COVID - 19
- Iron Supplementation
- Safe Delivery.
Effects of COVID-19 on MCH Services in Ghana’s Primary Health Care System

In-depth Assessment
2nd June – 30th July
(Preliminary results)
How Has COVID Affected Health Services Delivery In the district?

- Staff were initially shying away from outreach activities due to panic, DDHS.
- Rendering health services time consuming, CHO.
- Increased consumption of non-drug consumables DDHS.
- Exposed challenges of PHC system
  - Inadequate infrastructure
  - Erratic supply of consumables
  - Lack of emergency supplies e.g. oxygen DDHS.
What changes have you made to receive patients in response to COVID-19 in health facilities?

- A Veronica buckets placed at entrances of all health facilities for patients to wash hands.
- Reorganized sitting arrangements to ensure social distance protocol. Sometimes arrange benches under tree and triage clients from there (Dist. CHPS Coordinator)
- Holding rooms designated in each health facility to keep suspected cases for the rapid response team to investigate.
Do You Have Concerns For The Safety Of Health Staff On COVID-19?

- Yes. In most of our CHPS compounds, they are one or maximum 2 staff attending clients. If one of them should get infected, then the facility will have to be closed down. We need more staff, DDHS.

- Every health staff is trying and we are risking a lot in the fight against covid-19, all we need is enough PPEs to combat this deadly disease, CHO.

- Yes. some facilities do not have infrared thermometers and staff who use digital or mercury thermometers are at risk of contracting the disease, DDHS.
Addressing the Gaps

• Assessment report to be shared with health managers at all levels
• Logistics management training for staff to reduce stock-out of essential medicines and supplies
• Engaging non-governmental stakeholders including private sector and communities to support facilities with PPEs and other logistics
Summary of Key Points

• The COVID-19 pandemic has exposed existing weaknesses in Ghana’s primary health care system; provides an opportunity to improve these for long lasting benefits

• Investing in safety of health providers and clients at service delivery points is critical for maintaining continuity of services

• Communication is key and should be sustained and multifaceted for effective demand generation

• Communities have a role to play, they should be strategically engaged
Thank You
For Your Attention
Dr. Tom Sesay is a public health physician currently serving as the program manager of the Child Health/EPI Program. He holds a Bachelor Degree in Medicine and Surgery from the University of Sierra Leone and a Master in Public Health from the University of Ghana. He has served as a medical superintendent of various district hospitals, and as the district medical officer responsible for public health activities in several districts. Dr. Sesay has served the Ministry of Health and Sanitation for more than 19 years—at the leadership and policy level for the past four. He was appointed as the counterpart team lead in the Health Systems Strengthening Program of the Ministry of Health and served briefly as program manager of the national HIV/AIDS control program before appointment to his current position.
Maintaining Child Health and Immunisation services in the context of CoViD 19 in Sierra Leone, 24th July 2020

Dr. Tom Sesay,
Program Manager, Child Health and Expanded Program on Immunization
Presentation outline

• Sierra Leone Health System

• Impact of COVID-19 on paediatric admissions and immunisations

• Measures taken to Maintain Child Health and Immunisation services
  • General measures
  • Patient flow in hospitals
  • Vaccination related issues

• Challenges and Mitigating actions
Health System In Sierra Leone

• A three-tier health delivery system

- 11 Tertiary Hospitals
  The highest level of health care

- 30 Secondary Hospitals
  Specialized services to patients referred from the PHUs

- 1300 Peripheral Health Units
  First line primary health care

• Free healthcare for pregnant and breast-feeding women and children under five
Cumulative COVID-19 cases, Sierra Leone, 13 July 20

1642
Total confirmed cases
1175
Recoveries
16
# of districts reported

14,513
Total COVID-19 tests
1854
Tests/million population
National trend on Impact of COVID19 on Paediatric admissions in Sierra Leone, Jan-June 2020

3 day lockdown announced

1\textsuperscript{st} case
National trend of difference in total immunizations by month, Jan-May 2019 vs 2020

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>March 2019</th>
<th>March 2020</th>
<th>Mth Difference</th>
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<tbody>
<tr>
<td>Penta Total (3 dose)</td>
<td>68324</td>
<td>62546</td>
<td>-6%</td>
</tr>
<tr>
<td>PCV Total (3 dose)</td>
<td>68148</td>
<td>62517</td>
<td>-8%</td>
</tr>
<tr>
<td>Rota Total (2 dose)</td>
<td>45052</td>
<td>41193</td>
<td>-9%</td>
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<tr>
<td>IPV Total (1 dose)</td>
<td>19732</td>
<td>21061</td>
<td>7%</td>
</tr>
<tr>
<td>YF Total (1 dose)</td>
<td>20756</td>
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<td>-4%</td>
</tr>
<tr>
<td>MCV Total (2 dose)</td>
<td>39095</td>
<td>35616</td>
<td>-9%</td>
</tr>
<tr>
<td>BCG Total (1 dose)</td>
<td>20987</td>
<td>17826</td>
<td>-15%</td>
</tr>
<tr>
<td>All Vaccines Total</td>
<td>420688</td>
<td>396079</td>
<td>-6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>April 2019</th>
<th>April 2020</th>
<th>Mth Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penta Total (3 dose)</td>
<td>70111</td>
<td>55826</td>
<td>-20%</td>
</tr>
<tr>
<td>PCV Total (3 dose)</td>
<td>70090</td>
<td>55557</td>
<td>-21%</td>
</tr>
<tr>
<td>Rota Total (2 dose)</td>
<td>46088</td>
<td>37159</td>
<td>-19%</td>
</tr>
<tr>
<td>IPV Total (1 dose)</td>
<td>21206</td>
<td>18221</td>
<td>-14%</td>
</tr>
<tr>
<td>YF Total (1 dose)</td>
<td>22195</td>
<td>17994</td>
<td>-19%</td>
</tr>
<tr>
<td>MCV Total (2 dose)</td>
<td>22195</td>
<td>17994</td>
<td>-19%</td>
</tr>
</tbody>
</table>
## Measures taken to ensure continuity of essential health services

<table>
<thead>
<tr>
<th>Measures</th>
<th>P&amp;S</th>
<th>T</th>
<th>S</th>
<th>P</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Establishment or reactivation of Treatment facilities and CCCs and Isolation Centres</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Most of these facilities were established during Ebola</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>2. Development of guidelines and Job Aides on</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Job aides on IPC and case management of COVID 19 for treatment centres, isolation centres and other facilities</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review of the ETAT guidelines in hospitals to include COVID 19</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developed patient flow chart for ETAT during COVID-19</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provision of immunization services in covid-19 context</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review of the community health worker strategy</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Capacity building</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Orientation of staff on IPC and case management of CoVID 19</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Organising virtual meeting with Child Health Managers</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

P&S Policy and Strategy level, T: tertiary level, S: Secondary Level, C: Community Level
Measures taken to ensure continuity of essential health services

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</tr>
</thead>
<tbody>
<tr>
<td>4. <strong>Enforce Physical distancing</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chronic conditions: Provide medications for longer duration for stable patients</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase the number of immunisation sessions so less clients per session</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limit number of patients in waiting area and expand the waiting area to allow for more social distance</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. <strong>Organization of the health facility for early detection and source control</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Screening and Triage at the entrance of the health facility</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Separation of clients coming for preventive interventions eg Immunisation from those that are sick. Symptom and temperature checks</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
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<tbody>
<tr>
<td>6. Implementing Standard IPC Precautions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure availability of Water, soap and hands sanitizers for hand hygiene</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Regular cleaning particularly the surfaces and floors</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provision of PPEs for the staffs in the health facility</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Safe waste management, Environmental cleaning</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Respiratory Hygiene for all patients and caregivers:</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Patient placement and accommodation:</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Suspected case maintaining at least 1.5m distancing between beds</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Transfer to treatment facility if positive</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Measures taken to ensure continuity of essential health services

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</tr>
</thead>
<tbody>
<tr>
<td>8. Monitoring and supervision</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Visiting health facilities to ensure compliance with the CoViD 19 guidelines</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Strengthen Community Health Care services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review Community Health Worker Policy and guidelines to strengthen home care services</td>
<td>Yes</td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Community Engagement:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Various media channels including social media</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Interpersonal communication in health facilities</td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>• Using CHWs at the community level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>
Patient Flow in tertiary and Secondary Hospital levels

- Security and hand washing
- COVID screening
- Resus/ER for Non-COVID 19 patients
- Nurses station
- Doctors' station
- Weight/Height and registration
- Toilet
- Suspected cases
- Confirmed cases
- Storage/Cupboard
- Donning area
- SD
- SCBU
- Wd
- TFC
- ER
- ICU

Main Hospital
Vaccination related activities and issues

• Due to low prevalence of COVID 19, both fixed and outreach sites vaccinations going despite reduced utilization and hesitancy in some communities
• Monitoring on-going on the number and location of children missing immunization for catchup campaign when the COVID19 situation improves
• Guidance for infection prevention, especially hand hygiene and physical distancing being observed.
• Supportive supervision and monitoring ongoing to ensure compliance to developed guidelines
• Developed proposal to scale up maintain vaccination in the next 3 months where the COVID 19 epidemiology allows: awaiting approval from Gavi. Involves enhanced community engagement and outreach services in communities with marked reduction in vaccinations.
### Challenges and Mitigating actions

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Mitigating Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. More resources to the CoViD response at the expense of an integrated health response.</td>
<td>Non COVID Plan being developed by the MOHS and Essential Health Services focal point assigned to the COVID19 response</td>
</tr>
<tr>
<td>2. Infection of health workers leading to closure of some facilities.</td>
<td>Training of health worker on IPC, Improvement in Patient flow in health facilities, provision of appropriate PPEs to health workers</td>
</tr>
<tr>
<td>3. Inadequate staff to some services eg the SBCUs requiring adequate number of skilled staff.</td>
<td>Recruitment of additional nurses and other health workers by the MoHS and ongoing training</td>
</tr>
<tr>
<td>4. Challenges with water availability in some facilities</td>
<td>Coordination of partners and the government to improve water WASH services to facilities</td>
</tr>
<tr>
<td>5. Reduced health seeking due to fear of infection</td>
<td>Community engagement through various channels (Radio, social media), including use of CHWs</td>
</tr>
</tbody>
</table>
Thanks for your attention
Question and Answer Panel

Panelists
- Dr. Mohammad Shamsul Haque
- Dr. Isabella Sagoe-Moses
- Dr. Tom Sesay
- Moderator: John Borrazzo
Dr. Koki Agarwal, Project Director, USAID’s MOMENTUM Country and Global Leadership

Dr. Koki Agarwal is an internationally recognized expert in safe motherhood, reproductive health, and family planning policies and programs, as well as promoting policy dialogue and advocacy for policy reform. She has more than 25 years of service delivery experience in reproductive health, family planning, and maternal health, and for more than two decades has led, managed, and implemented large-scale USAID-funded global health projects. Previously, she directed USAID’s flagship Maternal and Child Survival Program, which worked in 32 countries, and was the principal follow-on to the Maternal and Child Health Integrated Program. Dr. Agarwal is also the Vice President of DC Operations for Jhpiego.

@Koki_Agarwal #USAIDMomentum
Thank you!