

# COVID-19 RESPONSE: COUNTRY KNOWLEDGE EXCHANGE SERIES

Continuity of Maternal, Newborn, and Child Health, Family Planning, and Reproductive Health Care in the Time of COVID-19

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MOMENTUM Country and Global Leadership

Thursday, July 23, 2020



**USAID**  
FROM THE AMERICAN PEOPLE



# John Borrazzo, Senior Health Specialist (Maternal, Newborn, and Child Health), Global Financing Facility



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.”



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## 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.



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# ACTING ON THE CALL

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

2020



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**Report available online:**

[www.usaid.gov/actingonthecall](https://www.usaid.gov/actingonthecall)



# REPUBLIC OF BANGLADESH

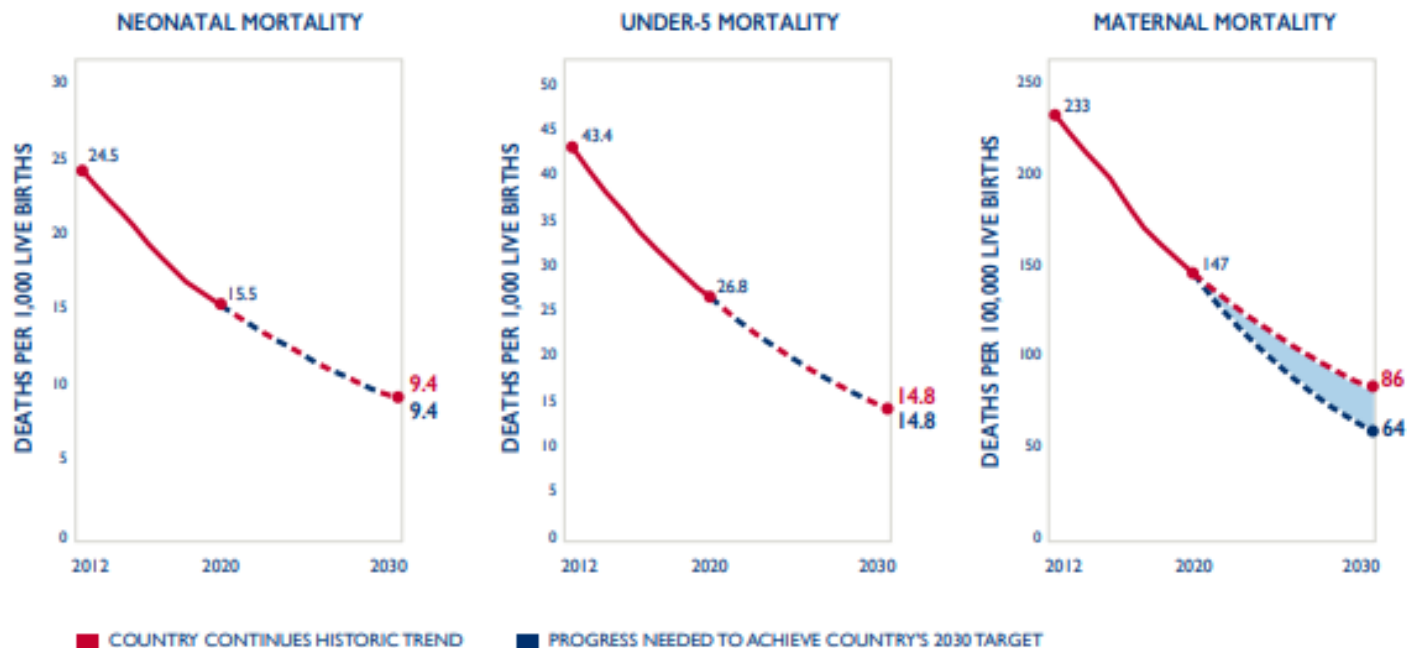


\* Estimate from 2017

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



Source: UN Inter-agency Group for Child Mortality Estimation, Levels and Trends in Child Mortality, 2019; UN Maternal Mortality Estimation Inter-agency Group, Trends in Maternal Mortality: 2000 to 2017.

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

## Editor in Chief, Global Health: Science and Practice



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.



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# **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



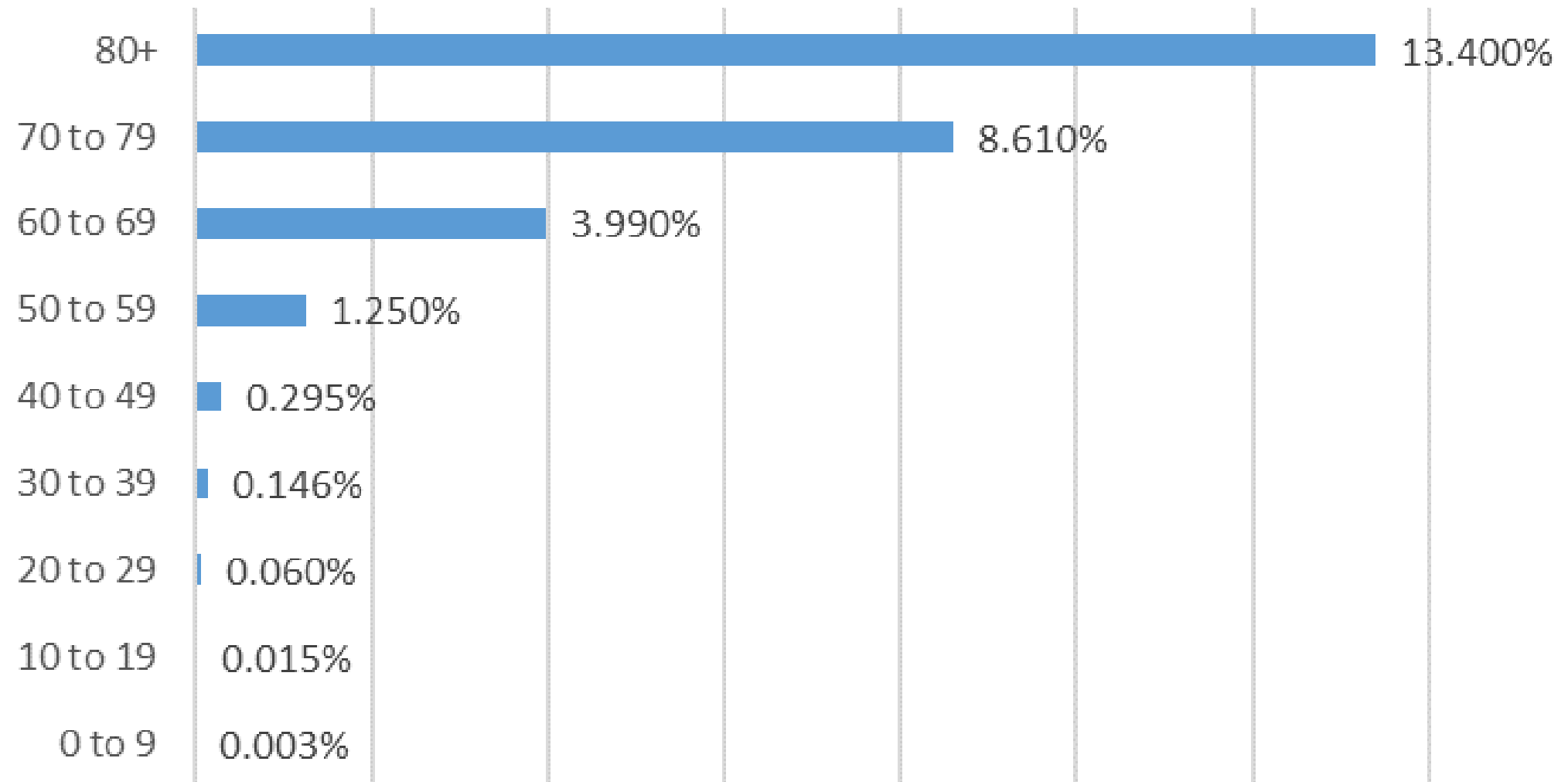


# What should we be doing?

Key considerations:

- *What the epidemic itself could do.*
- *What our response to the epidemic could do.*
- *How to get to the least bad outcome.*

## Case fatality, by age (%)



**Verity et al.** [https://doi.org/10.1016/S1473-3099\(20\)30243-7](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 Roberton, Emily D Carter, Victoria B Chou, Angela R Stegmüller, Bianca 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](https://doi.org/10.1016/S2214-109X(20)30238-2)



## Highest risk:

- very close contact,
- extended period of time,
- Tightly-enclosed, poorly-ventilated spaces





**EDITORIAL**

# **Will the Higher-Income Country Blueprint for COVID-19 Work in Low- and Lower Middle-Income Countries?**

Stephen Hodgins,<sup>a</sup> Abdulmumin Saad<sup>b</sup>

<https://doi.org/10.9745/GHSP-D-20-00217>

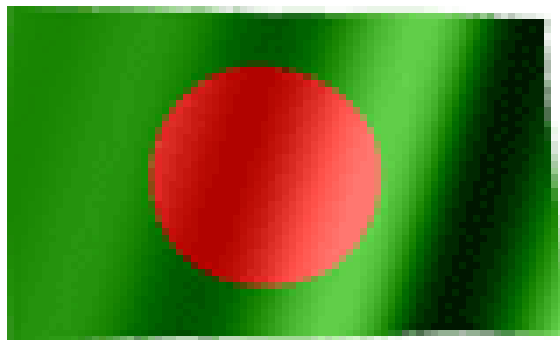
# Dr. Mohammad Shamsul Haque, Line Director, Maternal, Neonatal, Child, and Adolescent Health, Directorate General Health Services, Ministry of Health and Family Welfare, Bangladesh



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.



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# Bangladesh health sector response for COVID-19 pandemic to mitigate disruptions of child health and immunization services

Country Knowledge Exchange Series on Continuity of Maternal, Newborn, and Child Health, Family Planning, and Reproductive Health Care in the Time of COVID-19, hosted by USAID's MOMENTUM Country and Global Leadership.

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	ESP by level of service	Level
 <p>64 Districts District or General Hospital (64), MCWC (96)</p>	<p>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, Advance NB care, CEmONC</p>	<p>District</p>
 <p>492 Upazilas UHC (424);</p>	<p>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, NB care, BEmONC</p>	<p>Upazila (Sub-district)</p>
 <p>4,501 Unions USC/RD (2,550); UH&amp;FWC (3,975)</p>	<p>EPI, IMCI, Growth monitoring, SAM monitoring, Limited curative care, ANC, PNC SBCC, NB care, NVD</p>	<p>Union</p>
 <p>40,509 Wards 13094 Community Clinics Outreach EPI Center (8/ward) Satellite center (4-8/Union) Domiciliary service</p>	<p>EPI, IMCI, Growth monitoring, Limited curative care, ANC, PNC SBCC,</p>	<p>Unit/ Ward/ Village/ Community</p>

# Magnitude of service disruption of essential child health care and immunization due to COVID-19

LOCK DOWN

**MARCH 26 : LOCK DOWN**

**May 31 : PARTIAL EASE DOWN**

**Mapping of country by  
RED, YELLOW & GREEN ZONE**

APRIL 2020-  
the worst hit month

## **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**

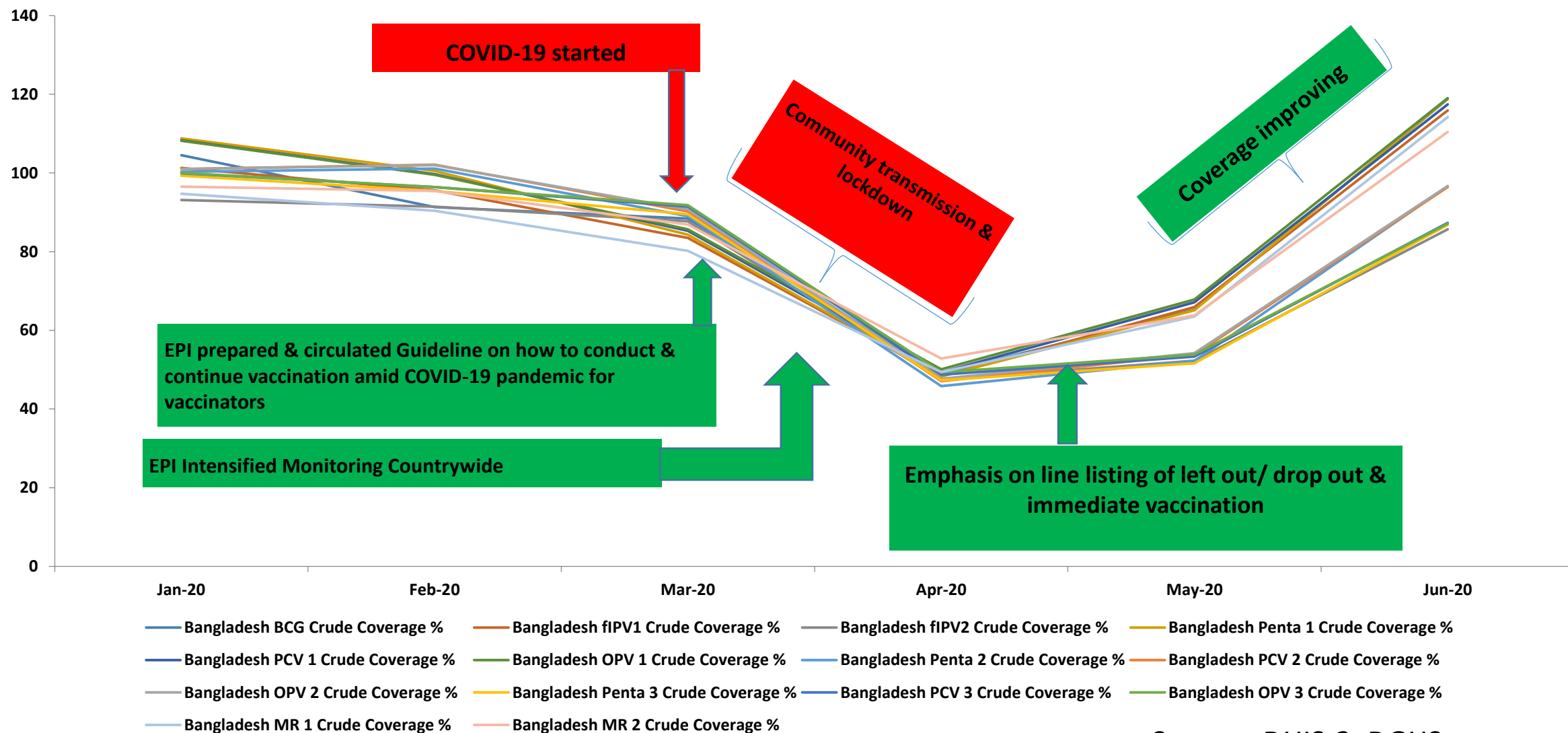
68% reduction of overall care seeking  
71% reduction of Pneumonia care seeking  
72% reduction of diarrhoeal disease care seeking

## **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



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



Flu corner developed in facility for Triage



# 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?

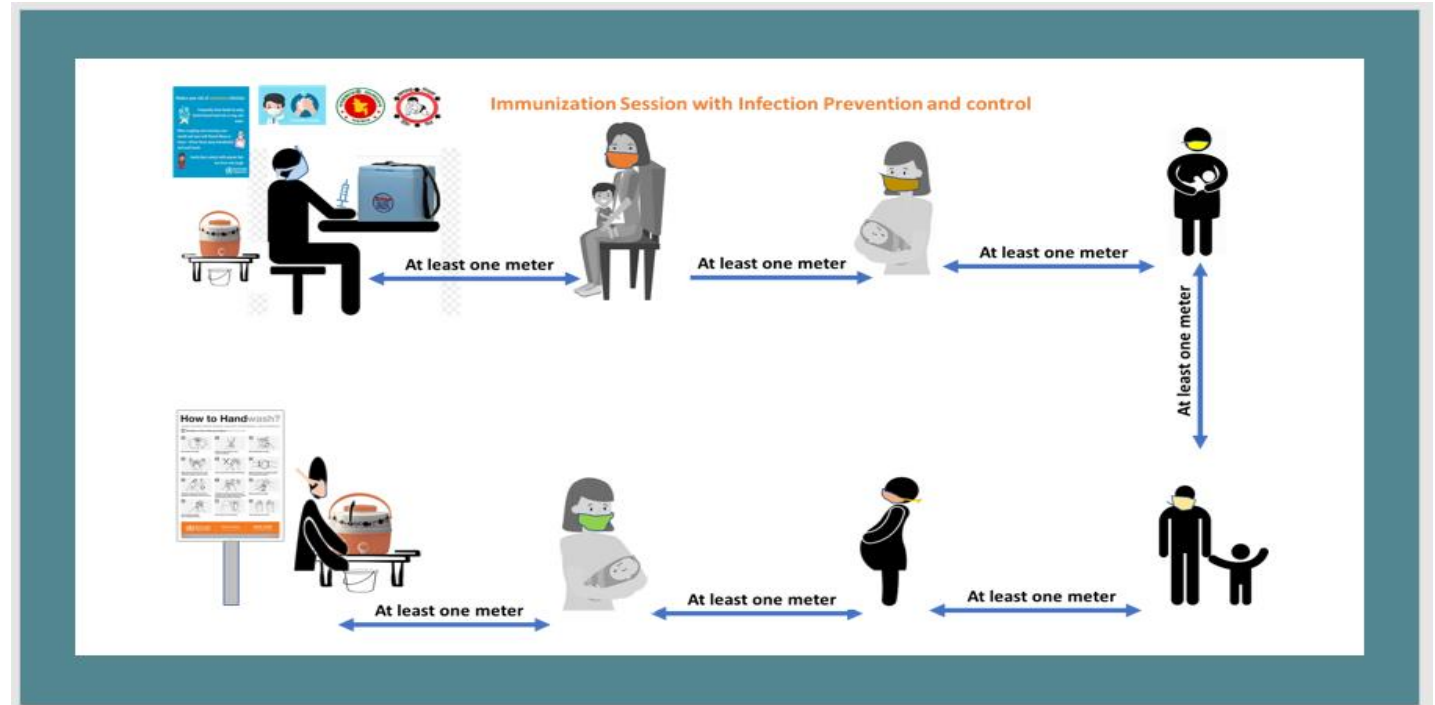
- Commitment and ownership of Government-leadership, governance, and management
- Formation of a interdepartmental committees for MNCH guidance
- Coordination, integration, and stakeholders/institution alignment
- Strategic guidance developed for adaptation of COVID response to maintain essential services at facility and community such as-
  - Immunization service,
  - Child Health Care service (IMCI-N)
  - IPC – appropriate use

# Guidance on Immunization

১৬এপ্রিল ২০২০

## বিশ্বব্যাপী কোভিড-১৯ প্যাণ্ডেমিক চলাকালীন সময়ে টিকাদান কর্মসূচী পরিচালনার নিয়মাবলী

(কোভিড -১৯ বিস্তারের অবস্থার উপর নির্ভর করে এই নিয়মাবলি প্রয়োজন অনুযায়ী সময় সময় পরিবর্তিত হতে পারে)



Flow chart : EPI session with IP in the context of COVID

# Guidance on IMCI-N

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

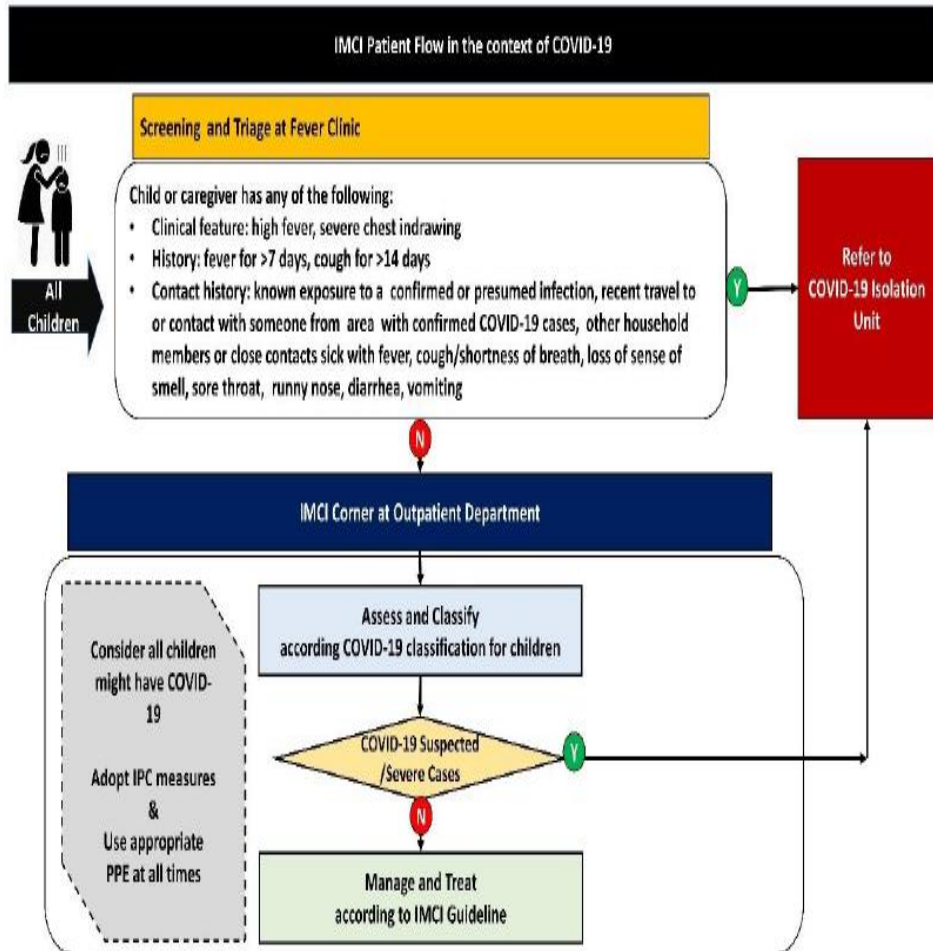
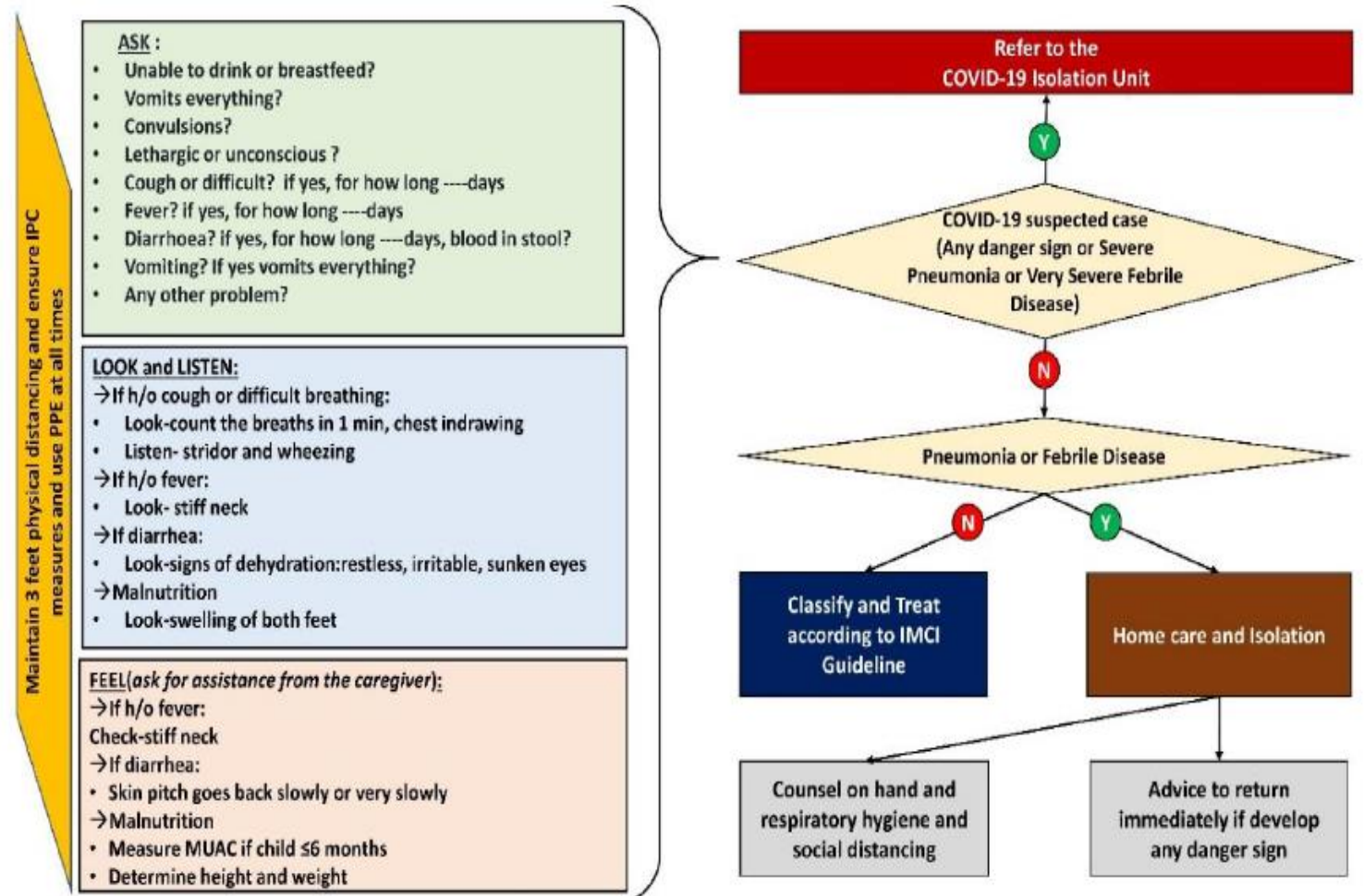


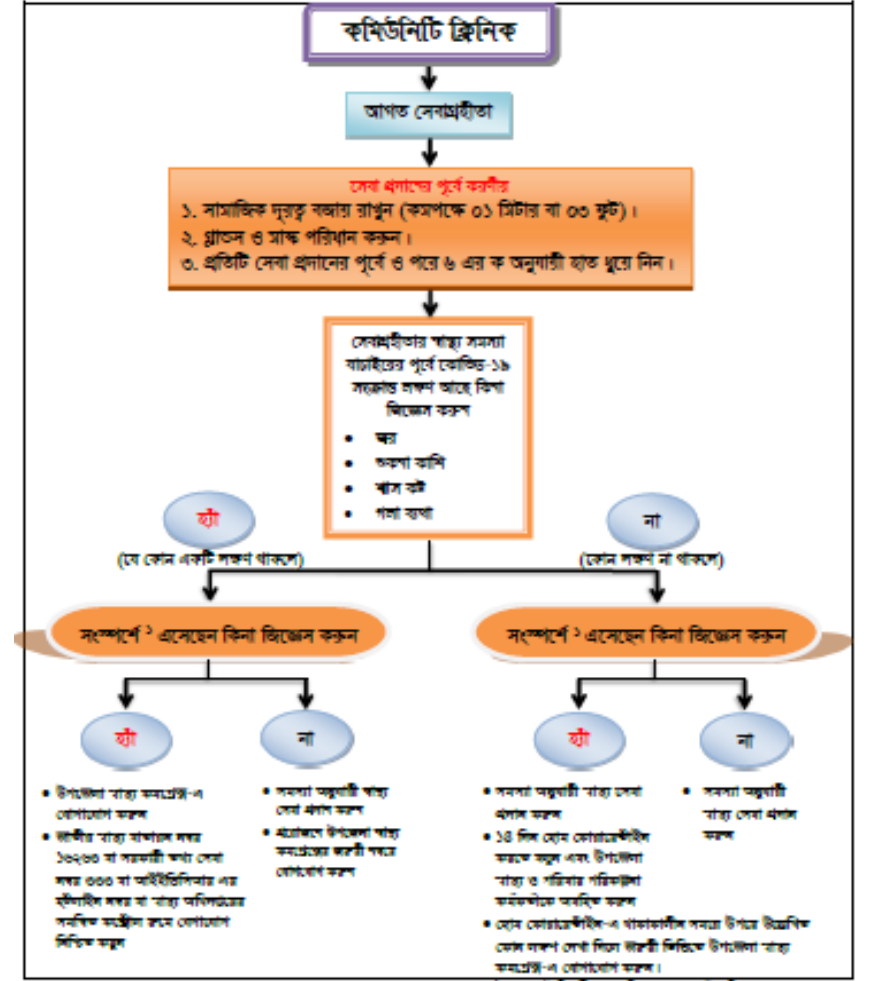
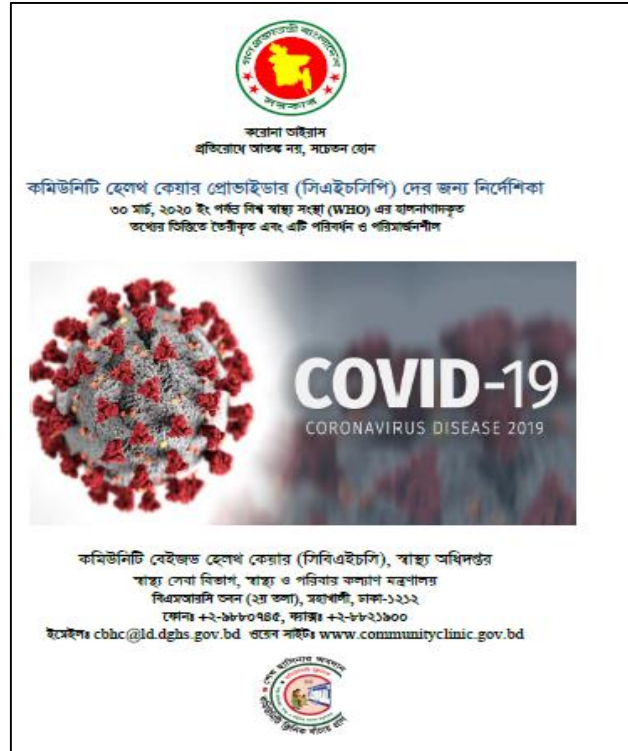
Figure 5: Simplified IMCI guideline for IMCI services in the context of COVID-19



Flow chart of IMCI-N services in the context of COVID-19



# Guidance on Essential Service Delivery from Community Clinic



১ - সংস্পর্শে এসেছেন কিনা জিজ্ঞেস করুন

চিত্র ৩ - কমিউনিটি ক্লিনিক কর্তৃক সিএইচসিপির সেবা প্রদান ফ্লো-চার্ট

Flow chart : Flow chart of service delivery at CC

# Communication Materials

কোভিড-১৯ পরিস্থিতিতেও শিশুকে নিয়মিত সব টিকা দিতে হবে  
বিভিন্ন সংক্রামক রোগ থেকে শিশুকে সুরক্ষিত রাখতে টিকাদানের বিকল্প নেই  
শিশুকে টিকা দিতে নিকটস্থ টিকাদান কেন্দ্রে যোগাযোগ করুন

**কোভিড-১৯ মহামারি চলাকালীন টিকাদান কেন্দ্রে  
শিশুর অভিভাবকদের যেসব সতর্কতা অবলম্বন করতে হবে**

বাড়ি থেকে বের হবার আগে এবং টিকাদান কেন্দ্রে প্রবেশের আগে সাবান ও পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত ধুয়ে নিন।

অবশ্যই কাপড়ের চেয়েমাস্ক পরিধান করুন।

মাস্ক পরা না থাকলে গ্লাউচ, কাশি সেওয়ার সময় কমান, টিস্যু অথবা বাহর ভাঁজে নাক-মুখ ঢেকে নিন।

এক অপরের থেকে কমপক্ষে ৩ ফুট দূরত্বে অবস্থান করুন এবং নিজ নিজ শিশুকে অন্য শিশুদের থেকে আলাদা রাখুন।

**আরো মনে রাখতে হবে**

কোনো শিশু অসুস্থ থাকলে তাকে টিকাদান কেন্দ্রে নিয়ে যাবেন না, পরবর্তীতে সুস্থ হলে তার টিকা নিশ্চিত করুন।

কোনো অভিভাবক অসুস্থ থাকলে তিনি টিকাদান কেন্দ্রে যাবেন না, প্রয়োজনে ৩৩৩ বা ১৬২৬৩০ টোল ফ্রি নাম্বারে যোগাযোগ করুন।

বাড়ি ফিরে অবশ্যই সাবান ও পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত ধুয়ে নিন এবং পোশাক ও মাস্ক ৩০ মিনিট সাবান-পানিতে ভিজিয়ে রেখে ভালো করে ধুয়ে ফেলুন।

কোভিড-১৯ পরিস্থিতিতে স্বাস্থ্য সহকারী/টিকাদানকারীরা নিজ জীবনের ঝুঁকি নিয়ে শিশুদের সুরক্ষায় কাজ করে যাচ্ছেন  
আমরা তাদের প্রতি পূর্ণ আস্থা রেখে টিকাদানের প্রতিটি সুযোগ কাজে লাগাই  
এবং শিশুকে নিরাপদ রাখি

করোনাভাইরাসের (কোভিড-১৯) প্রাদুর্ভাব রোধে  
জনসচেতনতা মূলক তথ্যাবলি

**করোনাভাইরাস সংক্রমণের ঝুঁকি রোধে করণীয়**

১ ঘন ঘন দুই হাত সাবান পানি দিয়ে কমপক্ষে ২০ সেকেন্ড যাবৎ পরিষ্কার করুন।

২ যেখানে সেখানে কফ ও খুশি ফেলবেন না। হাত দিয়ে নাক, মুখ ও চোখ স্পর্শ থেকে বিরত থাকুন।

৩ হাঁচি-কাশির সময়ে টিস্যু অথবা কাপড় দিয়ে বা বাহর ভাঁজে নাক-মুখ ঢেকে ফেলুন। ব্যবহৃত টিস্যু ঢাকনামুক্ত ময়দার পাশে ফেলুন ও হাত পরিষ্কার করুন।

**খাসকণ্ঠ**

**কাশি**

**করোনাভাইরাস (কোভিড-১৯) এর লক্ষণসমূহ**

করোনাভাইরাস (কোভিড-১৯) আক্রান্ত দেশ হতে আসার অথবা আক্রান্ত ব্যক্তির সংস্পর্শে আসার ১৪ দিনের মধ্যে উপরের যে কোনো লক্ষণ দেখা দিলে-

- ✓ নাক-মুখ ঢাকার জন্য মাস্ক ব্যবহার করুন
- ✓ সুস্থ ব্যক্তি হলে ৩ ফুট দূরত্ব বজায় রাখুন
- ✓ আইইডিসিআর-এর হটলাইন নম্বরে যোগাযোগ করুন

১১৪৪৪০০০২২২, ০১৬৩১১০০১১, ০১৬৩১০০০১১, ০১৬২৭১১৩৪৪, ০১৬২৭১১৩৪৪ ও স্বাস্থ্য খণ্ডিকা - ১৬৬৩০

**অইউনিসেফ - এর কন্টাক্ট নম্বর:**

কোভিড-১৯ পরিস্থিতিতেও শিশুকে নিয়মিত সব টিকা দিতে হবে  
বিভিন্ন রোগ থেকে শিশুকে সুরক্ষিত রাখতে টিকাদানের বিকল্প নেই  
শিশুকে টিকা প্রদানের সময় সর্বোচ্চ সতর্কতা অবলম্বন করুন  
সরকারি নির্দেশনা অনুযায়ী প্রয়োজনীয় ব্যবস্থা নিন

**কোভিড-১৯ মহামারি চলাকালীন টিকাদান কেন্দ্রে  
স্বাস্থ্য সহকারী/টিকাদানকারীদের সতর্কতা অবলম্বন এবং করণীয়**

সেদন শুরু করার আগে ও পরে টিকাদানের স্থান জীবাণুমুক্ত করুন।

টিকাদান শুরুর আগে এবং শেষ করার পর সাবান ও পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত ধুয়ে নিন।

তথ্য সংগ্রহ ও রেকর্ড সংরক্ষণের সময় শিশু এবং অভিভাবকদের কাছ থেকে কমপক্ষে ৩ ফুট দূরত্ব বজায় রাখুন।

সেদন চলাকালে ব্যবহার স্যানিটাইজার বা সাবান ও পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত পরিষ্কার করুন।

পরিধানের সঠিক নিয়ম অনুসরণ করে সার্জিক্যাল মাস্ক ব্যবহার করুন।

**আরো মনে রাখতে হবে**

টিকাদান অব্যাহত রাখতে করোনা ছড়ি করা যাবে না নিতি অনুসরণ করুন।	যেখানে সেদন বা কেবোচোবিনের মাধ্যমে টিকাদানের সিস্টেম তৈরি, স্থান ও সময় অভিভাবকদের জরিয় নিন।	টিকা প্রদানের আগে এবং পরে শিশু ও অভিভাবকদের অপেক্ষার সময় সিস্টেম করে নিন।	নিয়ন্ত্রণ বোর্ড অফিসারদের নিয়মকবী অনুসরণ করে যেনে চান।
সেদন শিশু অসুস্থ থাকলে তাকে টিকা দেওয়া হবে না।	অসুস্থ শিশু ও অভিভাবকদের টিকাদান কেন্দ্রে না আসার অনুরোধ করুন।	বাড়ি ফিরে অবশ্যই সাবান ও পানি দিয়ে কমপক্ষে ২০ সেকেন্ড হাত ধুয়ে নিন।	কোভিড-১৯ সংক্রান্ত চিকিৎসা টিকা দেওয়ার সময় সতর্কতা অবলম্বন করুন।

কোভিড-১৯ পরিস্থিতির কারণে অনেক শিশুর টিকাদানের সুযোগ থেকে বঞ্চিত হলে তাদের বিভিন্ন রোগ সংক্রমণের ঝুঁকি থেকে যাবে  
আমরা সকলে মিলে এসব শিশুদের স্বাস্থ্যকর ভবিষ্যৎ নিশ্চিত করি



# 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

## Deputy Director, Family Health Division, Ghana Health Service



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.



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# **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)

Indicator	2018	2019	2020
Number of mothers, all deliveries	160,645	169,969	162,726
ANC registrants	243,750	239,048	236,256
Total Postnatal mothers registered	184,687	188,234	177,905
Child Welfare Clinic Registrants	795,667	728,017	591,617

# Unvaccinated Children, Q1 2020

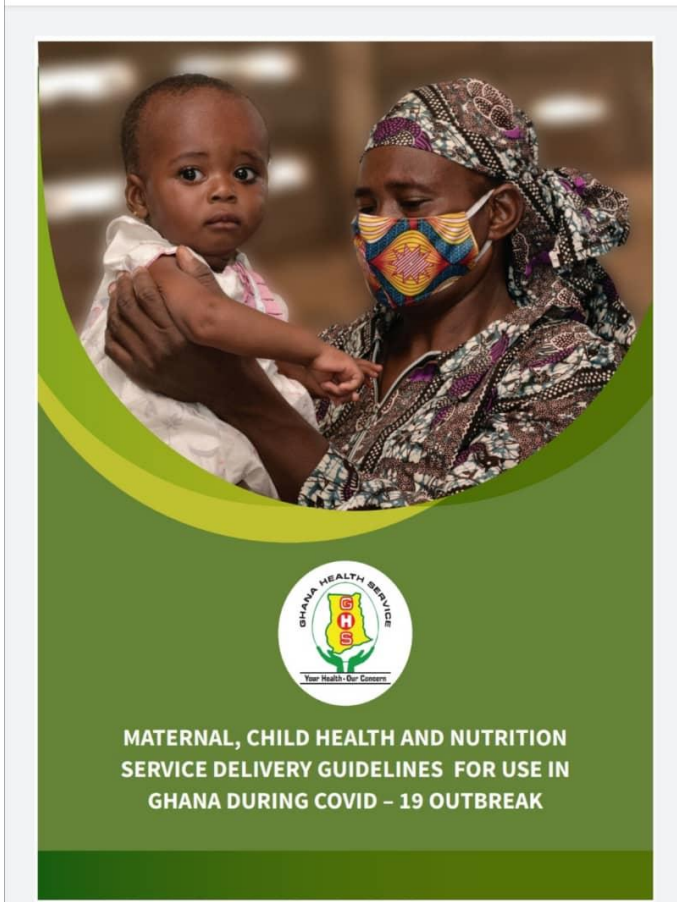
Region	Target	# Vaccinated	Left Out
Ahafo	6,127	5,857	270
Ashanti	59,243	54,482	4,761
Bono	11,708	12,219	- 511
Bono East	11,321	11,770	- 449
Central	26,053	23,395	2,658
Eastern	33,189	28,550	4,639
<b>Greater Accra</b>	<b>50,558</b>	<b>37,859</b>	<b>12,699</b>
North East	5,856	7,003	- 1,147
Northern	19,540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

Almost 33,000  
(11%) children  
unvaccinated.

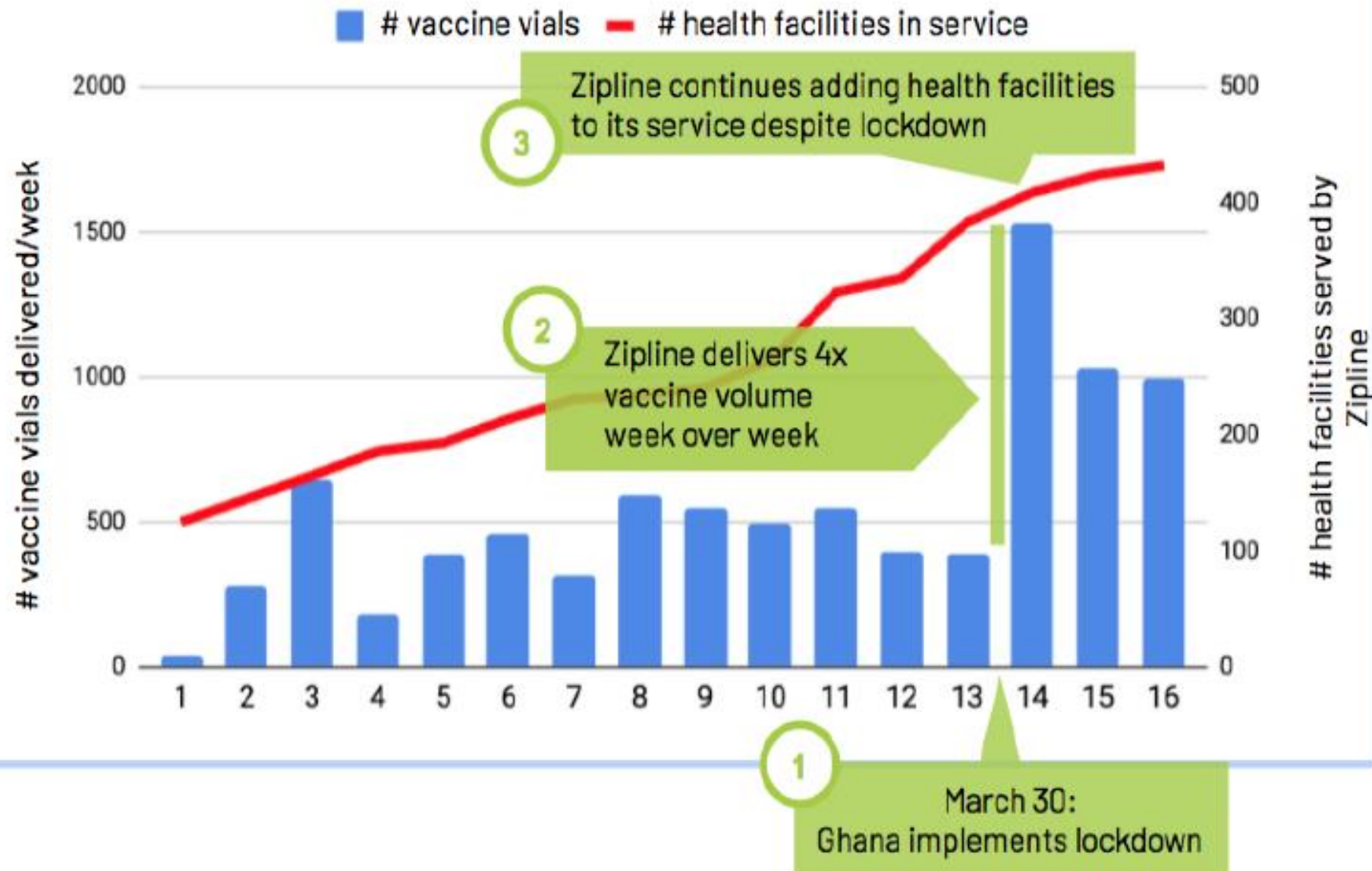
Greater Accra  
Region missing out  
on over 12,000  
(25%) children

# 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 3months
- 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



# 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
  - E-posters on Social media
  - Community broadcasts
  - Newspaper and other mass media
- 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



## Face masks for children under 2 risky

Continued from page 1

that age group could not adjust the mask properly if it was in a position that made it difficult for them to breathe. That is why the general recommendation is that children of that age group should not wear the face mask.

Since the wearing of masks became mandatory in this country as a way of curbing the spread of the COVID-19, Junior Graphic has noticed that most



possible time...  
"Ty and go...  
time when it...  
get away bef...  
crowded. Do...  
so do quickl...  
place. Still, ti...  
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**PAEDIATRIC SOCIETY OF GHANA**  
**HELP PRESERVE THE GAINS**

### 4. BREASTFEEDING

- \* Don't stop breastfeeding children below two years.
- \* Breastmilk protects them against infection.
- \* Remember to practice appropriate hand hygiene.
- \* Do you have Respiratory symptoms?; COVID 19 positive? Mask up before breastfeeding.

An initiative of Paediatric Society of Ghana, Greater Accra Branch

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**PAEDIATRIC SOCIETY OF GHANA**  
**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.

An initiative of Paediatric Society of Ghana, Greater Accra Branch

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## Gender Promoting immunisation in the midst of COVID-19

By Abigail Addai Sarpong

**G**LOBALLY, immunisation saves millions of lives every year. It is considered as one of the world's most successful and cost-effective health interventions. However, according to the World Health Organisation

All. The main aim of the WHO campaign is to urge greater engagement around immunisation globally and the importance of vaccination in improving health and wellbeing of everyone everywhere.

**Immune system**  
Immunisation protects children against many diseases, including diphtheria.

**PAEDIATRIC SOCIETY OF GHANA**  
**HELP PRESERVE THE GAINS**

### 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.

An initiative of Paediatric Society of Ghana, Greater Accra Branch

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# 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

Supplementation

Delivery.



ITN Use

Hand Washing



# Effects of COVID-19 on MCH Services in Ghana's Primary Health Care System

**In-depth Assessment  
2<sup>nd</sup> June – 30<sup>th</sup> 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, Program Manager, Child Health/EPI Program, Ministry of Health and Sanitation, Sierra Leone



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.



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# **GOVERNMENT OF SIERRA LEONE**

## **Ministry of Health and Sanitation**

### **Maintaining Child Health and Immunisation services in the context of CoViD 19 in Sierra Leone, 24<sup>th</sup> July 2020**

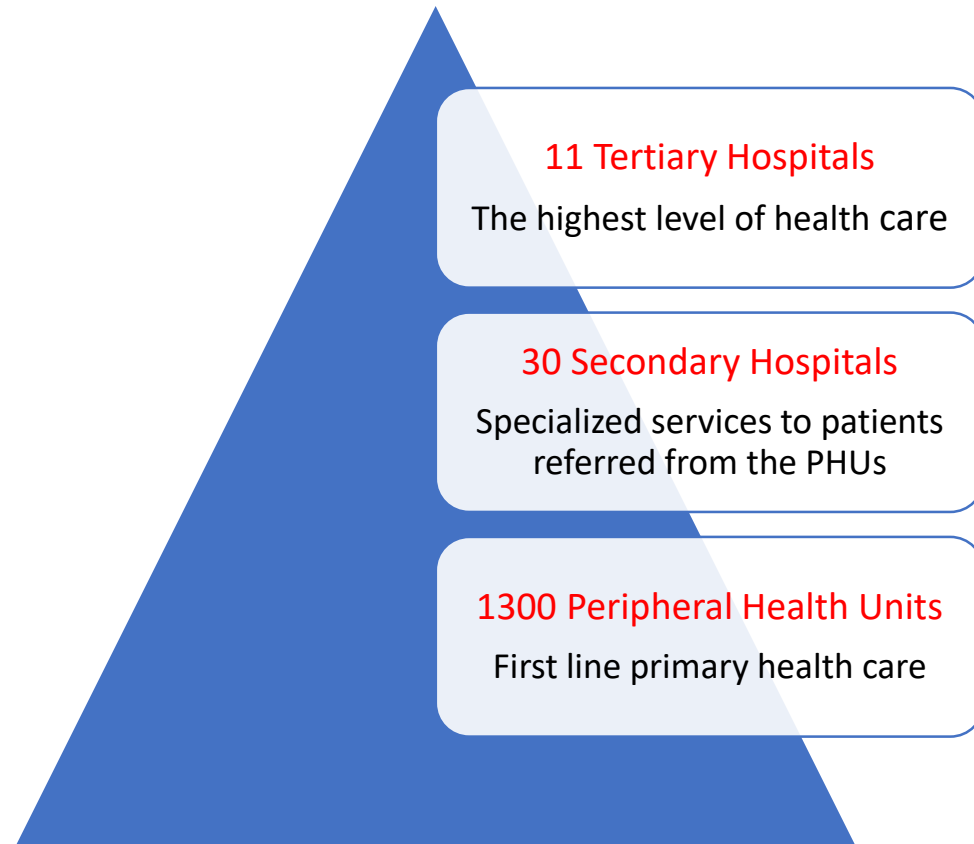
Dr. Tom Sesay,  
Program Manager, Child Health and Expanded Program on  
Immunization

# 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

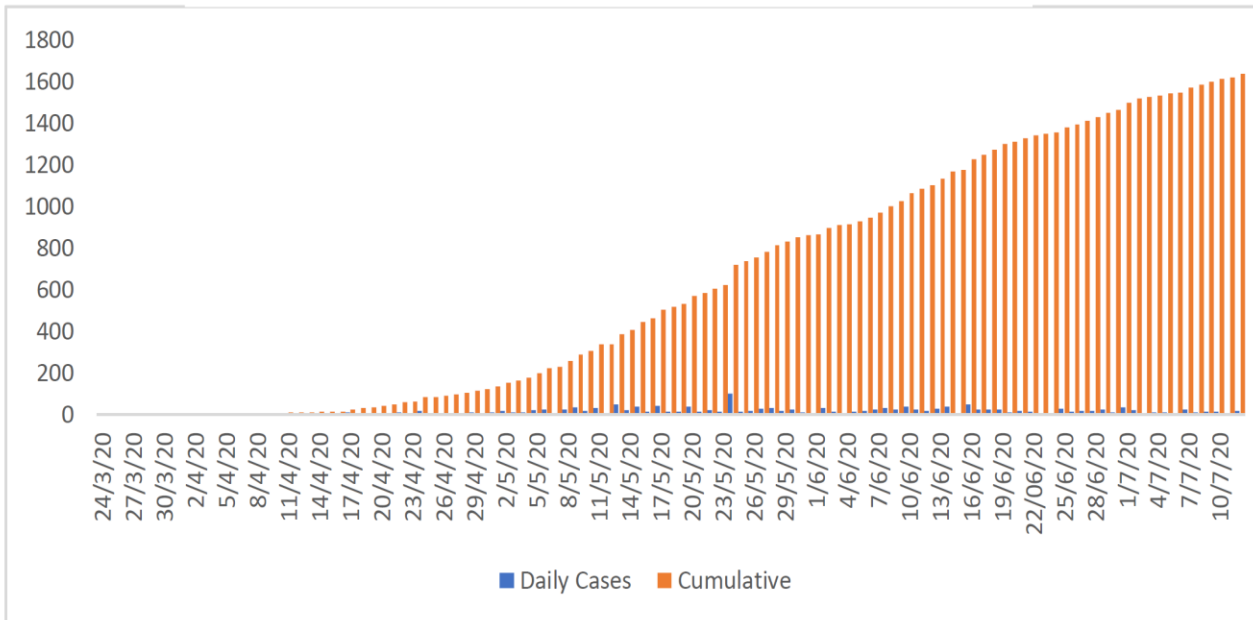
# Health System In Sierra Leone

- A three-tier health delivery system

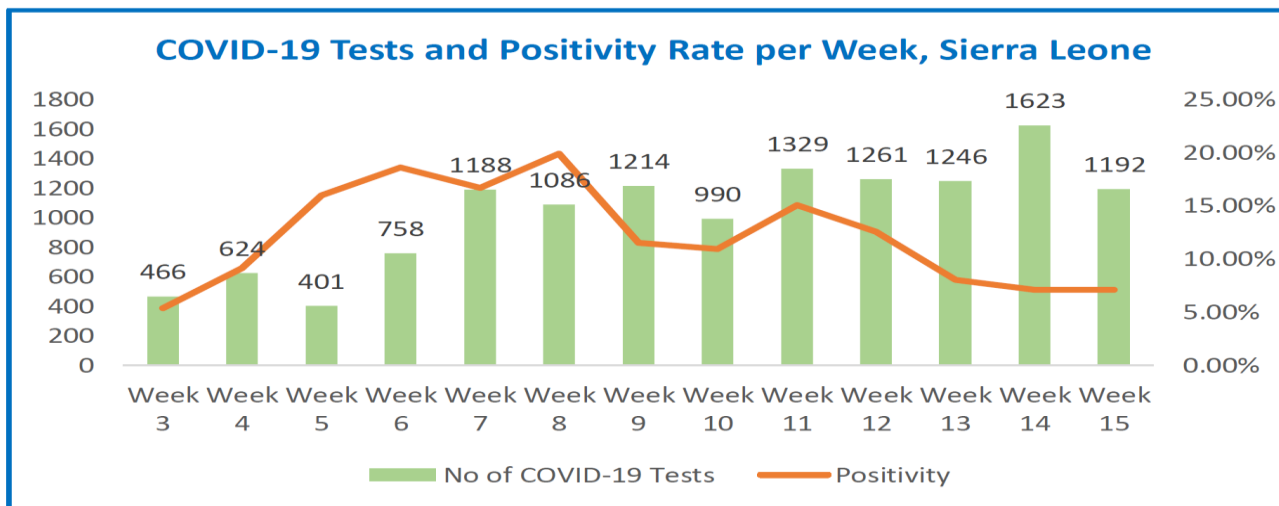


- Free healthcare for pregnant and breast-feeding women and children under five

# Cumulative COVID-19 cases, Sierra Leone, 13 July 20



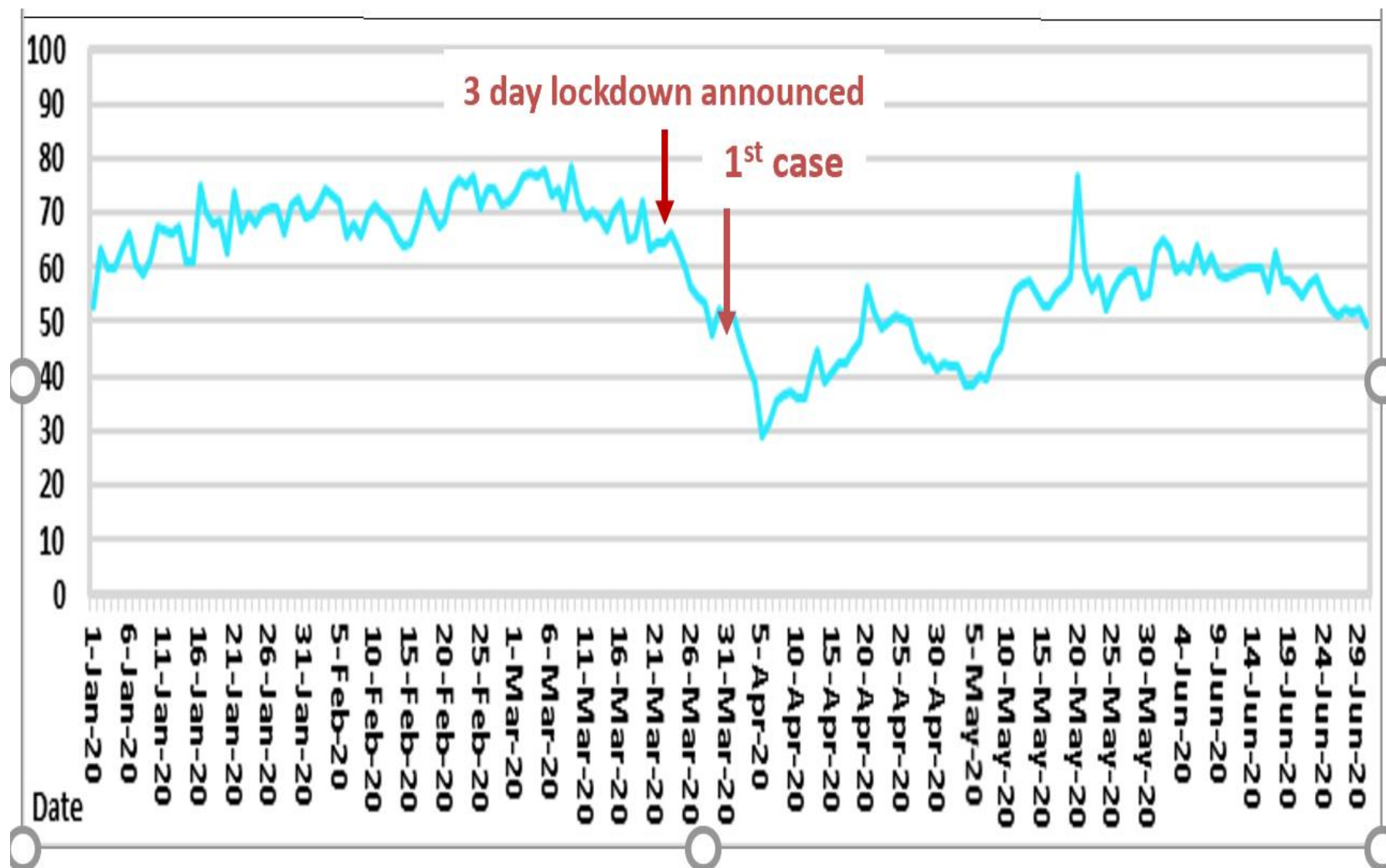
**1642**  
Total confirmed cases  
**1175**  
Recoveries  
**16**  
# of districts reported



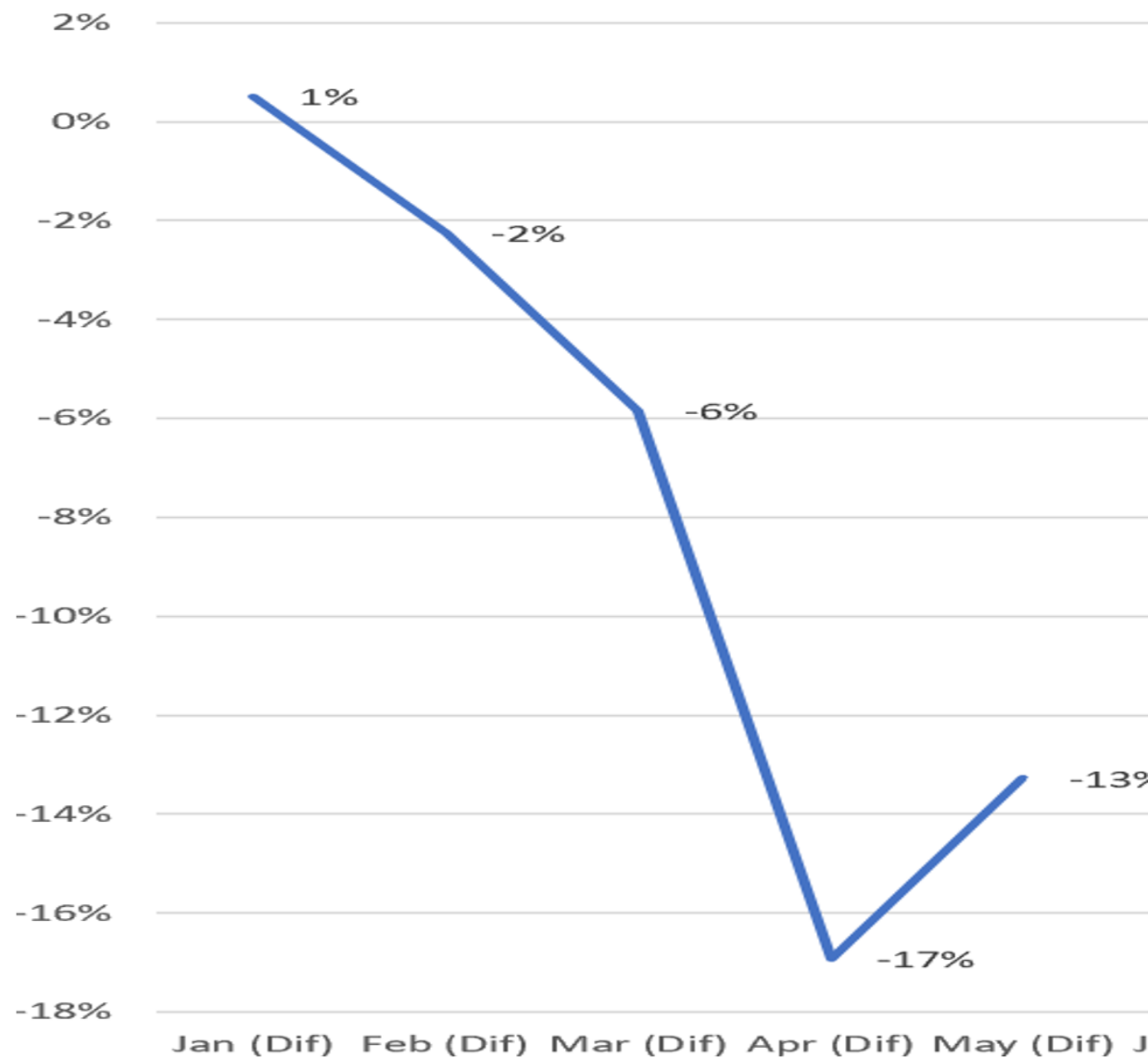
**14,513**  
Total COVID-19 tests  
**1854**  
Tests/million population



## National trend on Impact of COVID19 on Paediatric admissions in Sierra Leone, Jan-June 2020



## National trend of difference in total immunizations by month, Jan-May 2019 vs 2020



Vaccine	March 2019	March 2020	Mth Difference
Penta Total (3 dose)	68324	62546	-8%
PCV Total (3 dose)	68148	62517	-8%
Rota Total (2 dose)	45052	41193	-9%
IPV Total (1 dose)	19732	21061	7%
YF Total (1 dose)	20756	19864	-4%
MCV Total (2 dose)	39095	35616	-9%
BCG Total (1 dose)	20987	17826	-15%
All Vaccines Total	420688	396079	-6%

Vaccine	April 2019	April 2020	Mth Difference
Penta Total (3 dose)	70111	55826	-20%
PCV Total (3 dose)	70090	55557	-21%
Rota Total (2 dose)	46088	37159	-19%
IPV Total (1 dose)	21206	18221	-14%
YF Total (1 dose)	22195	17994	-19%
MCV Total (2 dose)			

## Measures taken to ensure continuity of essential health services

Measures	P&S	T	S	P	C
<b>1. Establishment or reactivation of Treatment facilities and CCCs and Isolation Centres</b> <ul style="list-style-type: none"> <li>Most of these facilities were established during Ebola</li> </ul>	Yes	Yes	Yes	Yes	Yes
<b>2. Development of guidelines and Job Aides on</b> <ul style="list-style-type: none"> <li>Job aides on IPC and case management of COVID 19 for treatment centres, isolation centres and other facilities</li> <li>Review of the ETAT guidelines in hospitals to include COVID 19</li> <li>Developed patient flow chart for ETAT during COVID-19</li> <li>Provision of immunization services in covid-19 context</li> <li>Review of the community health worker strategy</li> </ul>	Yes Yes Yes Yes Yes				
<b>3. Capacity building</b> <ul style="list-style-type: none"> <li>Orientation of staff on IPC and case management of CoVID 19</li> <li>Organising virtual meeting with Child Health Managers</li> </ul>	Yes	Yes Yes	Yes Yes	Yes	

P&S Policy and Strategy level, T: tertiary level, S: Secondary Level, C: Community Level

## Measures taken to ensure continuity of essential health services

Measures	P&S	T	S	P	C
4. <a href="#">Enforce Physical distancing</a> <ul style="list-style-type: none"><li>Chronic conditions: Provide medications for longer duration for stable patients</li><li>Increase the number of immunisation sessions so less clients per session</li><li>Limit number of patients in waiting area and expand the waiting area to allow for more social distance</li></ul>		Yes	Yes	Yes	
5. <a href="#">Organization of the health facility for early detection and source control</a> <ul style="list-style-type: none"><li>Screening and Triage at the entrance of the health facility</li><li>Separation of clients coming for preventive interventions eg Immunisation from those that are sick. Symptom and temperature checks</li></ul>		Yes	Yes	Yes	

# Measures taken to ensure continuity of essential health services

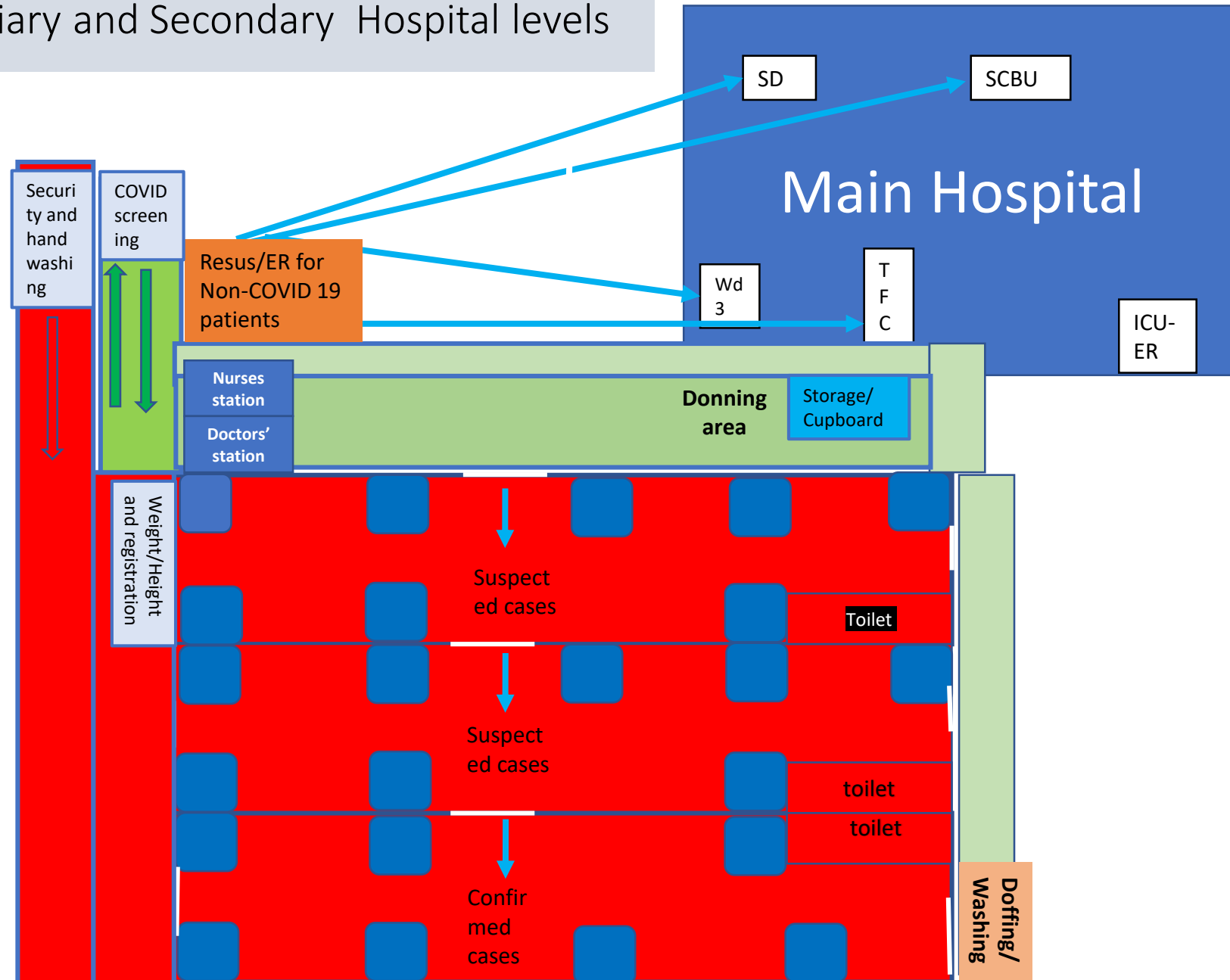
Measures	P&S	T	S	P	C
6. Implementing Standard IPC Precautions					
• Ensure availability of Water, soap and hands sanitizers for hand hygiene		Yes	Yes	Yes	
• Regular cleaning particularly the surfaces and floors		Yes	Yes	Yes	
• Provision of PPEs for the staffs in the health facility		Yes	Yes	Yes	
• Safe waste management, Environmental cleaning		Yes	Yes	Yes	
• Respiratory Hygiene for all patients and caregivers:					
7. Patient placement and accommodation:					
• Suspected case maintaining at least 1.5m distancing between beds		Yes	Yes		
• Transfer to treatment facility if positive		Yes	Yes		



## Measures taken to ensure continuity of essential health services

Measures	P&S	T	S	P	C
<b>8. Monitoring and supervision</b> <ul style="list-style-type: none"> <li>Visiting health facilities to ensure compliance with the CoViD 19 guidelines</li> </ul>	Yes				
<b>9. Strengthen Community Health Care services</b> <ul style="list-style-type: none"> <li>Review Community Health Worker Policy and guidelines to strengthen home care services</li> </ul>	Yes				Yes
<b>10. Community Engagement:</b> <ul style="list-style-type: none"> <li>Various media channels including social media</li> <li>Interpersonal communication in health facilities</li> <li>Using CHWs at the community level</li> </ul>	Yes	Yes	Yes	Yes	Yes

## Patient Flow in tertiary and Secondary Hospital levels



# 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

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

*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**



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