



PTT Health Guidance: Programmatic Adjustments in the context of COVID-19

In the context of COVID-19, it is likely that most programming will need to be simplified and/or adapted to reduce the risk of transmission and maintain staff safety. This table outlines some advice and guidance for adapting Health Service delivery, Social & Behaviour Change and Health Accountability programming.

Programming	COVID-19 Adjustment suggestions
Health Systems strengthening	
1. Health Systems strengthening for provision of Primary Health Care	<p>Experience in past epidemics has shown that lack of access to essential health services and shut down of services unrelated to the epidemic response resulted in more deaths than those caused by the epidemic itself. Key approaches learned from past experience include:</p> <ol style="list-style-type: none"> 1. conducting a prioritisation exercise to identify services that are essential to maintain 2. delivering services intermittently or via alternative delivery modalities (e.g. via task shifting/sharing where possible and safe, and providing additional supplies of medication for chronic conditions) 3. adapting supply-chain management and providing extended medication supplies for conditions including non-communicable diseases, HIV/AIDS, and tuberculosis, and modern contraceptive methods 4. freeing up healthcare capacity by postponing non-essential services 5. setting up protected areas in healthcare facilities for essential routine services (e.g. deliveries) that have, if possible, a designated entrance not used by COVID-19 patients or health workers <p>Where GOAL is providing support to MOH and primary health care facilities – this is considered life-saving/life preserving work and all efforts should be made to ensure that facilities continue to function as normally as possible and that communities continue to access basic preventative and curative services.</p> <p>To achieve this some basic steps will include:</p> <ul style="list-style-type: none"> • Negotiating access in context where there are restricted movements. So, GOAL should secure all the necessary permissions to move staff and supplies around as necessary while ensuring basic prevention measures to protect staff and health service users. See Community Engagement SOP • Prepare HCF for COVID-19 (see below) • Explore how the facility can adapt to ensure continuity of non-COVID-19 services in the context of a widespread cases of COVID-19 in the community (see below) <p>Useful Resources:</p>



	<ul style="list-style-type: none"> • WHO: Maintaining Essential Health Services during CV19 • Health System Resilience in the context of COVID-19
<p>6. COVID-19 preparedness in Primary Health Care Facilities (HCF)</p>	<ul style="list-style-type: none"> • Ensure all HCF achieve the basic level of Infection Prevention & Control (IPC) as per GOAL guidance on IPC in Health Care Facilities • Ensure all health care staff are trained on identification and triage of CV19 cases See GOAL Guidance on Triage in HCF • Identify any district/MOH protocols/ guidance on testing and management and support MOH/District to train key staff in these protocols. • Review stocks of key medical, PPE and IPC supplies/equipment and where possible try to pre-position stocks in anticipation of surge in CV19 cases. WHO CV19 commodity package • With GOAL HQ approval and in discussion with key authorities help to identify/set up isolation areas for suspected or confirmed COVID-19 cases either within or outside (preferably) of the HCF. This could include use of outdoor shaded areas to keep suspected cases until they can be transferred to a proper isolation centre or sent home to isolate. • Discuss with district or national health authorities on availability of any staff surge capacity in event of rapid increase of case load of COVID-19 patients. GOAL could consider providing incentives for health care workers to help retain and increase number of staff available • Make guidance available for home care of patients with mild COVID-19 symptoms and recommend when referral to healthcare facilities is advised if symptoms worsen. WHO Guidance on Home Care • Operational considerations for case management of COVID-19 in health facility and community - WHO <p>Useful Resources:</p> <ul style="list-style-type: none"> • Personal Protective Equipment GOAL Guidance on use of PPE • See checklist for health facility readiness and includes guidance/floor plans for setting up the clinical space for CV19 screening and triage while allowing non-COVID-19 services to continue. Health facility checklist
<p>7. Communication with communities on the importance of continuing to attend for essential services</p>	<ul style="list-style-type: none"> • Community engagement via CLA and other messaging on importance of utilization on non-COVID-19 services giving examples of how these will be made as safe as possible and/or adapted • Use of WhatsApp or other social media to provide a two-way communication with the HCF and the community – to answer queries, appointment reminders etc.
<p>8. Curative and preventative service provision</p>	<ul style="list-style-type: none"> • Triage all patients, isolating those with signs and symptoms of COVID-19 – see Triage guidance above • Triage system could be implemented for example by positioning at least one designated health facility staff member (a point person) at the facility entrance to ensure that patients are screened for symptoms before entering the facility and to enforce social distancing measures. This person should be stationed outdoors if weather and facility layout permits.



	<ul style="list-style-type: none"> • Separate patients with fever and respiratory symptoms from other patients without symptoms. • Reduce the number of patients in the health facility at any given time to ensure physical distancing as much as feasible • Flow – chart for COVID-19 triage on the wall • Ensure there are handwashing points with soap and water, or Alcohol based hand rub • Ensure consistent use of PPE (respirator masks and facial shields/goggles) • Protocols for the treatment of common ailments clearly posted in the walls or easily visible for clinicians • Refresher sessions for clinicians on Pneumonia management and treatment to increase their level of suspicion for CV19 cases. • Limit the number of patients waiting inside the clinicians’ room to enhance social distancing and privacy • Spread out the patients at the waiting area next to the clinician’s room by spreading out the sitting arrangement
<p>9. Continuity of SRH services</p>	<ul style="list-style-type: none"> • Comprehensive sexual and reproductive health services should be maintained as far as possible <p>ANC/PNC</p> <ul style="list-style-type: none"> • Encourage women to continue to attend for ANC/PNC – give assurance to women of adherence to IPC measures to keep them safe during service delivery. • Adapt/reduce if necessary, the number visits pregnant women need to make to the health facility. • Reduce Clinic waiting times as much as possible: This will limit contact time between health worker and patients, and between individuals in the clinic. • The time duration for ANC clinic can be extended (depending on patient volume) to allow for adequate spacing between patients • Provision of accurate information to pregnant women on infection prevention, potential risks and how to seek timely medical care • Pregnant women with respiratory illnesses must be treated with the utmost priority due to increased risk of adverse outcomes. <p>Family planning / Contraception</p> <ul style="list-style-type: none"> • Adaptions could include switching to long-acting methods, increasing amount of supplies pills/condoms provided at each visit etc. • Ensure adequate stocks of FP commodities to cover any increased demand • Expand availability of contraceptive services (including both information and methods) through places other than health care facilities, such as pharmacies, drug shops and other outlets. • Provide a phone number or WhatsApp contact for any queries or problems that may occur. • SGBV – ensure clients are aware that they can still access services and/or provide referral information on where they can get help – e.g. though social media messaging, posters etc. <p>Useful Resource: Pregnancy and Breastfeeding in CV19</p>



	Contraception and CV19 COVID-19 and Violence Against Women Clinical Management of Rape
10. ASRH services	<ul style="list-style-type: none"> Continue to encourage up-take of ASRH services – risk of increased number of adolescent pregnancies when schools are closed as evidence during EVD outbreak in West Africa. Use social media/mobile phone/WhatsApp communications to emphasise the importance of ASRH Adapt as above on Contraception options
11. Emergency Obstetric care – safe Delivery	<ul style="list-style-type: none"> Access to skilled birth attendance and emergency obstetric and newborn care for all births is among the most essential services and needs to be ensured for all women and girls in need and their newborns. Ensure supplies of clean & safe delivery kits All facility deliveries should be conducted by a skilled provider using Personal Protective Equipment (PPE), frequent hand washing with soap, use of disposable supplies and the decontamination of non-disposable instruments (bag and mask, suction device) and the labour ward after each delivery. Women with high-risk conditions or warning signs of complications during pregnancy (e.g., bleeding, preterm labour) need to have access to skilled care 24/7. Early initiation of breast feeding should be promoted even for COVID-19 positive mothers. <p>Useful Resources:</p> <ul style="list-style-type: none"> IAWG Guidance on SRH in CV19
12. Immunization	<ul style="list-style-type: none"> Adapt immunization services as needed – consult with communities on their challenges and preferences. Limit the number of clients in EPI department at any given time Use every opportunity to check immunization cards and up-date immunizations e.g. when child comes for curative services Consider periodic community level immunization sessions – if parents afraid to bring children to HCF Ensure strict IPC measures while weighing, measuring heights (drop these procedures if IPC measures not adequate or cannot be guaranteed). <p>Useful Resources:</p> <ul style="list-style-type: none"> Immunization during CV19
13. Malaria	<ul style="list-style-type: none"> Encourage communities to continue to be vigilant regarding Malaria and to attend a health facility for treatment during COVID-19 outbreak. (WHO estimates malaria deaths could double because of interruptions caused by COVID-19) Continue to follow MOH Malaria diagnosis and treatment protocols. Note – if you are in a Malaria prone area, treat ALL fever patient as suspect COVID-19 and test them for Malaria to rule out Malaria. It is possible a person may have Malaria and COVID-19 therefore a positive Malaria test does not mean the patient does not have COVID-19.



14. Nutrition Services	<p>See Nutrition Team guidance on CMAM adaptations in the context of COVID-19 (SC, OTP, TSFP, OR)</p> <ul style="list-style-type: none"> • Reduce exposure to COVID-19 in the Health Care Facility by shifting to MUAC only for anthropometric measurements in children. <p>Adapting CMAM</p>
15. Non Communicable diseases (NCD)	<ul style="list-style-type: none"> • Ensure continued service provision for NCD such as hypertension, diabetes, asthma, etc. • Limit the amount of time these clients need to spend at the Health facility • Consider giving more than one month of prescription medication to reduce the number of visits to the health facility as these patients may be vulnerable to the severe effects of COVID-19. • Provide a phone number or WhatsApp contact for any queries or problems that may occur.
16. HIV & TB services	<ul style="list-style-type: none"> • Ensure continued service provision for PLHIV and TB patients – ideally limiting the number of times they attend the health facility • Limit the amount of time these clients need to spend at the Health facility • Consider giving more than one month of prescription medication to reduce the number of visits to the health facility as these patients may be vulnerable to the severe effects of COVID-19. • Provide a phone number or WhatsApp contact for any queries or problems that may occur. <p>Useful Resources: WHO Guidance HIV & Antiretroviral in CV19</p>
17. Community Health Workers (CHW)	<p>Many GOAL programmes work with some form of community health workers. Community-based health care includes services delivered by a broadly defined community health workforce, according to their training and capacity, encompassing a range of health workers, lay and professional, formal and informal, paid and unpaid.</p> <p>It will be important to identify context-relevant ways for the community health workers to contribute to the COVID-19 response; these might include:</p> <ul style="list-style-type: none"> • Screening patients outside health care facilities (following training on identification of COVID-19 symptoms), • Continue community-based prevention activities such as ITN distribution, oral vaccinations, Family Planning etc. • making referrals from the community, • providing support for home care, • staffing community-based isolation centres, • surveillance, contact tracing, • risk communication and community engagement. <p>Useful Resources: WHO Community Based Health Care during CV19</p>
Social and Behaviour change for health	
18. Community Led Action (CLA)	<ul style="list-style-type: none"> • Most of GOAL’s community engagement work can be adapted to include COVID-19 messaging • Existing CLA groups can be adapted to respond to COVID-19



	<ul style="list-style-type: none"> • CLA for CV19 Resources
19. Care Groups/men's groups	<ul style="list-style-type: none"> • Limit the numbers of care groups and men health groups meeting at any given time to no more than 15 (including the facilitators) • Ensure a handwashing facility with water and soap all the time; before, during and at the end of the meeting • Enforce handwashing for the participants when arriving, every time they get out of the meeting and when they return to the meeting area. • Encourage/reinforce the need for household setup of handwashing facilities; with soap and water. • Encourage households to limit visitors to their compounds and ensure that the few that visit take handwashing measures and maintain social distancing. • See Community Engagement SOP
Health Accountability	
20. Services that respond effectively to community needs	<ul style="list-style-type: none"> • Advocacy with MOH/health systems on maintaining routine and emergency health service provision for non COVID-19 care at primary, secondary and community level • Health facilities to have a mobile line (where possible toll free) for the community to get in touch with the service providers. • HCF to have a social media channel for feedback • Encourage beneficiaries to use mobile phones to interact with the health care providers and office bearers including raising issues around wrongdoing – through sms, telephone calls, and social media platforms • Feedback from the health facilities using the same platforms