

Continuing essential Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic

Practical Considerations



COVID-19
RESPONSE



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Operational guidance for South and South-East Asia and Pacific Regions

Practical Considerations

PURPOSE

This document builds upon the previous Regional Guidance¹ published on 17 April 2020, which provided high-level guidance to countries for continuing good quality and equitable sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) services during the COVID-19 pandemic. It provides principles, strategic actions and a few examples of operational actions that countries have found useful for preparing plans to continue prioritized SRMNCAH services during the pandemic. As such, both documents should be read together.

In the present document, we have included operational actions, which are rather practical, for possible redesigning and modifications of essential services for different areas of SRMNCAH life-course continuum, within the continuity plans prepared by the countries. We understand that the countries in the Regions would adapt these based on the local situation of COVID transmission, containment response and health system capacity. This document includes information from the global guidance published by WHO and UN agencies^{2, 3, 4, 5, 6, 7, 8} related to the COVID-19 pandemic and how to sustain essential services.

CHALLENGES TO SRMNCAH SERVICES DURING THE PANDEMIC

The pandemic has resulted in societal and economic disruption including shocks to health and social care systems in the countries of our Regions. Containment and shielding measures as well as huge stress placed on health systems because of large proportion of COVID-19 patients have led to risks of disruption of routine healthcare services in multiple ways:

¹ WHO, UNICEF, UNFPA. Continuing essential Sexual Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic Operational guidance for South and South-East Asia and Pacific Regions; 17 Apr 2020

² WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)

³ WHO. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. [https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-\(ncov\)-infection-presenting-with-mild-symptoms-and-management-of-contacts](https://www.who.int/publications-detail/home-care-for-patients-with-suspected-novel-coronavirus-(ncov)-infection-presenting-with-mild-symptoms-and-management-of-contacts)

⁴ UNICEF. Interim UNICEF Internal Guidance on Community-based Programme Support in the Context of the COVID-19 Pandemic. 2020.

⁵ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief.

⁶ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA Interim Technical Brief on Adolescents and Young People & Coronavirus Disease (COVID-19) UPDATED. March 24 2020.

⁷ UNFPA. COVID-19: A Gender Lens. Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality. March 2020.

⁸ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

- Diversion of resources and attention to COVID-19 measures can de-prioritize some services.
- Reorganization of existing health services: Some hospitals may be entirely designated as COVID-19 hospitals and SRMNCAH workers diverted for COVID work.
- Financial barriers to access services because of interruption in employment and stressed financial and banking services.
- Physical barriers to access services due to movement restriction, non-availability of transport during lock down conditions.
- Fear of contracting infection or concern about prolonged separation from family may discourage people from coming to hospitals and health workers from providing services.

The WHO document, COVID-19 Strategy Update⁹ guides the public health response to COVID-19 at national and subnational levels, including strategic actions. It reminds that the pandemic is much more than a health crisis and requires a whole-of-government and whole-of-society response to respond to the pandemic and maintain essential healthcare services.

The contingency planning for COVID-19 pandemic has meant that the entire health sector had to be reconfigured. Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while concurrently planning to maintain essential health service delivery, minimize the negative health impacts on individuals who depend on essential, non-COVID-19-related services.

While doing so, the governments must prioritize the SRMNCAH services for continuation to protect the rights of vulnerable sections of populations comprising women, children and adolescents. Core SRMNCAH services include:

- Antenatal care
- Intrapartum care
- Postnatal care
- Newborn care and breastfeeding
- Child care and feeding
- Care of adolescents
- SRH care: Gender considerations, family planning, comprehensive abortion care, gender-based violence and HIV services

At the same time, maintaining trust of people in the capacity of the health system to provide services safely, while controlling the risk of infection in health facilities is key to ensuring appropriate care-seeking and adherence to the health advice.

During the pandemic response, the countries should support continuation of primary health care services with attention to equity and gender considerations along with functional referral systems and linkage with higher-level hospitals. They need to optimize service delivery settings and platforms including the use of technological solutions such as telemedicine; establish effective patient flow at all

⁹ WHO. COVID-19 strategy update; 14 Apr 2020 https://www.who.int/docs/default-source/coronaviruse/covid-strategy-update-14april2020.pdf?sfvrsn=29da3ba0_6

levels; re-distribute health workforce capacity; and identify mechanisms to maintain availability of essential medications, equipment and supplies. The existing national standards of SRMNCAH care must be followed to ensure that services continue to be evidence-based and are of high quality and safe.

A practical and well thought out patient flow under these circumstances will be important. Key considerations are presented in the box below.

End-to-end process to ensure access and utilization of services

- Identify whether the patient is non-exposed, or exposed to COVID-19 (History of contact, residence in containment area, quarantine camp, or a hotspot), or is COVID-positive.
- Transport from home / quarantine camp to hospital: COVID-19 dedicated ambulance vs. normal ambulance; Need for curfew pass etc.
- Which hospital to go to: COVID dedicated hospital vs. normal hospital
- On arrival at hospital: Protocols for triage, screening and testing
- Decide care area in the hospital: Isolation area vs. routine care area
- Infection prevention and Control and PPE for healthcare teams, patients and accompanying persons
- Undertake appropriate clinical care: Care for COVID-19 disease and /or routine care
- Discharge and home transport: COVID-19 dedicated ambulance vs. normal ambulance
- Provide follow-up care including digital platforms

RECOMMENDED ACTIONS FOR CONTINUING SRMNCAH SERVICES

Building upon the guiding principles and strategic actions for continuity of SRMNCAH services in the previous Regional Guidance, operational actions to sustain services for each specific area of SRMNCAH life-course continuum are described below. These are based on information available in the previously published guidance from UN agencies and other international organizations. In the first section health system actions for reorganizing the healthcare services are described.

It is important that the situation of the COVID-19 pandemic in the country must be periodically reviewed and routine SRMNCAH services restored fully, as early as possible.

Actions to Reorganize Service Delivery during COVID Pandemic

Health infrastructure for SRMNCAH:

- ✓ Mapping should be done of hospitals, health facilities and pharmacies in government and private sectors that continue to provide SRMNCAH services. It is understood that some of the hospitals that normally provide SRMNCAH services may have been designated totally as COVID-19 hospitals. Hospitals providing SRMNCAH services may also need to earmark isolation areas for managing COVID-19 suspected or positive cases.
- ✓ To avoid crowding of higher-level health facilities, family planning, antenatal care (ANC), postnatal care (PNC), and well-baby/child visits can be redirected to lower level health services, where possible. Outreach mechanisms to deliver essential SRMNCAH services could also be considered, when needed.
- ✓ Identify components of SRMNCAH services that can be delayed or relocated to non/low-affected risk areas, shielding capacity for prioritized essential SRMNCAH services.

Digital health interventions:

During this pandemic, existing online digital platforms and mechanisms (i.e., telemedicine) should be leveraged to complement and support delivery of SRMNCAH information and services. WHO recommendations include: ¹⁰

- ✓ Client-to-provider and provider-to-client telemedicine via phone, email or internet for booking appointments for check-ups, clinical advice, prescription of medicines and first line response to survivors of violence.
- ✓ Provider-to-provider telemedicine to link less skilled with expert health workers, e.g., online systems to facilitate consultations with specialists for case management.
- ✓ Targeted communications with specific groups of clients to increase knowledge about where to find and access SRMNCAH services, e.g., internet-based information and education programmes, including videos and podcasts for clients.
- ✓ Training and on-the-job support for healthcare workers: Digital training courses, materials and job-aids like algorithms and flow charts for SRMNCAH available on internet, mobile apps, podcasts, videos etc., could be used for primary and refresher trainings.

Self-care:

WHO recommends self-administration of preventive, diagnostic and therapeutic SRH medicines and devices that can be provided fully or partially outside of formal health services and can be used with or without the direct supervision of health care personnel¹¹. Self-care interventions may require governments to temporarily change policies on how and where these medicines and devices are made

¹⁰ WHO. 2019. *WHO Guideline: recommendations on digital interventions for health system strengthening*, World Health Organization, Geneva: <https://www.who.int/publications-detail/who-guideline-recommendations-on-digital-interventions-for-health-system-strengthening>

¹¹ WHO. 2019. *WHO consolidated guideline on self-care interventions for health: sexual and reproductive health and rights*, World Health Organization, Geneva: <https://www.who.int/reproductivehealth/publications/self-care-interventions/en/>

available to individuals, including whether they can be provided through prescriptions for several months or without prescription:

- Oral contraception, self-injectable contraception, condoms, vaginal rings, lactational amenorrhea method, and if no other methods are available other fertility awareness-based methods and non-prescription emergency contraception to reduce unintended pregnancy.
- Self-management of medical abortion, in countries where it is legal, using mifepristone and misoprostol to reduce recourse to unsafe abortion (during the first 12 weeks of pregnancy, with access to accurate information and to a trained provider if needed)¹².

Health Workforce for SRMNCAH:

All health care workers with skill-mix to provide care for women, children and adolescents, whether based in health facilities or within the community, are essential health care workers and must be retained to continue providing care to childbearing women and their infants and children.¹³ Deploying midwifery care workers away from providing maternity care to COVID-related work or general medical care during this pandemic is likely to increase poor maternal and newborn outcomes.

Nevertheless, COVID-19 will likely have some impact on the availability of health workers to provide essential SRMNCAH services. Absenteeism should be expected, as staff are exposed to the virus and forced to remain home or to care for family. Therefore, the need to recruit additional skilled staff is likely. Surge capacity is particularly important to help allow existing health workers to dedicate their time to key services. Multiple strategies can be implemented to increase health workforce capacity:

- ✓ Request part-time staff to expand hours, re-assign staff from non-affected areas;
- ✓ Identify additional qualified workers (e.g. retirees, trainees) through registration records;
- ✓ Mobilize non-governmental and military workforce capacity through temporary employment;
- ✓ Consider establishing pathways for accelerated training and early certification of medical, nursing, midwifery and other key trainee groups, along with supportive supervision;
- ✓ Facilitate safe task-sharing, and consider expanding scopes of practice for high-impact clinical interventions, where possible, and arrange rapid training sessions;
- ✓ Use web-based platforms to provide key trainings, clinical decision support for direct clinical services;
- ✓ Increase capacity of informal care givers for home care support (e.g., family, friends, neighbors) and formalize lay provider systems (e.g., Red Cross/Crescent volunteers);

Options for task shifting may be considered. For example, if the country has an existing qualified community cadre, they may be deployed for home visiting for antenatal care (ANC), postnatal care (PNC) and childcare, etc. Other cadres of workers who could share task of providing SRMNCAH services

¹² WHO. 2015. *Health worker roles in providing safe abortion care and post-abortion contraception*, World Health Organization, Geneva: https://www.who.int/reproductivehealth/publications/unsafe_abortion/abortion-task-shifting/en/

¹³ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

should be explored. Any legislative or policy enablement action for authorizing the new cadre to provide specified services should be undertaken.

Measures should be taken to protect the health, safety, and security of health workers, including prevention of violence, addressing fatigue, and access to health care and social support¹⁴. Personal protective equipment (PPE) should be available to all staff. Capacity and confidence of health workers can be enhanced through virtual trainings, mentorship and job aids. Additional information on the protection and rights of health care workers is available elsewhere.¹⁵

Key Actions – Health Worker Availability, Capacity and Wellness^{15,16,17}

- ✓ Map SRMNCAH health worker requirements including critical tasks across the four COVID-19 transmission scenarios (no cases/sporadic/clusters/community transmission).
- ✓ Allocate finances for timely payment of salaries, sick leave, and incentives or hazard pay, including for temporary workers and other non-financial incentives.
- ✓ Honor the right to compensation, rehabilitation and curative services if infected with COVID-19 following workplace exposure.
- ✓ Provide a blame-free environment for workers to report incidents (e.g., exposure to infected patient, cases of violence) and adopt measures for immediate support to victims.
- ✓ Initiate web-based rapid training, mentorship and supportive supervision mechanisms and job aids for diagnosis, triage, clinical management, and essential infection prevention and control (IPC) during pregnancy and delivery, and during care of sick newborns and children.
- ✓ Strengthen measures for protection, safety, security of health workers – prevention of violence, addressing fatigue and burnout, and access to health care and psychosocial support.
- ✓ Enforced appropriate working hours and rest periods for health workers.
- ✓ Maternity and pediatric care providers over the age of 65, those who have cardiac, respiratory or metabolic conditions, and possibly persons with immune deficiency including acquired immune deficiencies should consider non-clinical duties, if possible.
- ✓ Health care providers in their last trimester of pregnancy, or with underlying health conditions such as heart or lung disease in any stage of pregnancy, are recommended to avoid direct contact with patients.

¹⁴ IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, Interim Briefing Note. Version 1.5. February 2020. https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

¹⁵ WHO. Coronavirus disease (COVID-19) outbreak: Rights, Roles and Responsibilities of health workers, including key considerations for occupational safety and health. 19 March 2020. [file:///C:/Users/mdynes/Downloads/WHO-2019-nCov-HCWadvice-2020.2-eng%20\(1\).pdf](file:///C:/Users/mdynes/Downloads/WHO-2019-nCov-HCWadvice-2020.2-eng%20(1).pdf)

¹⁶ WHO. Covid-19: Operational Guidance for Maintaining Essential Health Services During an Outbreak. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jmo_who_strategicplanning-operationalguidance_web11.pdf

¹⁷ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

Essential SRMNCAH supplies:

Arrangements must be made for uninterrupted supplies for SRMNCAH health services during the pandemic and lockdown conditions.

- A country-specific list of essential medicines, commodities and equipment must be prepared for the prioritized essential SRMNCAH services (routine and emergency care) including contraception and abortion care where legal.
- Similarly, a list of diagnostic equipment and labs including testing for COVID-19 infection, as well as blood banks must be maintained.
- It is critical to ensure uninterrupted supplies of IPC like hand sanitizers, masks and PPE in adequate quantities to cover the need of healthcare teams and patients.
- An appropriate quick reaction platform should be created for monitoring of stock-outs of listed items (prioritizing lifesaving drugs) along with a mechanism for re-distribution and mobilizing fresh supplies.

Access to SRMNCAH services:

There are several barriers that clients may face when trying to access essential services, especially SRMNCAH services, during a pandemic situation. Some actions to address such barriers are suggested below:

- *Transport barriers:* Free of cost transport services from home to health facility should be made available, as private transport may not be operating. See details of referral transport below.
- *Financial barriers:* All conditional cash transfer schemes should be sustained. Additional mechanisms may be considered to provide financial support for accessing services through community processes etc.
- *Psychosocial barriers:* People may be fearful of getting infected in the health facility. A communication plan should be undertaken to provide information, reassure and dispel such fears. Information could be provided via multiple media platforms (e.g., TV, radio, and social media) on how and when to access SRMNCAH services in designated centers that may be different from usual facilities, details of COVID-19 designated facilities, and safe care seeking using recommended preventive actions.

Long term and chronic care:

Several SRMNCAH clients are on long-term care and need to continue the prescribed treatments. Any interruption of care would be detrimental for immediate and long-term outcomes. There is a range of such situations like clients receiving care for family planning, menstrual management, patients on treatment for hypertension, diabetes, chronic kidney disease, epilepsy, thalassemia, cancer etc. Consider alternate mechanisms to continue long-term care:

- Use alternate mechanisms like outreach and mobile teams, e-health services.

- Ensure supplies for long-term care like IFA tabs, sanitary pads, OCPs, condoms, medicines for hypertension, diabetes, HIV, TB etc. Map private and public pharmacies that could deliver medicines to homes.
- Consider alternate non-health agencies to deliver supplies like runners, teachers, agriculture workers, postal services, police etc.

COVID-19 specific measures for SRMNCAH services:

Screening, triaging, testing, isolation and IPC

Issues like preparations for physical distancing, infection prevention and control (IPC) practices, clear protocols for screening, triage and testing of patients on arrival, plan for isolation and transport of COVID-19 suspect or positive cases, are common to all services at health facilities and in the field. However, specific actions must be undertaken for all women, newborns, children, adolescents, and accompanying persons seeking SRMNCAH services at the health facility or in the field.

Screening and testing for COVID infection should be done as per the case definitions decided by the countries by asking about symptoms and contact history. Pregnant women, children and adolescents living in refugee camps, high-density communities and urban slums may be at higher risk of COVID-19 infection due to overcrowding.

Key Actions – Screening, Triaging Testing and IPC for Women, Newborns and Children^{18 19 20}

- ✓ Establish screening, triaging, testing and isolation of clients on arrival at the reception to the point of care using the national COVID-19 case definitions and guidance.
- ✓ IPC committee at the health facility should particularly ensure provisions for all maternity and child care areas including ANC, labor and delivery room, operation theaters (cesarean section and others), peri-operative wards, PNC, neonatal and pediatric intensive care units.
- ✓ Strengthen IPC measures; identify focal points and ensure availability of SOPs, communication materials, visual alerts for screening, visitor policy etc.
- ✓ Provide information and training for SRMNCAH workers on occupational safety and health, including refresher training on IPC and proper use of personal protective equipment (PPE).
- ✓ Provide adequate and enough IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies).
- ✓ Establish isolation capacity for women, newborns and children requiring admission or hospital-based care with at least one negative pressure isolation room each for COVID-19 positive women in labor and COVID-19 positive children.
- ✓ Manage visitor access, follow IPC procedures and provide PPE for positive women, newborns, children, accompanying persons and visitors.

¹⁸ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

¹⁹ WHO. Operational considerations for case management of COVID-19 in health facility and community, Interim Guidance 19 March 2020; at https://apps.who.int/iris/bitstream/handle/10665/331492/WHO-2019-nCoV-HCF_operations-2020.1-eng.pdf

²⁰ <https://asiapacific.unfpa.org/en/publications/covid-19-technical-brief-maternity-services>

Caring for women, newborns and children with symptoms of COVID-19 ²¹

- Women, infants and children with suspected/confirmed COVID-19 need to be provided with a facemask and treated in a dedicated isolation area separate from other patients.
- Medical equipment needs to stay in dedicated COVID areas and not shared with general patients, and a thorough cleaning of equipment is required before it is reused for others.
- All patients need to receive education from the maternity or pediatric care provider on proper hygiene practices as part of the admission procedure.
- Health workers involved in direct care of women, infants and children with suspected / confirmed COVID-19 must have access to and wear the following PPE: ²²
 - Long sleeve gowns
 - Surgical mask for all patient interaction, or a N95/P2 mask if the maternity and pediatric care provider is directly involved in aerosol performing procedures (e.g., suctioning airway secretions, administering nebulizing medication or CPR)
 - Eye protection
 - Non-sterile gloves

Caring for women, newborns and children without symptoms of COVID-19 ²¹

- Universal precautions should be used according to risk assessment during the pandemic.
 - Wearing PPE for all patient contacts will depend on availability within the facility and judgement of the exposure risk by the maternity or pediatric care provider.
 - Gloves and a plastic apron need to be worn during the delivery that may involve exposure to blood, amniotic fluid, secretions, excretions, touching oral mucosa, or medication assistance (e.g., taking blood or vaginal swabs, performing a membrane sweep (stretch and sweep)).
 - For care of women in second or third stage of labor, in addition to hand washing, a surgical mask, plastic apron, eye protection, a plastic apron and gloves should be worn.
- Health workers must strictly follow specified IPC practices.
- Clean the surfaces with a cleaning product (e.g., 5% sodium hypochlorite (bleach)) and wipe down surfaces with a paper towel or clean cloth in between patients. Cleaning needs to be followed by hand washing.
- Health workers and other staff need to maintain a physical distance of two arm's lengths for as much as feasibly possible, during any clinical encounter and when no patients are present, to further reduce the risk of infection. However, physical examination should be maintained, with hand washing before and after patient contact.

²¹ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

²² WHO. Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-2019) – Interim Guidance. February 2020. https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

Referral transport for COVID suspect or positive cases^{23 24}

A referral pathway and emergency transport need to be in place for the transfer of pregnant women with history of contact, suspected to or positive for COVID-19, and women, infants, and children experiencing severe illness related to COVID-19 to the designated hospitals. Below is guidance on transport procedures:

- Separate earmarked ambulance and personnel for COVID-positive and COVID-negative cases should be considered, as extensive decontamination procedures will be needed if a COVID-positive case is transported.
- When referring a patient, the staff should inform the higher-level facility about the transfer and COVID-19 status of the patient in advance; and ensure that the patient is stabilized first.
- Prepare transport equipment and drugs in anticipation of medical emergencies that may occur en route. Ambulances should have only the essential equipment and materials²⁵ required for immediate use to avoid contamination.
- The patient should wear a surgical mask during transport.
- All transport staff should use N95 respirators or surgical masks as a second option. All transport staff should don PPE prior to transport.
- If a bag valve mask (BVM) is required in the event of worsening hypoxia during transport, provide only gently bagging to reduce aerosolization. Avoid unnecessary breathing circuit disconnection during transport.
- Transport vehicle to be cleaned and disinfected internally by cleaning or transport staff in PPE prior to transfer from lower to higher level facility.
- Upon arrival at the higher-level facility during emergency transfer, transport staff should remove PPE and dispose of it as directed by facility protocol and wash hands.
- Transport staff should put on new PPE prior to the return journey in the same ambulance.
- Upon return to the lower level facility, staff should remove PPE in the nearest clinical area, for example ambulance bay.
 - Equipment used during transportation should be cleaned and/or sterilized after transport as per facility protocol.
 - Transport vehicle should be cleaned upon return.

²³ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

²⁴ WHO Western Pacific Region Interim Guidance. Infection Prevention during Transfer and Transport of Patients with Suspected COVID-19 Requiring Hospital Care. 27 March 2020.

²⁵ Equipment for transport includes stretcher, PPE, essential equipment (e.g., oxygen supply, masks, Ambu bag, intubation kit, epinephrine, automated external defibrillator (AED), syringe, normal saline, gloves), cleaning agent and disinfectant, alcohol-based hand rub and specialized area for contaminated goods including a bin with a secure lid.

Reorganization of SRMNCAH services during the pandemic

In this section, we present actions to modify or reorganize the service delivery in each area of SRMNCAH continuum during the pandemic. This is based on previously published global recommendations for clinical care of COVID cases at hospitals²⁶ and home²⁷. Similar guidance on nutrition²⁸, immunization²⁹, and HIV services³⁰, are available elsewhere.

It is recommended that the existing national standards of SRMNCAH care including national guidelines and standard treatment protocols must be followed to ensure that services continue to be of high quality and safe. At the same time, equity and gender-specific considerations must be addressed while reorganizing the services. It is understood that the countries would do an adaptation of these recommendations based on the transmission status of COVID-19 infection, containment measures in place, prevailing social conditions and capacity of their health systems.

Actions for Antenatal Care^{31,32,33}

During the pandemic, antenatal care (ANC) contacts may be redesigned to reduce the burden on health workers whose time may be diverted to COVID-19 response and to reduce exposure for pregnant women. A reduction in ANC visits to the facility for low-risk pregnancies is appropriate to minimize overcrowding in clinics and the risk of virus transmission. See the UNFPA guidelines³⁴ for suggested approach for which visits should be face to face and which can be through remote contact.

ANC for high-risk pregnancies and last trimester should be prioritized with little changes in their scheduled contacts. When required, continue physical contact for clinical examination as normally, but pay extra attention to measures for hand hygiene IPC. Restrict attendance for ANC visits to include only the women, and an asymptomatic companion (no child) of choice.

ANC that does not need to be provided in person at the facility may be undertaken via:

- Teleconference using a phone or other electronic device. This is best used for when the woman does not require physical assessments and/or tests/investigations.
- Home visit by maternity worker or a trained community health worker with use of adequate IPC measures.

Midwifery-led continuity of care models throughout pregnancy, birth and postnatal period will reduce the contact with multiple healthcare providers thus reducing exposure of woman and her family to COVID-19 in health facilities.

²⁶ WHO. Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected Interim guidance 13 March 2020

²⁷ WHO. Operational considerations for case management of COVID-19 in health facility and community Interim guidance 19 March 2020

²⁸ Joint statement on nutrition in the context of the COVID-19 pandemic in Asia and the Pacific

²⁹ WHO. Guiding Principles for Immunization Activities during the COVID-19 Pandemic. Interim Guidance 26 March 2020.

³⁰ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020

³¹ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

³² UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

³³ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020.

³⁴ <https://asiapacific.unfpa.org/en/publications/covid-19-technical-brief-antenatal-care-services>

ANC counseling by the maternity care provider should include:

- Reminders about social distancing during the clinic session (e.g., sitting 2 arm’s lengths apart from each other)
- Key messages about the virus (e.g., symptoms, procedures for home isolation, emergency signs)
- Education to minimize women’s fear about the impact of COVID-19 on pregnant women and newborns and encourage ongoing contact with health services.
- Specific precautions regarding COVID-19 prevention for pregnant women are the same as for the general population.
- Address myths related to COVID-19 and maternal care; e.g., “all health facilities are used for COVID-19 containment” and “delivery is only safe at home”.
- Reinforce awareness of danger signs, emergency plans, and transportation.

Key Actions – Antenatal Care for all women during the pandemic

- ✓ Develop a sustainable ANC service delivery model for the country’s context, which defines how services will be reorganized during the pandemic to deliver a core ANC package, including interventions to be provided at each ANC contact, by whom (cadre), where (system level), and how (platform).
- ✓ Define mechanisms to ensure that there is coordination of care across ANC contact points, community-to-facility linkages and supportive oversight of community-based services.
- ✓ Reorganization ANC services and client flow by giving spaced appointments to reduce waiting time and contact with other patients. Consider use of a queuing system. E.g., phone based or numbered tickets/sign in sheet available for women as they arrive outside the ANC facility.
- ✓ ANC should be provided at a place away from general patients attending emergency or outpatient care.
- ✓ Encourage women to wait outside or in designated, marked areas that show women where to stand for ANC, and maintain social distancing of two arm’s lengths wherever possible.
- ✓ All women should wash their hands upon arrival to waiting area, upon entering clinical rooms, upon leaving clinical rooms and upon leaving clinic.
- ✓ Maternity care providers need to wash their hands before every new patient is seen and again before physical examination. Wash again immediately after examination and once the woman leaves. Wash hands after cleaning surfaces. Wash hand after coughing or sneezing.
- ✓ All women should be triaged and screened for symptoms of COVID-19 before entering the health facility. Women should be educated not to attend the ANC if they have symptoms.
- ✓ The specific content of ANC remains unchanged. However, maternity care providers need to be aware of the increased risk of antenatal anxiety and depression and domestic violence due to the economic and social impacts of the COVID-19 pandemic. These issues add to the normal stresses of pregnancy and maternity care providers need to have guidance/referral mechanisms in place to support these women.
- ✓ Consider supplying women with enough supplements (e.g., iron, folic acid, etc.) to help avoid facility visits just to obtain supplies. Group components of care together to minimize visits primarily for investigations (e.g., USG, other testing, and vaccines all done during one visit).
- ✓ Regular testing for HIV is still encouraged if feasible, especially in high burden areas, at the already-scheduled visits and at delivery.³⁵

³⁵ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020.

Antenatal Care for women with symptoms of COVID-19 (or Positive test)

- ANC that is not to be provided in person at the facility should be undertaken on the phone or other electronic device using application like WhatsApp, Skype, FaceTime, where available.
- If the positive pregnant woman meets the 'stay at home' criteria (does not require physical clinical assessments or tests/investigations), the ANC appointment should be rebooked for after the isolation period ends.
- The positive woman can stop home isolation under the following 3 conditions³⁶:
 - She has had 3 full days of no fever without the use of medicine that reduces fever and, other symptoms have improved (e.g., shortness of breath or cough) AND
 - At least 7 days have passed since her symptoms first appeared.
 - Women in need to seek medical help when her condition worsens OR if symptoms are not improving after 7 days.
- If the pregnant woman has access to testing facilities, she may leave home after home isolation under the following 3 conditions:
 - The woman no longer has fever AND
 - Other symptoms have improved AND
 - She has had two negative tests in a row, 24 hours apart.
- Women who have symptoms of COVID-19 and are experiencing any pregnancy related complications need to be seen separately in an isolated room if possible, or at the beginning or end of clinic when no other patients remain, to lower the chance of transmission to the maternity care provider and other women attending for care.
- Women with symptoms need to wear a mask and maternity care providers should wear PPE as per WHO recommendations.³⁷
- Pregnant women with a suspected or confirmed COVID-19 infection, including women who may need to spend time in isolation, should have access to woman-centered, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support,^{38,39} with readiness to care for maternal and neonatal complications.
- All pregnant women undergoing or recovering from COVID-19 should be provided with counselling and information related to the potential risk of adverse pregnancy outcomes.
- Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to attend routine antenatal, postpartum care as appropriate. Additional care should be provided if there are any complications.

³⁶ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

³⁷ WHO. Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-2019) – Interim Guidance. February 2020. https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

³⁸ IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak, Interim Briefing Note. Version 1.5. February 2020. https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf

³⁹ WHO. Mental Health and Psychosocial Considerations during the COVID-19 Outbreak. 18 March 2020. <https://apps.who.int/iris/bitstream/handle/10665/331490/WHO-2019-nCoV-MentalHealth-2020.1-eng.pdf?ua=1>

Actions for Intrapartum Care ^{40,41}

Services for good quality institutional deliveries and respectful maternity care must be prioritized during the pandemic, to sustain actions for reaching SDG goals of maternal and neonatal mortality reduction that countries are committed to. Actions to facilitate movement of women in labour from home to hospitals for delivery and return to home should be undertaken, as mentioned above. Some countries in the Region have identified dedicated hospitals for managing COVID-19-positive cases including women for delivery. Other countries have identified isolated areas in hospitals to manage COVID-19-positive women for delivery. In both the options, intrapartum care is to be provided as per national standards along with enhanced provisions for IPC in relation to the COVID-19 pandemic.

Given the high prevalence of common mental disorders among women in the antenatal and postpartum period, which can worsen because of pandemic conditions, required interventions need to be more widely available. Prevention services should be available in addition to services that treat mental health difficulties.^{42 43}

Key Actions – Intrapartum Care for all women and newborns during the pandemic

- ✓ Maternity services should develop a local policy specifying essential personnel for emergency scenarios. Do not delay care to the mother or newborn in the case of obstetric and newborn emergencies.
- ✓ Allow one asymptomatic birth companion (usually a family member) to stay with the woman through labor and birth.
- ✓ All women and their birth companion should be triaged and screened before entering the health facility and women resident of a hot spot (containment zone) or with history of contact should be carefully monitored.
- ✓ Routine infection prevention and control precautions need to be instituted for care during every labor and birth.
- ✓ Arrange enough PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies) in each labor room.
- ✓ All surfaces should be cleaned thoroughly with spray and a clean cloth after any contact by patient or staff.
- ✓ Staff should follow hand hygiene practices – handwashing before and after examining each patient.
- ✓ All women should be encouraged to call the health facility for advice in early labor and to inform the maternity care provider of COVID-19 related symptoms, which can then assist in planning further care or potential referral.
- ✓ All women maintain their right to be treated with compassion, dignity and respect, including the right to receive information, provide and refuse consent, and to have her choices and decisions respected and upheld.

⁴⁰ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

⁴¹ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

⁴² IASC Reference group for Mental Health and Psychosocial Support in Emergency Setting 2020 Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak – version 1.1 (<https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%20%20March%202020-English.pdf>)

⁴³ Improving early childhood development: WHO guideline (<https://www.who.int/publications-detail/improving-early-childhood-development-who-guideline>).

Intrapartum Care for women with symptoms of COVID-19 (or Positive test)

There is limited data on clinical presentation and perinatal outcomes after COVID-19 infection during pregnancy or the puerperium.^{44,45}

- Women identified as having suspected or confirmed COVID-19 and requiring admission, need to be cared for in a designated COVID-19 hospital or another maternity hospital in the isolation area marked for COVID-19-positive cases (in a single room, if possible).
- All care should ideally continue in the same isolation room for the entirety of the stay.
- A family member should be allowed to accompany the women in labour for providing support during labour and postnatal period to facilitate breastfeeding and baby care.
- Minimize the number of staff entering the room to limit exposure of healthcare workers.
- Women presenting at a BEmONC facility with severe respiratory symptoms requiring respiratory support should be stabilized and transferred to a CEmONC facility.
- Where women do not have access to a single room, it is still essential to find a way of separating sick women from well women either by clustering alike women within a shared area to reduce the risk of virus transmission.
- Mode of delivery needs to be individualized based on obstetric indications and the woman's preferences and not be influenced by the presence of COVID-19, unless there are maternal or fetal emergency indications.
- If an infected woman requires a caesarean section, all staff in theatre should wear PPE. The greatest risk to theatre staff during the caesarean section relates to intubation whereby the virus load from aerosolization (the virus being airborne) is highest.
- Women with moderate-severe symptoms of COVID-19 should be managed as per COVID management protocol.
- There is no evidence to suggest that steroids for fetal lung maturation, in the event of preterm birth, cause any harm in the context of COVID-19. Steroids should therefore be given where indicated.

Actions for Postnatal Care^{46,47,48}

The postnatal period, especially the first week after delivery, can be risky for both the mother and newborns. It is important that postnatal care (PNC) must continue to be delivered during the pandemic especially for high risk deliveries and small babies (preterm / low birth weight). PNC is usually delivered through a combination of contacts at the health facilities and through home visits.

⁴⁴ Zhu H, Wang L, Fang C, Peng S, Zhang L, Chang G et al. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *Transl Pediatr.* 2020;9(1):51-60. Epub 2020/03/11. doi: 10.21037/tp.2020.02.06. PubMed PMID: 32154135; PMCID: PMC7036645.

⁴⁵ Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet.* 2020;395(10226):809-15. Epub 2020/03/11. doi: 10.1016/S0140-6736(20)30360-3. PubMed PMID: 32151335

⁴⁶ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

⁴⁷ WHO. Essential newborn care and breastfeeding. <https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf>. 2002.

⁴⁸ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020.

Key Actions – Postnatal Care (PNC) for all women and newborns during the pandemic

PNC in Hospital / Health Facility

- ✓ Limit visitors from visiting postnatal rooms / wards during the current pandemic.
- ✓ Mother and baby should be discharged after normal delivery after 24 hours, as under normal conditions
- ✓ In overcrowded health facilities where social-distancing is difficult, an early discharge may be considered for healthy mothers and newborns:
 - This must be done only if the mother can be well supported with systems in place for ongoing home-based and/or tele-consultation support by a maternity care provider.
 - Under these conditions, discharge may be considered after 6 hours for women with uncomplicated vaginal birth and after 2 days after cesarean birth depending on their status.
- ✓ For subsequent PNC check-up: Consultation by telephone (audio or video call) may be considered in place of facility-based visits, if no tests, procedures or physical examinations are required or planned.
- ✓ PNC contact at 6 weeks should be considered at health facility, especially to ensure timely immunization of the baby, with appointment, physical distancing and proper IPC measures.

PNC at Homes

- ✓ Home visits for PNC by maternity workers / community health workers can be undertaken with IPC measures. For this appropriate task shifting to another cadre or enhancing existing package of existing cadre workers.
- ✓ However, a telephone consultation (audio or video call) may be considered in place of home visits if there are no risk factors in the mother or the newborn.
- ✓ All healthcare visitors and family members in homes with the postnatal women and newborn need to follow infection control procedures and hand washing or use hand sanitizers on entering and leaving the room where the woman and her newborn are being cared for. Handwashing or sanitization should take place again upon leaving the home.
- ✓ Social visitors should not be allowed to meet the postnatal women and her newborn during the pandemic.
- ✓ Anxiety and depression among postnatal women may be exacerbated by the social isolation and financial impact on the family and wider community resulting from the COVID-19 pandemic. The woman, her husband and family should be given appropriate advice, contact information for a known maternity care provider, community health worker and emergency services, or referral to specialist services, if they are not coping well.
- ✓ New parents need to be encouraged to interact with other parents, friends and family via the phone or online resources where available to promote mental wellbeing.
- ✓ Mother and father of the newborn should practice age-appropriate interaction and stimulation of the newborn as recommended in the early childhood development services in the country (e.g., mentioned in Homebased MCH records). This is known to contributing to mother's wellbeing too.

Postnatal Care for women with symptoms of COVID-19 (or Positive test)

- There is currently no evidence that a woman with symptoms consistent with COVID-19 infection, who has recently given birth, needs to be separated from her newborn. **No mother should be separated from her newborn** – this remains the standard care.
- The benefits of keeping mother and newborn together may considerably outweigh the potential risks of neonatal infection. This is based on the evidence supporting immediate skin-to-skin contact and early initiation of breastfeeding for thermal regulation, prevention of hypoglycemia and reduced sepsis and death in infants. This applies especially to low birth weight infants in low-resourced settings.
- **All mothers and newborns regardless of their COVID-19 status** need support to remain together to practice rooming-in, establish breastfeeding, and to practice skin-to-skin contact or kangaroo mother care.
- Women with symptoms consistent with COVID-19 infection need to do the following:
 - Avoid contact with other mothers and babies
 - Undertake hand washing before and after contact with the baby and consider wearing a mask when feeding, providing skin to skin or kangaroo mother care for her baby.
 - Routine cleaning and disinfecting of all surfaces that the mother has had contact with, should also be undertaken at regular intervals.

Actions for Breastfeeding and Infant and Child Nutrition ^{49,50,51,52,53,54} practices

Programs and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.

Key Actions – Infant and Young Child Nutrition during the pandemic

- ✓ Breastfeeding counselling, basic psychosocial support and practical feeding support should be provided to all pregnant women and mothers with newborns, infants and young children.⁵⁵
- ✓ Mothers, newborns and infants should be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding.
- ✓ Align and coordinate mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children.
- ✓ Systems (e.g., Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
- ✓ Adhere fully to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children⁵⁶) in all contexts in line with the recommendations of IFE Operational Guidance.
- ✓ Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

Breastfeeding by mothers with symptoms of COVID-19 (Positive test)

Mothers with suspected or confirmed COVID-19 and isolated at hospital or home should be advised to continue recommended feeding practices with necessary hygiene precautions during feeding.

- Breastfeeding is not contraindicated – breastmilk from infected mothers has not been shown to have SARS-CoV-2, the virus that causes COVID-19. Infants should be fed according to standard infant feeding guidelines,⁵⁷ while applying necessary precautions for IPC, including:
 - Wash hands with soap and water before and after contact with the infant.

⁴⁹ UNFPA. COVID-19 Technical Brief for Maternity Services. April 2020. https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_MNH_guidance_04.pdf

⁵⁰ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

⁵¹ UNICEF, GNC & GTAM. Infant and young child feeding in the context of COVID-19. V1 30 Mar 2020.

⁵² UNICEF, GNC & GTAM. Management of Child Wasting in the context of COVID-19. V1 27 Mar 2020.

⁵³ WHO. Essential newborn care and breastfeeding. <https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf>. 2002.

⁵⁴ UNFPA. COVID-19 Guidance Document for Maternity Services – Interim Guidance. April 2020.

⁵⁵ Ensuring all health workers practice recommended precautionary measures e.g. wearing masks, social distancing, when providing counselling and other support

⁵⁶ WHO. Guidance on ending the inappropriate promotion of foods for infants and young children: Implementation manual. 2017.

⁵⁷ WHO Essential newborn care and breastfeeding (<https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf>).

- Routinely clean surfaces, which the symptomatic mother has been in contact with, using soap and water.
- If the mother has respiratory symptoms, use of a face mask when caring for the infant is recommended, if available.
- Maintain physical distancing (at least 1.5 meters) with other people.
- Avoid touching eyes, nose and mouth.
- All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including IPC measures. This support should be provided by appropriately trained health care professionals and community-based lay and peer breastfeeding counsellors. See *Guideline: counselling of women to improve breastfeeding practices*⁵⁸ and the WHO *Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services*⁵⁹.
- In situations when severe illness in a mother with COVID-19 or other health complications, prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate hygiene measures.⁶⁰
- Mothers and health workers should be counselled to continue breastfeeding should the infant or young child become sick with suspected or confirmed COVID-19 or any other illness.

Additional information is available on COVID-19 and pregnancy, birth and breastfeeding.^{61,62,63}

Actions for Newborn Care

Newborn mortality is quite high in several countries of our regions. The disruption of routine essential maternal and newborn health services during pandemic can lead to high mortality and morbidity among newborns pushing back the countries from achieving the SDG 2030 targets.

Following considerations are for countries to adapt to continue routine (non-COVID) newborn care services at health facilities and homes with necessary modifications for infection prevention.

⁵⁸ <https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf>

⁵⁹ <https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf>

⁶⁰ Ensuring recommended precautionary hygiene measures are applied while handling breastmilk

⁶¹ WHO. Q&A on COVID-19, pregnancy, childbirth, and breastfeeding. 18 March 2020. https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding?utm_source=WHO%2FEurope+mailing+list&utm_campaign=0ce5519a7c-EMAIL_CAMPAIGN_2020_03_16_10_53_COPY_01&utm_medium=email&utm_term=0_60241f4736-0ce5519a7c-105392857

⁶² Royal College of Obstetrics & Gynaecologists. <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

⁶³ UNICEF, GNC & GTAM. Infant and young child feeding in the context of COVID-19. V1 30 Mar 2020.

Key Actions – Newborn Care during the pandemic

- ✓ Essential Newborn Care services need to be provided for all newborns as per standard guidelines.
- ✓ Room-in the baby with the mother; all newborns need to be given skin-to-skin care by the mother, irrespective of their mother or their own status of COVID-19 infection. Strict hygiene practices are required.
- ✓ For newborns who may require resuscitation, use the standard guidelines and protocols, but ensure attendance by a minimum number of personnel (one in low-risk cases or two if extensive resuscitation is to be undertaken) wearing a full set of PPE.
- ✓ Practice strict IPC, including hand washing or sanitization every time before and after touching the neonate.
- ✓ In the hospitals, restrict access to visitors.
- ✓ Essential care for all newborns and additional care of small (low birth weight) babies at home must continue and supported by teleconsultations by maternity worker / community health worker as usual.
- ✓ Initiate breastfeeding early and continue breastfeeding, irrespective of their mother or their own status of COVID-19 infection. A mother who is too sick to breastfeed should be supported with breast pumps and cup feeding of the neonate with breast milk.
- ✓ Facility-based newborn care services must be maintained for small (preterm and low birth weight) and sick newborn babies and standard protocols and guidelines followed.
- ✓ Ensure uninterrupted availability of oxygen (concentrators or oxygen cylinders or mix of both), along with oxygen delivery systems in neonatal wards.
- ✓ Strict attention should be given to IPC procedures in pandemic condition and all visitors (except the mother) to the facility refused entry. Mothers must be trained in hand washing.
- ✓ Disinfection of surfaces in neonatal care areas with the routine standard patients are not different from the units where suspected or confirmed Covid-19 infection cases are to be treated.

Care for newborns with symptoms of COVID-19 infection (or positive test)

- Although much is yet unknown, neonates with COVID-19 may present with different clinical symptoms than adults.
- Neonates with symptoms of COVID-19 infection also need to be thoroughly investigated for other common neonatal diseases that may have similar clinical presentations.
- Health facilities need to have isolation facilities for sick newborns who may be suspected of COVID-19 infection and are having other co-morbidities that require inpatient care.
- Newborns with symptoms of COVID-19 infection and born to a mother with suspected or confirmed Covid-19 infection or with a known exposure to another patient, should be managed in a well-ventilated isolation room prepared for the purpose, preferably in a negative pressure room, if available. Multiple exhaust fans may be used in the absence of negative pressure rooms.
- Maintain separate staff (doctors and nurses as well as other support staff) to work in isolation rooms (from those working in regular newborn care units). Where staff needs to be shared between the two areas, strict IPC measures need to be practiced.

- Arrange adequate supplies of PPE and train staff on the rational use, as per the national protocols.
- Transfer of COVID-19 suspected babies if required should follow strict IPC adherence including in ambulances.

Actions for Child Care

All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good⁶⁴. *Economic hardship* experienced by families because of the global economic downturn could result in hundreds of thousands of additional child deaths in 2020, reversing the last 2 to 3 years of progress in reducing infant mortality within a single year.

Threats to survival and health of under-five children are directly due to disruption of routine but essential services including health and nutrition promotion, immunization, treatment of common illness (like pneumonia, diarrhea, vaccine-preventable diseases), management of severe acute malnutrition (SAM), moderate malnutrition, and treatment of chronic illnesses among children and, including those living with HIV.

Services for Nurturing care for early childhood development (ECD) should be strengthened and counseling and services for responsive caregiving, parenting prioritized⁶⁵ along with feeding and child protection from abuse and violence.

School closure over a prolonged period exposes older children (especially girls) to risk of mental wellbeing issues, malnutrition (school meals are a reliable source of daily nutrition) and long-term disruption in education owing to school dropout.

Children face anxiety during isolation and lock down conditions and are also affected by the negative impact of the pandemic on their families. There are risks for child safety as well. Measures like lock down and containment camps are associated with heightened possibility of children witnessing or suffering violence and abuse. Such acts of violence are more likely to occur as the families are confined at home and experiencing intense stress and anxiety.

Excessive engagement of children and adolescents with online platforms for distance learning and entertainment has also increased their risk of exposure to inappropriate content and online predators.

⁶⁴ United Nations. Policy Brief: The Impact of COVID-19 on children 15 APRIL 2020

⁶⁵ WHO. Helping children cope with stress during the 2019-nCoV outbreak (2020)

Key Actions – Child Care during the pandemic⁶¹

- ✓ **Prioritize the continuity of child-centred services**, with a focus on equity of access – particularly in relation to immunization, maternal newborn and child health, nutrition (IYCF, micronutrient supplementation and supplementary meals), early childhood development (ECD) and child protection programmes as well as early schooling.
- ✓ Guidance on immunization is available elsewhere⁶⁶
- ✓ Transform service delivery approaches that currently fall short because of the COVID pandemic.
- ✓ Consider replacing health promotion home visits for childcare and ECD by tele-consultation and counselling.
- ✓ Home visits for sick children should be prioritized with adequate IPC measures.
- ✓ Management of children with common diseases (e.g., IMNCI* and iCCM**) and ECD must continue through first-level health facilities and home visits by trained workers. Strict IPC including masking and hand hygiene practices are required when in contact with the child.
- ✓ Referral care at higher level facilities for children with severe sickness and severe acute malnutrition with free safe transport must be continued. Triage, screening and strict IPC including appropriate masking and hand hygiene practices need to be ensured in hospitals.
- ✓ Allow COVID-negative mother or a family member to stay with the child to provide support during treatment.
- ✓ Ensure uninterrupted availability of oxygen (concentrators or oxygen cylinders or mix of both), along with oxygen delivery systems in pediatric wards for non-COVID conditions and to manage COVID related respiratory complications.
- ✓ Disinfection of surfaces in childcare areas with the routine standard patients are not different from the units where suspected or confirmed Covid-19 infection cases are to be treated.
- ✓ Protect children from violence, abuse or exploitation, and classify core child-protection services as essential.
- ✓ Put in place specific protections for vulnerable children, including migrants, the displaced, refugees, minorities, slum-dwellers, children living with disabilities, children living in urban slums, refugee settlements, and children in institutions.
- ✓ **Provide practical support to parents and caregivers**, including how to talk about the pandemic with children, how to manage their own mental health and the mental health of their children, and tools to help support their children’s learning.

*IMNCI: Integrated Management of Newborn and Childhood Illness; **iCCM: Integrated Community Case Management

Care for children with symptoms of COVID-19 infection (or positive test)

- Children with symptoms of COVID-19 infection also need to be thoroughly investigated for other common diseases that may have similar clinical presentations.
- Health facilities need to have isolation facilities for sick children who may be suspected of COVID-19 infection and are having other co-morbidities that require inpatient care.
- Allow mother or a family member to stay with the child to provide support during treatment.

⁶⁶ Guiding principles for immunization activities during the COVID-19 pandemic Interim guidance 26 March 2020

- Children with symptoms of COVID-19 infection should be managed in a well-ventilated isolation room, preferably in a negative pressure room prepared for the purpose. Negative pressure rooms are especially useful when aerosolization procedures like, suctioning, resuscitation and CPAP etc. are used.
- Ensure uninterrupted availability of oxygen (concentrators or oxygen cylinders or mix of both), along with oxygen delivery systems in pediatric wards to manage COVID related respiratory complications.
- Maintain separate staff (doctors and nurses as well as other support staff) to work in isolation rooms (from those working in regular newborn care units). Where staff needs to be shared between the two areas, strict IPC measures needs to be practiced.
- Arrange adequate supplies of PPE and train staff on appropriate use.
- Transfer of COVID-19 suspected children if required should follow strict IPC adherence including in ambulances.

For details on management of COVID positive children, please refer to the WHO document.⁶⁷

Actions for Care of Adolescents⁶⁸

Young people exposed to COVID-19 are as likely as old people to become infected and contagious. They should therefore strictly follow national guidelines around screening, testing, containment and care and practice social distancing.

Young people's formal education, and social engagement with their peers and educators, has been impacted by the pandemic. Prolonged periods of closures and movement restrictions lead to additional stress within families, contributing to anxiety and depression in adolescents. On account of such multiple factors, vulnerable girls might be exposed to unwanted or unprotected sex leading to risk of teenage pregnancy and sexually transmitted infections (STIs) and HIV.

If caregivers are infected, quarantined, or pass away, psychosocial issues and protection for adolescents need to be addressed. Adolescents are keeping their mood up during COVID-19 quarantine or self-isolation through a range of ideas⁶⁹ that must be supported by the society.

Parents and families need to be provided social support, mechanisms for education and access to health services for adolescents, especially in case of girls who are more vulnerable. Many vulnerable young people (e.g., young migrants, young refugees, homeless young people, those in detention, and young people living in crowded areas such as townships or slums) live in conditions that put them at greater risk of contracting COVID-19. They also have limited access to technology and alternate forms of education and information, including how to prevent COVID-19.

Young people represent a valuable resource and network during crises and public health emergencies. Young people can work with health authorities to help reduce the spread of infection and support community members who are more isolated, e.g. older people. They can play a critical role in

⁶⁷ Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected; Interim guidance; WHO. 13 March 2020

⁶⁸ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA Interim Technical Brief on Adolescents and Young People & Coronavirus Disease (COVID-19) UPDATED. March 24 2020.

⁶⁹ Voices of Youth and UNICEF. Studying at home due to coronavirus? This is how young people around the world are keeping their mood up. <https://www.voicesofyouth.org/campaign/studying-home-due-coronavirus-how-young-people-around-world-are-keeping-their-mood>

disseminating accurate information on COVID-19 and support information sharing on risk reduction, national preparedness and response efforts. Despite digital inequalities, this generation of young people is more connected through technology, media and the internet. In this time of social distancing and lockdowns, many young people's ease with technology will be vital in keeping communication channels open, informed and supportive of each other and the larger community.

With prolonged stress on the health system to address COVID-19, a disruption of the normal delivery of SRH services and information to young people will need to be addressed. The need for mental health services and counselling is paramount as young people are facing high levels of anxiety and stress related to COVID-19.

Key Actions – Delivery of Health Services to Adolescents during the pandemic

- ✓ Given the disruption of schools, sexuality education, health and other services, establish new ways of providing information and support to adolescents and young people.
- ✓ Young people's need for SRH information and education does not diminish during confinement. To the extent possible, therefore, CSE should be included in digital strategies by the education sector to reach learners at home.
- ✓ Uninterrupted supply of iron-folic acid supplementation, sanitary napkins, contraception including emergency contraception should be ensured.
- ✓ Adolescent-friendly health services should be available for adolescents who need care for various reasons. Additional IPC measures are required.
- ✓ Consider incorporating phone counselling into clinical services, particularly for mental health and wellbeing, for adolescents unable to reach the services during the lockdown etc.
- ✓ Incorporate young people into efforts to mitigate COVID-19 risks and for community outreach.
- ✓ Support young people in risk communication to help raise awareness of and protection from the virus, promote healthy behavior, and share correct information for prevention using multiple communication channels including digital platforms.
- ✓ Ensure measures are in place to prevent, protect and mitigate the consequences of violence, stigma and discrimination against adolescents and youth during quarantine and self-isolation.
- ✓ Promote social and behavioral change communication to encourage recommended behaviors (e.g., washing hands, social distancing).

Actions for Sexual and Reproductive Health Care^{70,71}

Resources for sexual and reproductive health (SRH) services may be diverted to deal with the COVID outbreak, leading to increased unmet need for contraception, and increased number of unsafe abortions and sexually transmitted infections. Sexual activity does not cease with the COVID-19 pandemic. People are vulnerable to the negative health consequences of unprotected sex like pregnancies, unsafe abortion and STIs.

⁷⁰ UNFPA. COVID-19: A Gender Lens. Protecting Sexual and Reproductive Health and Rights and Promoting Gender Equality. March 2020.

⁷¹ UNFPA. Coronavirus Disease (COVID-19) Preparedness and Response. UNFPA interim Technical Brief on Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19.

Provision of family planning and other SRH commodities, including menstrual health items, are central to women's health, empowerment, and sustainable development and may be impacted as supply chains undergo strains from pandemic response.

It is therefore crucial to ensure that people can access rights-based services and information to initiate and/or continue use of contraception. SRH services can help prevent unintended pregnancies and the consequences of unsafe abortions and alleviate unnecessary additional pressure on already-stretched health systems that are working hard to address COVID-19.

Gender considerations must be considered during service reorganization during the pandemic. Women and men are affected differently by outbreaks, and pandemics can worsen existing inequalities for women and girls, and discrimination of other marginalized groups. In times of crisis such as this pandemic, women and girls may be at higher risk of denial of SRH services, intimate partner violence and other forms of domestic violence due to increased tensions in the household.

Key Actions – Delivery of SRH Services and Gender considerations during the pandemic

- ✓ Ensure women's and girls' choices and rights to sexual and reproductive health (SRH) is respected regardless of their COVID-19 status, including access to family planning services, STI-HIV services, and safe comprehensive abortion care as per national laws.
- ✓ Ensure continuity of care for SRH services, as well as mental health and psychosocial support.
- ✓ Provide appropriate supportive care and messaging with the intention to enhance people's safety, dignity and rights.
- ✓ Ensure the response does not reproduce or perpetuate harmful gender norms, discriminatory practices and inequalities.
- ✓ As systems that protect women and girls may weaken or break down, measures should be implemented to protect women and girls from the risk of intimate partner violence.
- ✓ Prioritize women's participation in response decision making, designing and planning of interventions, security surveillance, detection, and prevention mechanisms.
- ✓ Support meaningful engagement of women and girls at the community level to ensure efforts and response are not further discriminating and excluding those most at risk.
- ✓ Incorporate a gender analysis into preparedness and response efforts to improve the effectiveness of health interventions and promote gender equality and health equity.
- ✓ Prioritize the collection of accurate and complete age and sex-disaggregated data to understand how COVID-19 affects individuals differently (e.g., incidence, trends, etc.).

Family Planning

- If clients wish to avoid pregnancy, they should be supported by health workers to initiate or continue to use their contraception method of choice and provided with contraceptive supplies for a longer period to reduce need for frequent visits.
- All modern methods of contraception are safe to use, including during COVID-19, if otherwise suitable. Mothers can also be educated on safe natural methods including lactation.
- Consider family planning methods that are available without a prescription (e.g., condoms, contraceptive pills, emergency contraceptive pills) at a nearby pharmacy or drug shop.
- Implement telemedicine using mobile phones and social media as an adjunct to improving information and access to contraception. Promote use of mobile app by health workers on MEC wheel and Post-partum compendium⁷².
- During lock down conditions, expand postpartum family planning services, particularly long-acting reversible contraceptives [LARCS] such as Post-part IUDs, contraceptive implants, post-partum IUDs or injectables.
- Coordinate family planning revisits with other services to streamline and/or integrate revisit appointments.

Comprehensive Abortion Care⁷³

The provision of safe comprehensive abortion care is a time-sensitive, essential health service. Where legal, safe abortion services must be maintained even where non-urgent and elective services are suspended in countries where it is legally permitted. Delay in access to abortion care can force women over gestational thresholds, adding further strain on hard-pressed surgical services and exposes our health care workers to additional risks. Any delay in access to safe abortion has the potential to impact the health and well-being of women profoundly. Post abortion care should be available in all countries and is a lifesaving service for women. Recommendations on service delivery and pre-abortion care can be referred to in the WHO publication, Safe abortion: technical and policy guidance for health systems.⁷⁴

Gender-based violence⁷⁵:

Violence against girls and women remains a major global public health and women's health threat during emergencies. The health sector and individuals can do a lot during to prevent and address violence against women during the COVID-19 pandemic. The health impacts of violence, particularly intimate partner/domestic violence, on women and their children, are significant. Violence against women can result in injuries and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies.

⁷² <https://postpartumfp.srhr.org/>

⁷³ FIGO. Abortion Access and Safety with COVID-19 (31 March 2020). <https://www.figo.org/abortion-access-and-safety-covid-19>

⁷⁴ [Safe abortion: technical and policy guidance for health systems](#)

⁷⁵ WHO. [COVID-19 and violence against women. What the health sector/system can do](#)

In times of crisis such as this outbreak, women and girls may be at higher risk of intimate partner violence and other forms of domestic violence due to increased tensions in the household. Adolescent and youth, especially adolescent girls and young women, who already tend to face high levels of domestic and intimate partner violence, may experience even higher levels of violence driven by quarantine and isolation.

We must ensure that health workers have the necessary skills and resources to deal with sensitive GBV related information, that disclosures of gender-based violence (GBV) be met with respect, sympathy and confidentiality, and that services are provided with a survivor-centered approach.

During the pandemic, any changes in GBV referral pathways and care facilities must be updated and key communities as well as service providers informed about this. Any obstacles and barriers that prevent women and girls from accessing services must be addressed, including psychosocial support services, especially for those subject to violence or who may be at risk of violence. Consider providing toll free telephone help lines during lockdown conditions.

HIV care⁷⁶

It is important to assure continuous access to essential HIV prevention, testing and treatment services also where measurements of confinement are implemented within the public health response to the COVID-19 pandemic. While access to essential services should be maintained, adapted and evidence-based measures to reduce possible transmission should be considered and implemented.

Young people with HIV are potentially at greater risk due to weak immune systems and dependency on regular supplies for antiretroviral medication, which may not be prioritized during the pandemic. HIV services that are integrated with contraceptive services should be optimized and streamlined to avoid unnecessary patient visits to health facilities, and to efficiently use client and provider time when clinic visits are necessary. Integrating FP and HIV supply chain management and distribution may help ensure that contraceptives are available for HIV affected populations. Additional information is available for people living with HIV during the COVID-19 pandemic.⁷⁷

⁷⁶ PEPFAR Technical Guidance in Context of COVID-19 Pandemic. 3 April 2020.

⁷⁷ UNAIDS. What people living with HIV need to know about HIV and COVID-19. 2020.

Key Actions – HIV Services during the pandemic

- ✓ Consider options for timing and location of HIV testing that reduces exposure to COVID-19 (e.g., community setting, staggered appointments). HIV-exposed infants should continue to receive an early infant diagnosis test and clinical assessment as close to the recommended timing as possible.
- ✓ Applying standard precautions for all patients (including ensuring that all patients cover their nose and mouth with a tissue or elbow when coughing or sneezing, offering a medical mask to patients with suspected COVID-19 infection while they are in waiting in the service, perform hand hygiene etc.)⁷⁸
- ✓ Ensuring triage, early recognition, and source control - isolating patients with suspected COVID-19 infection.
- ✓ Self-testing for HIV to ensure early access to care and treatment if needed through online/phone contact (i.e. telemedicine) with healthcare providers and arrange for a confirmatory test or prescription for ARVS if needed⁷⁹.
- ✓ Consider expanding phone/SMS support to **mothers and infants** through existing mechanisms to align with clinical touchpoints. Consider providing infant ARVs with dosing instructions to women who may not be able to return to the facility due to COVID-19 or provide mother-baby packs for the mother-infant pair together and follow up by phone. HIV-exposed infants should be given an adequate quantity of prophylaxis, both ART and cotrimoxazole, to last until the lock down opens and access becomes easier.
- ✓ Programs should make every effort to supply children and adolescents living with HIV initiating and refilling Antiretroviral Therapy (ART) with a 6-month supply for those who weight 20+ kg.
- ✓ Ensure access to multi-month dispensing of ARVs, tuberculosis medication, medications for hypertension and diabetes at least for three months, ideally for six months to all clinically stable pregnant and breastfeeding women living with HIV.
- ✓ Nearby public pharmacies should be used as pick up points for these medications to reduce the congestion and waiting time at the health facilities.
- ✓ Ensure that human rights are not eroded in the response to COVID-19, that people living with or affected by HIV are offered the same access to services as others, and that HIV-related services continue without disruption.

⁷⁸ <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-hiv-and-antiretrovirals>

⁷⁹ WHO. 2019. op. cit.

MONITOR PERFORMANCE OF PRIORITIZED SRMNCAH SERVICES

In the challenging situation of the pandemic and serious risk of disruption of essential services, it is especially important to monitor the prioritized SRMNCAH services within the national information system. Virtual platforms should be considered to collect data, report back the analysis, and provide follow-up supportive supervision to address the gaps in these essential services.

Coverage (utilization) and quality of essential prioritized SRMNCAH services should be monitored using selected core indicators. Such a list and the data reporting mechanisms may need to be adapted based on the local situation. Some of the following indicators may be considered:

Number of clients that received antenatal care (ANC1 & ANC4)	Number of under-five children with illness who used OPD services
Number of births conducted in health facilities	Number of births conducted by a skilled birth attendant
Number of adolescents who contacted health services	Number of persons with disabilities who contacted health services
Number of mothers and newborns provided postnatal care within 24 hours of birth	Number of admissions in special newborn care units
Number of neonatal deaths	Number of maternal deaths
Number of intrapartum stillbirths	Number of women who received contraceptives
Number of women who received abortion/post abortion care	Number of children, girls and women managed for GBV
Stock-outs of essential medicines	Stock-outs of contraceptives

Analysis disaggregated by age, gender and equity differentials should be undertaken for corrective actions. For COVID-19 hotspots or vulnerable areas, additional mechanisms may be used for quick identification of gaps in essential services.

Consider more frequent (like weekly) digital monitoring of selected key SRMNCAH indicators and establishing dashboards / maps to visualize short-term fluctuations for early identification of health service disruptions followed by corrective actions.

A knowledge management and learning platform including the existing social media platforms (e.g., WhatsApp groups, Facebook groups, etc.) can be used to monitor performance of health services, document best practices, and share common experiences, challenges and ideas.

Countries may consider recognition and reward mechanisms for the best performing teams and health facilities for delivering good quality SRMNCAH services in the face of COVID-19 pandemic to sustain their motivation and commitment.

COUNTRY ADAPTATION

Recommended actions in this joint UN Regional Operational Guidance for continuity of Sexual, Reproductive, Maternal, Neonatal, Child and Adolescent Health services during COVID-19 pandemic for countries in the South and South-East Asia and Pacific Regions should be appropriately adapted in the countries before implementation.

Operations in the countries would need to be modified based on local implementation experience and in response to any new global recommendations that emerge because of evolving situation of the COVID pandemic in the world.

WORK IN PROGRESS

This regional guidance will be periodically updated as new information becomes available and in response to fresh requests from the countries.

In the meanwhile, please refer to the sources for additional and new information in the list of websites mentioned below.

SUGGESTED WEBSITES FOR UPDATED INFORMATION ON COVID-19 PANDEMIC:

WHO

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

<https://www.who.int/teams/risk-communication>

https://www.who.int/maternal_child_adolescent/links/covid19-resources-and-support-for-mncah-and-ageing/en/

https://www.who.int/pmnch/media/news/2020/guidance-on-COVID-19/en/?fbclid=IwAR1IB5bh6SP_Ez2V7nBhA6HxurCXN4VVTGx2vWI2ZljymZNvZ5iej0ltuD4

UNFPA:

<https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-maternal-and-newborn-health-covid-19-0>

<https://www.unfpa.org/resources/covid-19-technical-brief-maternity-services>

<https://www.unfpa.org/resources/case-management-gbvmsgbvims-and-covid-19-pandemic>

<https://www.unfpa.org/resources/sexual-and-reproductive-health-and-rights-modern-contraceptives-and-other-medical-supply>

<https://www.unfpa.org/resources/adolescents-and-young-people-coronavirus-disease-covid-19>

UNICEF:

<https://www.unicef.org/coronavirus/covid-19>

Other resources:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://mailchi.mp/ecdan/covid19>