

Maintaining essential MNCH services during COVID-19 pandemic

Lessons learned from 19 countries

Interpretation available in French, Spanish and Portuguese



World Health
Organization

Department of Maternal, Newborn,
Child, and Adolescent Health and Ageing



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Maintaining essential MNCH services during COVID-19 pandemic

Welcome and opening remarks

PART 1: Country and regional panel

- Panel 1: Governance and leadership
- Panel 2: Using routine health information data for decision making

PART 2: Global lessons learned

- Reflections and lessons learned from past disruptive events
- Reflections from implementation of initiative and implications for health systems organization and response

PART 3: Questions & Answers

Closing remarks

Interpretation available in French, Spanish and Portuguese



Opening remarks: Importance of governance & leadership and routine health information during COVID-19 pandemic

Dr. Anshu Banerjee
Director Department of Maternal, Newborn, Child
and Adolescent Health, and Ageing, WHO Geneva

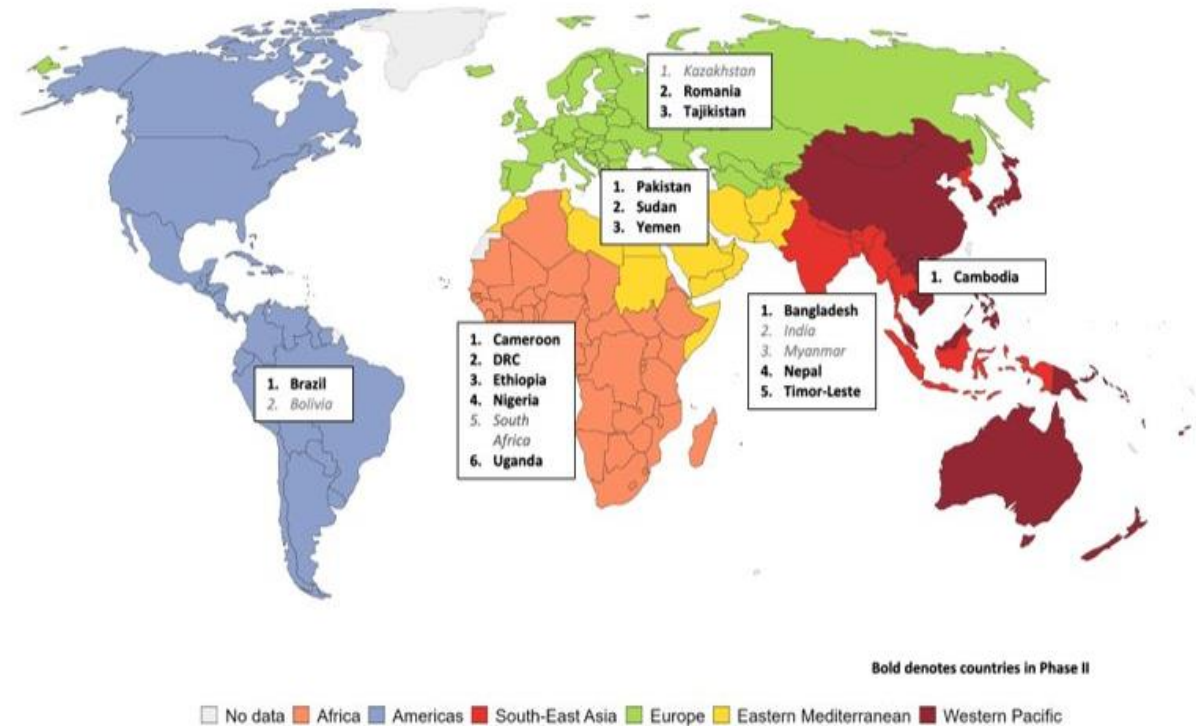
Scope of initiative

Overall aim:

To support country efforts to prevent additional increases in mortality, morbidity, malnutrition, mental and physical ill health for women, mothers, children, adolescents and older people, maintaining levels of service delivery as close as possible to those prior to the pandemic, in **19 countries in 5 WHO regions**.

Specific objectives:

1. Ensure continued access and coverage of essential services for MNCAAH
2. Adopt strategies to prevent decreases in the utilization of essential services for MNCAAH



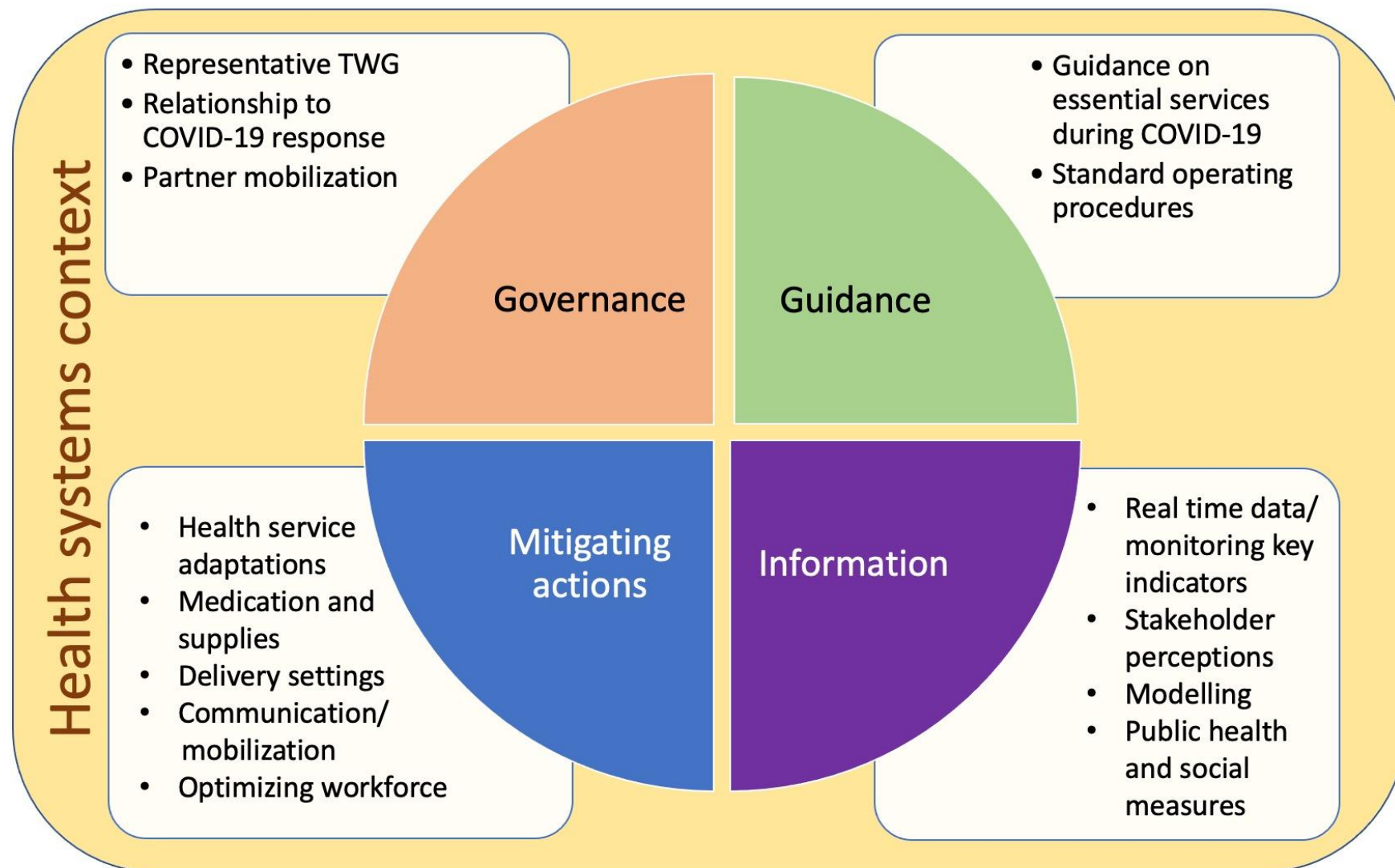
Operational framework: Governance and data for decision-making

Governance mechanisms for MNCH and COVID-19:

Technical Working Groups working with COVID-19 response structures

Monitoring utilization of MNCH services:

- Countries analyzed HMIS data and produced dashboard visualizations
- Data showed major changes from months in 2020 compared to 2019
- Data presented to TWGs





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Part 1: Country and regional experiences, challenges and lessons learned

- Governance and leadership
- Using routine health information data for decision making



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Panel 1: Governance and leadership

Experiences, challenges and lessons learned
from NEPAL and BRAZIL

Nepal's EXPERIENCE



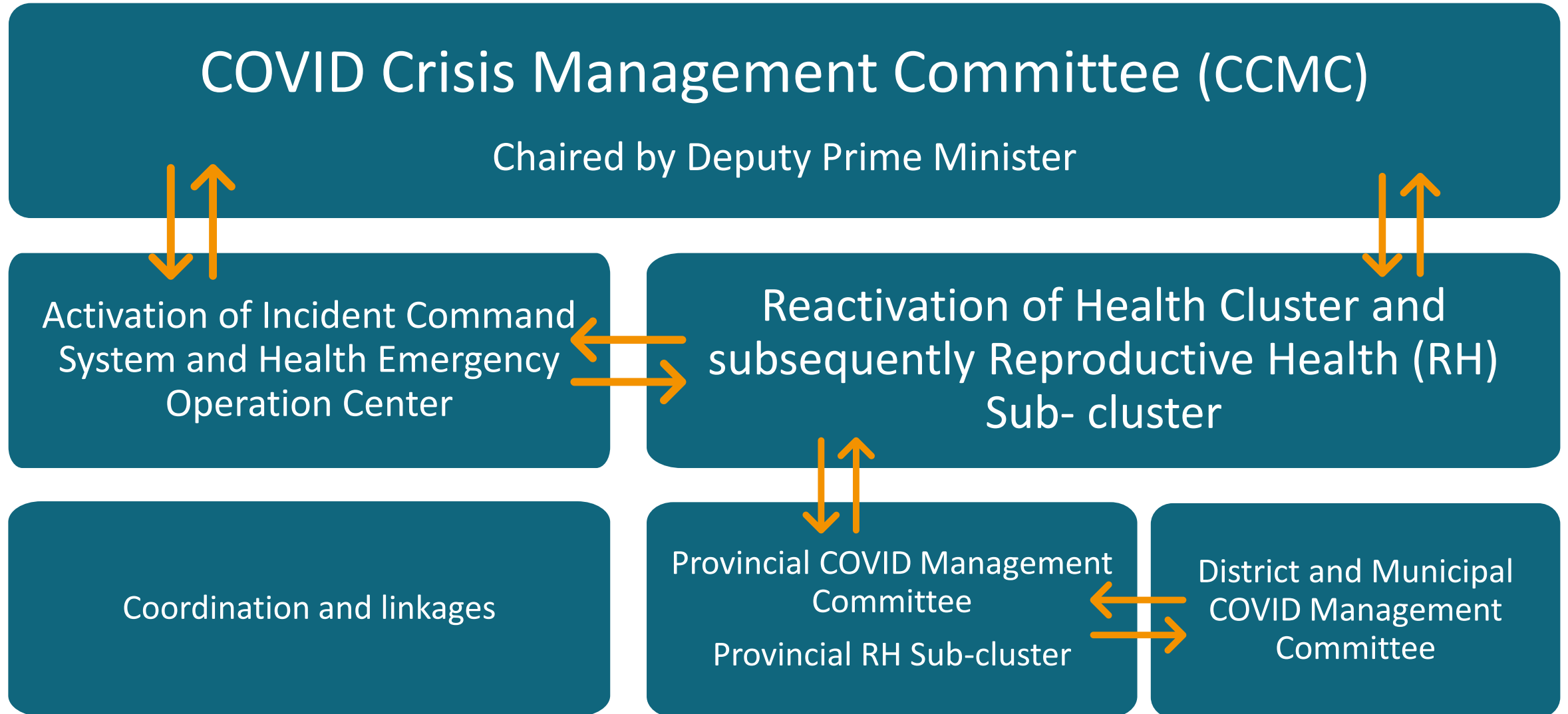
Integrating MNCH priorities in emergency response and coordination mechanisms



Dr. Punya Poudel

Chief Maternal and Newborn Health Section
Family Welfare Division
Department of Health Services,
Ministry of Health and Population, Nepal

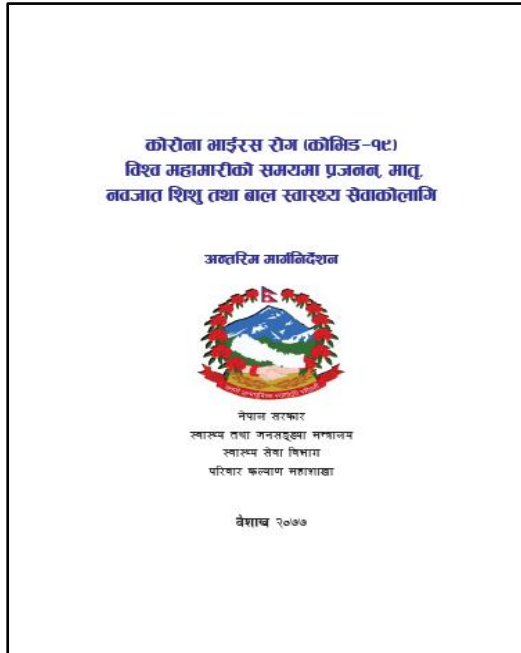
Governance mechanisms in responding to COVID-19 pandemic



RH Sub- Cluster (Technical Working Group)

- **Lead by Family Welfare Division** with Members representing Professional Bodies, Development partners, private sectors working in MNCH area
- Well defined **Terms of Reference**
- Weekly/fortnightly meetings (41 meetings held till September 2021)
- Extensive deliberations on service-related issues and immediate needs
- **Vertical coordination** with Health Cluster, Incident Command System, Provincial and Local bodies
- **Horizontal coordination** with HMIS, Logistics Management, Training Center
- Promotion of **collaboration and partnership**

Specific actions taken to strengthen governance & coordination for MNCH during COVID-19



- Actions:
 - **MNCH services considered essential service**
 - **Collaboration between stakeholders** to take policy and strategic decisions on MNCH services
 - **Coordination with local and provincial governments as decentralized governance**
 - **Monitoring of MNCH indicators and supplies**
 - **Regular briefing** in the Health Cluster and the Incident Command System
- Outputs:
 - **Interim Guidance** developed for continuation of essential RMNCAH services
 - Ensured **transportation, availability of commodities, capacity building, dissemination of risk reduction communications** up to local levels
 - **Review of maternal deaths** during pandemic and actions taken
 - Expanded **digital health technologies**

Leadership

Example of a key action by RH Sub-cluster



*Female Community Health Volunteer (FCHV)
Providing health MNCH promotion messages*

© Ajay Maharjan

Key decision to continue Maternal Death Surveillance and Response (MDSR) during the pandemic and coordinating at the national and provincial level

Official guidance from FWD to all Provincial and Local bodies for notification and reporting of maternal deaths

FWD modified MDSR tools to capture deaths from all sites

Mobilization of local **municipalities** and partners for reporting

FWD led **regular analysis and discussion** in RH Sub-cluster

Identification of causes of death and underlying health system factors - leading cause PPH

Action plan developed that continued monitoring and action plan development including capacity building in management and prevention

Lessons Learned and Challenges

Challenges

- High priority for management of COVID-19 cases with diversion of frontline workers, challenge in prioritizing MNCH services, challenges in mobility of service seekers
- Inadequate supplies of PPEs for MNCH services in initial phase, procurement of essential MNCH commodities, timely availability of service utilization data

Lessons Learned

- Identifying MNCH as essential services during early response from MoHP and re-activation of RH-Sub-cluster was vital
- Collaboration in a common platform (RH Sub-cluster) was important for maintaining essential MNCH services to avoid duplication and improve complementarity
- Representation in the incident management team was important for obtaining resources for maintaining MNCH services and supplies



Kabita Bhandari gives an information session about family planning to men staying at a quarantine centre in Baitadi District. © UNFPA Nepal

Thank You



Kala Chaudhary provides a family planning consultation to a client.

© UNFPA Nepal

Experience of the Pelotas Municipality, State of Rio Grande Do Sul, BRAZIL

Integrating MNCH priorities in emergency response and coordination mechanisms



Dr. Roberta Paganini
Health Secretary, Pelotas Municipality
Rio Grande do Sul
Brazil

Actions taken to strengthen governance and coordination for MNCH during COVID-19

Co-management model, including the participation of the Municipal Health Council

Surveillance for the **safe return to school** – protocols, information for school staff

Training of healthcare networks staff

Telehealth (COVID-19 information center)

Expansion of the Better Early Childhood program (Primeira Infância Melhor - PIM) – a home visiting public program to promote early childhood integral development

Implementation of **thematic networks of integrated care**

Secretariat for citizens care – intersectoral actions: health, education and social protection

Challenges for integration and coordination of MNCH

- **Human resources** – overworked and physically and emotionally exhausted
- **Financial resources** – increased costs, and increased needs
- The implementation of **telemedicine**
- Address the **unmet need** for consultations and specialized care
- Identify **strategies to increase** coverage of routine non-COVID-19 vaccines

Lessons learned and conclusions

- Horizontal and participatory management model (Co-management) is the key ingredient.
- Networking and intersectoral action are a must.
- Training, continuing education, and production of technical materials are essential.
- Qualification of a multidisciplinary team

Discussion on governance and leadership of MNCH in COVID-19 coordination and response



Dr. Punya Poudel

Chief, Maternal and Newborn Health Section, Family Welfare Division, Ministry of Health and Population, Nepal



Dr. Roberta Paganini

Health Secretary, Pelotas Municipality, Rio Grande do Sul. Brazil



Dr. Anoma Chandani Jayathilaka

Medical Officer, MCA Unit, WHO/South-East Asia Regional Office



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Panel 2: Routine health information data and use for decision making

Experiences, challenges and lessons learned
from PAKISTAN, UGANDA and ROMANIA

Pakistan's EXPERIENCE

Using routine data on MNCH for
decision making in the context of COVID-19

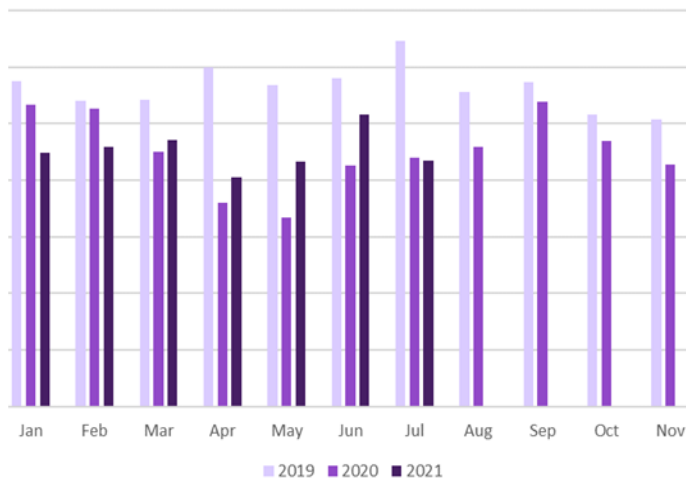


Dr. Sabeen Afzal

Deputy Director Health System
Ministry of National Health Services Regulation
and Coordination,
Pakistan

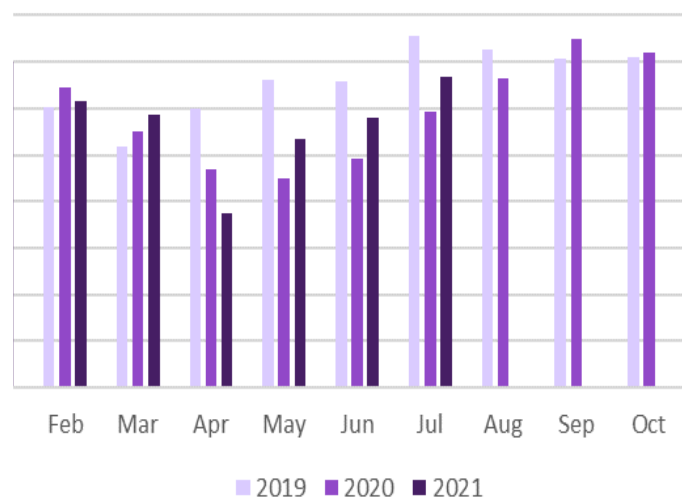
Impact of COVID-19 on MNCH services in Pakistan

Number of ANC visits/contacts provided



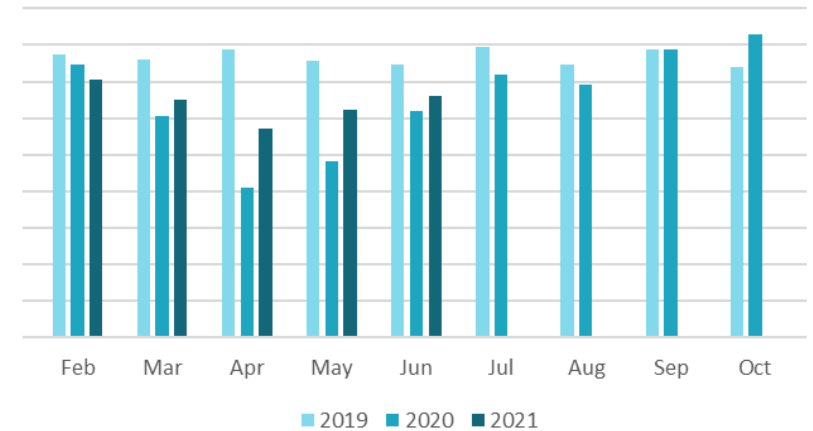
36% decrease in ANC

Number of facility births



36% decrease hospital deliveries

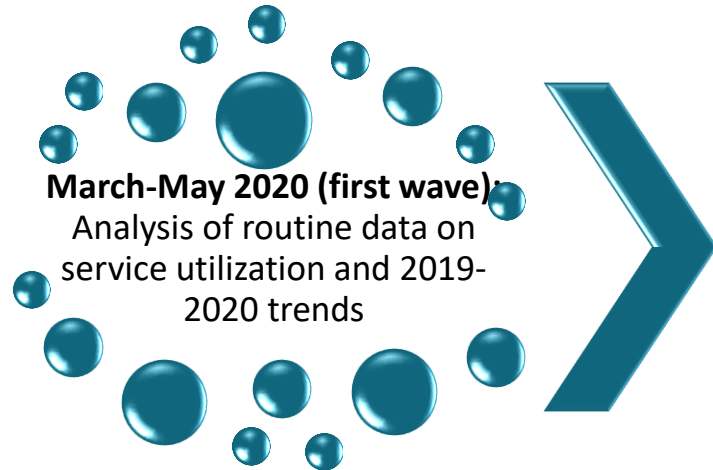
Number of children receiving DPT/Penta 3 vaccine



48% decrease in DPT-3

- Decrease in the use of services during the first wave – complete lock down (March 2020- June 2020)
- From 2nd - 4th wave observed improvement in service utilization

Use of routine data for decision making



Specific actions:

- Zoning of hospital
- Capacity building
- SoPS & digital technologies
- Risk communication

June-September 2020:

Development of new Guidelines for Sexual, Reproductive and Maternal Newborn and Child Health Services during COVID-19

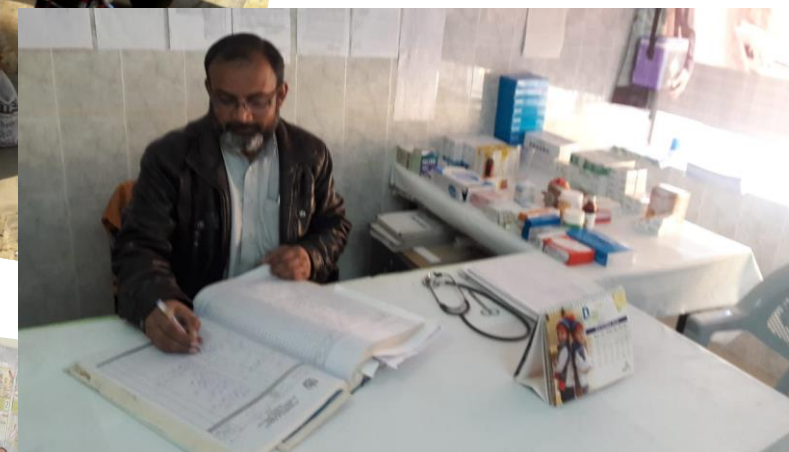
Specific actions:

- Data analysis showed decreased utilization for March-May 2020
- Data presented to NCOC, June 2020
- Sub committee on RMNCAH&N developed SoPs
- SoPs endorsed by NCOC, July 2020
- SoPs uploaded on web site, September 2020



Increased utilization of MNCH services July 2020 to date

Challenges in using routine data for decision-making



Lessons learned

HR capacity

Collation,
analysis & use

Informed Decision Making

Quality & timely data is
key for decision making

Culture for use of routine data

Introduce a culture of
data use for decisions
based on data

Digital technology

Innovative data
Monitoring tools

Linkages

Tertiary care hospital
Parastatal (army/railway)
Private sector
Data analyses and use
Strengthens collaboration &
partnership

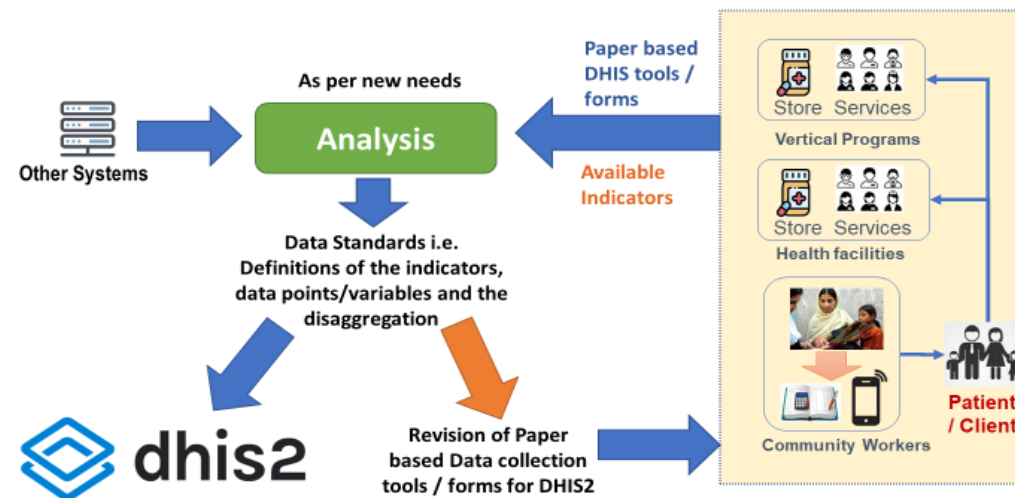


Way forward

- **Switching to DHIS-2**
 - Standardized definition of variables
 - Inclusion of new variables
 - Age/sex disaggregated data
- **Interoperability** with other data streams
- Use of **Telemedicine**
- Integrate key MNCH indicators into **Emergency Preparedness and Response Plans** to ensure MNCH data is part of the overall emergency response

Journey towards DHIS2

Metadata Registries Process in DHIS2



Journey towards DHIS2

Data Entry Forms : Developed & In-use

The screenshot shows the DHIS2 Data Entry interface. On the left is the 'Organization Unit Hierarchy in Place' for Punjab, listing various facilities like Dina, Badlot & Janjeel, Dina Urban-I, Shafi Hospital, Dina Urban-II, Garh Mahal, Khokha, Ladhar + Mangla Cantt, Madu Kalas, Mughal Abad & Dhanyala, Sohan, Jhelum, Pind Dadan Khan, and Sohawa. The main area is the 'Data Entry' form, which includes fields for 'Organisation Unit' (Shafi Hospital), 'Data Set' (HID Main Form), and 'Period' (April - June 2020). A red arrow points from the 'Shafi Hospital' in the hierarchy to the 'Organisation Unit' field. Another red arrow points from the 'HID Main Form' in the hierarchy to the 'Data Set' field. A third red arrow points from the 'April - June 2020' in the hierarchy to the 'Period' field.

Organization Unit
Hierarchy in Place

Data Entry
Form

Reporting Periods
visible as per needs of
form i.e. daily,
monthly, yearly

Forms Implemented

1. HID Main Form
2. HID - HR FORM
3. HID Facility Population
4. DAILY OPD & SHNFS FORM
5. Daily RMNCH Form
6. Monthly Diagnostic Form
7. Medicines, Vaccine and FP Stock Form
8. DHIS - Daily Indoor/ Surgeries Services
9. Monthly HR, Budget and Revenue Form
10. Medico-legal / Postmortem Reporting

Uganda's EXPERIENCE

Using routine data on MNCH for
decision making in the context of COVID-19

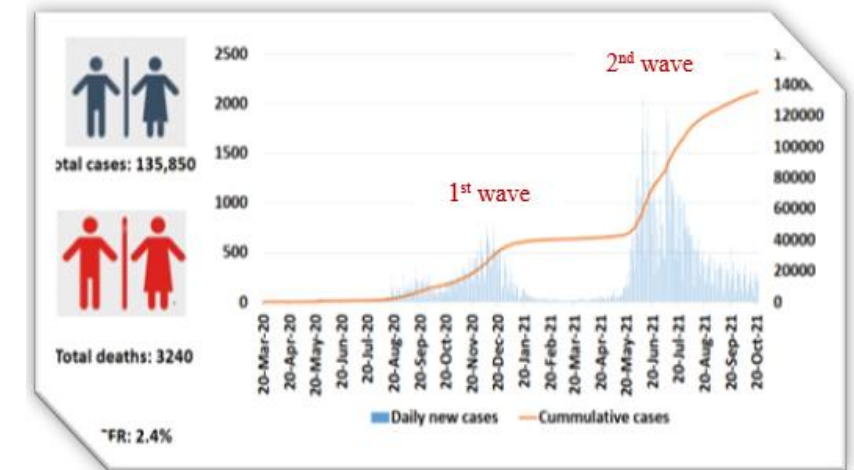


Dr. Simon Muhumuza

Monitoring and Evaluation Advisor,
Makerere University School of Public Health
(MakSPH), Uganda

Impact of COVID-19 on MNCH services in Uganda

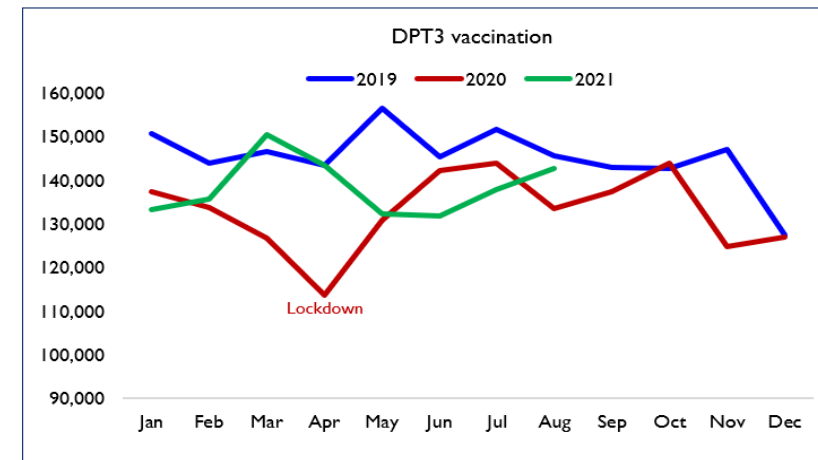
- **First COVID-19 case confirmed in March 2020:** Two waves of the pandemic
- **Low vaccination coverage:** 1st dose:10.1%; 2nddose 2.9%
- **Considerable disruption in delivery and use of MNCH services:**
 - Disruption in the 1st wave worse than in the 2nd wave
 - Labour/delivery, and child health services were the most affected (25-40% drop)



Enhanced use of routine data for decision making

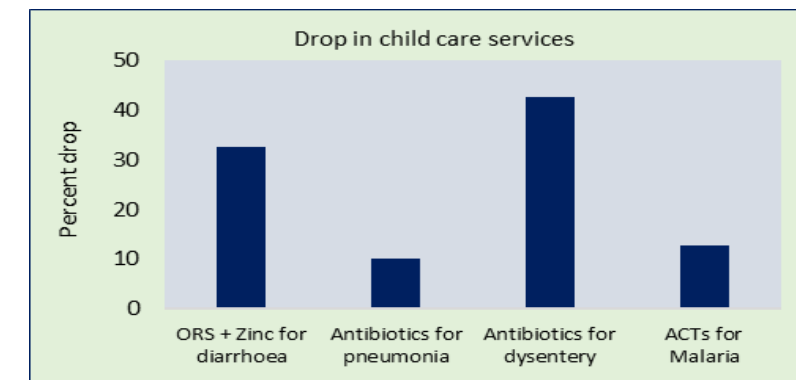
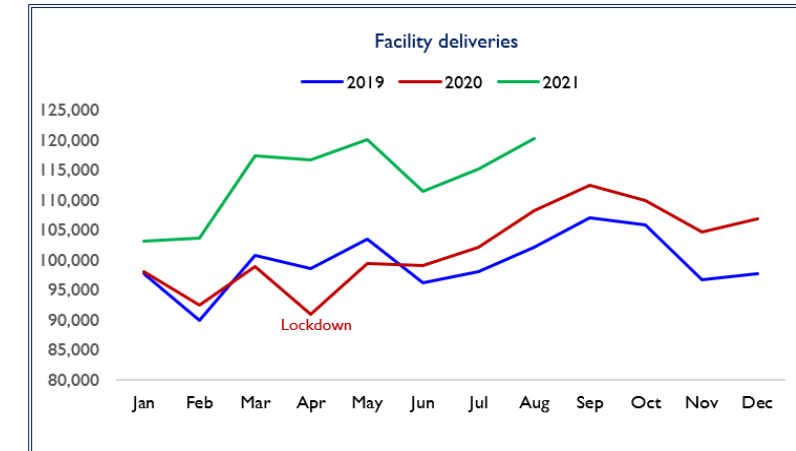
- Routine data on MNCH from HMIS analysed and used on a bi-weekly and monthly basis for decision making at various levels:

- **National level:** IMT, national CEHS committee and MCH TWG
- **District level:** District Task Force sub-committee on CEHS
- **Health facility level:** Facility and village Task Force on CEHS



Examples of data-driven corrective actions

- **Drop in utilization of immunization service:**
 - Suspension on outreaches was lifted following a significant drop in immunization
 - National catch-up immunization campaigns have been planned by MoH
- **Drop in facility deliveries:**
 - Transportation of pregnant women in labour by government
 - Transport voucher system for women in hard-to-reach areas
 - Pregnant women allowed to move during national lockdown
- **Decline in services for treatment of common childhood illnesses**
 - Resumption of iCCM with strict observance of COVID-19 SoPs
 - Community health workers (CHWs) trained in COVID-19 SoPs
 - Guidance on management of sick children during COVID-19
 - Medicines and equipment required by CHWs provided by HFs



LiST analysis, April-June 2020/21

Challenges in using routine data for decision making

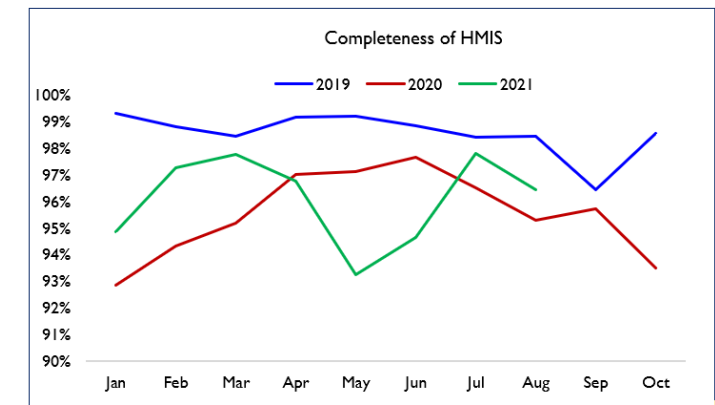
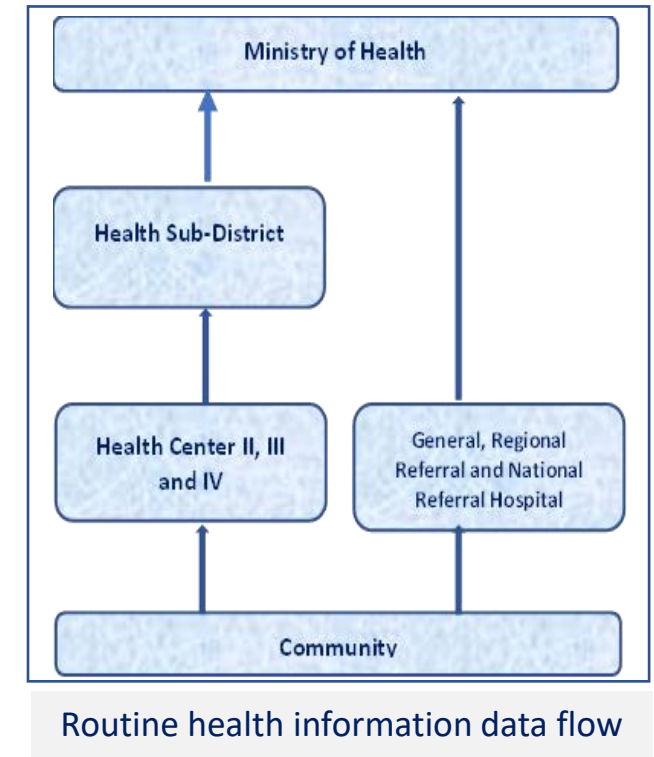
In the initial phases of the pandemic, concerted efforts were focused on reporting COVID-19 incident cases and not on MNCH or other essential services.

Non-reporting/incomplete reporting during the national lock down

- Inadequate HR, staff working in shifts, fear of COVID-19
- Transportation difficulties due to ban on public transport

Use of virtual platforms for performance review meetings

- Poor internet connectivity, especially in rural areas



Lessons learned and conclusions

- The pandemic highlighted the importance of monitoring Essential Health Services in a more focused manner
- Pandemic provided unique opportunity to strengthen systems for generating quality data and making informed decisions



Romania's EXPERIENCE

Using routine data on MNCH for
decision making in the context of COVID-19

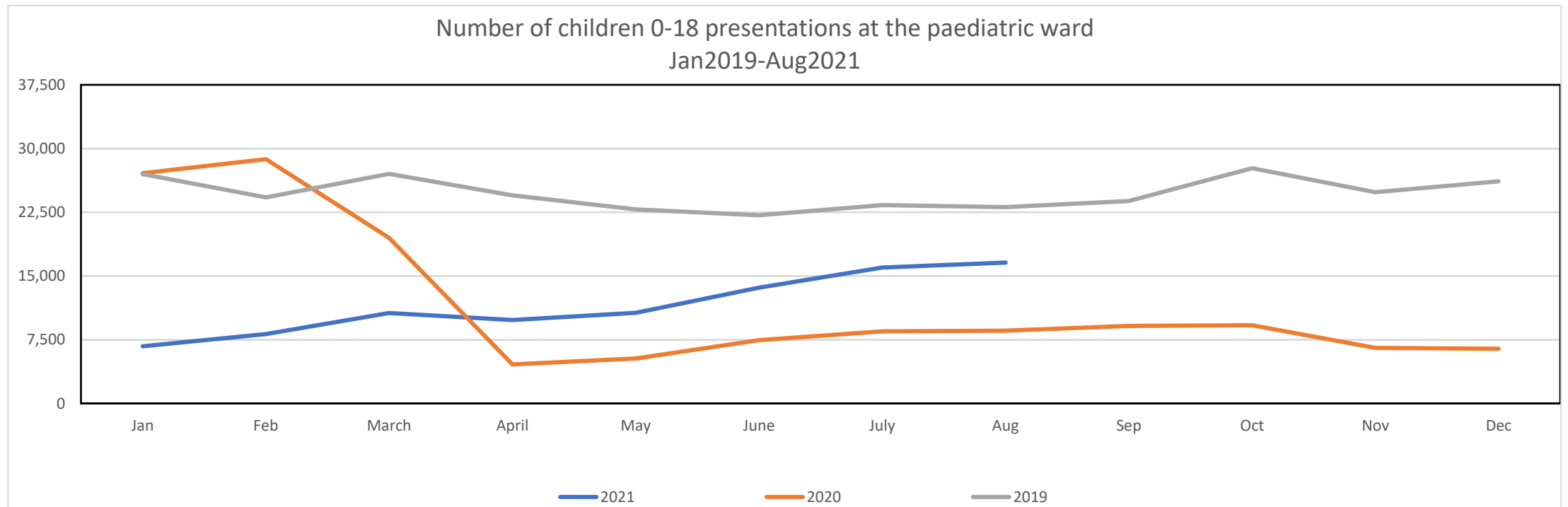


Irina Mateescu

Member of National Commission of Midwives at
the Romanian Order for Nurses and Midwives and
WHO consultant, Romania

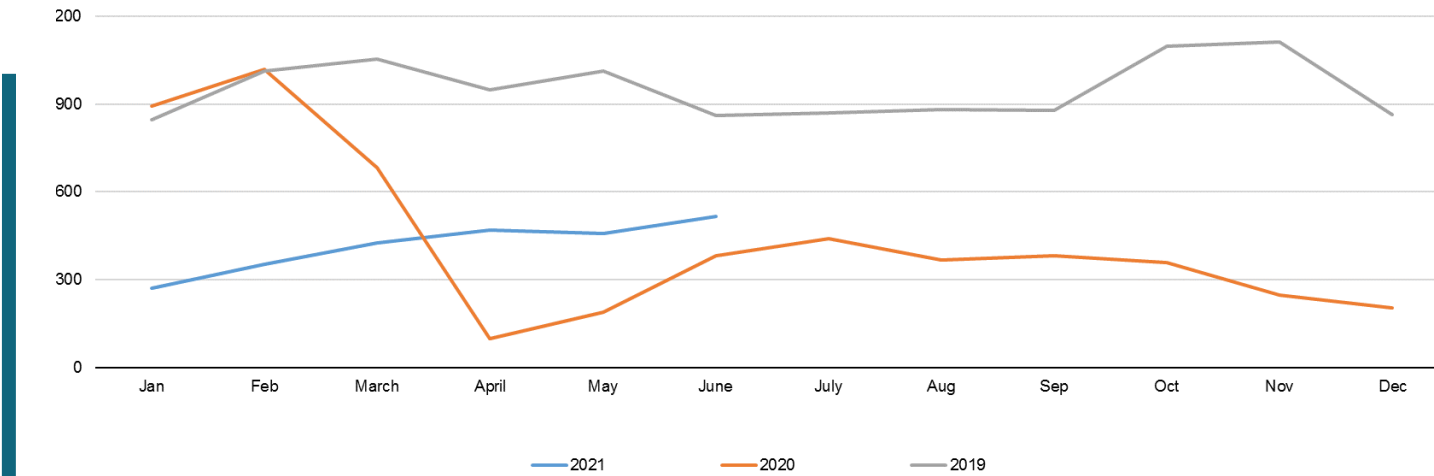
Impact of COVID-19 on MNCH services in Romania

Severe disruption of hospital care for children



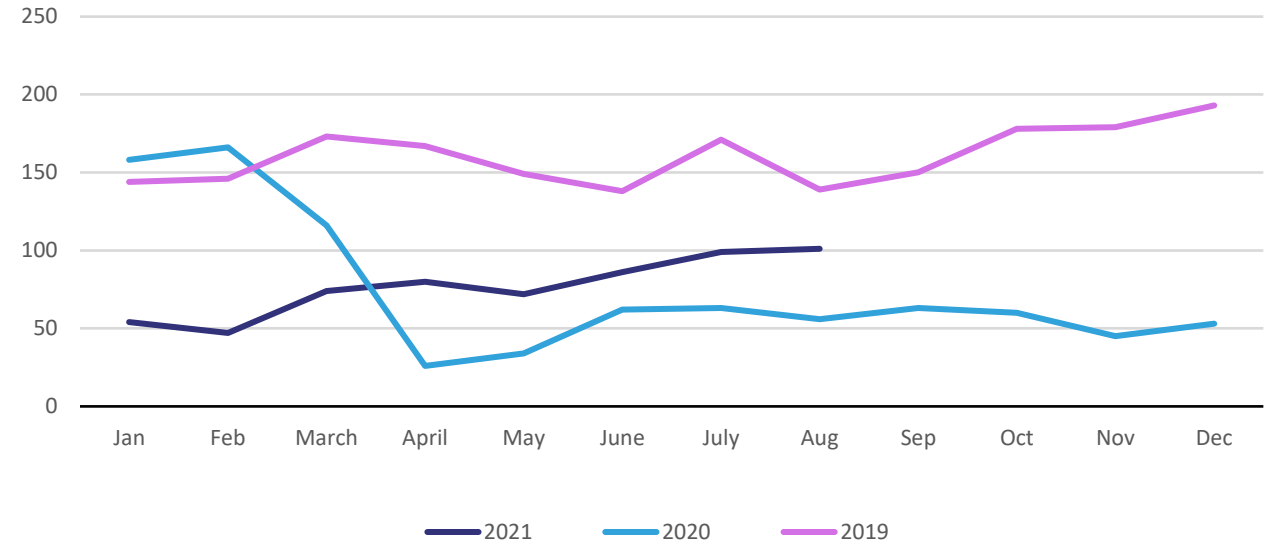
Severe disruption of essential health care for children

Number of patients 0-18 hospitalised by psychiatric conditions Jan 2019-Aug 2021

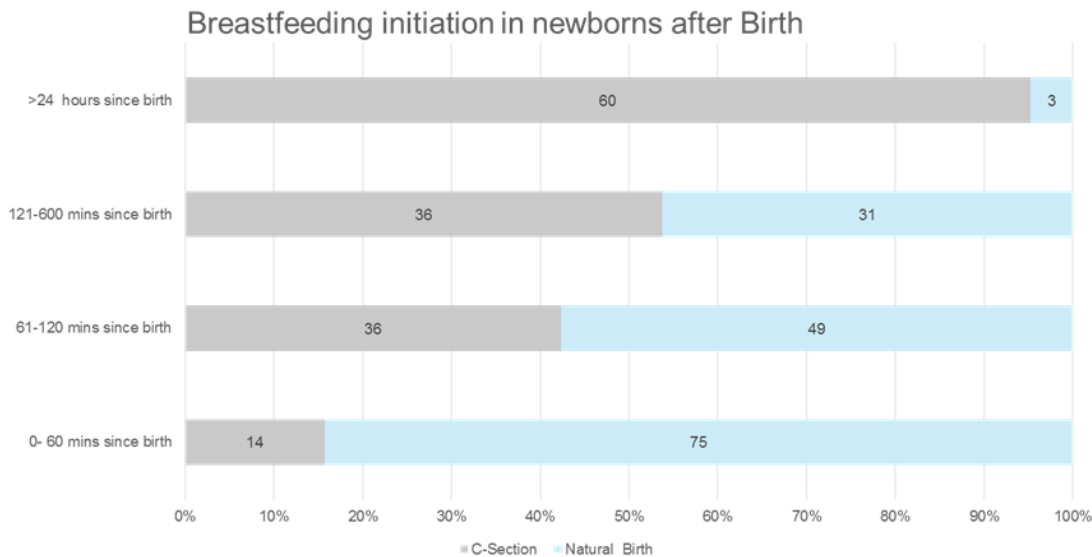
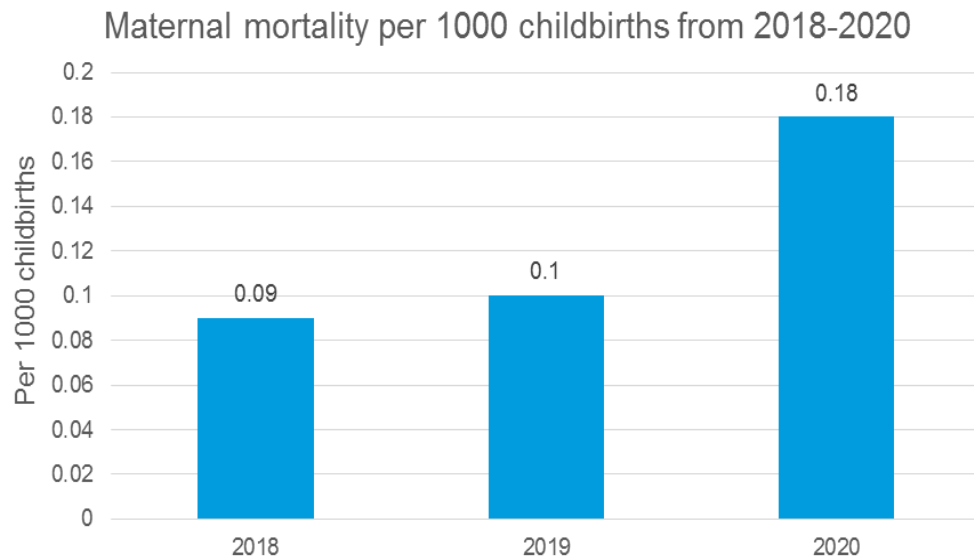


Disruption of access to mental health care for children

Number of children 0 -19 presentations by haematological conditions Jan 2019-Aug 2021



Disruption of access to cancer care for children



COVID-19: Impact on maternal health services

- Maternal mortality doubled compared to previous years
- Separation of mother and newborn increased
- Lack of access to good quality perinatal care predates COVID-19 pandemic, but was exacerbated by the disruption of services
- Closure of ambulatories and disruption of all non-emergency services including antenatal routine services

Specific actions taken based on data:

- Introduction of **telemedicine** to bridge the gaps in Primary Health Care (Family doctors) and Mental Health to reduce the identified decline in access to care, example psychiatric care
- Implementation of **awareness raising activities** among parents on when to seek care (e.g. symptoms of severe illness, cancer, pregnancy complications) despite the pandemic
- Implementation of **phone triage and** stricter criteria for admission to hospital to avoid unnecessary hospitalization
- **Revision of the *Operational plan for health*** to include the introduction of the Baby Friendly Hospital Initiative and Midwifery care in communities (incl. technologies for antenatal care and medical staff competencies for antenatal screening)

Challenges in using routine data for decision making

- Fear among the population, caretakers and decision-makers leading to decisions that initially were not always based on data and evidence
- Good quality real-time data is not always available for decision-making
- Despite evidence and data sometimes decisions continue to be based on fears or vested interest e.g., continuation of separation of mothers and newborns, restricted or no access for the birth partner during delivery, unnecessary c-sections

Lessons learned and conclusions

- Fear is not a good advisor!
- Realtime data is key to understand the situation and take appropriate actions: No matter what the situation provision of essential health services for mothers and children must continue
- Good quality data helped to show pre-existing weaknesses and is key to understand how to build back better
- Country plans need to include collection of quality data and timely use



“No matter what the situation some health services need to be always provided e.g., care for childbirth and pregnancy complications, mental health and cancer care for children”

Discussion on routine health information data and use for decision making



Dr. Sabeen Afzal, Deputy Director (Technical) at the Federal Ministry of National Health Services, Regulations & Coordination, Pakistan



Dr. Simon Muhumuza, M&E Advisor at Makerere University School of Public Health, Kampala, Uganda



Irina Alexandra Mateescu, Member of National Commission of Midwives at The Romanian National Order for Nurses and Midwives, Romania



Dr. Teshome Desta, Medical Officer, CAH, WHO/Regional Office for Africa



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Part 2: Global lessons learned and implications from COVID-19 and past disruptive events



Reflections and lessons learned from past disruptive events

Dr. Lenka Benova, Associate Professor
Maternal and Reproductive Health
Institute of Tropical Medicine in Antwerp, Belgium

Scoping review of interventions to maintain essential services for maternal, newborn, child and adolescent health and older people during disruptive events



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MEDICINE**
ANTWERP

| | Ebola | Natural disasters | Humanitarian emergencies | SARS | COVID-19 | Total |
|--------------------|-------|-------------------|--------------------------|------|----------|-------|
| Papers | 11 | 39 | 9 | 3 | 53 | 115 |
| Interventions | 11 | 40 | 13 | 3 | 53 | 120 |
| Evaluations | 7 | 22 | 8 | 1 | 27 | 65 |
| Population* | | | | | | |
| Women | 3 | 7 | 8 | 2 | 12 | 32 |
| Newborns | 3 | 6 | 2 | 3 | 10 | 24 |
| Children | 4 | 13 | 3 | 0 | 21 | 41 |
| Adolescents | 2 | 4 | 4 | 0 | 13 | 23 |
| Older people | 0 | 2 | 0 | 0 | 14 | 16 |
| General population | 4 | 16 | 2 | 0 | 3 | 25 |



Key problems in provision and use of essential health services during disruptive events

Decreased provision (supply) of health care

- Suspension or reduction of care provision
- Destruction of health facilities
- Staff absenteeism, illness, death
- Lack of school-based care
- Supply chain disruptions

Decreased use of (demand for) health care

- Unable to get to facilities
- Unwilling to use care/ lack of trust

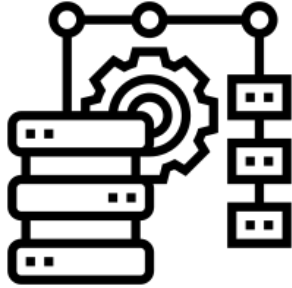
Need to adapt face-to-face care

- Lowering infectious disease exposure during care provision
- Identifying urgent cases to be prioritized for care
- Distinguishing symptoms (malaria, Ebola, COVID-19, postpartum sepsis)

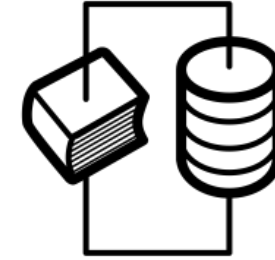
Increased need for care

- Mental health, trauma
- Displacement, insecurity, violence, malnutrition
- Health education and preventive care among older people
- Increase in poverty, unemployment, isolation, vulnerability, orphanhood

Governance

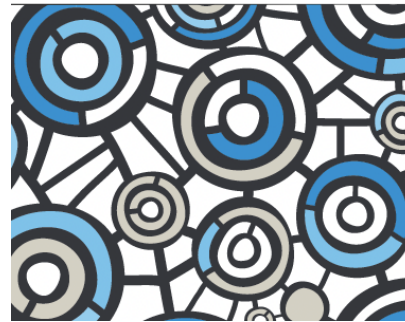


Data

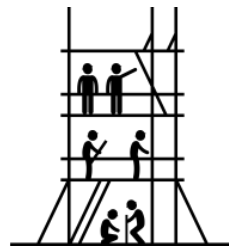


1. Additional resources
2. Holistic view of human needs
3. Dynamic nature of event and response

Coordination & Communication



Learning



Icons: thenounproject.com



Reflections from implementation and implications for health systems organization and response

Dr. Anshu Banerjee

Director Department of Maternal, Newborn, Child
and Adolescent Health, and Ageing, WHO Geneva



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Part 3: Questions and Answers

Maintaining essential MNCH services during COVID-19 pandemic

Thank you for joining the event

