MINISTRY OF HEALTH
Republic of Liberia

Action Plan for RMNCAH during Covid-19 Response

March 2020

Family Health Division

Contents

Background

A Public health emergency crisis can be understood as ' a situation in which there is an exceptional and generalized threat to human life, health or subsistence. These crises usually appear within the context of an existing situation of a lack of protection where a series of pre-existent factors (poverty, inequality, lack of access to basic services) usually have negative effect on health (WHO 2020).

A pandemic of coronavirus disease (COVID-19) was declared on the 11 March 2020 by the global health body (WHO 2020). An outbreak of this nature can impact sexual and reproductive health and rights in various ways, at individual, systems and societal levels, and some of these implications are considered below. Recent examples are the outbreaks of severe acute respiratory syndrome (SARS) and the Middle East respiratory syndrome (MERS), which are known to cause adverse pregnancy outcomes including miscarriage, prematurity, fetal growth restriction and maternal death. However, experience of COVID-19 in pregnancy is limited at this point (Favre *et al*, 2020). Although current expert opinion suggests that the fetus is unlikely to be exposed during pregnancy and transmission is more likely during neonatal period of growth and development (Chen *et al*, 2020).

As of March 25, 2020, the cumulative number of confirmed cases globally has reached 414, 179 and 18,400 deaths in over 199 countries(WHO 2020). COVID 19 cases have been reported in almost all countries in Africa with Liberia reporting three (3) cases as of March 23, 2020. While a lot is still unknown about the virus that causes COVID-19, we do know that it is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing) Individuals can also be infected from touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). While COVID-19 continues to spread it is important that communities take action to prevent further transmission, reduce the impacts of the outbreak and support control measures.
Worldwide, these pandemics significantly impact public health, health infrastructure and the delivery of health care. This impact is even greater for pregnant women, lactating mothers as well as the new-born as their immune systems make them more vulnerable to diseases. Their health and nutritional needs are greater.

According to the United Nations Population Fund, there is no evidence that pregnant women are more susceptible to COVID-19 than the general population, but pregnancy is nevertheless a risk factor for increased illness and death in outbreaks of influenza (UNFPA, 2020). Pregnant women face special challenges because of their responsibilities in the workforce, as caregivers of children and other family members, and their requirements for regular contact with maternity services and clinical settings where risk of exposure to infection is higher (Rasmussen, 2008). Therefore, functioning, well-resourced health systems are undoubtedly needed to manage the situation effectively. The pandemic has already placed health services in developed countries under considerable strain.

The capacity of medical facilities to care for pregnant women is greatly reduced in times of crisis. Owing to the facts that most facilities and health programs become non-operational while facilities that are operational are usually overwhelmed.

Maternal and new-born health is largely promoted through access to services such as antenatal care (ANC), skilled birth attendance, emergency obstetric and neonatal care, postnatal care and comprehensive maternal and new-born immunisation services among others. These services, in turn, reduce the risk of maternal and neonatal morbidity and mortality, a burden which Liberia

bears today. The importance of maternal health for new-born health and survival cannot be overemphasised: early identification and management of maternal health complications leads to improved neonatal health outcomes, (Manual 2018).

In crisis, or during an outbreak there is usually insufficient medical and psychological care for pregnant women, new-borns, lactating mothers and victims of Sexual Gender Based Violence (SGBV). This period usually sees an increase in morbidity and mortality among this population.

In low-resource health systems, with Liberia being no exception, putting recommendations and early preparedness measures for maternal and child health services should be encouraged. Recent declaration of a state of public health emergency, leading to ban on mass gatherings and travel restrictions are signs that dealing with COVID-19 is likely to create imbalances in health care provision. This would translate into disruption of routine essential services and to require redeployment of scarce health personnel across health services. Furthermore, there is strong likelihood that acute and emergency maternal and reproductive health services may be hit hardest, with limited facilities for isolation areas to assess and care for women in labor and the new-born.

As the COVID-19 outbreak unfolds in Liberia, prevention and control of COVID-19 infection among pregnant women, New-born, Children, victims of SGBV and the potential risk of vertical transmission have become a major concern. Pregnant women and new-born babies should be considered key at-risk populations in strategies focusing on prevention and management of COVID-19 infection, (Qiao 2020).

Objectives

- To establish a framework for the provision of sexual reproductive health (SRH) services during the COVID-19 outbreak
- To strengthen the implementation of comprehensive, respectful and pragmatic MNH services during the COVID-19 outbreak
- To strengthen coordination mechanisms for the provision of SRH services during the COVID-19 outbreak

Potential Maternal Neonatal and Sexual Reproductive Health Issues

- Limited availability of staff due to fear of COVID-19 spread
- Reduction in antenatal visits, delivery and postnatal visits
- Reduction in the use of family planning services
- Limited access of routine immunization services
- Increase in SGBV cases
- Increased maternal and neonatal Morbidity & mortality

Table 1: Intervention summary table

Potential Health Issues	Actions/Intervention	Indicators	Data Source	Responsible Organization	Coordinating Agency
Limited availability of staff due fear of COVID-19 spread	• Train health workers on the prevention and control of COVID-19 • Conduct psychosocial counselling for health workers	# of staff reporting to work daily % of health workers receiving training	- Staff attendance log - - - Training report and service statistics	MoH and partners	MOH/ FHD
Reduction in antenatal visits, delivery and postnatal visits	• Increase access to health facilities / services through dissemination of IEC materials on COVID-19 through targeted campaigns. o Leverage mentoring approach to disseminate IEC materials to facilities • Strengthening referral systems through health promotion activities that allow for safe distancing. Ensure health workers at all levels of the system are aware of key risk factors and preventative measures. o Leverage mentoring approach to improve how referrals are done (e.g. indications,	% of women accessing health facilities/services % of women giving birth at the facilities % of women receiving 3 or more ANC visits; Duration of stock out on any essential maternal and neonatal drugs # of skilled attendants in each designated health facility	- Patient record Hospital daily register, - Household survey, - M-Supply and eLMIS	MOH and Partners,	MOH/ FHD

	pathways, with regards to COVID-19 suspected cases)
	• Improved Coordination with specialized units
	• Leverage CHA's/CHVs/TTM for follow-up visits with pre and post-natal patients to ensure facility linkages for patients at risk.
	• Increase awareness and sensitization among the population for access to services
	  o Leverage mentoring approach to ensure facility and community providers can effectively increase awareness/sensitization among key populations
	• Build capacity of service providers in adherence to standards and protocols during the outbreak, particularly on observing IPC standard of care, health-seeking behaviour;
	  o Conduct refresher training for providers on ANC services, COVID-19 considerations, and home-based IPC measures for clients
	  o Leverage mentoring approach to ensure continuous capacity building of providers on key standards & protocols (e.g.				

	COVID-19 considerations during ANC) • Work with SCMU and County SC focal persons to ensure availability of essential drugs and supplies. Engage partners for additional support for last mile distribution wherever necessary. o Provide ongoing technical support to SCMU o Provide ongoing mentoring support to CHT/DHT/facilities on timely and complete consumption reporting, supply planning, and supply management				
Reduction in the use of family planning services	• Ensure provision of FP services at community and all health facility levels o Leverage mentoring approach to build capacity of facility providers (with inclusion of CHSS) on FP provision o Strengthen training of community providers and their supervisors to ensure community-facility linkage with regards to FP services • Engage RH Supervisor at the county and district levels to emphasize the importance of IPC and equip health workers with and train health workers on IPC and PPE	% of women accessing FP services # of women initiated on FP methods during the outbreak period; % of Continued Users of FP	- Patient record - Facility registers - FP consumption Report - Service Statistics Report	MOH and partners	MOH/ FHD

	- Leverage mentoring approach to build capacity of county and district RH supervisors on IPC measures and FP service provision - Support county and district supervisors on routine mentoring visits to ensure adherence to IPC measures during FP service provision - Increase awareness on FP services through dissemination of IEC materials at the community and facility level - Leverage mentoring approach to disseminate IEC materials to facilities - Work with SCMU and County SC focal persons to ensure availability of essential drugs and supplies. Engage partners for additional support for last mile distribution wherever necessary. - Provide ongoing technical support to SCMU - Provide ongoing mentoring support to CHT/DHT/facilities on timely and complete consumption reporting, supply planning, and supply management				

Reduction in routine immunization services	• Provision of Routine Immunization services • Leverage existing community structures to raise awareness about the importance of vaccinations in all circumstances. • Ensure vaccinators are equipped with key messaging on COVID transmission, safety measures and symptoms. • Provision of adequate vaccines and devices • Provide adequate cold chain facilities	% of children fully immunized % of health facilities attaining dropout rate of < 10% pentavalent vaccine doses % of pregnant women receiving TT2+ % of health facilities with no stock out % of health facilities with functional cold chain	Patient record Road to health card Household survey, Service Statics Report	MOH/ partners	FHD
Increase in SGBV cases	• Provision of SGBV Services • Awareness on SGBV services • Provision of EC, PEP and other form of care • Provision of counselling and Psychosocial support • Improve the referral pathways for complete care • Establish/enhance Community Accountability and Reporting Mechanisms	# of reported SGBV case per month % of rape survivors receiving EC % of rape survivors receiving PEP % of rape survivors receiving care at facilities % of cases referred for further care	Health Facility records Safe home records	MOH/ Partners	FHD

Increased access to Skilled birth attendant	• Provide access to ANC services
	• Provide access to BEmONC services
	  ○ Leverage mentoring approach to ensure providers sensitize the community to improve health-seeking behaviour and facility-based deliveries
	  ○ Leverage mentoring approach to ensure adherence to standards and protocols for
		% of women giving birth at the health facilities
		% of women receiving post-natal care
		% of maternal and neonatal death at health facilities
			Health facility
			Household survey,
			Service Statics Report,
			IDSR
				MOH/ Partners	FHD

	BEmONC services, particularly around IPC
	• Provide access to CEmONC services
	  ○ Leverage mentoring approach to ensure adherence to standards and protocols for CEmONC services, particularly around IPC
	• Strengthen referral system
	• Provide access to skilled birth attendant
	• Ensure facility-based delivery
	• Provision of drugs, medical supplies and equipment
	  ○ Provide ongoing technical support to SCMU
	• Provide ongoing mentoring support to CHT/DHT/facilities on timely and complete consumption reporting, supply planning, and supply management				

Public Health Interventions

Strategies to encourage antenatal visits

- Designating exclusive facilities that will provide antenatal services
- Liaise with private health facilities that could be used to provide maternal health services
- Categorize communities based on different risk level (economic status, distance, education etc) as high, median and low
- Provide IPC training for various health workers assigned at ANC facilities
- Institute IPC measures such as hand washing, social distancing, disinfecting facilities, etc
- Provision of call lines including base-radios where necessary, for maternal services;
- Taking inventory of available functional ambulances and pre-positioning for prompt referral of emergency cases;
- Maintain operational units consisting of professional health workers and essential drugs, drugs products and medical equipment. These should be available at every major health facility that is operational to manage maternal complications that might arise or attend to those with special needs.
- Monitoring and improving of quality of care;
- Establish a 24 hours per day 7 days per week referral system to facilitate transport and communication from the community to the clinic, health center and hospital
- Ensure the availability of life saving post-abortion care services at the primary and secondary levels of the health system;

Scaling up Utilization of Family Planning Services

- Enhance FP service provision sites
    - Leverage community service provision points to ease patient burden
    - Equip health facilities with PPE and IPC materials, reinforce training through mentoring and disseminate job aids as quick reference tools for health providers.
- Share information about the availability of SRH services and commodities, to increase utilization
    - Increase awareness through health promotion activities (radio campaigns, etc.) that allow for safe distancing.
- Ensure mapping and analysis of existing SRH services
- Ensure availability of a wide range of long-acting reversible as well as short-acting contraceptive methods (including male and female condoms and emergency contraception) at primary health care facilities to meet demand
    - Train and mentor staff to ensure every client has received comprehensive counselling and evidence-based information on patients' rights.

Averting Disruption of Routine Immunization Services

All women giving birth, and their new-born babies, should be protected against tetanus. Immunizing women during pregnancy is recommended to provide protection against both maternal and neonatal tetanus. Vaccines are essential for protecting children against infectious diseases, and also keep other children safe by eliminating or greatly decreasing dangerous diseases that used to spread from child to child.

- Integrate immunization services with other Maternal and SRH services

- Train vaccinators and CHA in preventive services (IPC, oral and injectable vaccine administration)
- Increase outreach using both trained vaccinators and CHA thereby ensuring adherence to IPC standards
- Ensure the availability of functional cold chain and adequate storage facilities
- Maintain regular supply of adequate quantity of vaccines and devices to avoid stock out

Strengthen Sexual Gender Based Violence Services

Health services are often the first - and sometimes the only - point of contact for survivors seeking assistance for SGBV.

- Level of awareness of SGBV-related services and resources among populations at-risk
- Communicate location and type of services providing care for
- survivors of SGBV (health, community support, social,
- psychological, legal)
- Provide EC, PEP and other form of care to survivors of sexual violence as appropriate and for occupational exposure
- Make clinical care and referral to other supportive services available for survivors of sexual violence
- Collect and record data on SGBV cases

Increased Access to Skilled Birth Attendants

Because most maternal and perinatal deaths are due to a failure to get skilled help in time for complications of childbirth, it is critical to have a well-coordinated system to identify obstetric complications and ensure their immediate management and/or referral to a hospital with comprehensive EmONC (CEmONC) capacity.

To address the issue of excess morbidity and mortality that may arise, during and immediately after the outbreak, it is necessary to ensure availability and accessibility of clean and safe delivery, essential new-born care, and lifesaving emergency obstetric and new-born care (EmONC) services including:

- At referral hospital level: Skilled medical staff and supplies for provision of comprehensive emergency obstetric and new-born care (CEmONC) to manage
- At health facility level: Skilled birth attendants and supplies for uncomplicated vaginal births and provision of basic obstetric and new-born care (BEmONC)
- At community level: Provision of information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities.

Table 2. Stakeholders, Partners and Their Roles

Stakeholders and partners to support preparedness and response effort for Maternal, New-born, Child and sexual reproductive health services

Agency	Proposed Funds	Partners current Counties of support	Partners Roles
Ministry of health -Family Health Division (MOH/FHD)			
World Health Organization- WHO		All counties	
Global Financing Facility (GFF)		Grand Bassa, River Cess, Gbarpolu, Grand Kru, River Gee, Sinoe	
United States Agency for International Development (USAID		Margibi Nimba Bong	
United Nations International Children Education Funds (UNICEF)		Grand Cape Mount, Lofa, Bomi, Grand Gedeh and Maryland	
United Nations Population Agency (UNFPA)		Grand Cape Mount, Lofa, Bomi Grand Gedeh and Maryland	
Global Financing Facility (GFF)		Grand Bassa, River Cess, Gbarpolu, Grand Kru, River Gee, Sinoe	
Clinton Health Access Initiative (CHAI)		Montserrado, Grand Bassa, River Cess, Gbarpolu, Grand Kru, River Gee, Sinoe	
Partners in Health (PIH)		Maryland	
Maternal Child Advocacy International (MCAI)		Grand Cape Mount, Lofa, Grand Gedeh, Bong, Margibi, Montserrado	
Jhpiego		Margibi, Bong Nimba	
DKT		National Level	
Global Health Supply Chain (GHSC/CHEMONICs)		Nationwide	
Last Mile		River Cess and Grand Gedeh	
Mercy Corps		Grand Bassa	

Proposed Activity Schedule and Budget

Potential Risk	Intervention	Proposed Activity	Target / Quantities	Time Line	FHD Proposed Budget	Coordinating Agency	Comments
1. Limited availability of staff due fear of COVID-19 spread	1.1 Train health workers on the prevention and control of COVID-19 and specialized service provision	1.1. Identify at least 3 RMNCH service providers (Midwife, Nurses in both private and public facilities to be trained	2550	1 week	0	FHD and partners	
		1.2 Develop training manual; identify facilitator and training location.	2800	2 weeks	0	FHD and partners	Linked to activity 2.1

		1.3 Conduct training	2550	1 month	0	FHD and partners	Training activities with no cost are Linked to Activity 2.3
	1.2 Conduct psychosocial counselling for MNH service providers	Develop tailored mental health training manual for RMNCH workers and conduct training	2550	2 weeks	7,000.00	FHD and partners	Linked to activity 2.1

Reduction in antenatal visits, delivery and postnatal visits	Encourage ANC visit and Services	2.1 Develop a SRMNH specific, training package for mid-level cadre health workers based on the 'Guidelines for Managing Pregnant Women and New-born in COVID-19 Containment 2020'.	2800	2 weeks	2,000.00	FHD and partners	

		2.2 Conduct National level training for health workers based on the ‘Guidelines for Managing Pregnant Women and New-born in COVID-19 Containment 2020’.	32	2 weeks	50,000.00	FHD and partners DKT	

		2.3 Roll out training for health workers in the various counties and Conduct refresher training for providers on ANC services, COVID-19 considerations, and home-based IPC measures for clients	1700	2 months	175,000.00	FHD and partners	

		2.4 Print and Disseminate IEC/BCC materials to facilities and communities	5000	3 months	5,000.00		
		2.6 Provide continuous capacity building to MNH providers on key standards & protocols (e.g. COVID-19 considerations during ANC)	600	4 months	25,000.00	FHD and partners	

Reduction in the use of family planning services	3. Scaling up Utilization of Family Planning Services	3.1 Develop Training Manual	1000	2 weeks	0	FHD and partners	Linked to activity 2.1
		3.2 Identify training participants and roll out training in facilities	850	1 weeks	0	FHD and partners	Linked to activity 2.3
		3.3 Conduct awareness and sensitization among key populations on available FP services at facilities and in communities	10000	4 months	5,000.00	FHD and partners	

		3.4 Conduct capacity building programs for facility providers, county and district RH supervisors on IPC measures for FP service provision	850	5 months	12,000.00	FHD and partners	

		3.6 Support county and district supervisors on routine mentoring visits to ensure adherence to IPC measures during FP service provision	850	5 months	11,000.00	FHD and partners	
Limited access of routine immunization services	4. Averting Disruption of Routine Immunization Services	4.1 Awareness and Sensitization	10000	5 months	5,000.00	MOH/ FHD/EPI and partners	
		4.2 Training for health workers	850	1 month	40,000.00	MOH/ FHD/EPI and partners	

		4.3 Dissemination of IEC/ BCC materials	5000	6 months	5,000.00	MOH/ FHD/EPI and partners	
		4.4 Provide and distribute supplies to continue routine services	4	6 months	4000	MOH/ FHD/ EPI/SCMU/Partners	
		4.5 Provide ongoing technical support to SCMU	5	6 months	4000		

		Provide technical support to CHT/DHT/facilities on timely and complete consumption reporting, supply planning, and supply management	4	6 months	3000		
Increase in SGBV cases	5. Maintain provision Sexual Gender Based Violence Services	5.1 Development of Training manual	1	2 weeks	0	MOH/ FHD/ Partners	Linked to activity 2.1
		5.2 Training at National Level	12	4 days	0		Linked to Activity 2.2

		5.3 Awareness and Sensitization on available services	10000	6 months	5,000.00		
		5.4 Provide essential materials SGBV materials	12	6 months	10,000.00		

		5.5 Provide technical support to CHT/DHT/facilities on timely and complete consumption reporting, supply planning, and supply management	12	6 months	4,000.00		
		5.6 Improve, strengthen and monitor all referral pathways	12	6 months	7000		

Increased maternal and neonatal Morbidity & mortality	6. Increased access to Skilled birth attendant	6.1 Awareness and sensitization on available services	6	6 months	5,000.00	MOH/ FHD	
		Conduct training for RMNCH workers on IPC measures	2550	6 months	0	FHD and partners	Training activities with no cost are Linked to Activity 2.3
		6.2 Conduct capacity building for health facilities through mentoring and coaching for the provision of MNH services	850	6 months	10,000.00	FHD and partners	

		6.3 Awareness and community sensitization in the community to improve health-seeking behaviour and facility-based deliveries	6	6 months	5,000.00	FHD and partners	

		6.4 Training of Health worker to ensure adherence to standards and protocols for BEmONC and CEmONC services, particularly around IPC	1700	2 weeks	12,000.00	FHD and partners	
		6.5 Improve, strengthen and monitor all referral pathways	10	6 months	15,000.00	MOH/FHD and partners	

	Monitoring	Have weekly briefing meeting to review progress	25	6 months	8,000.00	MOH/ FHD and partners	
		Prepare monitoring report and	1	6 months	2000	MOH/ FHD and partners	
	Coordination	Establish Monitoring and Coordination to oversee the implementation of the Guidelines and Action Plan	1	6 months	2,000.00	FHD and partners	

		2.6 Provision of essential material to provide ANC service for the containment of COVID-19(Mentoring and Supervision)	7	6 months	7000		
Total					**445,000.00**		

Monitoring

Regularly collecting, reporting, and analysing MNH services to include Sexual Reproductive Health data is essential for monitoring the performance and quality of health service delivery and for identifying changes in the health status of the affected population after the outbreak.

Ongoing monitoring of MNH services is essential to understand the needs of women and new-borns in the acute emergency phase, and whether their needs are being met as response activities progress to providing comprehensive MNH services. Data that are required for monitoring can be obtained through a variety of mechanisms like daily registry, tally sheets, patient record, Maternal and perinatal death review form, near miss review, Service Statics data, etc.

Monitoring the existence and functionality of referral pathways is also key to providing quality MNH services in the aftermath of an emergency. Information about referrals received and made should be collected by facilities when possible (through registers or referral forms).

Coordination

Strong inter-sectoral linkages are needed to provide comprehensive SRH, maternal and new-born health services. All sectors to include Education, Gender, Youth and Sports as well as partners and stakeholders are included for a coordinated response. The coordination should include integrated services. Achieving and maintaining adequate water, sanitation and hygiene (WASH) services in health care facilities is critical for infection prevention and control. Clean and safe health care facilities also improve the experience of care, trust in the health system, and demand for services. Linkage to other programs like WASH, Mental and psychosocial support, etc are very essential.

It is however important to have a designated person to head the entire coordination process which will be led by the Ministry of Health.

Funding

Utilization of existing funds for the provision of maternal and SRH services during the COVID 19 pandemic is necessary. There should be resource mobilization among all actors to include donors, partners and stakeholders.

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