



## ■ Technical Brief

# COVID-19 RESPONSE AND MITIGATION

## Strategies to maintain essential MNCH and FP/RH services

### INTRODUCTION

The COVID-19 crisis highlighted the importance of resilient and self-reliant country health systems. As many aspects of daily life were restricted, disruptions in demand and provision of maternal, newborn, and child health (MNCH) and voluntary family planning and reproductive health (FP/RH) care were inevitable. Since the start of the pandemic, MOMENTUM Country and Global Leadership has remained adaptive, flexible, and nimble to meet country needs to mitigate both direct and indirect effects of the pandemic—keeping use of data and evidence, technical rigor, innovation, and South-to-South learning and sharing at the forefront. Our vision of resilient countries able to respond to challenges and enhance the health and well-being of their citizens became increasingly critical in these tumultuous times.

This brief summarizes the approaches and strategies that the project has applied to support countries to maintain essential MNCH and FP/RH services during the pandemic, along with results to date. The intended audience is Ministries of Health and USAID missions. The contents of this brief will also feed into the cross-MOMENTUM learning question “What strategies and adaptations are being taken to mitigate the impact of the COVID-19 pandemic and responses on MNCHN/FP/RH services provision and demand?”

In June of 2020, the World Health Organization (WHO) identified [10 operational strategies to maintain essential health services](#). MOMENTUM Country and Global Leadership focused on the following seven strategies. Please read on for more details about MOMENTUM Country and Global Leadership activities in response to the pandemic.

- Prioritize essential health services and adapt to changing contexts and needs
- Establish safe and effective patient flow at all levels (which was operationalized in a more general way as “Improved infection Prevention Measures in Health Facilities”)
- Rapidly optimize health workforce capacity
- Maintain the availability of essential medications, equipment, and supplies
- Strengthen communication strategies to support the appropriate use of essential services
- Strengthen the monitoring of essential health services
- Use digital platforms to support essential health service delivery



## PRIORITIZE ESSENTIAL HEALTH SERVICES AND ADAPT TO CHANGING CONTEXTS AND NEEDS

**BUILD BACK BETTER FOR IMMUNIZATION:** MOMENTUM Country and Global Leadership is working with WHO on our “Build Back Better” activities, focused on curating, developing, and disseminating case studies on interventions and approaches to address immunization system disruption related to COVID-19. The project developed and deployed a survey for global immunization stakeholders (including WHO, UNICEF, Bill & Melinda Gates Foundation, and others) to collate the range of learning questions on the topic of immunization systems disruption and resilience following COVID-19. Results will be synthesized thematically to determine if there are critical questions that have not received attention but should be addressed. The activity will also synthesize case studies and promote dissemination of lessons learned among frontline health workers and managers.

MOMENTUM Country and Global Leadership collaborated with the West Africa Health Office, the WHO AFRO regional health office and the INSPIRE Project to reach out to ministries of health about their COVID-19 response and mitigation office with the intent to ensure essential MNCH/FP services were maintained. The resulting engagements were documented in an article exploring challenges and solutions to continuity of care in Francophone West Africa. <https://www.ajrh.info/index.php/ajrh/article/viewFile/2684/1350>

## IMPROVED INFECTION PREVENTION MEASURES IN HEALTH FACILITIES

**IMPROVING WASH/IPC IN HEALTH FACILITIES IN FIVE COUNTRIES:** From August 2020 through September 2021, MOMENTUM Country and Global Leadership provided rapid support to five countries (Bangladesh, Ghana, India, Sierra Leone, and Uganda) focused on targeted COVID-19 WASH/IPC facility readiness. The project is working in health facilities to ensure that minimum requirements for IPC, including implementation of standard precautions, are in place. Support to two of these (likely Uganda, Bangladesh) will extend to March 2022.

To improve HCF infection prevention readiness, developed a facility assessment process to evaluate HCF compliance with global and national WASH/IPC standards. The project completed baseline health facility assessments at 152 facilities, including 95 public, 13 private and 44 faith-based facilities, across the five countries. Findings revealed that basic water services and waste disposal are major challenges at most of the targeted facilities.



*Newly installed handwashing stations at a facility in Bangladesh*

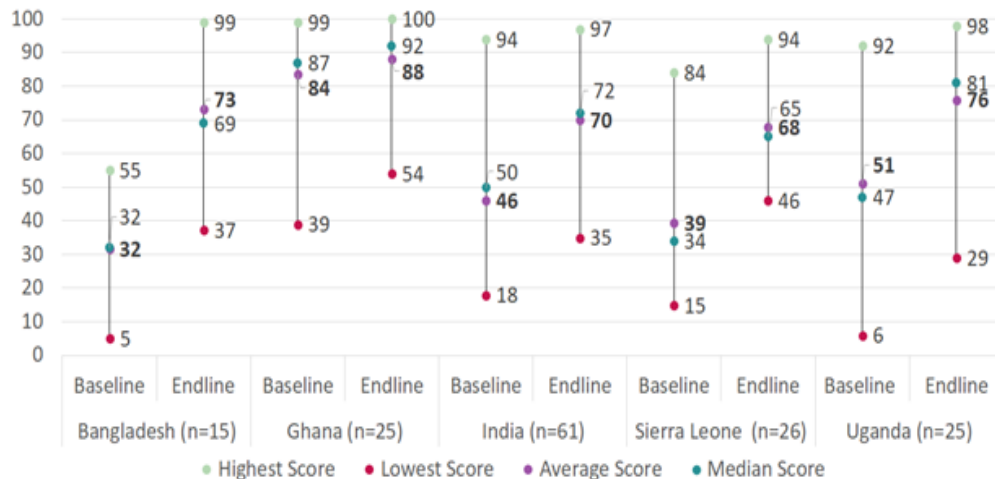
**Box 1: Endline results from the 26 targeted health facilities in Sierra Leone demonstrate improvements across many IPC readiness and behavioral indicators, including:**

- An increase in the average health facility IPC readiness score from 39% at baseline to 68% at endline
- An increase in the proportion of observed health workers in compliance with PPE protocols in outpatient wards (from 64% at baseline to 89% at endline)
- An increase in the proportion of observed health workers in compliance with handwashing protocols within outpatients wards (from 49% at baseline to 89% at endline) and postnatal care wards (from 66% at baseline to 83% at endline)
- An increase from 6 to 23 health care facilities with basic waste management services
- An increase from 8 to 25 health care facilities with a functional handwashing station in all assessed wards

Findings from the baseline assessment informed the development of facility improvement plans focusing on COVID-19 priority activities to improve basic WASH services and IPC practices, ensure sufficient stocks of IPC supplies, and collect critical data needed to identify risks and allocate resources in facilities. Each facility reviewed and analyzed its baseline IPC/WASH readiness scores, developed aim statements, and used quality improvement tools to address challenges around IPC/ WASH behaviors among health workers and support staff. After the baseline assessments were completed, the project strengthened the capacity of subnational governments and facility staff to sustain and continue improvements through a variety of capacity building approaches, including hub-and-spoke mentorship platforms and supportive supervision. In Sierra Leone this was part of a more comprehensive effort: 2,188 community health workers were trained to provide iCCM in the COVID-19 context and facilitate effective contact tracing of potential COVID-19 cases. In response to the known rise in gender-based violence (GBV) the project identified and trained 16 health facility-based focal points on child protection and GBV to mobilize community-driven action against potential GBV-related issues and facilitate referral of those cases. Quality Improvement coaches and frontline health workers were enrolled in a virtual quality improvement practicum program; in-person training was provided to health staff during the practicum sessions.

Prior to implementation of the COVID-19 response work plans, MOMENTUM Country and Global Leadership used global WASH and IPC standards to create a composite scoring tool to assess HCF infection prevention readiness using a 100-point scale. Figure 1 shows how HCFs in each implementation country scored at baseline and endline, with IPC readiness scores increasing across countries. HCFs in Bangladesh saw the greatest improvement, with average scores increasing from 32 points at baseline to 73 points at endline. HCFs in Ghana had the highest average baseline score of 84, and saw only a modest improvement to an average score of 88 after receiving MOMENTUM COUNTRY AND GLOBAL LEADERSHIP support. Similar improvements were also observed at COVID-19 screening points and within prioritized MNCH wards (labor and delivery, pediatric outpatient, postnatal) areas across all five countries.

**FIGURE 1: CHANGES IN HEALTH CARE FACILITY INFECTION PREVENTION READINESS SCORES, BY COUNTRY**



## RAPIDLY OPTIMIZE HEALTH WORKFORCE CAPACITY

### USING A QUALITY-DRIVEN APPROACH TO MAINTAIN ESSENTIAL MATERNAL AND NEWBORN HEALTH (MNH) CARE ON THE DAY OF BIRTH IN CÔTE D’IVOIRE:

To ensure the continuity of quality services delivered to women, adolescents, and newborns during this period of COVID-19, the Ministry of Health and Public Hygiene in Côte d’Ivoire will implement a series of activities with support from MOMENTUM Country and Global Leadership. To date, MOMENTUM Country and Global Leadership has led stakeholder meetings to co-design the concept note, develop a facility self-assessment tool, and agree on indicators. Facilities are currently being assisted by the project and Ministry of Health and Public Hygiene staff to complete a self-assessment. The objective of the baseline evaluation is to identify priority quality issues that each facility will need to address to maintain essential MNH/FP care on the day of birth during the COVID-19 pandemic. The baseline examines: 1) reorganization of services and disruptions to MNH/FP care due to the COVID-19 pandemic, 2) key MNH/FP indicators, 3) WASH/IPC and COVID-19 readiness at the facility, 4) effect of the COVID-19 pandemic on select MNH best practices on the day of birth, and 5) information technology capacity and ongoing quality improvement initiatives. To ensure the continuity of quality services delivered to women and newborns according to the government’s standard of care during this period of COVID-19, quality coaches will work with facilities to analyze questionnaire results, identify gaps, and develop action plans to address the key quality issues for care on the day of birth. Facilities with similar quality issues will be grouped together for mentoring/coaching by quality coaches. Interventions will depend on results and action plans developed by the facilities. To meet the standard for care, the Ministry of Health and Public Hygiene, with support from MOMENTUM Country and Global Leadership, will provide support, as needed, to implement facility action plans.

### CONTRIBUTED TO GUIDANCE ON COMMUNITY-BASED CARE, INCLUDING ADAPTATIONS TO ICCM:

Community-level care has always been an integral platform for primary health care and delivery of essential MNCH/FP/RH services. During the global pandemic, guidance was urgently needed to address the role of community-based care as part of an effective COVID-19 response and also to ensure the continuity of essential services that can be delivered safely at the community level. MOMENTUM Country and Global Leadership participated in a WHO and UNICEF-led initiative for developing interim guidance on [Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic](#). The

project provided significant inputs, especially to the module on adaptations to standard protocols for ICCM, and supported dissemination of the guidance to country programs.

#### **PROVIDED GUIDANCE AND TECHNICAL SUPPORT ON MAINTAINING ESSENTIAL SERVICES AND**

**PROGRAMMING FOR ADOLESCENT AND YOUTH FP/RH:** COVID-19 has interrupted education, social support, and access to health information and services for millions of adolescents. In many countries, initial reports suggest increases in adolescent pregnancies as adolescents lose access to essential health services, such as FP. Yet, adolescents and youth were not being addressed in the many tools and guidance documents produced at the onset of COVID-19. MOMENTUM Country and Global Leadership identified the need for easy-to-use guidance for practitioners and ministries of health interested in maintaining voluntary FP/RH care for adolescents and youth during the time of COVID-19 and developed a [short guidance document](#). The brief was shared widely and used to inform the design of country activities, particularly in Sierra Leone. In addition, the project provided remote rapid response technical assistance to three country focal points of the International Youth Alliance for Family Planning, a youth-led organization, to support them to pivot their FP/RH interventions to COVID-19 context.

#### **PUBLISHED A COMMENTARY TO ASSIST DECISION-MAKERS IN MAXIMIZING ACCESS TO QUALITY FACILITY FP CARE WHILE MINIMIZING THE RISK OF COVID-19 TRANSMISSION AMONG CLIENTS AND HEALTH WORKERS.**

The commentary contains suggestions to assist decision makers in maximizing provision of essential services without compromising access to quality family planning care and while minimizing the risk of COVID-19 transmission among clients, and between clients and health care workers. Managers should help facility teams to integrate counseling and provide a range of contraceptive methods as is feasible within existing contacts with pregnant, postabortion, birthing, and postpartum women, even as services migrate to new models with a mixture of in-person and virtual/tele-health consultations. Policy makers should prioritize devoting resources to meet the family planning needs of pregnant, postabortion, birthing, and postpartum women, and the health care workers serving them as an investment against higher health systems burdens in later months and during subsequent waves of the pandemic. The article was published in the journal *Global Health: Science and Practice*, [Opportunities and Challenges of Delivering Postabortion Care and Postpartum Family Planning during the COVID-19 Pandemic](#). The project also disseminated the commentary within several communities of practice (COPs), including the PAC Connection, the West Africa postpartum FP COP steering committee (for inclusion of French translated resources in their portal). The project is fostering ongoing discussions about planning adaptations for post-abortion care within the PAC Connection COP.

**DEVELOPED JOB AIDS FOR MNH:** MOMENTUM Country and Global Leadership developed a series of [1- to 2-page job aids](#) to assist providers and facility managers to modify antenatal, intrapartum, and postnatal care and to protect lifesaving, evidence-based care during the COVID-19 pandemic and ensure mothers and babies are kept together. In addition, the project developed a PowerPoint presentation that provides an overview of evidence and recommendations for [facilitating and protecting breastfeeding, skin-to-skin contact, and rooming-in during the COVID-19 outbreak](#). Both of these resources are available in English, French, and Spanish and have been disseminated in countries where consortium partners work.

#### **CAPACITY-BUILDING IN CONTRACEPTIVE COUNSELING AND SERVICES, INCLUDING LONG-ACTING REVERSIBLE METHODS IN SIERRA LEONE.**

To mitigate the impact of Covid-19 on the FP workforce, MOMENTUM COUNTRY AND GLOBAL LEADERSHIP allocated a portion of New Partnership Initiative core FP funds to the Sierra Leone Midwives Association (SLMA) to work in close partnership with the Ministry of Health and Sanitation national trainers to build health worker capacity in FP using onsite clinical training and mentorship. A standardization workshop with 39 SLMA and MOH trainers took place in June-July 2021, and detailed plans for the work to be carried out under the subaward mapped out at that time. Once the Fixed Amount Award is finalized, SLMA will roll out this plan in 4 MOMENTUM Country and Global Leadership districts.

## MAINTAIN AVAILABILITY OF ESSENTIAL MEDICATIONS, EQUIPMENT, AND SUPPLIES

**SUPPORTED GHANA HEALTH SERVICE THROUGH PROCUREMENT OF SUPPLIES:** To ensure health workers could maintain provision of essential services in Ghana, 47 facilities in 10 districts in Western Region, Ghana, received PPE (funded by Vital Strategies and USAID) and IPC materials to support their preparedness and safely deliver care. USAID-funded PPE and IPC materials were distributed to facilities, including 11,000 hand towels; 1,560 bottles of alcohol hand rub (500ml); 1,110 antibacterial soaps (500ml); 500 cleaning dusters; 320 rolls of paper tissue; 418 sweeping brushes; 342 mops and 261 mop buckets; 159 thermometer guns; 180 pedal operated bins; and 128 sets of Veronica buckets.

**PARTNERING WITH FAITH-BASED ORGANIZATIONS (FBOS) TO IMPROVE WASH/IPC AT FAITH-BASED HEALTH FACILITIES:** Expanding project impact beyond the public sector, MOMENTUM Country and Global Leadership partnered with FBOs in Uganda, Ghana, and Sierra Leone to help organize and coordinate delivery of WASH/IPC services. FBOs worked with in-country partners to identify eligible facilities, support completion of baseline and endline rapid health facility assessments, and deliver WASH commodities. To date, the project has reached over 40 faith-based health facilities in Ghana, Uganda, and Sierra Leone with baseline assessments and training.

## STRENGTHEN COMMUNICATION STRATEGIES TO SUPPORT THE APPROPRIATE USE OF ESSENTIAL SERVICES

**ADAPTED A NURTURING CARE RADIO SHOW TO THE COVID-19 CONTEXT IN RWANDA:** COVID-19 has constrained families' ability to provide optimal nurturing care environments and has exacerbated existing gaps in delivery of holistic nurturing care services, including the reduction of opportunities for early learning as parents struggle to provide playful learning at home. MOMENTUM Country and Global Leadership responded to these challenges in Rwanda by adapting a nurturing care program targeting parents and caregivers in vulnerable communities. The project adapted Save the Children's First Steps "*Intera za Mbere*" program, which supported caregivers to provide nurturing care for their children aged 0–3 years via a combination of group sessions and radio programming. Due to COVID-19 restrictions, the delivery model was adapted to rely mainly on remote programming via radio and phone. The First Steps program aims to improve nurturing care practices and child development and learning outcomes and increase emergent literacy promotion in the home for children aged 0–3 years. A distinct aspect of the radio program is that it addresses male engagement through the role model of a father whose character evolves from a skeptic into a loving, nurturing, playful father through the course of the broadcasts. MOMENTUM Country and Global Leadership revised 17 pre-existing radio scripts to include COVID-19-specific messages aligned with the existing episode themes, including what to do if parents suspect they and/or their children have coronavirus; prompt care-seeking tips; handwashing; caregiver mental health, well-being, and self-care messages; debunking COVID-19 myths, particularly on breastfeeding; and maintaining and promoting nurturing care during COVID-19. A special jingle on prevention of COVID-19 was also recorded focusing on the importance of the caregiver's well-being and nurturing care for young children. In October 2020, eight radio stations, including the national "Radio Rwanda," began airing these project-adapted sessions in all 30 districts of Rwanda

In addition to the nationwide radio airing, 2,340 families in 117 villages across three districts received support from a cadre of 234 community social workers. Support included community mobilization, home visits, and phone counseling. The home visits and phone counseling encourage participation and complement the radio messaging, giving opportunities for problem-solving with families and referrals to additional social and health services as needed.

**STRENGTHENING COMMUNITY ENGAGEMENT IN SIERRA LEONE:** The project engaged in risk communication and community engagement efforts in Sierra Leone to ensure that district authorities were equipped with knowledge and capacity to roll out an integrated community engagement model at the district and community level. This community engagement model is community focused and based on existing community structures and platforms to facilitate two-way communication between district authorities, health facilities, and communities. MOMENTUM Country and Global Leadership’s strategic approach focused on linking and strengthening existing feedback mechanisms, and ensuring that community feedback is heard and addressed among community, facility, and district stakeholders. This model will continue through MOMENTUM Country and Global Leadership’s subsequent 18-month country program, through which support will continue in four districts to prepare and respond to three health crises the country currently faces (COVID-19, polio, and an outbreak of Ebola in a bordering country). Using New Partnership Initiative core FP funding, an award to a local organization, FOCUS 1000, is augmenting the Sierra Leone program with an aim to restore community confidence in FP/RH services in the same 4 districts, tapping into existing community networks.

## STRENGTHENING THE MONITORING OF ESSENTIAL HEALTH SERVICES

Recognizing an urgent need to monitor disruptions to essential MNCH, immunization services, and FP/RH care, MOMENTUM Country and Global Leadership rapidly conducted qualitative monitoring through country surveys, immunization pulse surveys, and analysis of vaccine administration data. Analysis of service disruptions were shared with both USAID and WHO, highlighting critical needs.

**SUPPORTED WHO IMMUNIZATIONS, VACCINES AND BIOLOGICALS (IVB) PULSE SURVEYS ON IMMUNIZATION DISRUPTION:** The project supported WHO’s IVB Department with web-based pulse surveys of disruption to immunization services in countries around the world. Two surveys were conducted in April and in June 2020. The first survey was developed by WHO, UNICEF, Gavi, and Sabin Vaccine Institute’s Boost Community. MOMENTUM Country and Global Leadership and U.S. Centers for Disease Control and Prevention contributed to revising the second survey. The surveys asked about the status of routine immunization services, supplementary immunization activities, and measles surveillance, and the factors driving disruption of services during the pandemic, including questions on demand for vaccination and on rumors and misinformation. Survey distribution was through WHO, UNICEF, National Immunization Technical Advisory Groups, Boost, Gavi, TechNet, and The Geneva Learning Foundation networks. MOMENTUM Country and Global Leadership assisted with the analysis of the pulse survey data, triangulating it with additional analysis of qualitative reports of immunization status from the six WHO regional offices and data on the number of vaccine doses administered from some countries. Information on routine immunization services was available from 169 countries and territories across the different data sources. Analysis of the first pulse survey revealed the acute disruption in immunization services globally with an estimated 80 million children placed at risk of missing out on immunization services during the first quarter of 2020 and in the immediate aftermath of the pandemic and the response. This finding was used in a WHO-led global press conference; the headline message trended across major print, electronic, and online media outlets. Subsequent analysis of data supported by our team showed that the immunization coverage decline, observed in the first quarter of 2020, began to recover in the second and third quarter of 2020. The output from this effort was shared on the immunization partners’ global news conference organized by WHO and UNICEF.<sup>1</sup> A journal article, with our

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<sup>1</sup> <https://www.who.int/news/item/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicef>

team member as a lead author, and featuring other authors from WHO, UNICEF, and Gavi, has been drafted and has been accepted by Lancet Global Health.

**MONITORED MNCH AND FP/RH SERVICE DISRUPTIONS MONTHLY:** MOMENTUM Country and Global Leadership conducted monthly qualitative surveys on the extent of disruptions to MNCH and FP/RH service delivery, demand, PPE, and commodities in over 30 countries and presented results to USAID. A survey was sent to key informants in each country (i.e., Jhpiego country representatives who were often directly connected with the national COVID-19 response) four times—in April, May, June, and August. The survey asked about disruptions in provision and demand for RH/MNCH services, as well as availability of PPE and essential drugs and supplies. Key informants in almost all countries reported severe service provision disruptions across a variety of RH/MNCH services, but generally worse for FP and immunization services. By June, respondents reported improvements, but there were more persistent problems with demand for services, as clients were still fearful. Supply of PPE was a problem in many countries, causing friction with health workers in a number of countries, including Bangladesh and Kenya.

**EXAMINED MNH/FP DISRUPTIONS IN-DEPTH:** MOMENTUM Country and Global Leadership conducted a one-time survey in October 2020 to follow up on disruptions to select MNH/FP care, understand impact of COVID-19 on evidence-based practices on the day of birth, and understand approaches currently being implemented to maintain essential MNH/FP care during the COVID-19 pandemic. The survey showed that services continue to be disrupted; there was improvement in some countries and deterioration in others. There was little understanding from respondents about disruption on specific MNH evidence-based practices on the day of birth, e.g., companion of choice, early and exclusive breastfeeding, rooming-in, screening for conditions known to increase during the pandemic. Countries are using various approaches to ensure availability and access to MNH care, but the number of approaches was limited. Results were disseminated internally and to the USAID. We plan to use results to inform COVID-19 program activities.

## USE DIGITAL PLATFORMS TO SUPPORT ESSENTIAL SERVICE DELIVERY

**INNOVATING THROUGH TECHNOLOGY TO IMPROVE FACILITY WASH/IPC READINESS IN BANGLADESH, GHANA, INDIA, SIERRA LEONE, AND UGANDA:** Through the five-country WASH/IPC activity, the project implemented rapid health facility assessments and supported COVID-19 IPC readiness activities in MNCH and other priority areas. Networks of five to six facilities were created with relevant district staff serving as hubs to support IPC teams and facility administrators both in-person and through eMentoring. Virtual and in-person training in quality improvement and IPC was provided and teams within facilities supported to set targeted WASH/IPC quality aims and make rapid and incremental improvements. Just-in-time learning in IPC was provided using short, micro-learning moments targeted to each WASH/IPC quality aim, delivered via WhatsApp to IPC teams and other providers within facilities. Open-source platforms were used to create data dashboards (see Figure 2 for an example from Ghana). Facility administrators entered data using smartphones, which were then immediately visible in the dashboard to aid with decision-making. Data dashboards with final results from each country are available online (visit the dashboard for [Bangladesh](#), [Ghana](#), [India](#), [Sierra Leone](#), and [Uganda](#)). WhatsApp groups provided performance support, responded to questions, and shared facility data and updates. A total of 152 facilities were reached with rapid assessments, IPC supply procurement, and mentorship to make quality improvements.



**FIGURE 2: EXAMPLE OF DASHBOARD DISPLAYING DATA FROM UGANDA ON ADHERENCE TO HAND HYGIENE PROTOCOLS**

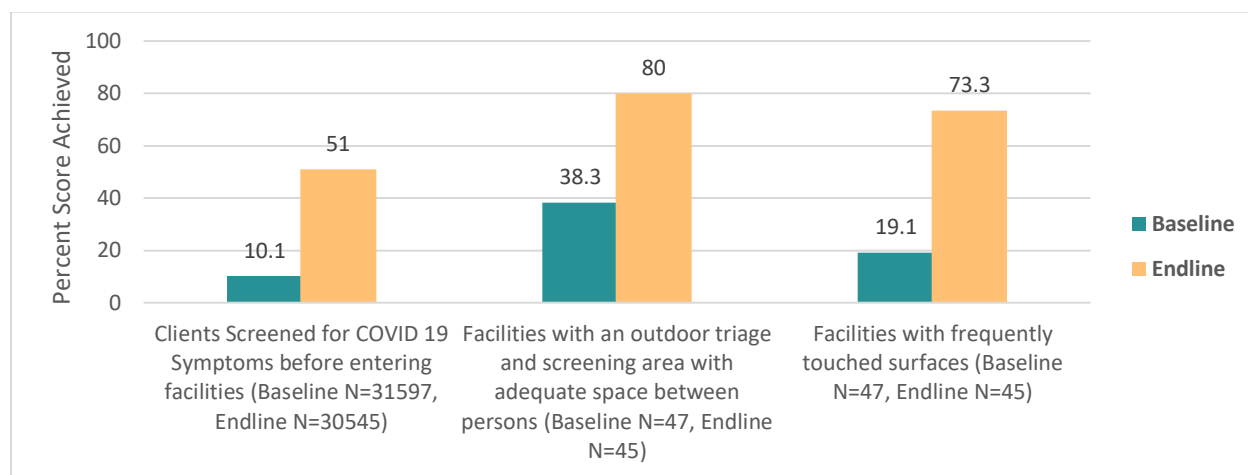
3. Percentage of health facility staff who comply with hand hygiene protocol during interaction with patients

	Ward						Average
	ANC/PNC Ward	Inpatient Ward	Labor & Delivery Ward	Outpatient Ward	Screening Area	Other	
Bugangari HCIV	-	-	-	80.00%	-	50.00%	65.00%
Busanza	-	-	-	80.00%	100.00%	-	86.67%
Bwera	-	-	30.00%	42.86%	-	-	36.43%
Bwindi Community Hospital	-	-	-	80.00%	87.50%	-	74.38%
Chahafi	-	-	-	100.00%	-	-	100.00%
Kabale RRH	77.78%	-	-	-	-	-	85.93%
Kagando Hospital	100.00%	100.00%	100.00%	100.00%	80.00%	83.33%	93.46%
Kambuga Hospital	-	-	-	83.33%	60.00%	-	71.67%
Kamukira HCIV	-	-	-	100.00%	-	-	100.00%
Kanungu HCIV	-	-	100.00%	-	100.00%	-	100.00%
Kebisoni HCIV	-	-	0.00%	100.00%	-	-	45.45%
Kihihi HC IV	-	-	100.00%	-	-	-	100.00%
Kilembe mine	-	-	-	0.00%	-	-	54.17%
Kisizi	-	-	-	-	100.00%	-	100.00%
Kisoro Hospital	-	60.00%	-	55.56%	-	-	57.78%
Maziba HCIV	75.00%	-	-	90.00%	-	-	82.50%
Rubaya HCIV	85.71%	-	100.00%	-	-	-	92.86%
Rubuguri	-	-	-	100.00%	-	-	100.00%
Rugarama Hospital	-	-	-	100.00%	-	-	100.00%
Rugyeo Community Hospital	100.00%	-	100.00%	-	-	-	100.00%
Rukungiri HC IV	-	-	-	-	100.00%	-	100.00%
Rwesande HC IV	-	60.00%	-	50.00%	-	-	55.00%
St Francis Hospital Mutolere	-	-	-	100.00%	100.00%	100.00%	100.00%
St Paul	-	-	-	0.00%	-	-	40.00%
St. Kajori Lwanga Hospital Nyakibare	-	100.00%	-	100.00%	-	100.00%	100.00%
None	-	-	-	-	100.00%	-	100.00%
Average	87.03%	84.00%	78.75%	69.22%	87.06%	88.89%	77.77%

**SUPPORTING eLEARNING AND VIRTUAL KNOWLEDGE SHARING IN GHANA:** In Ghana, the project scaled up COPs to stimulate knowledge exchange among COVID-19 treatment center staff, with a focus on critical care of COVID-19 patients and the coordination and communication among frontline health workers. Grand rounds were conducted to determine needs and topics for the COPs. Hypoxia management, use of antibiotics in a febrile patient, and psychological impact of COVID-19 on frontline health workers and coping strategies were the selected topics for further knowledge sharing and discussion. Health workers who participated in the virtual COPs included 113 nurses, 44 midwives, 36 physician assistants, 28 community health nurses, 7 mental/psychiatric nurses, 4 biomedical scientists, and 3 medical officers.

In Ghana, the project also developed an eLearning course and conducted trainings focused on maintaining essential family health services. The eLearning platform was developed in conjunction with Ghana Health Services for rollout across six regions on IPC, self-care strategies, risk communication, and maintaining essential services for MNCH, FP, and TB/HIV/noncommunicable diseases. This strengthened the capacity of 199 frontline health workers across the 47 facilities to deliver safe essential services to prevent the further spread of COVID-19 among clients and staff. In addition, the training utilized a blended learning approach of eLearning modules, Zoom sessions for peer learning, WhatsApp discussions on topical areas, and on-site training and supervisory visits to better adapt to the changing COVID-19 environment. Health facilities that received training support and participated in the COPs have received IPC/WASH materials and PPE to support them to implement what they have learned. Figure 3 shows improvements in COVID-19 related IPC standards and protocols in target facilities in Western Region from baseline to endline. A baseline health facility assessment was conducted in August–October 2020, and an endline was conducted January 2021.

**FIGURE 3: IMPROVED COVID-19 RELATED IPC STANDARDS AND PROTOCOL TO ENSURE SERVICE CONTINUITY IN GHANA'S WESTERN REGION (N=47 FACILITIES AT BASELINE, 45 AT ENDLINE)**



## FOSTERING COUNTRY-TO-COUNTRY KNOWLEDGE EXCHANGE ON STRATEGIES TO MAINTAIN ESSENTIAL SERVICES AND MITIGATE SERVICE DISRUPTION

Since the start of the pandemic, countries rapidly and iteratively learned how to maintain essential MNCH services and FP/RH care during the pandemic. To facilitate country-to-country learning, MOMENTUM Country and Global Leadership convened a three-part Country Knowledge Exchange series of webinars, highlighting country-led action to mitigate the effects of COVID-19 on essential services for women and children.

The series supported country leaders in disseminating and adopting best practices by highlighting concrete strategies to continue providing MNCH services and FP/RH care during the pandemic. We heard from ministry of health officials and USAID mission representatives from nine countries who shared their successful strategies and ongoing challenges in responding to the pandemic. Strategies and best practices presented by countries during this webinar series included:

- India applied innovations, such as telehealth platforms to identify high-risk pregnancies, and apps to support assessments for facility readiness.
- Tanzania started using locally made PPE and handwashing supplies for its community health workers.
- In Ethiopia, the Federal Ministry of Health has been coordinating data collection and analysis at the country level to ensure timely, accurate, and actionable information.
- In Bangladesh, national guidelines on vaccinations, child health services, and increased capacity building for providers around IPC has led to a dramatic recovery of health service utilization since the start of the pandemic.
- In Sierra Leone, health services and client flow were restructured to safely restore services.
- Ghana has responded broadly to COVID-19—from universal handwashing and mass communication to telemedicine and using drones to deliver supplies.
- Afghanistan has used RH/MNCH/adolescent health scorecards to improve accountability and redirect attention to urgent issues.

- In Nigeria, GBV services were designated as essential and integrated into other RH/MNCH and nutrition services to address the increase in GBV since the start of the pandemic.
- The Ministry of Health in Malawi reacted to significant reductions in key quality of care indicators by strengthening district-level leadership, modifying the health workforce (including community health workers), and institutionalizing adaptive learning.

The Country Knowledge Exchange series brought together more than 1,900 participants from 100 countries worldwide.

## PUBLICATIONS

- Pfitzer A, Lathrop E, Bodenheimer A, et al. [Opportunities and challenges of delivering postabortion care and postpartum family planning during the COVID-19 pandemic](#). Glob Health Sci Pract. 2020;8(3):335-343
- [Ensuring the Continuity of Voluntary Family Planning and Reproductive Health Care and Interventions for Youth During the COVID-19 Pandemic](#)
- [Job Aids: Recommendations for Maternal and Newborn Care During the COVID-19 Outbreak](#) (Available in English, French, and Spanish)
- [Supporting Breastfeeding During COVID-19: Understanding and Supporting Evidence-Based Care](#) (Available in English, French, and Spanish)
- [Radio: A Low-Tech Solution to Deliver Integrated Nurturing Care Services in Rwanda During COVID-19](#)  
Mongbo, Y I. Sombie, B. Dao et al, Maintaining continuity of essential reproductive, maternal, neonatal, child and adolescent health services during the COVID-19 pandemic in Francophone West Africa, African Journal of Reproductive Health. 2021; 25(2)  
<https://www.ajrh.info/index.php/ajrh/article/viewFile/2684/1350>

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