



# **COVID-19**

## **Infection Prevention and Control & MA experiences and learning**

27 April 2020

## Dr Pío Iván Gómez Sánchez, Moderator

Dr Pio is Senior Medical Advisor IPPF / WHR. He is an Obstetrician/ Gynaecologist, Epidemiologist, Master in Sexual and Reproductive Health and Fellow of the American College of Obstetricians and Gynaecologists. He is also a tenured Professor at the National University of Colombia and author of 16 books, 46 book chapters and more than 200 publications in peer reviewed journals. Dr Pio is a member of IPPF's COVID-19 Taskforce and has contributed to the development of technical guidance.



# Welcome remarks and instructions

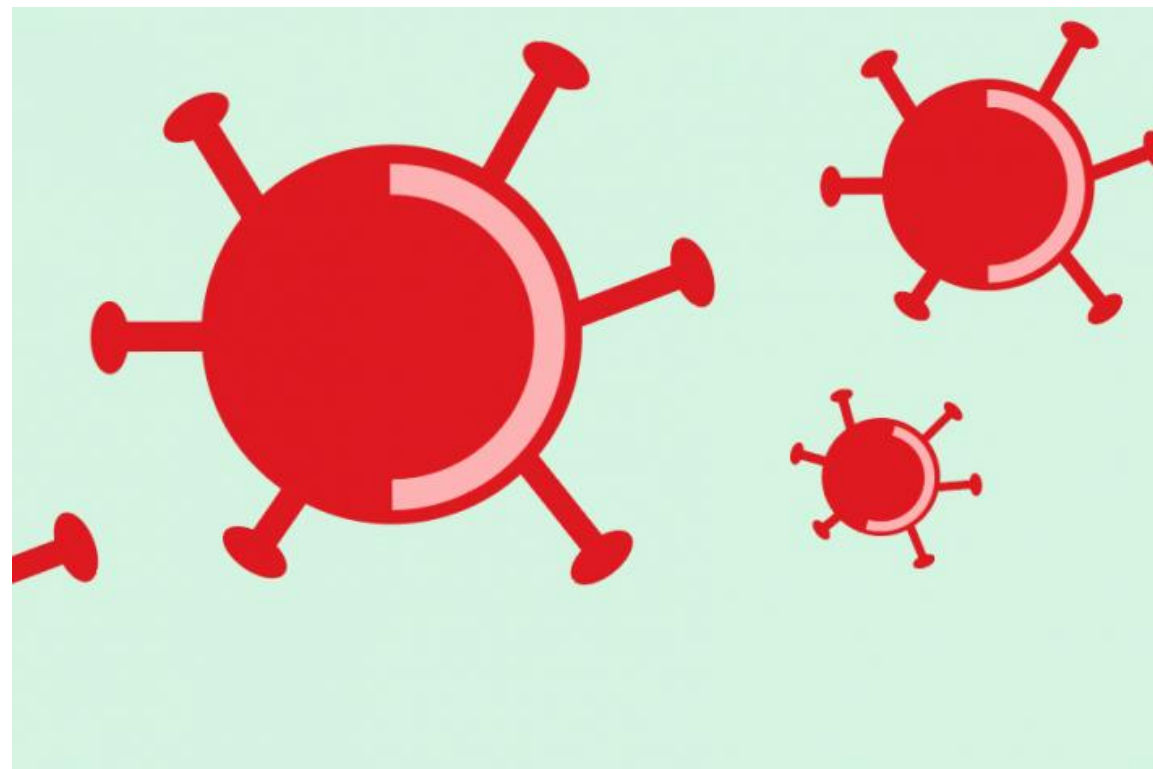
***Dr Pio Iván Gómez S, Senior Medical Advisor, WHR***

# Instructions

1. Please mute your speakers throughout the webinar
2. The webinar will be recorded and the link shared at the end of the webinar
3. Submit questions:
  - any time during the webinar using the Chat Box
  - at the end of the presentations – you will need to ‘raise your hand’
4. Presentation will be shared at the end of the webinar

# Overview of Presentations

- ❑ IMAP Statement on COVID-19 and SRHR  
*Sarah Onyango*
- ❑ Infection Prevention and Control  
Guidance for COVID-19  
*Monica Burns*
- ❑ MA Experiences
  - ❑ Profamilia, Colombia - *Marta Royo*
  - ❑ Family Planning Association of India -  
*Dr Kalpana Apte*
- ❑ Q&A with the panel
- ❑ Wrap up and feedback



# Dr Sarah Onyango

Sarah Onyango is the Director, Technical, Programmes Division at CO and leads IPPF's global technical leadership team. She also coordinates IPPF's International Medical Advisory Panel (IMAP) and represents the organization in various technical working groups and best practice forums. She is a qualified medical doctor and holds an MPH from the University of Nairobi and a Masters in Health Research from Lancaster University.



# IMAP Statement on COVID-19 and SRHR

**Sarah Onyango, Director, Technical  
Programmes Division, CO**

# About IMAP



- Formed in 1979
- A body of medical scientists and of leading experts in the field of SRHR
- Mandate:
  - Formulate and disseminate recommendations regarding best practices in SRHR to IPPF
  - Provides timely guidance on critical issues and reviews and endorses IPPF's programmatic and medical guidelines.
- Recommendations are presented as *IMAP Statements*
- 9 members including WHO and UNFPA as ex-officio



# Statement Background

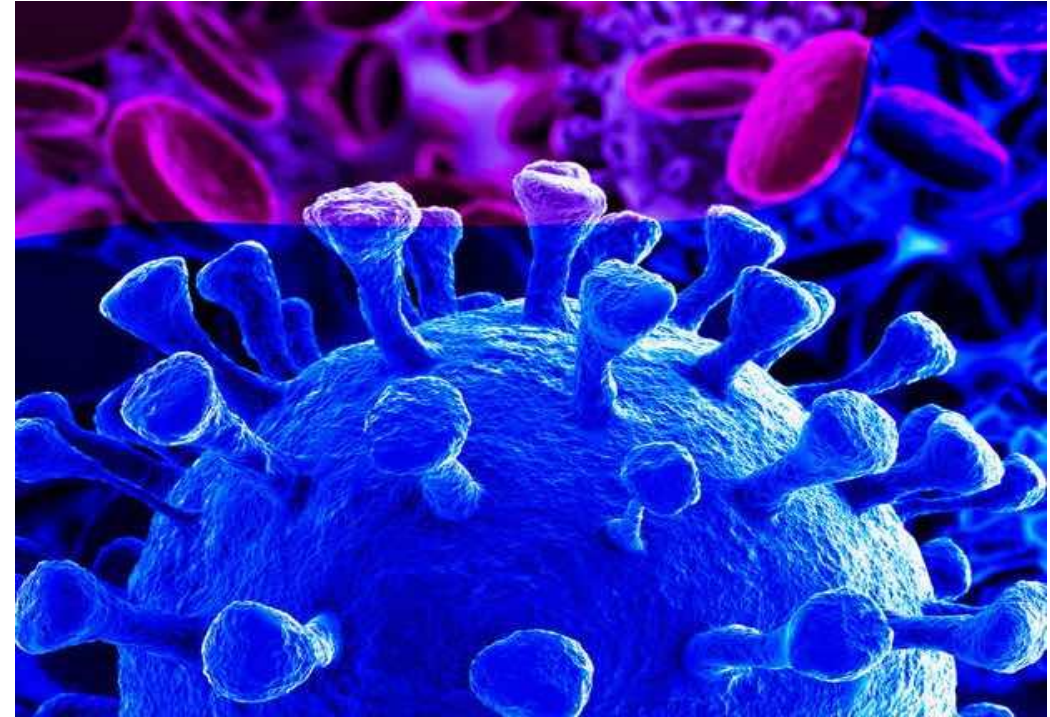
About COVID-19

About the pandemic

Consequences of the pandemic

Purpose of the Statement

- To provide guidance to IPPF MAs and other SRHR organizations to support sustained provision of essential SRH services in the context of the COVID-19 pandemic
- Serve as a tool to advocate with donors and other stakeholders for additional resources to sustain SRH services throughout the pandemic
- Reinforces IPPF's position and commitment to SRH and rights and gender equality.



# Gender dynamics of COVID-19

- A gender lens is critical in any intervention in response to the pandemic.
- COVID-19 is escalating inequalities for women and girls and discrimination of marginalized groups, including elderly, adolescents and young people, refugees, people with disabilities and those in extreme poverty.
- Women are the majority of frontline health workers (up to 70%); are predominantly the main caretakers, taking care of children and elderly family members, now including those infected with COVID-19 in domestic isolation.
- The consequences of the pandemic have caused closure of formal and informal work, loss of income, restriction of movements - sexual exploitation and abuse, SGBV
- Young people are also affected by the closure of social spaces where many receive CSE and SRH services.

SUSTAINABLE  
DEVELOPMENT  
GOALS



# Emerging implications for SRHR

## Access to essential SRH services

- Negatively affecting access to essential SRH services: information and counselling on SRH and CSE, and services - contraception services, safe abortion services, maternal and newborn health services, services for GBV, STIs/HIV, infertility and reproductive cancers
- Increased risk of unintended pregnancy, unsafe abortion and possible complications of pregnancy and childbirth, and maternal and newborn morbidity and mortality

## Global supply chain crisis

- Due to increased demand for medical and health equipment and supplies, increased use of PPE and lockdown
- Impacting production and distribution of medical health products
- Export restrictions are threatening the critical supply chain
- Global shortages of PPE and other essential SRH commodities and supplies documented in many countries
- Health systems stretched as they respond to the pandemic

# Key messages for Member Associations

1. SRHR are essential to gender equality and women's well being, and maternal, newborn, child and youth health
2. Access to essential and life-saving SRH services is a human right
3. Provision of SRH services is essential and must be ensured to women and girls, as well as the poorest and most vulnerable populations, even more so in a context of a pandemic



## Recommendation 1

# Strengthen community education and awareness about COVID-19

### For the public

Provide clear and consistent messages on the risks of infection and the recommended public health practices to protect themselves and prevent the spread of the virus

Encourage use of mobile technology, social media platforms and other innovative approaches to inform the public about the benefits of SRH services and the need to continue using them

### For service providers, staff and volunteers

Familiarize them with specific guidance for preventing the spread of COVID-19 and ensure they have access to reliable sources of information e.g. WHO website on COVID-19, national health authorities

Educate staff on the *WHO guidance on risk communication for healthcare facilities and community engagement*

Orient staff on the clinical symptoms and country-specific surveillance measures required of health workers for COVID-19

## Recommendation 2

# Ensure continuity of essential SRH services

1. Promote and adopt innovative approaches e.g. digital health; self care; providing counselling and selected SRH services outside the clinic setting

2. Support the provision of *safe abortion services*, including through self-managed medical abortion up to 12 weeks, post-abortion care, menstrual regulation

3. Counsel clients on the benefits of *LARCs* - as part of a wider range of contraceptive methods - to ensure long-term protection during the pandemic

4. Ensure clients are provided with *adequate supplies of essential SRH commodities* to meet their needs during the pandemic

5. Prevention of *SGBV* and provision of care and support services to women and girls who experience GBV

6. If the situation devolves into a humanitarian crisis, prioritize life-saving SRH services, as outlined in MISPP

7. Advocacy for resources and support from governments and donors to continue provision of essential SRH services.

## Recommendation 3

# Ensure security of essential SHR commodities and supplies

- Coordinate and collaborate with in-country stakeholders to monitor national stock levels and to plan and forecast the requirement for commodities and supplies
- Map the landscape of regional and local distributors, wholesale organisations and manufacturers
- Develop and implement policies and SOPs to be able to respond to emergency requirements
- Plan 9–12 months ahead for essential SRH commodities and supplies
- Escalate foreseen shortages of commodities to IPPF RO and CO for support
- At clinic level, increase the frequency and number of controls for inventory management:
  - track stock levels all the time and keep records up to date
  - ensure compliance with first expired–first out approach
  - increase safety stock levels to anticipate longer lead times for health commodities execute minimum monthly replenishing orders to anticipate risks of product shortages
  - adapt service provision strategies in case needed



## Recommendation 4

### Ensure safety of service providers and clients

- Protect and ensure the safety of service providers, staff and clients in the health facility
- Ensure that clients showing signs and symptoms of COVID-19 are not stigmatized
- Provide psychological and social support to staff
- Train staff on infection prevention and control measures
- Ensure strict infection prevention practices according to international and local guidance and use PPE
- Develop clinic-specific procedures for physical distancing
- Maintain well-organized clinics with messages about prevention



# Conclusion

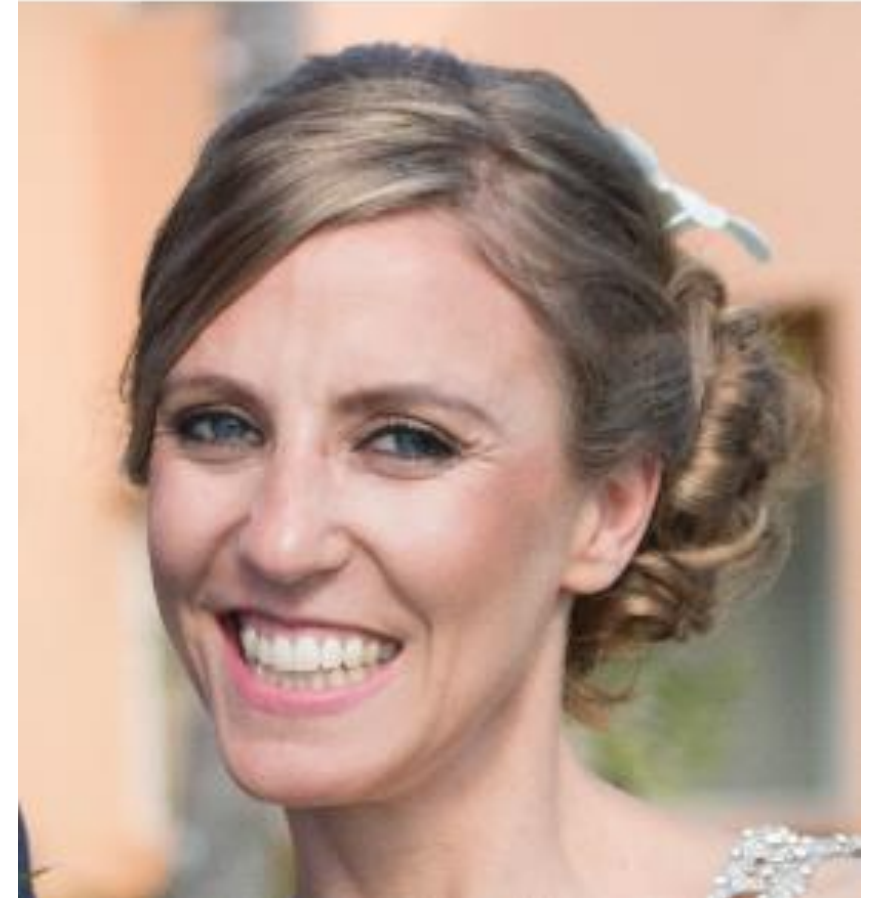
This statement is a statement of IPPF's commitment to:

- ❑ rights-based, gender transformative SRH service delivery
- ❑ support Member Associations to safeguard and protect these rights, more so during the ongoing pandemic and beyond
- ❑ ensure that SRH and rights are not compromised and that women and girls, adolescents and young people, and other vulnerable people have access to life-saving SRH services
- ❑ ensure that these services are an integral part of any response to the crisis

# Thank You

# Monica Burns

Monica is the Sexual and Reproductive Health Advisor for IPPF's Humanitarian team in the Pacific. She has over ten years clinical experience as a nurse. During this time she has completed 12 international humanitarian assignments. Her work overseas (mainly completed with MSF) has taken her to public health epidemics (including Ebola), areas of conflict, mass displacement (refugee camps), and natural disasters. Monica has completed a Master's in Public Health and Tropical Medicine, a minor thesis and a postgraduate in pediatric intensive care. Her other great love/s is surfing (and her family).



# Infection Prevention and Control Guidance for COVID-19

*Monica Burns, SRH Services Advisor - Pacific*

# Infection Prevention and Control

in COVID-19



Patients with COVID-19 may have these symptoms:



# Infection Prevention and Control (IPC)

## Outpatient Care



The basic principles of IPC and standard precautions should be applied in all health care facilities, including outpatient care and primary care.



For COVID-19 infection, the following measures should be adopted:

- Triage and early recognition;
- syndromic screening to be done in clinics;
- emphasis on hand hygiene, respiratory hygiene and medical masks to be used by patients with respiratory symptoms (consider having signage);



[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)

**Have a triage station at the healthcare facility entrance, prior to any waiting area, to screen patients for COVID-19. This limits potential infection throughout the health care center.**



**Have alcohol-based hand rub or soap and water handwashing stations readily available for the use of healthcare workers, patients**

# Triage

Before anyone enters the facility:

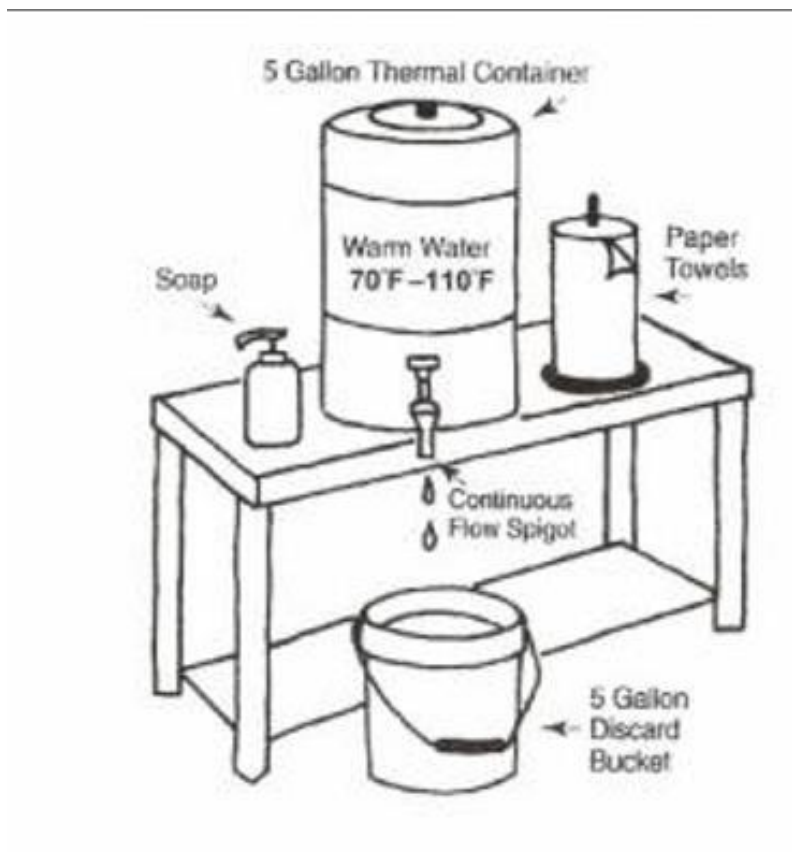
- Handwashing
- Screening questions

Other:

- Temperature check
- Patient spacing

<https://iris.wpro.who.int/handle/10665.1/14482>




# Handwashing Stations



Practicing hand hygiene is the best way to prevent the spread of germs in the healthcare setting and the community

- <https://www.afro.who.int/node/12469>
- <https://www.mfma.org/resources/Pictures/Approved%20Handwashing%20Station%20for%20MN%20FMs%2007.pdf>

# Screening Questions

| SCREENING QUESTIONS  |  |
|--|--|
| <b>FEVER</b><br>- Have you experienced a new onset of fever >38 degrees in the past 14 days?   |   |
| <b>COUGH</b><br>- Have you had a new onset of cough or shortness of breath in the past 14 days?  |   |
| <b>TRAVEL &amp; CONTACT</b><br>- Have you had travel to a country of high-transmission of COVID-19 or have you had contact with someone experiencing respiratory symptoms in the past 14 days? |  |

Please read before entering.

**IF YOU HAVE**



Please call our office before coming inside.

Clinic Phone # \_\_\_\_\_

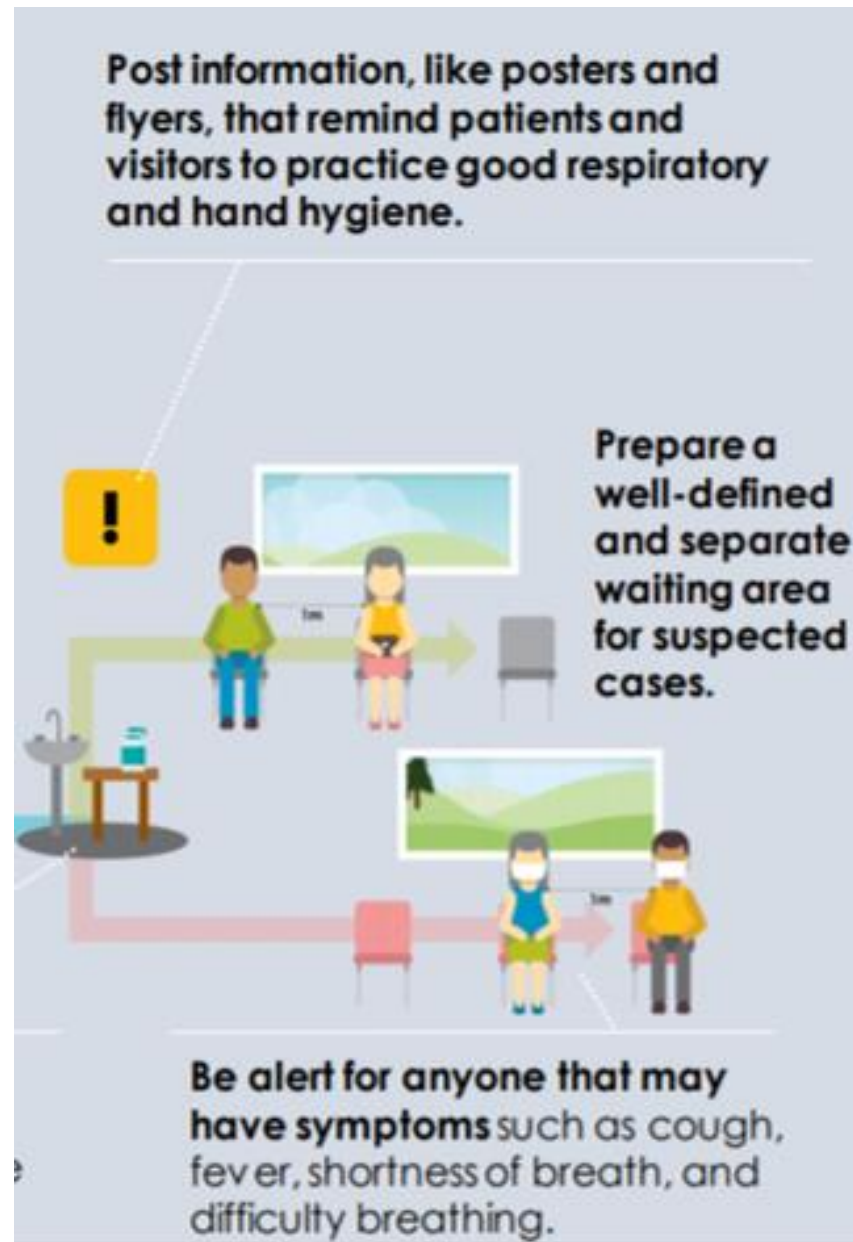
The clinic staff may ask you to wear a mask or use tissues to cover your cough.

**Thank you for helping us keep our patients and staff safe.**



For more information: [www.cdc.gov/COVID19](https://www.cdc.gov/COVID19)

- <https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>  
[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)



## Waiting area

- Communicate with patients before their arrival
- Maintain 1 metre (minimum) distance between clients
- Ensure tissues readily available
- Medical mask for anyone with symptoms (**isolate and refer**)
- Environmental cleaning
- Post COVID-19 Information

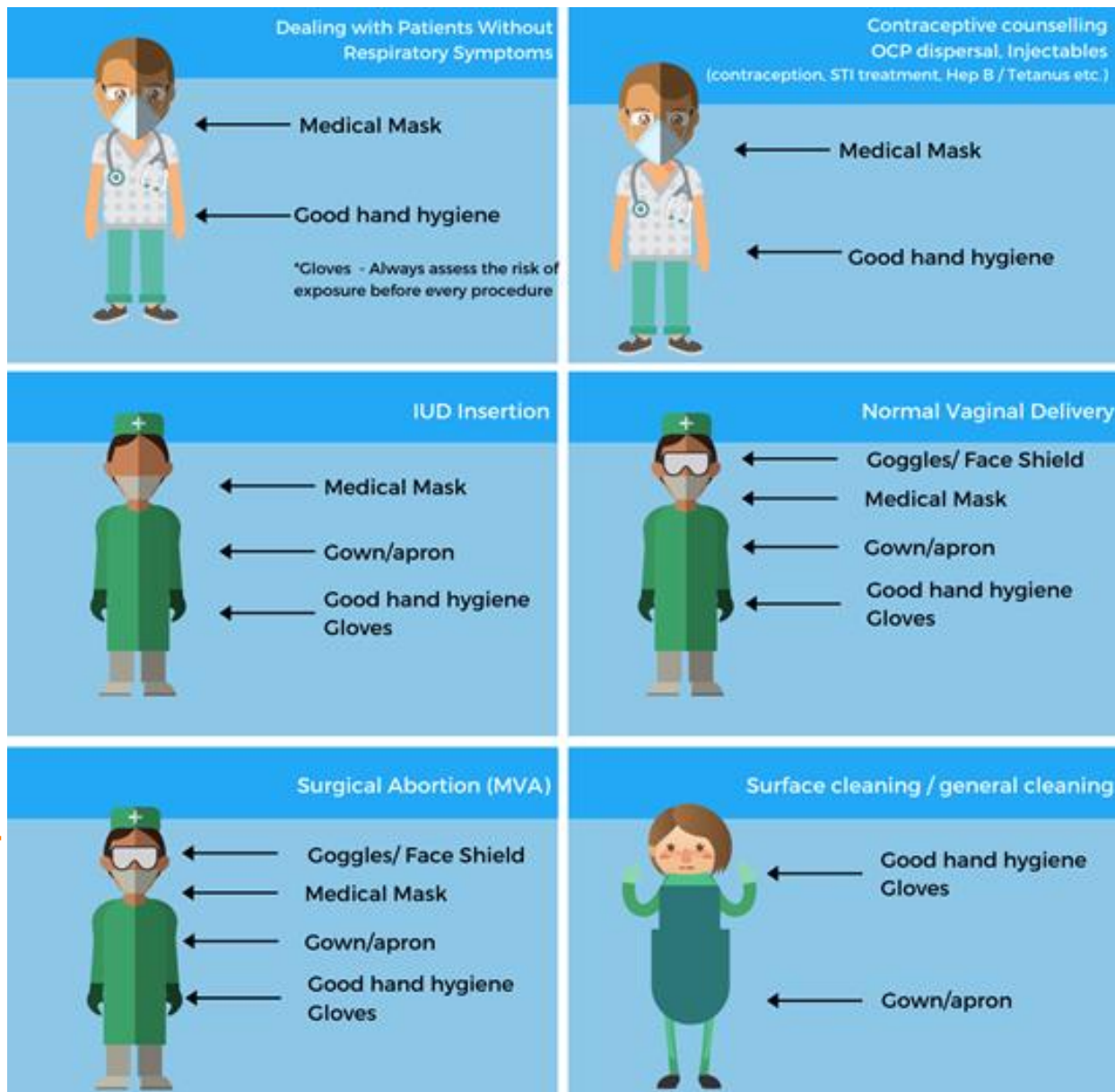
# PPE

## Personal Protective Equipment

For assistance in PPE supplies:

<https://ippf-covid19.org/commodities/>

Email: [COVID19Supply@ippf.org](mailto:COVID19Supply@ippf.org)



# Further Resources

IPPF Microsite: <https://ippf-covid19.org/>

[IPPF COVID-19 Resources on Sharepoint](#)

[World Health Organization COVID-19 online learning platform](#)

World Health Organization IPC

[https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE\\_use-2020.1-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf)

<https://iris.wpro.who.int/handle/10665.1/14482>

# Marta Royo

Marta Royo is the Executive Director of Profamilia, the biggest private, non-profit organization in Colombia specialized in the provision of sexual and reproductive health, educational and commodities services in the country. Mrs. Royo holds a Master's degree in Economics and a Master's degree in Social Economics.



# MA Experiences Profamilia, Colombia

*Marta Royo, Executive Director of Profamilia*



# How to move forward in the face of uncertainty



## Basic Statistics

### April 24th, 2020

Colombian population

**49.842.000**

Number of tests provided

**78.078**

Hospitalizations

**343**

Days since case zero

**50**

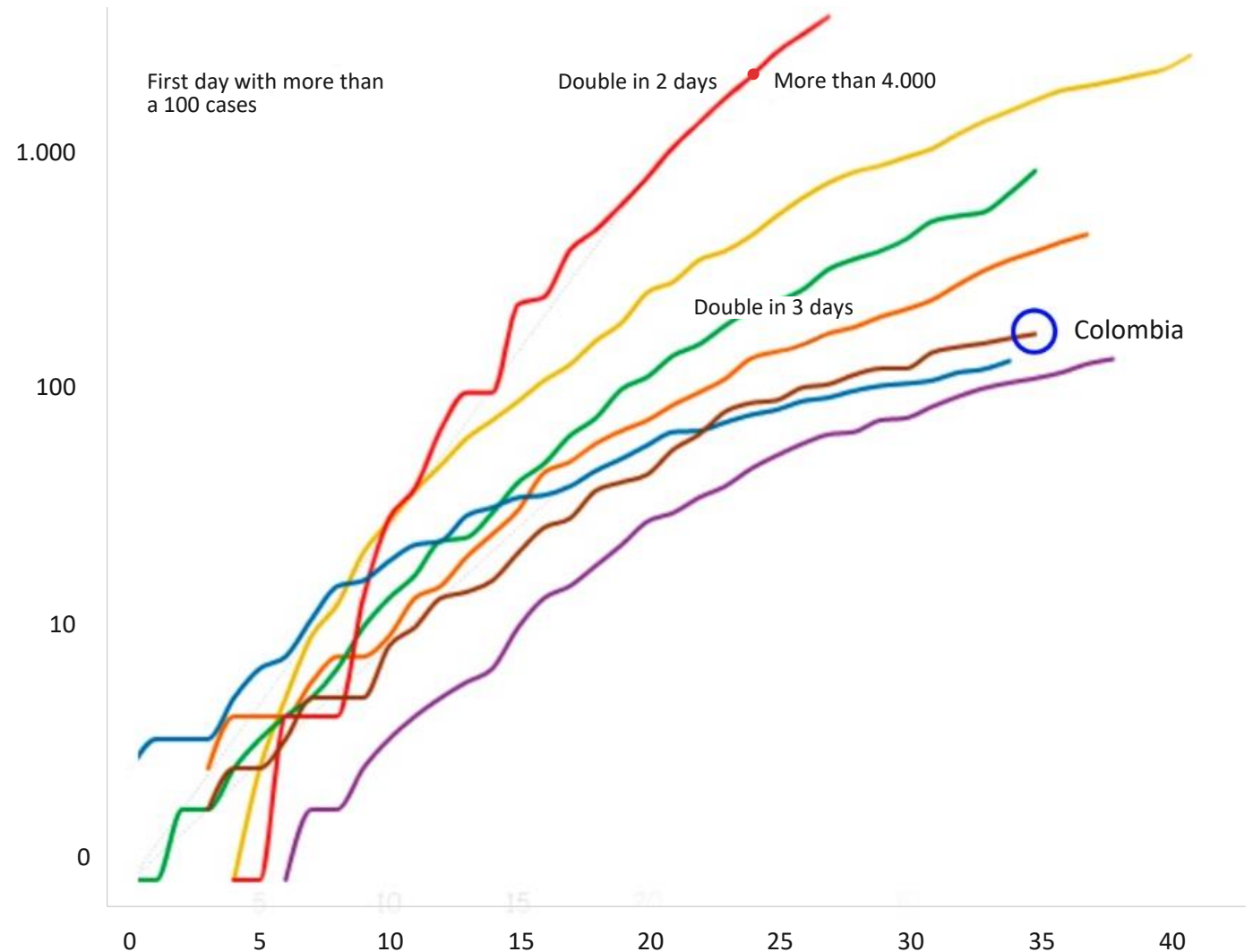
Number of positive cases

**4,881**

Deaths

**225**

Death's evolution: México Colombia Argentina Chile Perú Brasil España





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# Challenges

Administrative  
Operations and Services  
Social marketing  
Advocacy



# Administrative

## Creation COVID-19 Committee: framework to monitor decisions

- Protect employees (PPE)
- Protect users
- Constant review and timely adherence to policies established by the Government
- Epidemiological reporting to the National Health Institute of suspected cases of Covid-19
- Change strategy
- Closure of clinics in shopping centres
- Have staff take vacation time, in shifts
- Non-renewal of contracts for service providers
- Work from home
- Experience Centre Refocus

# Operations and Services

- Analysis of service portfolio
- Selection of services: change to other methods that are not in-person services in clinics
- Design and development of tools, including tools for **the following:**

## **Telesupport (Virtual Counselling)**

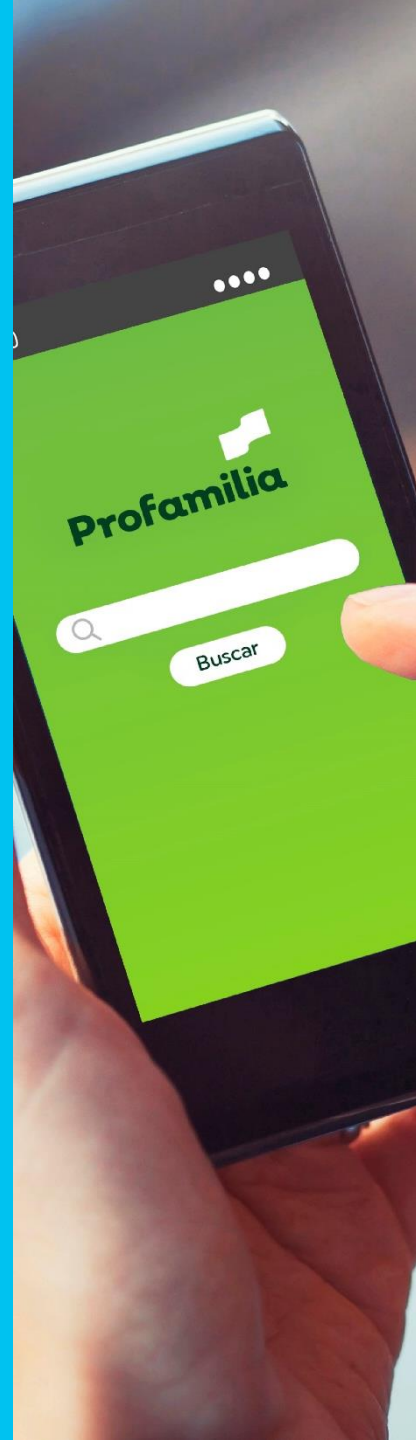
13 days to organize

## **Teleconsultation**

30 days to organize

## **Home care**

23 days to organize



- Services provided through the new customer care channels
- Payment methods
- Methods of dissemination
- **Diversification of services:** Profamilia will be a PCR test centre/laboratory in Bogotá to work closely with the health system.





# Social Marketing Management

- Self-care campaigns
- Access to contraceptives
- Commercial actions in the digital platforms of clients (Distributors)
- Other campaigns:
  - #JuntasYConectas** (*Together and United*)
  - #PasaLaVozYCuídate** (*Spread the word and take care of yourself*)
  - #QuédateEnCasa** (*Stay home*)



**LIVE**

## Instagram Live

- **Rainbow behind closed doors:** the challenges of being isolated and in the 'closet'
- **Relationships and pleasure during quarantine:** how to enjoy your sexuality during times of isolation

## Youth Networks to expand

- COVID-19 care measures
- SRH (MISP)
- GBV
- Manual for youth in situations of humanitarian crisis
- Training spaces
- Virtual counselling



# Advocacy

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**Coordination** and advocacy with public and private sectors

**Ministry of Health: MISP:** focus on abortion

**Foreign affairs:** R4V Coordination Platform for Refugees and Migrants from Venezuela (Interagency Group for Mixed Migration Flows—GIFMM)

**Bogotá's Women's Secretariat:** shelters and houses to protect women

**Creation-in partnership** with a private group-of a mental health support line under the umbrella 'Living together and well-being': focus on gender-based violence and family violence

**Internal Fundraising** campaign to provide food for the populations most in need: April US\$10,000 – Expected in May US\$10,000



When facing  
challenges, we  
need a survival  
approach

## Leadership

- Change
  - Prioritize
  - Uncertainty
  - Solidarity
  - Capacity to reinvert
- Creativity
- Look for solutions and new ideas

1

Understand there will be a  
"new normal" - a new reality  
¿What changes are here to stay?

2

We need to start looking and  
thinking about the opportunities -  
**Brainstorming**

3

**Mandatory:** development of digital  
technologies that support what will  
be our new attention model.



# Thank you



## Dr Kalpana Apte

Dr Kalpana Apte is the CEO of the Family Planning Association of India (FPA India), one of the largest CSOs in India working on SRHR issues. She has over 28 years of experience in public health and SRHR. She is a member of several Task Forces, Expert groups and Advisory groups and has authored several papers and contributed chapters in obstetrics and gynecology textbooks.



# **MA Experiences Family Planning Association of India**

***Dr Kalpana Apte, Secretary General, FPA India***

# COVID 19 – FPA INDIA's RESPONSE

**DR KALPANA APTE**  
**SECRETARY GENERAL, FPA India**



HYDERABAD



DELHI



DHAUWAD



JABALPUR



BIDAR



YAMUNANAGAR



GWALIOR



MUMBAI



MOHALI



AGRA



BHOPAL



SOLAPUR



AHMEDABAD



PUNE



LUCKNOW



NAGALAND

# COVID 19 epidemic timeline and FPA India's Response

COVID 19 first case detected in India , No significant rise in cases in February. On 4 March, 22 new cases came to light

30<sup>th</sup> January 2020

11<sup>th</sup> March 2020

Epidemic disease act 1897, invoked by Government

First death reported in India

12<sup>h</sup> March 2020

Clinical guidelines on COVID 19 issued to Branches

23<sup>rd</sup> March 2020

Guidance to branches to continue SRH service delivery in spite of challenges

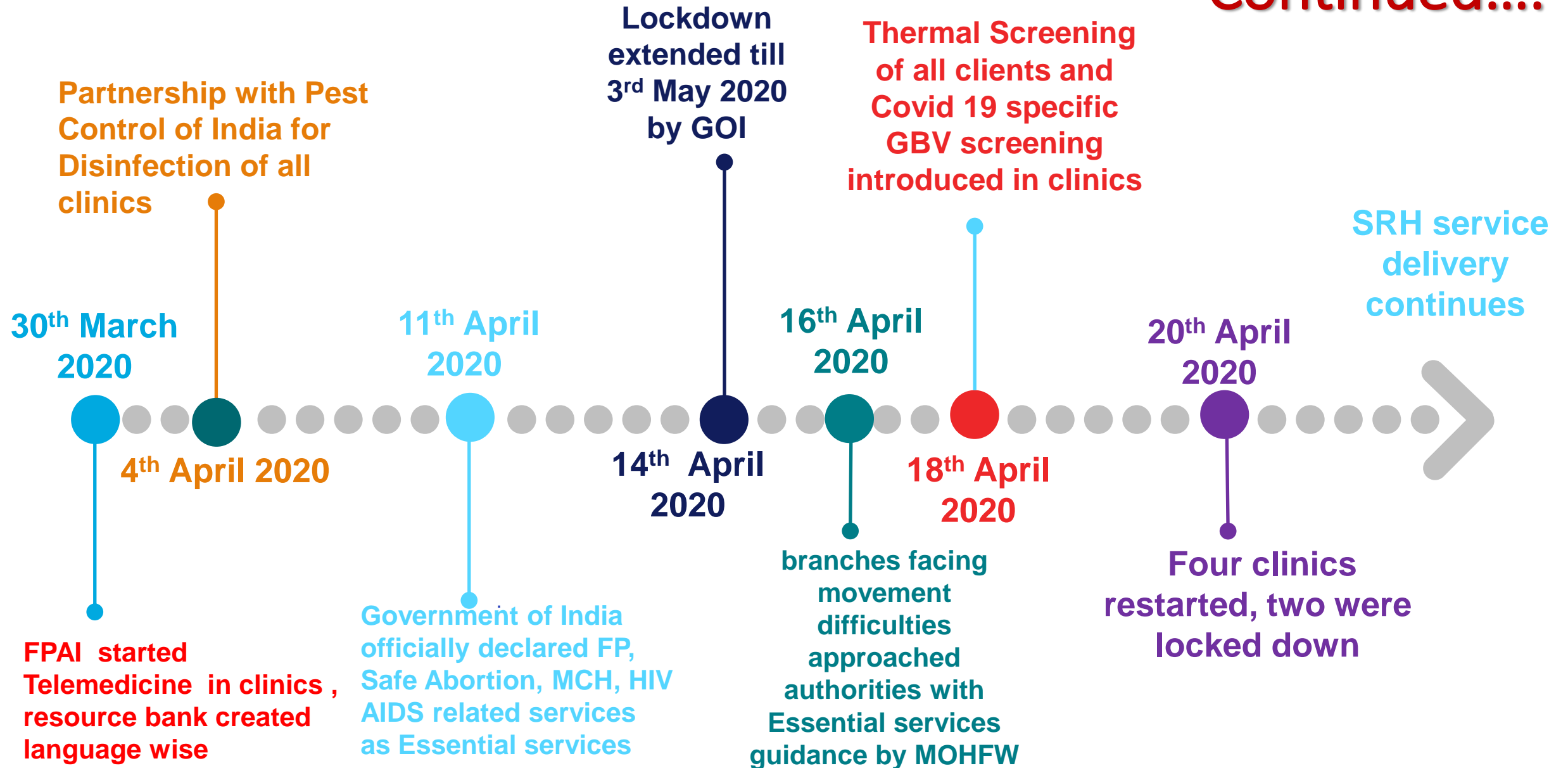
GOI announced 21-day Nationwide lockdown

24<sup>th</sup> March 2020

23<sup>rd</sup> March to 30<sup>th</sup> March 2020

Decentralized procurement procedure of protective gears , Technical and operational guidelines on COVID 19 and pregnancy, HIV, rational use of PPE shared with branches

# Continued....



# COVID 19 in India – Situation on the Ground

- Lockdown extended to 6 weeks
- Thousands of people and areas quarantined
- 21,700 cases; 4,325 recoveries and 686 deaths in the country ( as on 23<sup>rd</sup> April)
- Doubling rate has come down from 4 days to 8 days
- Challenges in transportation, commodities and access to healthcare
- Loss of incomes – Poor and vulnerable



# FPA India's strategy

- Developing clinical service delivery guidelines
- Mobilizing resources – contacting existing donors
- Identifying Essential SRH services
- Constant communication with branch teams for
  - Reassurance
  - Financial, Technical and operational support
  - Decentralization of procurement processes
- Adoption of new service delivery modes like telemedicine



# Service delivery approach during lockdown

- Specific guidelines were developed for service delivery during the COVID 19 pandemic
  - Disinfection, Rational use of PPE, Outreach services & Awareness sessions
- Focus on essential SRH services with active follow up of clients
  - FP – All methods except female sterilization
  - Safe abortion – All methods including surgical
  - ANC, PNC, Immunization, RTI/STI, Counseling
- All OPD based services for SRH and Non SRH services
- Screening of all clients for fever and contact history
- Rational use of protective measures like protective gears, physical distancing, hand hygiene
- Telecounseling, tele consultation including follow up



# Challenges and Solutions / Good practices

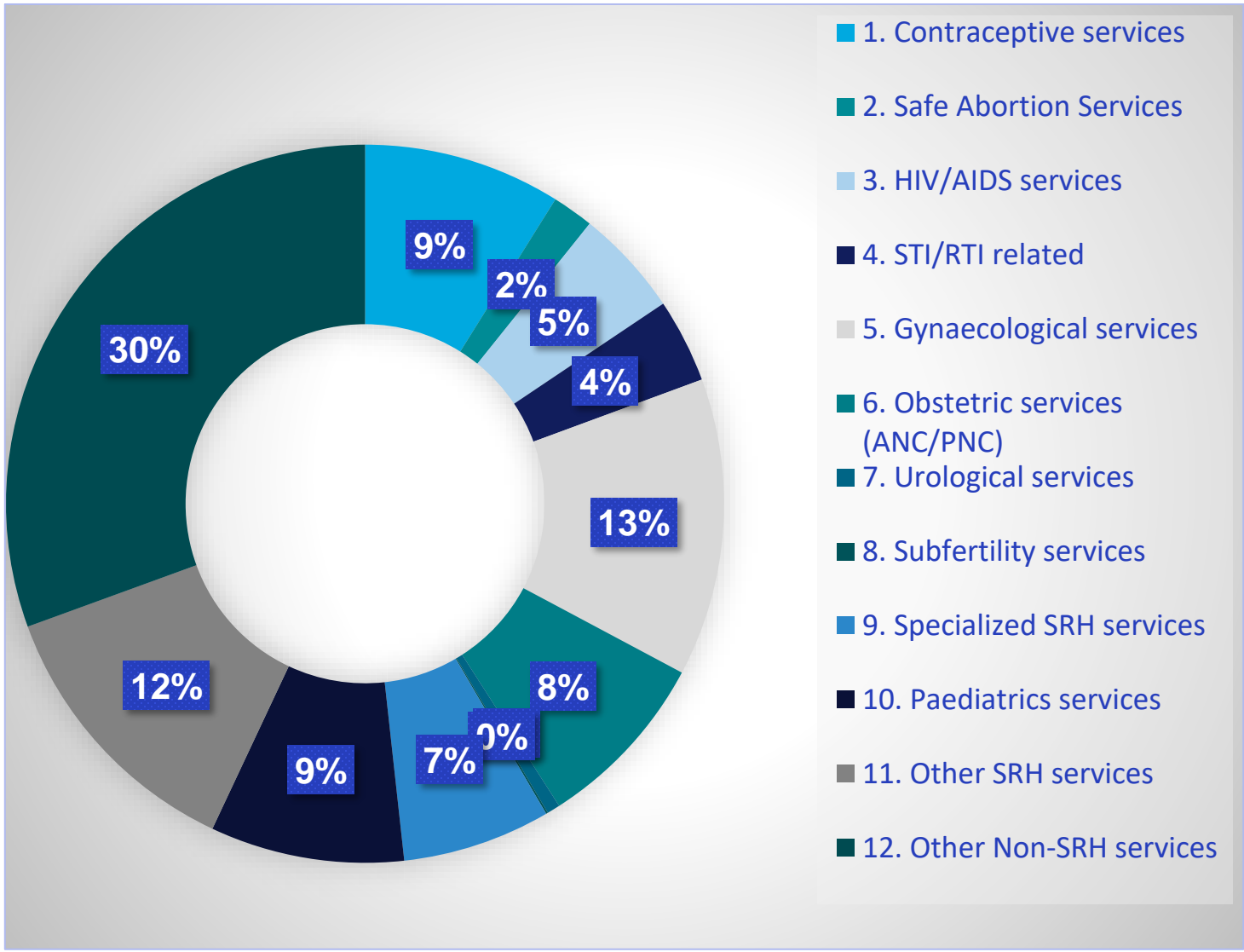
- Limited or no transportation available for staff and clients
- Ignorance of local law enforcement officers about 'essentialness' of SRH services
- Shortage of PPE , N95 masks, sanitizer
- Severely restricted transport therefore doorstep delivery not possible through centralized vendor
- Missing out appointments of ANC clients due to lockdown



- FPAI vehicles deputed for staff movement
- Meetings with local law enforcement officers with MOHFW orders to get passes for FPAI staff
- FPAI staff , beneficiaries of skilling programs, SHGs engaged in making cloth masks
- Tracking of ANC clients telephonically
- Community awareness on prevention and sanitization

# Commitment to clients during Lockdown ( 24<sup>th</sup> March to 19<sup>th</sup> April 2020)

- Number of clients served during lockdown - 26,846
- Number of services provided - 130,629
- Average Number of clients per day – 10-15 Services provided
- 485 clients received abortion related services 382 chose MMA
- 28 women accepted female sterilization
- 7 men accepted male sterilization
- 53 clients referred for COVID 19 testing



## Telemedicine Service delivery

|                         | Tele counseling | Teleconsultation | follow up |
|-------------------------|-----------------|------------------|-----------|
| No. of Abortion clients | 107             | 102              | 59        |
| No. of FP clients       | 85              | 61               | 66        |
| No. of ANC clients      | 133             | 120              | 83        |
| No. of GBV clients      | 37              | 20               | 5         |

## Community Survey for COVID-19

|   |         |
|---|---------|
| No. of Households visited                             | 61,589  |
| No. of persons screened                               | 298,001 |
| No. of persons referred for COVID 19 test             | 512     |
| No. of FPAI staff/ volunteers involved in survey work | 264     |

# Outreach Strategy

- Awareness on COVID 19 – Social distancing, Masks, screening
- Access to SRH services and commodities
- Follow up of High-risk cases
- Ensuring access to nutrition, ART for PLHIV
- Screening and community survey for COVID 19



# Advocacy and Digital media during lockdown ...

- Daily Social media posts on the service delivery at clinics and outreach activities - more than 40 posts have been put-up
- More than 100 Youth Volunteer, representing 17 States and 2 Union Territories, creating social media content
- Upcoming - a short, 3-episode series by Youth volunteers on the upside of the lockdown our country – positive messaging reaching youth



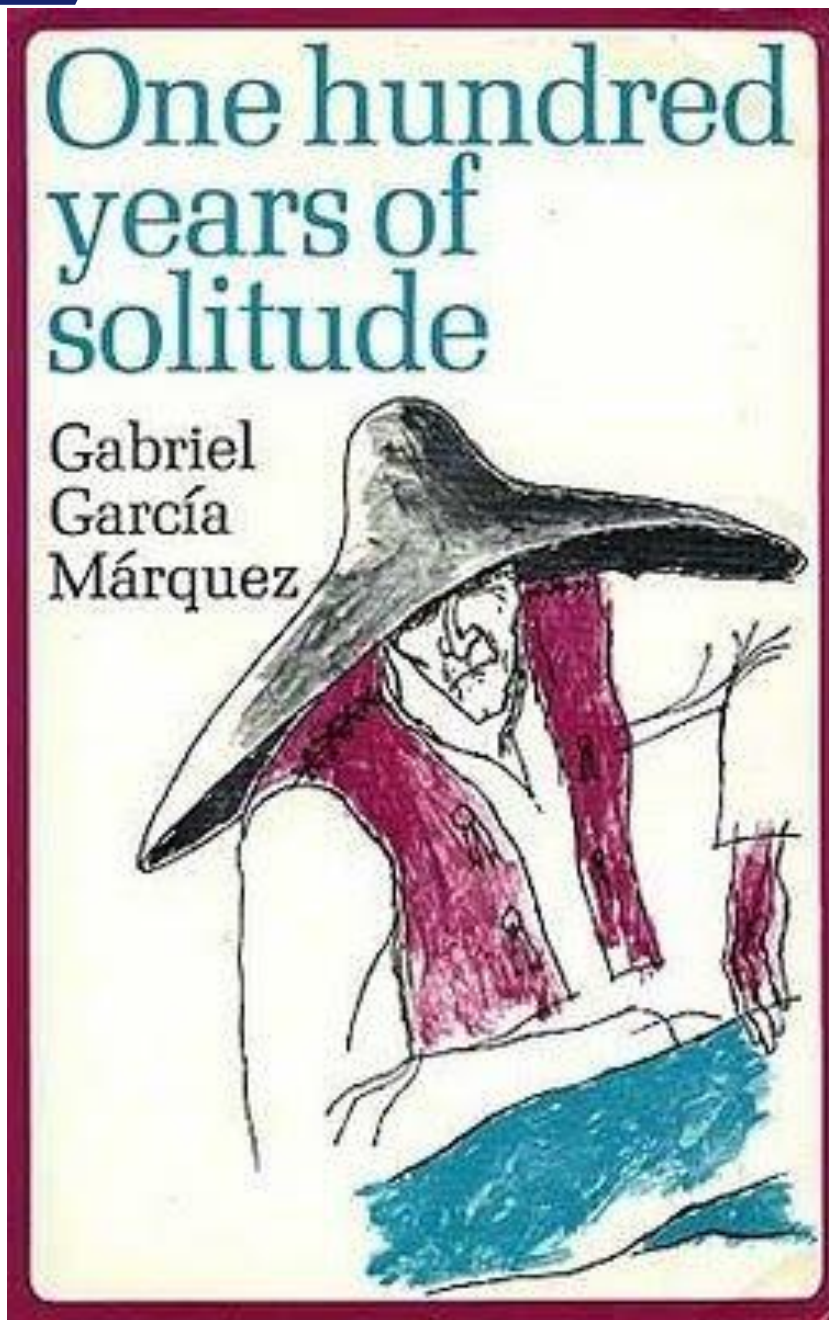
✓ FPAI's Soft Advocacy with Government of India successful ....  
FP, Safe abortion, MCH, HIV AIDS, Adolescent Health included in Essential Health services

Continued Advocacy – to allow provision of MMA through telemedicine



# Thank you





**One Hundred Years of Solitude** is a landmark 1967 novel by Colombian author Gabriel García Márquez that tells the multi-generational story of the Buendía family, whose patriarch, José Arcadio Buendía, founded the town of Macondo, a fictitious town in the country of Colombia.

# Acknowledgements

- IPPF COVID-19 Task Force under the leadership of Karthik Srinivasan, Chief Medical Advisor
- IPPF - SARO, WHR
- IMAP Members: Dr Ian Askew, Anneka Knutsson, Dr France Anne Donnay, Professor Kristina Gemzell Danielsson, Dr Raffaella Schiavon Ermani, Professor Oladapo Alabi Ladipo, Professor Michael Mbizvo (Chair), Janet Meyers, and Professor Hextan Yuen Sheung

**Visit the COVID-19 microsite: <https://ippf-covid19.org/>**