

Government of West Bengal
Department of Health & Family Welfare
State Family Welfare Bureau
Swasthya Bhawan
GN 29, Sector V, Salt Lake, Kolkata- 700091.

Memo. No. H/SFWB/23M-01-2020/ 372(49)

Date.....29/5/.....2020

To,

1. The CMOH,
All Districts, West Bengal.
2. The MSVP,
All Medical Colleges, West Bengal.
3. The DFWO, Kolkata.

Subject – Providing essential Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during and post COVID - 19 pandemic.

You are aware that COVID-19 pandemic has demanded additional attention of our healthcare system and it is equally important that during this period the essential RMNCAH+N services are not affected. We need to ensure access to these services in order to avert the increased risk of morbidities, unwanted pregnancies and mortalities, thereby ensuring the health and well being of our Mothers, Children and Adolescents.

In this context, please find herewith a **guidance note** on provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 pandemic elaborating the various RMNCAH+N services to be provided at different levels in accordance with the **Zonal Categorization of (1) Containment & Buffer Zones and (2) Beyond Buffer Zone & Green Zone.**

You are requested to take all necessary actions to ensure that these essential RMNCAH+N services are provided to the beneficiaries as per provision of the guidance note.


Earnest compliance is solicited from all concerned.



DR. SAUMITRA MOHAN, IAS
Mission Director (NHM) & Secretary
Government of West Bengal

Copy forwarded for information and necessary action please:-

1. The Advisor Health, Govt. of West Bengal,
2. The Director of Health Services, Govt. of West Bengal,
3. The Director of Medical Education, Govt. of West Bengal,
4. The AMD (NHM), West Bengal,
5. The Director (FMG), NHM, West Bengal,
6. The Principal, All Medical Colleges, West Bengal,
7. The DDHS (Admin), West Bengal,
8. The DDHS (HA), West Bengal,
9. The DDHS (Nursing), West Bengal,
10. The HOD, Department of G&O, All Medical Colleges, West Bengal,
11. The HOD, Department of Pediatrics, All Medical Colleges, West Bengal,
12. Dr. Kaninika Mitra, Health Specialist, Unicef, West Bengal,
13. The ADHS (MH/TRG/AH/SH/EPI), West Bengal,
14. The DADHS (CH), West Bengal,
15. The SNO, State QA Cell, West Bengal,
16. The SNO, NUHM, West Bengal,
17. The TO, SPSRC (FP & Trg), West Bengal,
18. The SNO (Nursing), NHM, West Bengal,
19. The Coordinating Officer, FBNC Cell, Swasthya Bhavan,
20. The Coordinating Officer, FBMC Cell, Swasthya Bhavan,
21. The Regional Programme Director, Ipas Development Foundation, Kolkata,
22. The Dy. CMOH-I / Dy. CMOH-II / Dy. CMOH-III, All Districts, West Bengal,
23. The DMCHO, All Districts, West Bengal,
24. The DPHNO, All Districts, West Bengal,
25. The Superintendent, All DH/SDH/SSH/SGH/Decentralized Hospitals, West Bengal,
26. The DPC / DSM / DAF / DAM, All Districts,
27. The ACMOH, All Sub Divisions, West Bengal,
28. The BMOH, All Blocks, West Bengal,
29. The Coordinator, IT Cell with a request to post in the Departmental website,
30. Office copy.


SFWO & Jt. DHS (FW)
Govt. of West Bengal

Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 Pandemic

Introduction

In India, with the second largest global population, the growing epidemic of Coronavirus requires that special efforts have to be made to continue the essential routine RMNCAH+N services. With more than 2.5 crore pregnancies each year in the country, it is important to ensure the availability of services during this period as any denial of services can have an impact on maternal and newborn mortalities, morbidities as well as the health care costs. Also unwanted pregnancies have negative impact on maternal and new born health. Regulating fertility is thus a necessity. There is need to enhance provision of safe abortion services besides post-partum and post abortion contraception.

India also has the largest adolescent and youth population. Therefore, in addition to the current priority for COVID 19 for the health facilities and health workers, it is also vital that essential health services for vulnerable population like this segment are continued during the pandemic.

MoHFW released the guidelines on “*Enabling Delivery of Essential Health Services during the COVID 19 Outbreak*” dated 14th April 2020¹ for provision of essential services

The guidelines outlined the following services as essential:

- ✓ Services related to pregnancy care and management
- ✓ New-born care and childhood illness management
- ✓ Immunization Services
- ✓ Management of SAM children
- ✓ Family Planning Services
- ✓ Comprehensive Abortion Care Services
- ✓ Adolescent Health services

The guidelines also mentioned the health system approach for delivery of these essential services including facility mapping and planning, alternate service delivery mechanisms (Telehealth, modified outreach, home visits), Triaging, Management of human resources, ensuring supplies of medicines and diagnostics, program management (including monitoring), finances and accountability systems.

The following Guidance Note on Provision of Reproductive, Maternal, Newborn, Child, Adolescent Health Plus Nutrition (RMNCAH+N) services during & post COVID-19 pandemic elaborates the various RMNCAH+N services to be provided at different levels in accordance with the zonal categorization of Containment Zones & Buffer Zones and beyond these zones.

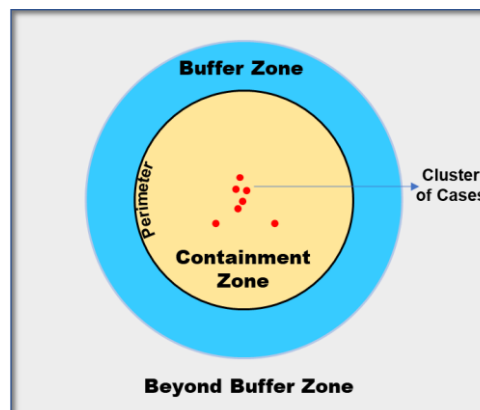
¹(<https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>)

Zonal Categorization (based on COVID 19 Risk Assessment):

Districts/Sub-Division/Municipal Corporation/Ward or any other appropriate administrative units are categorized into:

- **Green Zone:** No active COVID-19 cases
- **Red & Orange Zone:** Active COVID-19 cases

Areas where COVID-19 cases are reported have been classified as **Containment zone** and surrounding areas with risk for COVID-19 spread are termed as **buffer zone**.



For RMNCAH+N purposes, services have been bifurcated into:

1. **Containment & Buffer Zone and**
2. **Areas beyond Buffer Zone & Green Zone**

RMNCAH+N Guidelines

All RMNCAH+N activities will follow certain guiding principles (these are general principles and needs to be followed for all the RMNCAH+N activities).

General Guiding Principles:

- Guidelines and updates from MHA and MoHFW will override any other guidelines.
- Any area exiting a 'containment/ buffer zone' can start RMNCAH+N activities as listed in 'areas beyond buffer zone' after a minimum gap of 14 days following delisting.
- Similarly, an area entering a 'containment/buffer zone' should restrict RMNCAH+N activities immediately as outlined in 'Containment/Buffer Zone'.
- Not for Profit/private sector hospitals can be involved in provision of non COVID essential services, wherever public sector capacity needs to be supported.
- Practices of physical distancing, hand washing, and respiratory hygiene need to be maintained at all service areas by all beneficiaries and service providers.
- Facilities should follow a staggered approach, wherein adequate seating space for beneficiaries and caregivers with physical distancing is ensured.
- In case the number of beneficiaries is more, then additional sessions/clinics could be organized
- Community based activities should have limited participation (5-10) at a time.
- The procedure site and all equipment should be sanitized properly before and after the clinics/sessions.
- The health care providers and Front-Line Workers (FLWs) to use appropriate Personal Protective Equipment (PPEs) as per guidelines and monitored regularly for adherence.
(<https://www.mohfw.gov.in/pdf/UpdatedAdditionalguidelinesonrationaluseofPersonalProtectiveEquipmentsettingapproachforHealthfunctionariesworkinginnonCOVID19areas.pdf/>
<https://www.mohfw.gov.in/pdf/GuidelinesonrationaluseofPersonalProtectiveEquipment.pdf>)

Specific Guiding Principles for provision of RMNCAH+N services:

- All COVID suspect and positive cases should preferably be provided services at dedicated COVID facility.
- COVID testing is not mandatory for RMNCAH+N service. ICMR testing guidelines need to be followed.
- Teleconsultation services to be promoted at all levels to prevent overcrowding and reduce cross infection.
- Drugs, commodities needed for continuing RMNCAH+N services, should be treated as essential commodities.
- Home deliveries of essential medicines like IFA, Calcium, ORS, Zinc, contraceptives etc. can be organized in containment zone.
- Capacity building of all healthcare providers, review meetings etc. should preferably be carried out using digital health platforms.

- **Campaign mode services:**

Following campaign mode services can be provided on an alternative mechanism like through home delivery of essential services & commodities etc. based on local situation:

- Mass vitamin A prophylaxis
- Campaigns for Intensified Diarrhea Control Fortnight (IDCF)
- National Deworming Day (NDD)
- Test treat and Talk (T3) camps for Anemia.

Note:

- **Critical services for women, children and adolescent should be provided irrespective of their COVID status.**
- **Under no circumstances should there be a denial of essential services.**

Maternal Health

| Program activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|---------------------------|--|---|
| Antenatal Services | <ul style="list-style-type: none"> VHSND/UHSND should not be organized PMSMA should be deferred ANC services should be limited for walk-in beneficiaries in facilities. Line listing of High Risk Pregnancies should be maintained and follow up should be through teleconsultation. beneficiary visit should be organized to the hospital located outside Containment Zone House to house visit conducted by Health Workers/COVID warriors for COVID purpose should be utilized to enquire about services required for pregnant women and linkages to the required service should be provided. COVID warriors may be trained in these services, if required | <ul style="list-style-type: none"> Uninterrupted ANC services PMSMA to be continued Modified VHSND/UHSND |
| Delivery Services | <ul style="list-style-type: none"> All health facilities should continue providing delivery services Birth companion should be avoided during delivery | <ul style="list-style-type: none"> All health facilities should continue providing delivery services Birth companion should be avoided during delivery in areas beyond buffer zone and no restriction in green zone |
| Postnatal Care | <ul style="list-style-type: none"> Postnatal care through teleconsultation. House to house visit conducted by Health Workers/COVID warriors for COVID purpose should be utilized to enquire about services required for postnatal mothers and linkages to the required service should be provided. COVID warriors may be trained in these services, if required | <ul style="list-style-type: none"> Uninterrupted PNC services at all health facilities and house visits by ASHAs should be continued. |

Specific guidance for Maternal Health Services: Every pregnant woman is to be linked with the appropriate nearby health facility for delivery and ambulance services to be tied up in advance for timely transport.

Newborn & Child Health

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|---|--|---|
| Care of sick newborn, Follow up of SNCU discharges and Family Participatory Care | <ul style="list-style-type: none"> Services to sick new born (irrespective of COVID status) should be provided in the nearest SNCU/NBSU. Also proper referral arrangement should be ensured Routine SNCU follow-up through teleconsultation, however, sick newborn showing danger signs to be referred to nearest SNCU with proper referral arrangement Family Participatory Care in SNCU should be suspended. House to house visit conducted by Health Workers/COVID warriors for COVID purpose should be utilized to enquire about services required for children and linkages to the required service should be provided. COVID warriors may be trained, if required | <ul style="list-style-type: none"> All services should be continued as per guidelines |
| HBNC and Home Based Young Child Care (HBYC) | <ul style="list-style-type: none"> HBNC/HBYC services should be provided through teleconsultation. House to house visit conducted by Health Workers/COVID warriors for COVID purpose should be utilized to enquire about services required for children and linkages to the required service should be provided. COVID warriors may be trained, if required. | <ul style="list-style-type: none"> HBNC/HBYC visits should be continued as per guidelines. |
| RBSK | <ul style="list-style-type: none"> Newborn screening should be done at all health facilities where deliveries have taken place Screening of children through Mobile Health Teams should be deferred DEIC services should be provided on demand to walk-in beneficiaries in facility. | <ul style="list-style-type: none"> Screening of children through Mobile Health Teams should be deferred till schools and AWCs reopen. DEIC should continue supporting children for management of 4Ds. |

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|---|--|---|
| | <ul style="list-style-type: none"> Treatment of children with 4Ds should be continued in all the designated hospitals. | |
| Management of SAM children with complications at NRC | <ul style="list-style-type: none"> Services to sick SAM should be provided in the nearest NRC Proper referral arrangement should be ensured Routine follow-up through teleconsultation should be provided House to house visit conducted by Health Workers/COVID warriors for COVID purpose should be utilized to enquire about services required for children and linkages to the required service should be provided. COVID warriors may be trained, if required. | <ul style="list-style-type: none"> Management of sick SAM children should be continued as per existing guidelines. |

Specific guidance for Newborn and Child Health Services: Mother and baby to be nursed together as far as possible and breastfeeding to be initiated within 1 hour of delivery, irrespective of COVID status. However, she should put on a facemask and practice hand hygiene before each feeding.

Immunization

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|-------------------------------|---|---|
| Birth dose vaccination | To be continued at all health facilities as the beneficiaries are already in the facility | |
| Immunization | <ul style="list-style-type: none"> Immunization services on demand to walk-in beneficiaries in facility No outreach session (VHSND/UHSND) No active mobilization | <ul style="list-style-type: none"> Both facility based and outreach sessions to be conducted with modified VHSND/UHSND |

Adolescent Health

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|---|--|---|
| Adolescent Friendly Health Clinics (AFHCs) and Adolescent Health Days (AHDs) | <ul style="list-style-type: none"> AFHCs to conduct teleconsultation of adolescents and provide services on demand to walk-in beneficiaries | <ul style="list-style-type: none"> AFHC to remain operational AHD-modified services should be provided to avoid crowding as per in guiding principles Community distribution of IFA tablets and Sanitary Napkins to be carried out |

Specific guidance for Adolescent Health Services: To address anxiety and psycho-social issues among adolescents, peer-based counselling/teleconsultation/helpline to be initiated by involving AFHC Counsellors.

Reproductive Health

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|---|--|---|
| Family Planning | | |
| Sterilization services (FDS and static services) | <ul style="list-style-type: none"> Static services should be provided on demand to walk-in beneficiaries in facility Fixed Day services (FDS) should be provided by ensuring ≤ 10 clients per day in designated facilities | <ul style="list-style-type: none"> All services should be provided as per guideline avoiding overcrowding and maintaining physical distancing Fixed Day services (FDS) should be provided by ensuring ≤ 10 clients per day More sessions be organized, if needed |
| Post-partum sterilization/ Post abortion sterilization | <ul style="list-style-type: none"> Postpartum services should be provided to beneficiaries who are already in facility | |
| IUCD | <ul style="list-style-type: none"> IUCD Should be provided on demand to walk-in beneficiaries in facility | |
| PPIUCD | <ul style="list-style-type: none"> PPIUCD should be provided concurrent with delivery | |
| PAIUCD | <ul style="list-style-type: none"> PAIUCD should be provided concurrent with surgical abortion | |

| Programmatic activities | Containment & Buffer Zone | Beyond Buffer Zone & Green Zone |
|--|---|---|
| Injectable MPA | <ul style="list-style-type: none"> Injectable MPA Should be provided on demand to walk-in beneficiaries in facility. | |
| Comprehensive Abortion Care (CAC) | | |
| CAC | <ul style="list-style-type: none"> To be provided on demand to walk-in beneficiaries in facility as per MTP Act | <ul style="list-style-type: none"> All services (induced and spontaneous abortions) in designated CAC facilities |

Specific guidance for Reproductive Health Services:

- Extra packets (at least 2 months' supply) of condoms and OCPs can be handed to the clients to avoid repeated visits/repeated contact and continuous supply should be ensured.
- All designated facilities should continue providing Comprehensive Abortion care as per MTP Act.

Key RMNCAH+N service modalities:

Facility Based Services: States/UTs may follow the programmatic guidelines as mentioned above. The routine technical protocols to be followed as per GoI guidelines.

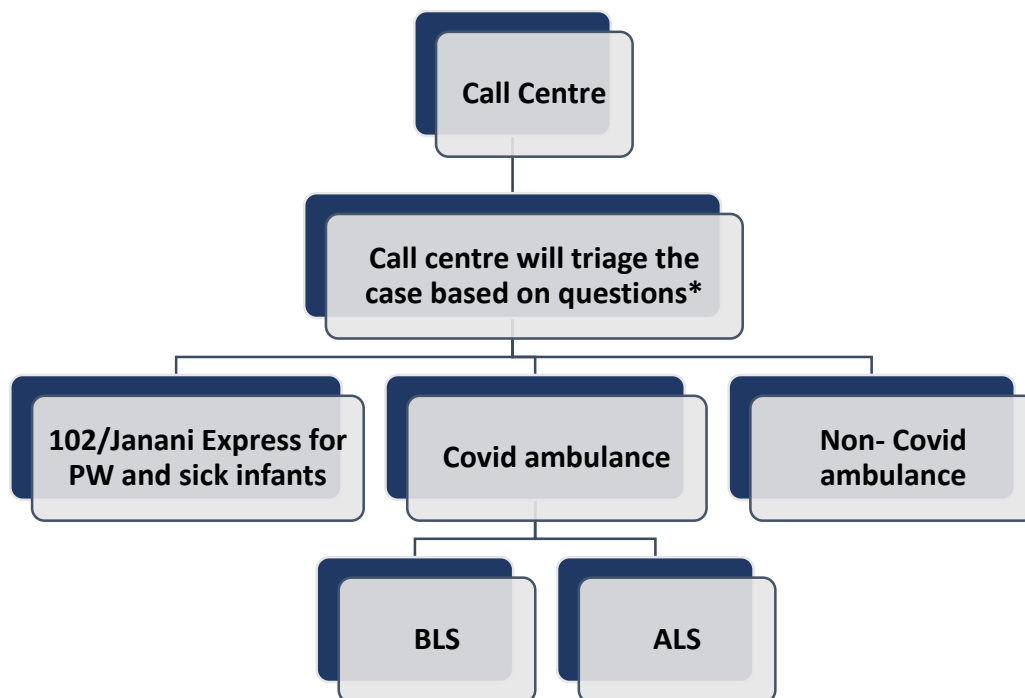
Modified VHSND/UHSND/Outreach:

To maintain physical distancing and reduce waiting time, VHSND/UHSND/Outreach session should be modified so as the number beneficiaries attending sessions are limited.

Session Organization

- A. Staggered Approach:** To avoid crowding at VHSND/UHSND/Outreach, a staggered approach needs to be practiced.
 - For each session, divide all beneficiaries into hourly slots so that 5-10 beneficiaries are allocated per hour.
 - Alternate Session Sites may be identified in case of space constraints to maintain social distancing.
- B. Break-up Session**
 - One village session is divided into two sessions to reduce crowding if staggered approach does not suffice

Ambulance Services:



***On receiving the call, the call centre needs to enquire following details:**

- a) Demographic details of the patient i.e. name, age, gender etc.
- b) Ascertain whether the patient is suspect case of COVID-19
- c) Clinical condition of patient to be transported: whether stable or critical

More details are available at

<https://www.mohfw.gov.in/pdf/StandardOperatingProcedureSOPfortransportingasuspectorconfirmedcaseofCOVID19.pdf>
