

EngenderHealth's Guidance for Ensuring Quality Sexual and Reproductive Health (SRH) Service Provision during the COVID-19 Pandemic



Introduction

The coronavirus disease (COVID-19) is a respiratory illness that can spread from person-to-person via air droplets or by touching surfaces covered with the virus. While COVID-19 has become a global pandemic, essential sexual and reproductive health and rights (SRHR) services must continue. Herein we provide guidance for staff to use to continue to lead SRHR programming around the world amid the pandemic. This includes:

- Overall guidance that all staff should be aware of and prepared to share with a variety of audiences, including the general population as well as those included below
- Guidance that staff should be prepared to share with health facility managers
- Guidance that staff should be prepared to share specifically with providers working in key SRHR areas
- Guidance that facilities and providers should in turn be prepared to cascade to clients

As the pandemic and related learning evolves, these guidelines will similarly need to adjust. We have therefore included a reference list highlighting key resources for identifying new and additional information and present this guideline as a living document.

Guidance for All Audiences

Table 1 highlights key messages applicable to all audiences for staying safe and healthy during the pandemic.

| Social Distancing: Avoid Close Contact | Wear Masks, Whether Symptomatic or Not | Wash Hands Often & Avoid Touching Your Face | Monitor and Address Symptoms | Practice Proper Sneezing & Coughing Hygiene | Provide Emotional Support |
|---|--|---|--|--|--|
| Stay at home. If you must leave your home, maintain a distance of at least 2 meters (6 feet) between yourself and others; also, limit your exposure time. | Know that you may be a carrier, even if you are not symptomatic. If you must leave your home, wear a mask to help prevent transmission of the virus. | Wash your hands often, especially after using the toilet or helping others use the toilet/changing diapers, before and after eating, after touching public materials (groceries, mail, etc.), after contact with animals, and when your hands are visibly unclean. Use soap and water and wash for at least 20 seconds. If soap and water is not available, use hand sanitizer that is at least 70% alcohol. Avoid touching your face at all times. | Common mild symptoms include cough, sore throat, fever, and fatigue. If you experience any of these, stay at home and rest. If the symptoms increase to high fever, chest pain, or difficulty breathing, seek medical attention immediately. | Cough and/or sneeze into a tissue or into your elbow. Dispose of tissues and launder clothing. And again, wash your hands. | Understand that it is normal to experience anxiety caused by the pandemic. Seek and share counseling resources, as needed. |

Guidance for Facilities and Facility Managers

Table 2 highlights key guidance for facilities and facility managers—including mobile service facilities—particularly as related to client intake and care, infection control protocols, and general facility staff practices. These guidelines are meant to supplement any national guidelines for COVID-19 management.

Table 2. Guidelines for Facilities and Facility Managers

Introduce and maintain precautions for client intake and care.

- Ensure that all facility staff are familiar with COVID symptoms and prepared to prescreen clients, as necessary. Empower staff to ensure that all clients understand the facility's guidelines.
- Place a sign outside of the entry door directing clients seeking care for COVID symptoms.
- Determine and clearly mark areas where overflow clients can wait to ensure recommended distancing.
- Try to limit the number of people in the facility by requesting that only clients enter. Alternatively, if this is not realistic, consider limiting the number of visitors who may enter with a client.
- Provide soap and water or hand sanitizer stations at the facility entrance for all who enter.
- Provide masks at the facility entrance for all who enter.
- Designate a special waiting area for clients with coronavirus symptoms to prevent exposure to other clients.
- Set up chairs or mark seats and standing areas to allow clients to maintain a distance of at least two meters (six feet) between one another. Use masking tape to mark these distances, as appropriate. Determine and clearly mark areas where overflow clients can wait to ensure recommended distancing.
- Procure and display posters with key information about COVID-19 (e.g., information included in Table 1) in waiting areas and other strategic locations across the facility.
- Ensure in-patient areas (e.g., lying-in wards, postnatal wards, and surgical recovery rooms) adhere to recommended distancing of beds by two meters (six feet) and, where possible, use barriers, such as screens and other partitioning, to further separate clients.

Ensure adherence to key infection control protocols.

- Ensure availability and use of personal protective equipment (PPE), including eye protection/goggles, facemasks, gloves, gowns, and shoe coverings.
- Clean and sanitize beds and other surfaces using >70% alcohol solution after each client's use. Use other disinfectants, such as chloride solutions, as substitutions, if necessary.
- Disinfect, sterilize, and (as appropriate) dispose of all equipment, instruments, and linen after use, adhering to established waste management protocols.

Ensure facility staff promote and practice healthy and respectful care.

- Provide PPE and train staff (as necessary) on usage—including donning (wearing) and doffing (disrobing). Establish and ensure staff adhere to PPE protocols.
- Ensure staff practice frequent hand washing (e.g., before and after seeing each client).
- Ensure staff continue to promote and maintain client confidentiality and privacy.
- Ensure staff continue to treat clients with dignity and respect.
- Establish procedures (including isolation and quarantine) for staff who may be exposed to and/or experiencing COVID-19 symptoms.

Guidelines for Providers

Table 3 includes guidance specifically for providers—including facility-based providers, mobile service providers, and community health workers—working in essential SRHR areas. However, countries should follow their respective national government's and Ministry of Health's guidance, as appropriate.

Table 3. Guidelines for Providers

Abortion Care

- Providers may see an increased demand for abortion services as the availability of contraceptive services may be negatively affected by the pandemic. Providers may refer to the *Medical Management of Abortion* guide (2018) produced by the World Health Organization (WHO) for additional overall guidance.
- Providers should continue providing quality abortion services at facilities (medical and surgical).
- Providers should consider prioritizing use of medical abortion (MA) to reduce client time in facilities (in support of social distancing); to reduce procedures to preserve PPE; and to reduce reliance on surgical equipment (e.g., manual vacuum aspiration equipment), where possible.
- Modifications of protocols for MA may decrease client-provider contact and transmission of the virus. An example of such modifications called “no-test MAB” eliminates routine pre- and postabortion testing. (Please see reference below.)
- If the availability of misoprostol allows and clients can receive proper instructions (harm reduction), consider the possibility of misoprostol abortion at home.

Adolescent and Youth SRHR Services

- Providers should use clear and simple language to counsel youth and adolescents on COVID-19 and SRHR services available as well as any other relevant resources.
- Providers should continue to provide comprehensive contraceptive counseling to adolescents and youth, including counseling on all methods available. Provider should continue to emphasize the particular benefits (efficacy, safety, etc.) of using long-acting reversible contraception as an adolescent- and youth-friendly option.
- Providers should also emphasize the benefits of long-acting reversible contraception specifically in the context of the pandemic, where access to contraceptive supplies may be limited (e.g., due to commodity supply reductions related to manufacturing and transport challenges and travel restrictions that may prevent clients from accessing resupply of short-acting methods).
- Providers should continue to maintain confidentiality and privacy standards by providing SRHR counseling and care to adolescents and youth in private rooms or areas to mitigate social barriers, such as stigma.
- Recognizing that adolescent girls and young women are vulnerable to increased levels of violence during the COVID-19 pandemic (e.g., due to movement restrictions), providers should increase screening for gender-based violence (GBV) for adolescent and youth SRHR clients and be prepared to offer relevant referrals, where available.

Contraceptive Care

- Recognizing that the availability of contraceptive commodities may be diminished and the available method mix therefore reduced—due to commodity manufacturing reductions and transport restrictions—providers should be prepared to modify family planning counseling services to reorient clients to alternate methods (i.e., those different from a client's current method). For example, providers may need to increase counseling services in fertility awareness methods (such as the standard days method) and emergency contraception. Note, this may require undergoing refresher trainings in these methods.
- To address barriers associated with movement restrictions that are preventing clients from seeking routine care, providers should adopt innovative approaches to provide contraceptive services. This may include increasing community outreach activities, using innovative community distribution strategies (taking care not to increase the risk of exposure to community health workers), and providing increased supplies (e.g., multiple months of oral contraceptives) during the visit/outreaches.

Gender and Social Inclusion Considerations, including Services for Gender-Based Violence Survivors

- Marginalized groups (e.g., adolescents and young people; lesbian, gay, bi, trans, queer, and other sexual minorities [LGBTQ+], people living with HIV and AIDS, and people with disabilities) may face increased

challenges in accessing healthcare due to lockdowns and mobility restrictions, as well as potential rationing of care away from them and instead toward people considered to be “healthy” or otherwise more deserving of care. Further, the need to shift resources to address COVID-19 clients may increase waiting periods for all other clients. Recognizing these issues, providers should prioritize serving these marginalized clients.

- Recognizing that the pandemic is leading to increased instances of GBV, providers should screen all SRHR clients for GBV when completing client histories and be prepared to refer clients (as requested) to support services. This may require updating referral pathways to resources that are continuing operate or newly providing support amid the pandemic and identifying GBV helplines/hotlines that are able to provide services remotely.
- Providers should prioritize maintaining availability of essential, life-saving GBV services for survivors and inform survivors who have consented to contact of changes in service availability (e.g., shutdowns of nonessential services) by phone, as appropriate.
- Providers supporting GBV survivors should consider client access issues related to the pandemic (e.g., issues related to border closures, curfews, lockdowns, quarantines, and travel restrictions). Providers may therefore need to consider alternative approaches to service delivery, including providing mobile GBV services (e.g., as part of mobile SRHR services and/or through deploying providers trained in clinical management of rape as part of COVID-19 outreach teams) and offering client transportation support.

Maternity Services

- Providers should continue to support standard obstetric practices (e.g., cesarean sections, delayed cord clamping, labor induction, and operative vaginal deliveries). The presence of COVID-19 itself is not an indication for cesarean section.
- Providers should consider expediting the discharge of postnatal clients (after one day), to reduce the facility caseload and related strain on facility resources as well as to protect clients from COVID-19 transmission.
- Providers should advise breastfeeding mothers experiencing COVID-19 symptoms, and those who test positive for COVID-19, to consistently adhere to key precautions, including washing hands and nipples before feeding and wearing a facemask while feeding, in order to avoid transmitting the virus to her infant.

Guidelines for Clients

Table 4 provides guidance for all clients seeking facility-, mobile-, and community-based services. All managers, providers, and other staff should be familiar with these guidelines and prepared to respectfully inform clients of these guidelines before and during visits to ensure the safety of all staff and clients.

Table 4. Guidelines for Clients

- Be aware of local (national, community, etc.) guidance regarding social distancing. In some cases, this may include only visiting facilities in the case of medical emergency.
- When possible, visit facilities alone. Recognizing that this is not always feasible, limit the number of family members or friends who visit the facility with you and be aware that facilities may not allow or may limit such accompanying guests from entering the facility.
- Wash your hands before entering the facility.
- Wear a mask or prepare to wear a mask provided by the facility, before entering the facility.
- Upon arriving at and before entering a facility or mobile service provider, check in with a triage staff person who will direct you to the proper area. Be prepared to notify the triage staff if you are experiencing any coronavirus symptoms and to answer any questions regarding potential symptoms.
- Observe social distancing rules of at least two meters (six feet) between persons when visiting a facility (outside and inside the facility), particularly while waiting for your appointment.
- Be aware of and adhere to the general guidelines for COVID-19 health and safety (e.g., those presented in Table 1).

Additional Resources

American College of Obstetrics and Gynecology. 2020. "Coronavirus (COVID-19), Pregnancy, and Breastfeeding: A Message for Patients." <https://www.acog.org/patient-resources/faqs/pregnancy/coronavirus-pregnancy-and-breastfeeding>.

Center for Disease Control. 2020. "Corona Virus (COVID-19)." <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

EngenderHealth. 2020. "Wellness." <https://athena.engenderhealth.org/content/838>.

World Health Organization (WHO). 2020. "Coronavirus." https://www.who.int/health-topics/coronavirus#tab=tab_1.

WHO. 2018. *Medical Management of Abortion*. Geneva: WHO. <https://www.who.int/reproductivehealth/publications/medical-management-abortion/en/>.

Raymond, E., Grossman, D., Mark, A., Upadhyay, U., Dean, G., Creinin, M., Coplon, L., Perrit, J., Atrio, J., Taylor, D., and Gold, M. 2020. "Medication Abortion: A Sample Protocol for Increasing Access During a Pandemic and Beyond." *UC Davis Previously Published Works*. <https://escholarship.org/uc/item/02v2t0n9>.

Inter-Agency Working Group on Reproductive Health in Crises. 2020. "Emergencies: COVID-19." https://iawg.net/emergencies/covid-19?utm_source=insider&utm_medium=email&utm_campaign=covid-weekly&mc_cid=f53e83a4b2&mc_eid=fb443a9b39.