

Adjusting Integrated Family Planning and STI/HIV service delivery using outreach approach in the Context of the COVID-19 (Outbreak in DRC)

(ADAPTED FROM INTER-AGENCY
STANDING COMMITTEE (IASC)
SECRETARIAT WFP OUTREACH
APPROACH FOR FOOD DISTRIBUTION
DURING COVID-19)

As the Novel Coronavirus (COVID-19) continues to spread in an unpredictable manner it presents a growing risk to all stakeholders involved in service delivery and health care in general and in particular personnel in reproductive health services – family planning and STIs/HIV, midwives working in maternities and RMNCAH services as well as during outreach services including community based distributors of family planning methods.

This guidance is intended for field supervisors, site managers and public health personnel, as well as national and local governments and the wider humanitarian community working in humanitarian situations who are involved in the decision making and implementation of multi-sectorial COVID-19 outbreak readiness and response activities – the guidance will be useful for all activated Humanitarian Clusters and their partners.

OBJECTIVES

This document aims to provide Standard Operating Procedures (SOPs) for integrated family planning and STIs/HIV service delivery in the COVID-19 context in UNFPA operations to minimize the risk of exposure of personnel, partners and beneficiaries.

Adjustments to existing integrated family planning and STIs/HIV service delivery SOPs is in alignment with other country-specific guidance shared by Government and partners (e.g. Ministry of Health (MoH), Technical Secretariat of the Multi-sectoral Committee for the Fight against COVID-19 pandemic, WHO etc.), as well as the national public health emergency preparedness plan.

RECOMMENDED ACTIONS

Protection:

It is important to ensure equal access to impartial assistance according to need and without discrimination. This includes identifying beneficiaries who may be reluctant to come forward for assistance because they are marginalized or fear marginalization due to the virus and preserving sensitive information

on affected persons or communities.

Sensitization messages should be shared with beneficiaries ahead of service delivery in line with national guidelines, including advice for at-risk groups (elderly and persons with pre-existing health conditions) as well as confirmed / suspected cases not to come to the outreach site.

Alternative arrangements for assistance to those groups should be put in place (e.g. community based distributors).

Existing mechanisms to support beneficiaries who are unable reach the outreach site should continue, ensuring that general guidelines for reducing risk of transmission are observed (social distancing, hygiene etc.).

COMMUNITY ENGAGEMENT:

Community engagement and clear communications and feedback mechanism will be crucial to reduce transmission, contain the spread of the disease and reduce fear, misinformation, confusion and tension.

Existing community mechanisms as well as outreach activities should be leveraged to disseminate sensitization messages at community level.

Messages should be disseminated in simple / local language, taking into consideration cultural context, as well as special needs of marginalized communities, with the involvement of relevant stakeholders conducting risk communication activities (i.e. health / hygiene promotion).

Adjustments to integrated family planning and STIs/HIV service delivery should be made in alignment with country-specific guidance prepared and shared by the government, relevant health authorities and partners (e.g. Ministry of Health, WHO and the Technical Secretariat of the Multisectoral Committee for the Fight against COVID-19 pandemic).

LAYOUT OF OUTREACH SERVICE DELIVERY SITE:

The layout of an integrated family planning and STIs/HIV service delivery outreach site should enable quick and efficient service delivery, ensure the 1-2-meter distance in between and easy record keeping (see Annex 1: Sample integrated outreach service delivery site in the COVID-19 environment).



PLANNING OF OUTREACH SERVICE DELIVERY:

Adjustments may include increase in number of outreach sites to avoid large gatherings, delivery of long method family planning methods such as implants and injectable or several cycles of oral contraceptives and large quantities of condoms to cover for example 3 months if possible.

ORGANIZE AND CLEARLY MARK THE ALLOCATED SPACES AT THE OUTREACH SITE

- Establish a reception point, (identity) consultation, dispensation/administration of FP and or treatment of STIs and exit to channel traffic and allow for personal space of at least 1-2 meter between each beneficiary;
- Set up hand washing area with adequate supply of hand wash solution (0.05% chlorine solution or soapy water – see instructions below). All efforts should be made to minimize manual contact during the handwashing process (e.g. no touch / pedal tap, paper towels, hands-free covered bins for collection of waste) in line with national-level guidelines. Provisions should be made to ensure regular and safe removal of waste material from the handwashing area. The hand washing stations should also be outfitted with adequate signage which includes how to wash hands;
- Allocate areas for health screening/ body temperature checks by health officials;
- Allocate adequate areas for pregnant and lactating women, people with disabilities and individuals with pre-existing/chronic underlying conditions after health screening / body temperature checks in order to prioritize distribution and minimize exposure. Beneficiaries who are in post-partum should be prioritized;
- Establish sheltered / covered area for beneficiaries that do not receive clearance at the health screening / body temperature check point. The allocated area should be spacious enough to allow beneficiaries to sit/stand at least 1-2 meter apart from each other;
- Ensure that there are clearly marked entrance and exit points (accessible to people with disabilities) in the outreach site;

ARRANGE VARIOUS FP METHODS, CONDOMS, STI TREATMENT WELL AHEAD OF THE OUTREACH ACTIVITY

- Arrange various FP methods, condoms, STI treatment in the consultation and dispensation/ treatment areas;
- If possible separate the point of administration of implants from the point of administration of oral contraceptive pills, condoms, treatment of STIs.

DO NOT ALLOW CROWDING AROUND THE OUTREACH SITE

- Instruct beneficiaries to maintain 1-2-meter distance from each other throughout the service delivery process in the outreach site;
- Cordoned off (with a rope or tape) a 1-2-meter radius around the desk at the consultation and dispensation/treatment area.

FACILITATE INDIVIDUAL HEALTH SCREENING

- Upon arrival at the outreach site, direct beneficiaries to the supervised hand washing area and then to the health screening area to have their body temperature assessed using a non-invasive (handheld / no-touch) thermometer. Ideally, the health screening should be conducted by a medical or health professional endorsed by government authorities;
- It is important to ensure that the screening process covers identification of signs and symptoms of COVID-19, as well as the risks of exposure, for example: observation visual signs of respiratory illness, coupled with questions on presence of fever or respiratory symptoms, and questions on history of contact with a potential COVID-19 case;
- If a beneficiary is detected to have a fever or shows flu-like symptoms, direct them to the specified sheltered/covered area for a follow up by a government approved healthcare official/ worker, in line with national health response protocols;
- Inform/assure beneficiaries that do not get cleared at the health screening / temperature check areas that they will receive adequate services irrespective of the results of the screening;
- Direct beneficiaries cleared at the health screening area to the consultation area;



ENSURE HYGIENE AND SOCIAL DISTANCING MEASURES

- There should be no physical contact between staff and beneficiaries or between beneficiaries. Emphasize hygiene measures for contact with objects;
- Instruct beneficiaries to maintain 1-2-meter distance from each other throughout the service delivery process at the outreach site.

MANAGE THE FLOW OF TRAFFIC AT THE OUTREACH SERVICE DELIVERY SITE

- Beneficiaries should not pass through the same point twice in the outreach service delivery site;
- Encourage every client who has benefited from services to immediately exit the outreach distribution site.

SPECIFIC INSTRUCTIONS FOR COOPERATING PARTNER STAFF AT THE OUTREACH SERVICE DELIVERY SITE

(Reception point operator, Queue Management Operator, Midwife/Dispensing Operator etc.)

- Provide public health and COVID-19 specific guidance for all personnel working at the outreach site;
- Monitor and record body temperature of all personnel working at the outreach site;
- Monitor the entry of beneficiaries into the outreach site;
- Instruct beneficiaries to maintain 1-2-meter distance at all points during the service delivery process;
- Ensure that the hand washing point is supervised and supplied with adequate quantities of handwash solution;
- Ensure that all beneficiaries wash their hands at the hand washing point and have body temperature checks before approaching the identity consultation point;
- If a beneficiary self-reports, has fever or exhibits signs suggestive of COVID-19 disease, they must be immediately directed to the sheltered/covered area and referred to the relevant health authorities;
- Step back from the ration and direct the beneficiary to collect the ration and leave via the marked exit route(s);

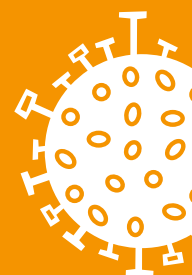
- Instruct beneficiaries to leave the outreach site immediately after they receive services;
- On completion of the service delivery, ensure that the outreach site (room/ area/ tarpaulin) is swept clean and sprayed with disinfectant (0.5% chlorine solution). Once dry, the tarpaulin should be folded away for storage/transportation. The broom may be used again after being disinfected.
- Remove all tapes, ropes and signage;
- Clear hand wash station and remove/store hand washing solution;
- It is mandatory that all staff at the outreach site perform hand sanitation regularly and follow general hygiene practices.

HYGIENE AND SANITATION PRODUCTS

- **Hand wash solution (0.05% chlorine solution)** can be made from a variety of chlorine bases available in the market;
- Washing hands with clean water and soap is mandatory for all staff / personnel, beneficiaries and any other party involved in the process/ present at the outreach site;
- **Instructions for making mild hand wash solution (0.05% chlorine solution):** English / French;
- Instructions for making soapy water: English / French;
- Disinfectant (0.5% chlorine solution) can be made from a variety of chlorine bases available in the market. All washing and disinfecting solutions must be prepared prior to dispatching to the outreach site and marked clearly;
- Instructions for making disinfectant solution (0.5% bleach solution) from liquid bleach: English / French;

(Source: Centers for Disease Control and Prevention)

- Concentrated chlorine and bleach are highly toxic substances that can cause irritation and inflammation to eyes, throat and nose. When mixing and using 0.5% disinfecting solution, appropriate PPE (including impermeable coverall, apron, N95 mask, goggles and double glove i.e. inner disposable latex gloves and outer heavy-duty latex gloves) must be worn;
- Personnel working in outreach sites need to understand the risks of COVID-19 introduction and propagation in the site, be trained and monitored on self-protection measures and the rational use of Personal Protection Equipment (PPE).



IMPORTANT NOTE

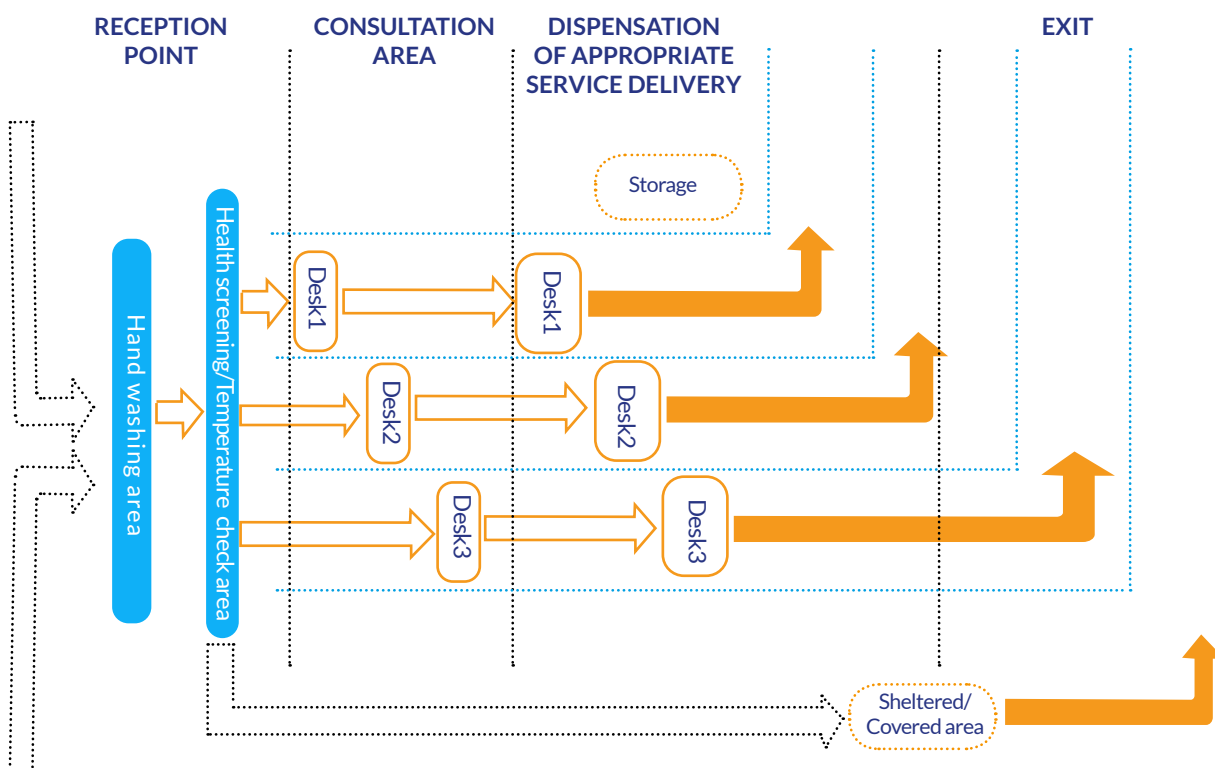
All staff / personnel of UNFPA and implementing partners are responsible for complying with all aspects of the SOPs identified at the country level. All personnel should Maintain spatial distance of at least 1 metre. Personnel with potential risks of exposure to COVID-19 off-site shall not come to work for 14 days since the day of exposure, to prevent contamination to residents and host communities; those experiencing signs and symptoms suggestive

of COVID-19 should not be allowed to work at the site either, until COVID-19 is ruled out and/or full recovery is attained. Measures need to be developed to ensure the temporary transfer of responsibilities of affected personnel to their colleagues.

ADDITIONAL RESOURCES:

- WHO Coronavirus disease (COVID-19) advice;
- Key planning recommendations for Mass Gatherings in the context of the current COVID-19 outbreak (Interim guidance).

Annexe 1: Sample plan for food distribution sites in the COVID-19 environment



Suspected case referral in the line with national health protocols

