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Adapting and Innovating to Deliver Essential Health Services During the COVID-19 Pandemic: **Lessons Learned**

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COVID-19 has brought widespread disruption to essential health care throughout the world—including sexual and reproductive health (SRH) services. During the first eight months of the pandemic, Pathfinder International teams across the globe worked rapidly to adapt service delivery, training, quality assurance, and social and behavior change (SBC) programs. The lessons learned provide insight for SRH program preparedness in the event of future emergencies and for resiliency of global health supply chains and collaboration systems. This brief is part of a series on Pathfinder International's COVID-19 response strategies, impact, and lessons learned.

The Pathfinder Approach

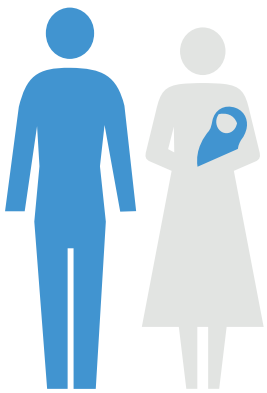
Pathfinder works with governments, communities, and other partners to maintain access to essential SRH information and care. During the COVID-19 pandemic, Pathfinder has taken a multi-pronged approach that comprises advocacy on the need for SRH to be considered an essential service; SBC interventions to prevent the spread of COVID-19 and encourage health-seeking SRH behaviors; and direct support, supervision, and training for health system managers and frontline workers. Pathfinder's COVID-19 learnings and successes denote opportunities for lasting positive change. Each of the following approaches has proven critical to mitigating the negative secondary impacts of COVID-19 on the delivery of SRH services:

- **Deploy a gender-sensitive approach.** COVID-19 has highlighted the importance of a gender-sensitive lens in all support and service modifications. Gender sensitivity must be maintained to support clients, given that emergencies inherently increase existing gender inequities and the resulting risks and severity of gender-based violence (GBV). Gender sensitivity also supports service providers, given that around 70% of the health frontline workforce are women who face the same disproportionate pressures during emergencies as any other women.
- **Leverage technology and task sharing to maintain maximum access to essential services.** Modification of service delivery and in-person contacts can reduce transmission. To balance the need to maintain services with the containment mandate, innovative service delivery modalities including tele-counseling, short message service (SMS) communication, task sharing with non-facility-based providers (for example, pharmacists), and multi-month dispensation should be activated quickly and nimbly.
- **Ensure sufficient contextually relevant infection prevention skills and competencies among all health workers.** Many frontline workers, community health workers (CHWs), and SRH providers are unaccustomed to the infection-prevention standards and skills necessary for working with highly contagious, respiratory infections. All guidelines and COVID-19 adaptation job aids should be adapted to the local context and include specifics on the necessary infection prevention and control (IPC) measures and steps.

Background

In the beginning of 2020, as COVID-19 outbreaks threatened to overwhelm health systems, many governments issued emergency orders that closed businesses, restricted local travel, and/or required individuals to stay in their homes except for "essential" business. Concurrently, fear of contracting the virus combined with a lack of clarity on what constituted essential business led to a rapid decline in service seeking across health areas. This included SRH care such as contraceptive services, comprehensive abortion care (CAC), maternal and newborn health (MNH) care, HIV/AIDS, and GBV response services. A global shortage of personal protective equipment (PPE), diversion of resources to acute COVID-19 response, and commodity shortages further hindered SRH service delivery systems and public health programs.

"When a woman dies, she is more than a maternal death statistic. It's a huge loss to a family, in terms of family connections, economic resilience, and so much more."



– Mengistu Asnake, Country Director, Pathfinder, Ethiopia

Key Service Delivery Adaptations

Deploy a Gender-Sensitive Approach

Nearly every Pathfinder country team acknowledges the disproportionate impact of the COVID-19 pandemic on girls and women—from heightened risk of COVID-19 exposure given caretaking duties to mounting economic pressures that can lead to child marriage, early pregnancy, and sex work. Systemic inequity affects health behaviors and decisions, particularly among girls, women, and other vulnerable populations. In addition to COVID-19-related barriers to access, pre-existing challenges such as provider bias can keep women and girls from accessing SRH services.

Further, COVID-19-induced lockdowns have greatly increased the amount of time people are spending at home together, exacerbating women's and girls' risk for GBV, including intimate partner violence, early marriage, rape, and sexual abuse. Pathfinder responded to the increase of GBV by supporting development, dissemination, and digital training on guidance and job aids for respectful GBV response and referral by all cadres of frontline health workers. Some programs also integrated GBV awareness and support into their COVID-19 information, education, and communication materials.

LESSONS AND RECOMMENDATIONS

- Efforts to prevent the spread of COVID-19 and maintain access to essential health services should be designed, implemented, and evaluated through a gender lens.
- Health staff should be trained, and programs prepared, to safely deliver timely, quality, gender-sensitive services to respond to the needs of vulnerable people in high-risk situations.
- Eliminating provider bias against providing SRH services to unmarried and/or young women is vital to maintaining services during the COVID-19 pandemic and future shocks.
- Female health workers from all cadres should be consulted regarding their needs and priorities when providing care in emergencies. Identification of safe housing options near health facilities can reduce travel risks for female health workers. Programs should also support health sector planning by identifying additional equipment needs that support female health workers. These might include mobile phones, data cards, transportation stipends, menstrual hygiene supplies, and PPE in sizes that accommodate female bodies.

PHOTO: Arthur Wawerru

Hellen Mose and other women make masks at the Bomani Health Center in Kilifi County, as part of Afya Pwani's work to mitigate the spread of COVID-19.

Leverage Technology and Task Sharing to Maintain Maximum Access to Essential Services

To maintain physical distancing and prevent the spread of COVID-19, health systems needed to reduce patient flow in and out of health facilities while maintaining continuity of and access to essential health services. Increased use of tele-counseling and virtual follow-up, task sharing, and multi-month commodity dispensing helped reorganize patient flow to maintain physical distance and protect against airborne transmission of COVID-19.

USE OF DIGITAL TECHNOLOGY IN SERVICE PROVISION

Quickly adapting services to virtual platforms or hybrid models blending virtual and face-to-face learning has been critical in maintaining services while minimizing contact. Examples of modifications include:

- Differentiating health workers by their personal risk of severe disease and assigning those at higher risk (for example, older health workers) to provide virtual and phone-based care while lower-risk providers carry out face-to-face consultations and services.
- Adapting job aids and counseling flows for use on digital platforms or SMS exchange.
- Identifying and leveraging community networks such as CHWs, traditional birth attendants, local pharmacies, and youth champions to maintain contraceptive demand generation and continuation messages using existing channels such as SMS and phone-based follow-up.

TASK SHARING AND REFERRALS

Pathfinder teams have worked with a range of partners to ensure continuity of services. Task sharing, strengthening referral systems, and integrating COVID-19 information with contraceptive information and services CHWs provide have helped meet clients' needs during the pandemic. In Pakistan, Lady Health Workers were trained to refer women to community midwives for birthing care and to facilities for other health needs that required clinical care. In some settings, CHWs were trained to provide injectable contraceptives safely, along with oral contraceptive pills and condoms. In others, they initiated door-to-door provision of short-acting contraceptives, including emergency contraceptives, and referrals to facilities for long-acting reversible contraceptives (LARCs). In still other settings, Pathfinder expanded partnerships with private-sector contraceptive distribution points like pharmacies and drug shops. Where certain facilities were converted to COVID-19-response centers, Pathfinder supported referral systems to direct clients to alternate facilities for health needs unrelated to COVID-19.

PHOTO: Ali Asghar

Pathfinder Pakistan's community mapping activities under the Naya Qadam project supported virtual coordination networks among community-based providers and youth champions. These networks helped meet demand and protect contraceptive uptake.

PHOTO: Anumegha Bhatnagar

Under the Youth Voices for Agency and Access (YUVAA) project in India, Pathfinder introduced telephone counseling and adapted their job aids to be simpler and shorter to accommodate remote conversations. The team customized messages for its existing digital platforms to provide contraceptive counseling and information. They also cultivated a partnership with a chatbot-enabled digital health platform that uses artificial intelligence and behavioral science to reach consumers.

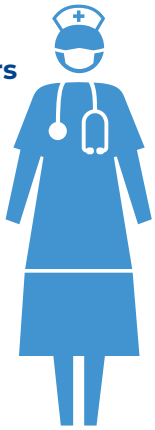
MULTI-MONTH DISPENSATION

To reduce the need for face-to-face appointments, some programs began multi-month dispensing, providing a six-month resupply of oral contraceptive pills instead of the usual three-month supply. Similar adaptations to contraceptive supply such as using the full DMPA reinjection window for injectable contraceptives increased flexibility in follow-up appointment times and cadence—improving client flow volume at clinics. Similarly, HIV programs have adapted to multi-month dispensation of antiretroviral therapy (ART) for clients who meet the criteria. In addition, ART programs have integrated provision of water, sanitation, and hygiene (WASH) supplies to people living with HIV as a risk mitigation strategy to reduce their vulnerability to COVID-19. In select, high-risk communities, Pathfinder programs supported provision of HIV home test supplies to enable self-testing.

LESSONS AND RECOMMENDATIONS

- Implementation of tele-counseling and virtual follow-up must be culturally sensitive. It must also be preceded by robust capacity-strengthening to enhance providers' ability to do quality remote counseling and assessment and to develop the digital literacy of both clients and providers.
- Effective coordination with community supply-chain structures such as pharmacies is key to ensuring that clients can access the contraceptives and other medicines and supplies that they need in times of disruption.
- Multi-month dispensation was increasingly being considered or implemented before the pandemic and has shown to be a vital adaptation to reduce visits and prevent stockouts at the household level. Even after the pandemic has subsided, programs should continue to offer multi-month dispensation of contraception and ART. For it to work well, the supply chain program must ensure that adequate commodities are available to accommodate demand.
- Emergency preparedness and health system capacity to rapidly pivot to remote service provision and self-care will be enhanced by further research in several key areas:
  - Implementation research into which modes and platforms are most effective, efficient, and contextually appropriate.
  - Ensuring access to services at multiple levels, including community-based provision and self-care.
  - Development of rapid assessments that enable selection of a platform that is responsive to contextually specific gender dynamics and health-system needs.
  - Field testing of diverse remote service delivery channels to expand knowledge of which settings and connectivity requirements enable video-based calling and assessment versus phone-based counseling and triage.

Ensure Sufficient Contextually Relevant Infection Prevention Skills and Competencies Among All Health Workers



Timely IPC information and education for both health workers and the public is key to safe care. Rapidly evolving evidence and guidelines on appropriate IPC measures for a given community's phase of outbreak, resource constraints, and political realities led to confusion and stress in many health systems and on the part of public health programs. To mitigate this challenge, Pathfinder teams prioritized adherence to global safety protocols, while aligning and adjusting programming to the needs and directives of local and national governments.

Pathfinder increased its consistent reinforcement of IPC information and measures in order to allow essential health services to safely continue at the facility and community levels. Pathfinder moved quickly to support IPC preparedness and deliver IPC refresher trainings and updates to health service providers and facility staff (for example, proper waste management of PPE). Near universal reports from these trainings indicate that IPC refreshers help reduce fear

PHOTO: Arthur Wawerru

Under the Global Fund HIV Project, Pathfinder and partners prioritized clients with high viral load and directed some clients to alternative service-delivery points. For example, Pathfinder Nigeria established agreed-upon meeting places for patients over the age of 60 to pick up their ART to avoid them coming to a facility.

and stigma among clinic providers and staff. Pathfinder teams also worked with community partners, including volunteer youth organizations and the government, to raise public awareness of protective measures—with an emphasis on reassuring the public that health facilities were open and safe to visit.

Pathfinder country teams widely named provision of PPE and other equipment as the most important step in continuing services. The installation of handwashing facilities, screening points, and disinfection tunnels in health facilities was also critical. Where community-level activities have resumed, Pathfinder helped put new precautions in place—for example, access to quality cloth masks and handwashing stations for staff and clients. COVID-19 was a reminder that without consistent IPC, providers can easily and unwittingly transmit viruses from one client to the next. Pathfinder's programs will sustain IPC best practices beyond COVID-19.

LESSONS AND RECOMMENDATIONS

- When it comes to guidelines for safe service provision in a pandemic, one size does not necessarily fit all. International and multilateral organizations must consider the contextual sensitivity and adaptability of pandemic-related information and guidance in low-resource environments and diverse country settings.
- Consistently implementing IPC best practices now and beyond the pandemic will bolster resilience to future shocks.
- Implementing organizations are critical to coordination on the ground, including helping to provide essential PPE, equipment, and commodities to health workers and facilities. They can do this by mobilizing local efforts for production of PPE. They can also do this through coordination with the diverse players in the supply chain, filling gaps in communication, and transportation.
- Providing mental and emotional support to frontline health workers and staff is essential to their ability to safely deliver quality health services during the pandemic.

PHOTO: Roshni Lodhia

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COVER: Pathfinder's Endangered Ecosystems of Northern Tanzania project partners with The Nature Conservancy to build resilience in communities, and teach about the links between population, health and the environment. PHOTO: Roshni Lodhia