Maintaining the provision and use of services for maternal, newborn, child and adolescent health and older people during the COVID-19 pandemic

Nepal: the critical role of the Reproductive Health Sub-cluster

Background

In Nepal, the first case of COVID-19 was confirmed on 23 January 2020, and three waves of the pandemic were observed during 2020 to 2021 (1). The first wave began in June 2020 and continued until November; the second wave in April until October 2021; and the third wave in December 2021 until mid-February 2022. COVID-19 entered Nepal as a challenge in every aspect of life: economic, social, political and administrative, and the efforts which should have been taken to mitigate its impact were not clear as there was no past experience to deal with such a pandemic. The health sector was seriously affected and faced many challenges. Nonetheless, soon after the first COVID-19 case report, the Government of Nepal initiated various actions to address the challenges foreseen.

The Health Emergency Cluster, formed during the earthquake of 2015, was reactivated, as subsequently was the Reproductive Health (RH) Sub-cluster (also formed during the earthquake), in March 2020. The cluster mechanism aimed to ensure a systematic response to the pandemic by engaging with multiple national and international partners.
Functioning of the RH Sub-cluster during the COVID-19 pandemic

The RH Sub-cluster is chaired by the Director of the Family Welfare Division and the Co-chair is a representative of development partner organizations. Members include representatives of relevant departments of the Ministry of Health and Population, different divisions within the Federal Directorate of Health Services, provincial health directorates and key stakeholders working in the area of reproductive, maternal, newborn, child and adolescent health (RMNCAH) including United Nations agencies, international and nongovernmental organizations, professional societies and academic institutions (see Table 1 for the list of members).

Meetings of the RH Sub-cluster were held regularly (weekly during the first and second phases of the pandemic, then fortnightly, and virtually during lockdowns) with all stakeholders to facilitate continuity of essential RMNCAH services, identify needs and take action to address those needs. (The terms of reference of the RH Sub-cluster are provided in Box 1).

Box 1. Terms of reference of RH Sub-cluster

The cluster mechanism aims to ensure a coherent and complementary response to an emergency. It allows for greater transparency in the allocation of resources, co-leadership and enhanced engagement with all national and international partners, and it facilitates joint strategic and operational planning to respond to an emergency.

The Health Cluster was officially activated in April 2020 in response to the COVID-19 pandemic. The RH Sub-cluster is under the Health Cluster and is co-led by the Family Welfare Division and UNFPA, as the United Nations sexual and reproductive health (SRH) agency. The RH Sub-cluster engages all relevant stakeholders, including representatives working in SRH from the government, relevant United Nations agencies, local and international nongovernmental organizations, the private sector and donors, to ensure the Minimum initial service package for SRH in crisis situations is effectively implemented.

Key responsibilities of the RH Sub-cluster include:

- host regular meetings with all relevant stakeholders to facilitate coordinated action to ensure continuity of essential SRH services, as per the implementation of the Minimal initial services package for RH in emergencies and COVID-19: Nepal preparedness and response plan, April 2020;
- report to weekly Health Cluster meetings and liaise with other relevant clusters on emerging issues related to implementation of SRH services; map partners working in SRH in the context of COVID-19 preparedness and response (Who, What, Where);
- ensure regular collection of information, mapping and analysis of SRH service delivery and utilization, and share information about the availability of SRH services and commodities with relevant partners for coordinated follow-up action;
- facilitate and support risk communications and community engagement initiatives in coordination with relevant government and nongovernmental partners;
- ensure community awareness of the availability and location of SRH services, including during lockdown measures;
- prepare and adapt required technical guidelines in the context of COVID-19 for service providers and managers to ensure continuity of essential SRH services;
- mobilize an adequate and timely supply of life-saving SRH commodities, including personal protective equipment and materials for health service providers.

Table 1. Members of the RH Sub-cluster

<table>
<thead>
<tr>
<th>Title/type of organization</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Chair/Government</td>
<td>Director of Family Welfare Division</td>
</tr>
<tr>
<td>Co-chair/ Government</td>
<td>Deputy Country Representative, United Nations Population Fund (UNFPA)</td>
</tr>
<tr>
<td>Member/ Government agencies</td>
<td>Department of Health Services, Health Emergency Operation Centre, Curative Service Division, Nursing and Social Security Division, National Health Education, Information and Communication Centre, Provincial Health Directorates (seven – one from each province)</td>
</tr>
<tr>
<td>Member/United Nations agencies</td>
<td>World Health Organization (WHO), United Nations Children's Fund</td>
</tr>
<tr>
<td>Member/Donor agency</td>
<td>GIZ Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH, United States Agency for International Development</td>
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The RH Sub-cluster coordinated directly with local and provincial governments due to the recent decentralization and devolution of the administration. The Sub-cluster also functions as a Technical Working Group for RMNCAH during disasters, representing various thematic working groups active during non-disaster periods. As the Director of the Family Welfare Division is also a member of the Health Emergency Cluster and the Incident Command System at the Ministry of Health and Population, the Director gave regular briefings on the issues addressed by the RH Sub-cluster to these authorities. Mitigation strategies to maintain the provision and use of essential RMNCAH services were discussed in the meetings of these two groups, and the information shared with the RH Sub-cluster. Table 2 provides a brief overview of the participation, frequency, key agenda items and main areas of discussion of the Sub-cluster meetings during the COVID-19 pandemic.

### Table 2. Overview of participation, key agenda items and main discussion points of RH Sub-cluster meetings

<table>
<thead>
<tr>
<th>Period</th>
<th>Total number held since the beginning of the pandemic in 2020 through the last quarter of 2021</th>
<th>Weekly meetings April-October 2020</th>
<th>Fortnightly meetings November 2020 - September 2021</th>
<th>Average number of participants in each meeting</th>
<th>Average number of organizations represented</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>41</td>
<td>25</td>
<td>16</td>
<td>49 (ranging from 38 to 60 )</td>
<td>22 (ranging from 14 to 29 - see Table 1 for members)</td>
</tr>
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#### Key agenda items and main discussion points

**Initial phase of the pandemic and after reactivation of the RH Sub-cluster:**
- activation of provincial RH Sub-clusters and linking provinces with the RH Sub-cluster;
- strengthening coordination and collaboration;
- setting priorities for the COVID-19: Nepal preparedness and response plan, April 2020;
- deciding issues to be taken to Health Cluster meetings;
- development of interim RMNCAH guidelines;
- risk communication/messaging - pregnancy danger signs, breastfeeding, leaflet on safe abortion services.

**Subsequent phases of the pandemic:**
- regular briefings and status updates on the provincial RH Sub-clusters and linking provinces with the RH Sub-cluster;
- prioritizing RH issues at the provincial level and identifying RH priorities;
- updating and roll-out of interim RMNCAH guidelines;
- RH Sub-cluster updates including interactions with Provincial Directorates and Directives from the Director General of the Department of Health Services;
- information on RMNCAH activities;
- monitoring essential RMNCAH services;
- rapid assessment of RMNCAH services and sharing of findings;
- sharing findings of the health management information system (HMIS) data analysis on RMNCAH;
- maternal and perinatal death surveillance and response action plan and next steps;
- human resources needs and gaps.

**In 2021:**
- rapid assessment of RMNCAH services and COVID-19 impact assessment on RMNCAH services, sharing findings and developing an action plan;
- sharing of weekly RMNCAH monitoring;
- update on RH Sub-cluster performance tracking (to review progress and commitments).
Actions to maintain the delivery and use of essential RMNCAH services prioritized by the RH Sub-cluster

The RH Sub-cluster prioritized actions to ensure continued delivery and use of essential RMNCAH services during the first and second phases of the pandemic. The details of these priority actions are outlined below.

1. Development of interim guidelines to maintain essential RMNCAH services

From the outset of the pandemic and during the lockdown period, the RH Sub-cluster considered the continuity of essential RMNCAH services to be crucial. Therefore, interim RMNCAH guidelines were developed to guide activities in the COVID context. Various task groups were formed by the Family Welfare Division, and each group developed its assigned chapter of the guidelines based on WHO interim guidelines (2,3). A plenary meeting was held to review and finalize all the chapters, and the draft guidelines were submitted to the Ministry of Health and Population for endorsement. On the basis of the interim RMNCAH guidelines, essential services were resumed at health facilities, including digital health interventions, supply of home birth kits for pregnant women who were unlikely to reach health facilities, and the supply of misoprostol to prevent postpartum haemorrhage.

2. Training on the interim RMNCAH guidelines for health workers and facility managers

The RH Sub-cluster developed a plan to ensure the roll-out of the interim RMNCAH guidelines and their availability to health workers. The plan covered all 77 districts across the country. Health workers who were involved in providing RMNCAH services were targeted, and some supervisors also participated in the training. Member organizations and implementing partners supported the training in those areas where they had ongoing activities. Most of the training courses and orientation were carried out through virtual sessions, with only a few in-person training sessions.

3. Using data to monitor the interruption of RMNCAH services

The RH Sub-cluster considered it important to assess interruptions as well as the continuity of RMNCAH services through monthly assessment of data routinely collected by the HMIS, and also by conducting periodic (pulse) surveys of interruption of services and logistics through telephone interviews with the persons in charge of health facilities.

Three pulse surveys were carried out with support from UNFPA in May and June 2020 and July 2021. The findings of these surveys were shared at the RH Sub-cluster meetings. Overall, the findings were very much in line with routine HMIS data, with initial assessments showing significant disruption of services and assessments later in the pandemic indicating less impact. Key RMNCAH indicators to be monitored on a monthly basis were identified through the HMIS, and analysis was presented to the RH Sub-cluster. The information was used in making decisions about actions to be taken and was also communicated to the provinces and local palikas (municipalities) for action. In addition, the RH Sub-cluster discussed data from the Maternal and Perinatal Death Surveillance and Response System and suggested actions to be taken.

4. Information, education and communication (IEC) and behaviour change communication activities

To raise awareness about the COVID-19 pandemic and control its spread, communicating the mode of transmission and the ways to keep oneself and the family safe were considered important. The RH Sub-cluster developed IEC and behaviour change communication materials and submitted them to the National Health Education Information and Communication Centre for approval. The materials, once endorsed, were widely disseminated both electronically and in print.

Helplines were established by various agencies who were part of the RH Sub-cluster to answer queries, especially about the RH needs of women and adolescents during COVID-19.

As the availability of vaccines increased in 2020, the RH Sub-cluster members began advocating in 2021 for providing COVID-19 vaccination to pregnant and lactating women.

5. Logistics support for essential medicines and supplies

The RH Sub-cluster prioritized the provision of logistics support to provincial and local governments. Important medicines and commodities were tracked for their availability at health facilities. In case of need, supplies and equipment were provided through various mechanisms. For example, a budget was allocated to the provinces for this purpose. However, if a province could not buy the medicines, the supplies were provided from the Family Welfare Division. Similarly, medicines for medical abortions were rerouted from the provinces to the districts/local level health facilities.

Logistics support also included other items such as personal protective equipment and infection prevention and control materials. Health workers were rotated to different assignments and health facilities, including quarantine/isolation centres.
Important coordination mechanisms

Coordination between different actors and different levels of the health system was key to ensuring effective implementation of actions prioritized by the RH Sub-cluster.

- The RH Sub-cluster provided a space for coordination between federal, provincial and local governments, and regular weekly meetings were held.
- Further coordination with local government was achieved through virtual meetings and phone calls.
- Collaboration was established with the staff of the HMIS to obtain data from districts and ensure its review and analysis so that the RH Sub-cluster could use the information to make decisions regarding actions needed to strengthen access to services and logistics.

Perceptions of stakeholders on the functioning of the RH Sub-cluster

Insights into the role and functioning of the RH Sub-cluster were obtained through virtual meetings with the representatives of institutions/organizations who were members. In general, the stakeholders expressed their satisfaction with its functioning. One common theme was the importance of open discussions regarding action plans and the clarity of the roles of partner institutions that helped to facilitate decision-making and priority setting. The opportunity for partners to meet and discuss RH-related needs during the pandemic ensured close collaboration among the stakeholders. Moreover, although managing multiple implementing partners was challenging, it also offered the opportunity to benefit from the specific support of each organization in parts of the country where it was needed, including the supply of medicines and consumables, human resources, logistics, etc. The ability to coordinate and provide timely guidance and support to provincial and local governments was considered by the various stakeholders as a key factor in maintaining essential RMNCAH services.

Challenges

Several challenges were faced in the functioning of the RH Sub-cluster as identified through discussions with the Technical Working Group.

- Since the RH Sub-cluster was established as a “sub-cluster” of the broader Health Cluster and therefore was a small part of the larger Health Emergency Operation activities, not as much priority was given to RMNCAH issues as had been expected. More attention was given to issues and activities related to COVID-19 diagnosis, treatment, care and management.
- Frequent changes of the Director of the Family Welfare Division affected the continuity of activities.
- Limited financial and human resources resulted in priority being given to programmes requiring urgent attention. For example, when the COVID-19 vaccine became available, priority was given to the vaccination programme.
- Bureaucratic procedures and administrative requirements often caused delays in the implementation of activities.
- Priority afforded to the roll-out of COVID-19 vaccines impacted on the availability of the Director of the Family Welfare Division and the regularity of the RH Sub-cluster meetings.
- Despite frequent discussions on prioritizing adolescent SRH during the COVID-19 pandemic, minimal action was taken. Limited institutional capacity to provide services, restricted mobility and the closure of educational facilities impacted the provision of services to adolescents.
- Human resources data were not readily available which made it challenging to have an accurate assessment of the needs at all levels of health care provision.

From left to right:
- IEC materials on pregnancy and COVID-19
- IEC poster on danger signs during pregnancy and COVID-19
- IEC poster on RH Hotline numbers

Credits: National Health Education, Information and Communication Center, Department of Health Services, Ministry of Health and Population
Lessons learned

Many lessons from the experience of the implementation of the RH Sub-cluster in the context of COVID-19 were learned, ranging from governance to financing, from social interactions to promptness in responding to challenges. With regard to RMNCAH service provision some of these lessons learned are summarized below.

- Various technical sub-committees are functional under the Family Welfare Division. There is also a legally mandated RH Committee chaired by the Secretary, Ministry of Health and Population. Usually, these committees are task-specific, have discussions on technical and programmatic matters and suggest to the Family Welfare Division appropriate actions to be taken. However, in the scenario of disasters and pandemics, the specific technical sub-committees have limitations in providing a broader perspective and taking actions, making the role of the RH Sub-cluster more important.

- Regular meetings of the RH Sub-cluster and discussions on continuity of services were key to prompt action and ensuring support to the provinces and local health facilities.

- Effective collaboration among partners of the RH Sub-cluster was possible due to planning, clarity of roles and requesting that implementing partners take responsibility for those zones of the country where they were already working.

- Access to data from the HMIS related to use of essential RMNCAH services was essential to make decisions and take actions to maintain services, although only about 80% of health facilities reported data in a timely way.

- Incorporating indicators on the health of adolescents and older people into the HMIS is important to ensure ongoing monitoring of service provision.

- Monitoring logistics supply status for medicines and commodities was possible through the use of the electronic Logistics Management Information System. During the pandemic, Nepal was able to expand the System to all 753 palikas. However, access to internet and electricity remains a challenge.

Acknowledgements

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Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>HMIS</td>
<td>health management information system</td>
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<tr>
<td>IEC</td>
<td>information, education and communication</td>
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<tr>
<td>RH</td>
<td>reproductive health</td>
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<tr>
<td>RMNCAH</td>
<td>reproductive, maternal, newborn, child and adolescent health</td>
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<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
</tr>
<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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References


