

Stakeholder Consultation on Strengthening Contraceptive Care, MR and PAC to Reduce Negative Impact of COVID-19 Pandemic

Date: April 26, 2020

Time: 10.00 am to 12.15 PM

A stakeholder consultation held through Microsoft Team on April 26, 2020 from 10.00 am to 12.15 PM on Impact of COVID-19 on Contraceptive Care, MR and PAC. The consultation was participated by senior officials from DGFP, DGHS, OGSB, Donor agencies, UNFPA and INGOs and discussed about the possible impact of COVID-19 Pandemic on family planning, MR, PAC services and its consequence and also discussed how to minimize the negative impact on sexual and reproductive health of women. Ipas Bangladesh in consultation with DGFP, OGSB and UNFPA take this initiative. In the beginning of the Dr. Mohammed Sharif, Director (MCH-Services) and Line Director MCRAH, DGFP welcome the participants and asked Dr. Rubayet, Country Director Ipas Bangladesh to share context, background, and objective of the meeting.

Participants of the meeting discuss about the potential threat of COVID-19 on the life and health of women, girls and newborn. They shared their concern and came to a consensus that this pandemic have potential impact on family planning and may increase the proportion of unmet need of FP and thus create risk of huge number of pregnancy especially unintended pregnancy. The risk of 'baby boom' can create a public health crisis by increasing maternal mortality and morbidity, stillbirth, and neonatal mortality; On the other hand, due to challenges of access and availability of safe MR and PAC services in these changed reality, there is potential threat to increase incidence of unsafe abortion and complication of induced abortion resulting deaths and disabilities of women and girls.

DGFP directors and program managers reaffirm that their service centers and providers are dedicated and trying their level best to provide the services and also stressed the importance of taking special initiatives to address the challenges and to improve access, availability and utilization of FP, MR and PAC services through public and private sectors. All stakeholders agreed about the importance of taking special initiatives to ensure these services.

A set of recommendations have been made in consensus with all stakeholders to improve access, availability and utilization of FP, MR and PAC services during and immediate post period of COVID-19 Pandemic.

The recommendations are as follows:

1. To development of a special guideline for MR, PAC and FP Services for COVID-19 Pandemic (OGSB, UNFPA, Ipas and DGFP will work jointly to develop this brief guideline); wider distribution (including facility managers, OGSB members, professionals and service providers.) of the guideline should be ensured;
2. To continue and strengthen DGFP's present efforts to ensure availability of providers and staffs in their assigned duties in facilities and in community by ensuring their safety (with PPE or masks, gloves and hand hygiene) and ensure provision of MR, PAC and FP Service in the facilities; History taking and triaging of all patients coming to the MCWCs and UH&FWCs need to be ensured;
3. To continue provision of Implant, IUD, Injections and permanent methods specially for PPF with necessary safety measure including use of appropriate PPE. Progesterone only pill (APON) and ECP's availability, supply and use have to be emphasised;

4. To ensure availability of all essential FP, MR & PAC commodities in public facilities and in private sectors. DGFP present stock analysis shows that all they have enough stock of FP commodities (available minimum for 7.4 month for pill and maximum 43 months for IUD) even than it is important to continue routine FP commodities procurement process;
5. To explore opportunities to increase commodity supply by DGFP's regional store to SDPs by increasing supply from 3 months buffer to 4 months and to provide pills and condoms to the users for an extended duration of use;
6. Task sharenting: To use CHCP of Community Clinic for distribution of short acting FP commodities; increase GO-NGO collaboration in local level to engage NGO worker for community distribution of FP commodities and use satellite centres as depo centre for community distribution of short acting FP commodities;
7. To strengthen coordination between DGFP and UPHCSDP & their partner NGOs and SMC for ensuring availability of services in urban areas;
8. To disseminate following message with simple language through different communication channels including TVC, TV scrolling, social media, radio, community radio, TV talk show etc.
 - a. During COVID-19 Pandemic it is safer not to be pregnant
 - b. Use family planning methods
 - c. Family planning service available
9. Hotline call centre's message should be updated according to COVID 19 management policy of FP, MR, PAC etc;
10. To strengthen awareness activities with simple messages by reinforcing IEM unit of DGFP's already taken initiatives including TVC and TV scrolling; to engage OGSB through talk show (OGSB will provide a list of their experts to director IEM who will be available to participate DGFP's talk show in BTV), social media, posters etc. and by private sector specially SMC's involvement;
11. To minimise in-person contact strategies can be taken like reaching clients through telephone, using social media and providing mass SMS by coordinating with BTRC and engaging multi-sectoral stakeholders for advocacy and awareness building;
12. To strengthen monitoring organize regional/divisional meeting by DGFP office using digital communication platforms (MS Team/Zoom) with their officials; OGSB made commitment to provide technical guidance on any relevant clinical issues;
13. The following recommendations were made to minimise in-person visits to facilities during COVID-19 outbreak
 - a. Offer MRM and MPAC (if appropriate and women are interested) in facilities and through telemedicine after counselling by skilled providers and allow home administration of MRM combination pack;
 - b. Prescribe MRM and MPAC medication for women to access at pharmacy, or healthcare facility while minimising contact;
 - c. Provide MR, PAC without blood test, ultrasound, exam (unless medically indicated);
 - d. For MRM and mPAC, consider providing a further dose of misoprostol 400-800 micrograms for use if termination has not occurred after 3-4 hours, especially where gestation is likely to be 8-11 weeks;
14. To conduct assessment of impact of COVID-19 on family planning, MR and PAC services and for projection of the burden of unintended pregnancy to plan accordingly for COVID-19 and post COVID-19.
15. Continue the present initiatives of stakeholders' consultation in a regular interval and request development partners to share the recommendations to donor consortium.

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