MINISTRY OF HEALTH

LESOTHO

COVID-19 REPRODUCTIVE, MATERNAL, NEWBORN, CHILD AND ADOLESCENT HEALTH AND NUTRITION GUIDELINES

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FOREWORD

This is a Practical Guide for Continuity of Reproductive Maternal, Newborn, Child, Adolescent health and Nutrition (RMNCAH &N) Care and Services in the background of Coronavirus Disease 2019 (COVID-19) pandemic in Lesotho. It was developed in response to the new COVID-19 disease. COVID -19 is a serious highly contagious respiratory viral infection caused by a novel coronavirus recently named SARS-COV2.

The outlined protocols in this guide offer practical consideration of both preventive and clinical aspects of safe continuity of quality Reproductive Maternal, Newborn, Child, Adolescent health and Nutrition services during the COVID19 Pandemic in Lesotho. This guide borrows from various international recommendations; including the World Health Organization (WHO), preceding country COVID19 response guidelines by MOH. As experience and knowledge on COVID-19 is rapidly evolving, these interim guidelines will be updated periodically as per the Lesotho MOH Coronavirus Disease – 2019 (COVID-19) Screening, Testing, Clinical Management, and Prevention of COVID-19 guideline for Clinicians.

It is expected that every clinician, healthcare worker, caregiver and stakeholder in Reproductive Maternal, Newborn, Child, Adolescent Health and Nutrition adhere to these guidelines to effectively provide continuity of these essential health services for all in need during Coronavirus epidemic.

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ACKNOWLEDGEMENT

This Lesotho Practical Guide for Continuity of Reproductive Maternal, Newborn, Child, Adolescent Health and Nutrition services in the Background of COVID19 Pandemic has been developed through the contributions of MOH RMNCAH & N programme managers and other partners that are committed to ensuring effective continuity of Reproductive Maternal, Newborn, Child, Adolescent Health and Nutrition services in Lesotho during this challenging period of COVID19 pandemic.

The Ministry of Health (MOH) wishes to recognize the enormous contribution of its staff and the partners.

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1. INTRODUCTION

SARS-COV-2 (COVID-19) is a new viral disease that is highly contagious. This newly discovered coronavirus was not previously detected in animals or humans and the source is still unknown. Its effects on pregnancy, child birth and the neonate have not been fully understood as very little information is available since the outbreak was first reported in December 2019 in Wuhan China. Evidence gathered by WHO shows that when routine practice comes under threat due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. These guidelines are designed to provide a simple algorithm to ensure reproductive, maternal, newborn, child, adolescent health and nutrition health services are not compromised during this pandemic.

2. PURPOSE OF THE GUIDELINES

1. Identify elements of RMNCAH&N services that are crucial to ensure continuity of essential service during COVID-19.
2. Identify elements of antenatal care crucial to minimizing maternal and perinatal morbidity and mortality that require modification to ensure safety of the patients and the healthcare workers within the context of COVID-19 to ensure safety of the patients and the healthcare workers within the context of COVID-19
3. Provide algorithms on intrapartum care of COVID-19 negative mothers, COVID-19 positive mothers and those suspected but not confirmed to be COVID-19 positive, during labour and delivery, while ensuring the safety of mothers, newborns and healthcare workers
4. Identify elements of postnatal care that support women and are crucial to minimizing maternal and perinatal morbidity and mortality that require modification to ensure safety of the patients and the healthcare workers within the context of COVID-19
5. Provide safe and highly effective care plans for women with acute emergency and urgent Gynaecological conditions, that take into consideration the safety of the patients and healthcare workers
6. Ensure access to family planning and contraception services for women during the pandemic period, for both continuing and new users
7. Ensure access to child health and nutrition services in the context of COVID-19
8. Guide on collective response to the ambient re-emergent threat of Sexual and Gender Based Violence

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3. UNIVERSAL INFECTION PREVENTION MEASURES

1. Hand hygiene; Frequent hand washing with soap and water or alcohol based sanitizer
2. Respiratory hygiene; Consistent use of face mask in public settings, if coughing and sneezing , cover mouth and nose with flexed elbow or tissue- discard immediately into a closed bin and clean hands with soap and running water or alcohol based hand rub.
3. Avoid touching the face especially mouth, nose and eyes
4. Stay at home, reduce clinic visits as scheduled or during emergency
5. Avail Health facility's contacts for reporting in the case of emergencies
6. Keep a safe physical distance; at least (2metres/6 feet) from other people,
7. Reduce visitors including relatives
8. Should you feel sick (fever, cough, difficulty in breathing) call the health facility for guidance or go to the nearest health facility for care.
9. Avoid public transport where possible
10. Leave baby at home during visits unless it's mother baby pair visits
11. Where possible, make hospital visits unaccompanied.
12. Minimize luggage to hospital (baby bag, handbags etc.)

4. USE OF TELEMEDICINE FOR RMNCAH & N IN THE CONTEXT OF COVID19

1. Telephone calls are the preferred first contact with the healthcare providers and are encouraged where face to face visits may not be recommended
2. General enquiries about COVID19 will be directed to the government 24Hr call Centre - 80032020
3. During Lockdowns, curfews or emergency restrictions, and where medically appropriate, evaluations and management services conducted by telephone will be valid
4. Districts command centers will provide link between patients and care within their locality as needed
5. Contact Centre number should be widely circulated through the various media
6. Service providers are encouraged to use telephone consultations and seek appropriate expertise from fellow colleagues as demanded by each situation, as would happen in a normal face to face referral.
7. Telephone consultations and evaluation must be provided by health care providers or routed to, a designated specialist related to RMNCAH&N services as the need may be.

Pregnant women will continue to experience labour and pregnancy related emergencies during this period. Therefore, deliberate concerted efforts must be made to ensure no woman is denied access to skilled care. It is guided that communities devise ways of ensuring women in labour or experiencing pregnancy emergencies are able to safely reach the nearest hospital without restrictions or threats to their safety. Further, Health Centre Committees, chiefs, councillors and Village Health Workers should activate council specific mechanisms to enforce health service access for all pregnant mothers, and especially at night or during periods of movement restriction to contain COVID19 pandemic.

5. ANTENATAL CARE

1. Covid-19 infection in itself is not an indication for interference with the natural progression of a pregnancy and therefore timing and mode of delivery remains based on obstetric and medical indications where applicable.
2. At this time it is not known if pregnant women are more susceptible to COVID-19 than the general public. However due to changes that occur during pregnancy, pregnant women may be more susceptible to viral respiratory infections.
3. It is important for pregnant women to protect themselves from illness and for their health care providers to have the most current and updated information to provide the best care for them.

4. Health care workers should continue to provide care using relevant prevention, screening triage and care recommendations as stipulate in the 2020 Lesotho COVID 19 guidelines. This includes appropriate screening, use of personal protective equipment and client separation guidance.

Deliveries attended by non-skilled personnel or occurring at home increase the risk of complications and death to both the mother and the baby. At this time we do not know the risk COVID-19 may have on pregnancy or potential problems during delivery or post-partum. Skilled birth attendance is particularly important and must be emphasized and conducted in a facility that is equipped with the professional staff and resources to manage labour safely and handle any arising complications. Facilities conducting deliveries should observe COVID19 infection prevention protocols as well as offer the requisite advanced care as the need may be. Home deliveries increase mortality and remain strongly discouraged.

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I. ANTENATAL CARE (ANC) VISITS

Care of the pregnant woman should be highly individualized with respect to her overall status. However, in line with recommendations to reduce risk to both the client and the healthcare workers, the following recommendations are made:

1. Call your health care provider for advice that can be provided over the phone, before seeking care in the hospital or clinic.
2. Except where inevitable, clients should go to the health facility unaccompanied and wear a face mask
3. ANC visits may be reduced to 4 face to face visits where feasible, supplemented by 4 /tele consultations
4. Keep strict records of all visits, whether face to face or by telephone
5. Women suspected or positive for COVID-19 should be reported to District command centre and tested. Care, transportation and referral of the client as needed, should follow Lesotho COVID 19 guidelines.
6. Referral and consultations by telephone or video should be encouraged to minimize unnecessary exposure

II. ANTENATAL SCREENING

Antenatal screening tests should be done at the first contact for every pregnant mother attending clinic. These include:

1. Universal laboratory investigations as recommended under routine care
2. Baseline investigations for co-morbidities
3. Gestation-appropriate ultrasound scans

III. PATIENT EDUCATION

1. Extensive education of danger signs must be done for all clients
2. Facilities should share contacts and inform clients of existing referral systems/communication channels.
3. Disseminate the national COVID-19 toll free number to all mothers

IV. PRESCRIPTIONS

All mothers shall be issued with extended prescriptions for antenatal supplements and any other regular medications for other chronic illnesses including anti-retroviral drugs, for at least three months as per WHO guidelines.

7. INTRAPARTUM CARE

1. Health workers are the first responders, providing frontline care, should adhere to standard and transmission specific precautions to minimise risk of COVID 19 infection and transmission.
2. Health workers providing care to a pregnant or post-partum COVID-19 suspect or confirmed case should wear full PPE. N95 masks should be won during delivery
3. Health workers should be equipped with the necessary information and protection to stay safe during their clinical duties.
4. All pregnant women need respectful skilled care during the process of labor and delivery.
5. To minimize risk, birthing partners in the intrapartum unit are discouraged, during this COVID 19 pandemic

ALL clients must be screened for symptoms (fever, cough, or shortness of breath) including a temperature check prior to entering the labour and delivery room and every twelve hours after, and for potential exposure to someone with COVID-19. Movement into and out of the delivery room must be controlled, ideally all persons in the delivery room to stay in the room until completion of the process allowing non-return exit

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I. TRIAGE

Always use appropriate protective gear –PPE, before interacting with a patient**.** Take history, examine, investigate, counsel and review medications. Specifically look out for the following:

- Hypertensive disorders of pregnancy
- Metabolic disorders: Diabetes
- Endocrine disorders: thyroid disease
- Cardiac disease
- Respiratory disease
- Haematological disorders and VTE

Neurological diseases especially epilepsy
G.I diseases: Chronic liver disease, IBS
Rheumatology
HIV
Renal disease: CKD, Renal transplants
Obesity >40Kg/m^2

II. CARE FOR THE COVID-19 NEGATIVE WOMAN IN LABOUR

A. EXPECTING NORMAL DELIVERY:

These are pregnant mothers who should:

- ✓ Have no complications
- ✓ Have previous normal deliveries
- ✓ No comorbidities
- ✓ Have comorbidities, but are asymptomatic or have mild disease

1. Monitor labor and conduct delivery as per the set protocol, using appropriate tools e.g. Partograph 2. Discharge home in 24 hours if stable

B. DELIVERING BY CAESERIAN SECTION

These are mothers who:

- ✓ Have labor complications
- ✓ Have recurring obstetric complications from history
- ✓ Planned for Pre-labor (elective) caesarean section
- ✓ Have conditions precluding vaginal birth

1. Deliver by caesarian section as per existing protocols
2. Discharge home within 48-72 hours if stable

III. CARE FOR THE COVID 19 SUSPECTED OR CONFIRMED POSITIVE WOMAN

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I. EXPECTING NORMAL DELIVERY

1. Labour will be conducted in a facility with quarantine or isolation rooms equipped for managing patients who test positive for covid19
2. Monitor labor as per the set protocol using a Partograph
3. Ensure vacuum extraction equipment at hand in case of maternal distress (respiratory) during second stage of labour.
4. The baby should not be separated from mother upon delivery, but ensure mother has undergone hand and body hygiene
5. Breast feeding should be initiated within 1 hour of delivery while mother observing infection prevention control (washed with soap and water , wear mask)
6. The mother shall wear an N95 mask at all times during labour and during contact with the baby and this should continue at home until she is declared COVID 19-free
7. The staff assigned to the patients should be well trained, restricted and wearing appropriate PPE- personal protective equipment.

Currently there is no evidence of COVID 19 transmission through breast milk, however Care should be taken not to expose the newborn: refer to Breast Feeding during COVID-19

Service providers include:

- ✓ General staff trained on handling patients testing positive for COVID19 and regular high level infection control in isolation/quarantine facilities
- ✓ Trained and resouced medical doctors and midwives on appropriate use of PPE in level 4 and above hospitals

II. DELIVERING BY CAESERIAN SECTION

1. Obtain informed consent
2. Observe normal preparations for caesarean delivery
3. Use designated negative pressure operating theatre
4. The patient must have a face mask in theatre preferably N95
5. Epidural anesthesia is preferred, unless there are contraindications to it
6. All the prerequisite sterile procedures to be observed
7. There are no contraindications to delayed umbilical cord clamping
8. Perform the caesarean section in the normal procedure

9. Breast feeding should be initiated within 1 hour of delivery while mother observing IPC until the (breast has been washed with soap and water and mother is wearing N95 mask)
10. Restrict staff assigned to patient and control movement in and out of theatre
11. COVID-19 Infection Prevention and Control (IPC) must be observed at all times

Where intubation and general anaesthesia are required, rapid sequence induction, using a short acting muscle relaxant preceded by generous oxygenation, and bypassing need for bag and mask, given by an experienced anesthesiologist is strongly advised to minimize aerosol generation. Manual ventilation should use low tidal volume and as guided by Anaesthesia practice and in line with covid19 as per WHO guidelines. Places with only one operating theatre should fumigate immediately the procedure is completed

Service providers include:

- ✓ General staff trained on handling patients testing positive for COVID19 and regular high level infection control in isolation/quarantine facilities
- ✓ Trained and resourced medical doctors and midwives on appropriate use of PPE at all levels

8. POSTNATAL CARE

This section applies to healthcare facilities and healthcare providers managing women during the first six weeks after delivery as well as the postnatal woman. The main aim is to ensure that during the postnatal period:

1. The risk of contracting COVID-19 infection is minimized
2. Women receive routine postnatal care
3. Women with emerging complications/emergencies are attended to appropriately and in a timely manner

I. NUMBER OF PHYSICAL (FACE TO FACE) VISITS

Individualize postnatal care to meet the woman and newborn's needs. However, where acceptable, minimize face to face visits as follows: For Low risk women who underwent normal delivery: review at six weeks after delivery

1. For Low risk women who underwent caesarean delivery: review at two weeks and 6 weeks post delivery

2. For High risk women who underwent normal delivery or caesarean delivery: Individualized care
3. Any woman with complaints or emerging complications to be triaged, risk profile determined and appropriate care assigned, preferably through telemedicine where possible

II. ASSIGNING RISK

While keen on reducing face to face visits, the following women should be considered high-risk and accorded individualized care:

1. Women with medical conditions and other comorbidities during pregnancy and delivery including Gestational diabetes, Cardiac disease, Hypertensive disorders , Haemoglobinopathies, Deep Venous Thrombosis (DVT), HIV, TB, among others
2. Women with emerging complications during the postnatal period including puerperal sepsis, post-Partum Haemorrhage, post-partum Eclampsia
3. Women with any other medical emergency during the postnatal period

III. APPROPRIATE LEVEL OF CARE

Women should continue to receive postnatal care at their regular healthcare facilities. However, in order to reduce the need for unanticipated referrals the following is recommended:

1. Low risk women who underwent normal delivery and are otherwise well should be attended to at lower levels of care (health centre) unless expressly advised. Unless necessary, women are advised to visit unaccompanied.
2. Women who underwent caesarean delivery and any woman classified as high risk irrespective of mode of delivery should be attended to at a Comprehensive Emergency Obtestric and Newborn Care (CEmONC) facility preferably by a doctor unless expressly advised
3. Women with emerging complications during the postnatal period including puerperal sepsis, postpartum Haemorrhage, post-partum eclampsia, should be attended to at a CEmONC facility by a doctor unless expressly advised

Advance telephone booking and scheduling of review clinic visits is highly recommended

IV. POSTNATAL WOMAN CONFIRMED OR SUSPECTED TO HAVE COVID 19

The following is applicable:

1. Case management: will be according to the current national guidelines for managing patients confirmed or suspected to have the corona virus
2. Neonatal/infant feeding options: Breastfeeding counselling and psychosocial support should be provided to all pregnant women and mothers with infants and young children have suspected or confirmed COVID-19. In situations when severe illness in the mother due to COVID-19 complications prevent her from caring for her infant or prevent her from direct breastfeeding, mothers should be encouraged and supported to express mils and safely provide breastmilk to the infant while applying IPC measures. In the event that the mother is too unwell to breastfeed or express breast milk, appropriate breast milk substitute can be used.

V. NEONATAL/INFANT FEEDING OPTIONS FOR POSTNATAL WOMEN CONFIRMED OR SUSPECTED TO HAVE COVID19

At present, there is no evidence suggesting that the SARS-COV2 virus is transmitted through breast milk and therefore the benefits of breastfeeding outweigh the attendant risks.

The benefits of breastfeeding outweigh any potential risks. Breastfeeding is therefore encouraged but efforts should be made to minimize the risk of contact & droplet transmission of COVID19 infection to the breast feeding newborn/infant

Breastfeeding is therefore encouraged, alongside rooming in, and kangaroo mother care as may be professionally advised, regardless of COVID 19 status. (See Guidelines on The Management of Paediatric Patients During Covid-19 Pandemic March, 2020)

The following options are recommended as appropriate:

1. For safe breast feeding option, follow the National COVID19 infection prevention guidelines with emphasis on the following:

- ✓ Strict hand and breast hygiene with soap and water before handling and breastfeeding baby
- ✓ Use surgical face mask while breast feeding

3. Mother and baby should remain together unless the mother is critically ill and unable to care for the newborn, which may be occasioned by severe illness of the mother due to COVID-19 or other complications that prevent her from continued breastfeeding, or where the mother chooses to be separated from the infant.

- ✓ Encourage mother to express breast milk to establish and maintain milk supply
- ✓ Ensure expressed breast milk is fed to the newborn/infant by a healthy caregiver or companion as is applicable, where the mother is not able to feed her baby

3. In the event that the mother is too unwell to breastfeed or express breastmilk, appropriate breastmilk substitutes (Formula milk) should be considered.

INFANT AND YOUNG CHILD FEEDING IN THE CONTEXT OF COVID-19 PANDEMIC

ALL involved in the response to COVID-19 pandemic to protect, promote, and support the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to prevent malnutrition, illness and death.

This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in line with adopted IYCF guidance in the context of the COVID-19 pandemic response.

Children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices**[1] are:

1) **Early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth);
2) **Exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water unless medically indicated);
3) Introduction of age-appropriate, safe and nutritionally adequate **complementary feeding** from 6 months of age; and
4) **Continued breastfeeding** for 2 years and beyond.

In the context of the COVID-19 pandemic, the **recommended IYCF practices should be protected, promoted and supported** while *applying appropriate respiratory hygiene* during feeding, care, and contact with the infant and the young child in line with the IYCF in the context of COVID-19 brief[2].

In line with the Infant and Young Child Feeding in the Context of COVID-19 Brief[3], and in consideration of the above, **we signatories of this statement call on all the agencies** to ensure support to programmes, plans and initiatives aimed at protecting, promoting and supporting recommended IYCF practices:

Prioritise and identify the needs of pregnant and lactating women early on and provide adequate protection and support in line with recommended feeding practices for IYCF in the context of the COVID-19 pandemic. Ensure that infants born to mothers with suspected or confirmed COVID-19 are provided with access to health care services and are supported in early initiation of breastfeeding, including early skin-to-skin contact, and to exclusively breastfeed, while applying the necessary hygiene precautions and ensure measures are taken in order to avoid practices that separate babies and mothers or disrupt breastfeeding.

1. **Protect and meet the needs of infants and young children who are not breastfed and minimize the risks they are exposed to.** Infants who are exclusively dependent on infant formula should be urgently identified, assessed and targeted with a package of essential support (including sustained BMS supply, equipment and supplies for safe preparation, practical training on safe preparation and regular remote follow up). If possible and mothers are willing, provide remote counselling and support for the re-establishment of breastfeeding.

2. **Ensure the availability and continuity of nutritious, fresh food and essential staples at affordable prices for children, women, and families.** Where there are identified shortfalls in local access and availability of foods,

3. Facilitate access to age-appropriate and safe, complementary foods. Families should receive support on what, when and how to feed young children at home to enable them in maintaining a healthy diet together with intake of safe and palatable drinking water for their young children.

4. **Do not call for, support, accept or distribute donations of BMS (including infant formula), other milk products, complementary foods, and feeding equipment (such as bottles and teats). Do not include purchased or donated supplies in general distribution.** Required BMS supplies should be purchased (by provider or the caregiver) and provided as part of a sustained package of coordinated care based on assessed need and should be Code-compliant. **Donor human milk** should not be sent to COVID-19 affected areas unless based on an identified need and part of a coordinated intervention that must include a functional cold chain.

5. **Ensure pregnant and lactating women (PLW) have access to food, water, protection, psychosocial support and other interventions to meet essential needs.** Consider innovative approaches for remote support in the context of isolation and confinement.

6. **Identify the nature and location of higher risk infants, children and mothers and to respond to their needs.** These include (but are not limited to) low birth weight infants; wasted children, including infants under 6 months of age; children with disabilities; HIV exposed infants; orphaned infants; mothers who are malnourished or severely ill; mothers who are traumatised; instances where mothers are separated from their children

Concerns and frequently asked questions

Particular concerns in the COVID-19 pandemic that may negatively impact infant feeding practices[4]:

If you have **particular questions about IYCF in the context of COVID-19,** please post your questions on en-net's discussion forum on Nutrition Programming and Covid 19: https://www.en-net.org/forum/31.aspx

- **Policies and practices** implemented for mothers and infants with suspected or confirmed COVID-19 in the immediate postnatal period **that physically separate infants from their mothers** making it more difficult to establish and maintain breastfeeding.
- **Decreased access to health services** and IYCF support services (e.g. skilled support) due to mobility restrictions or health workers getting ill.
- **Loss of social support structures** for pregnant and lactating women (PLWs) due to social distancing and fear of contact.
- **False beliefs, misinformation and misconceptions** about infant and young child feeding and lack of understanding that stress or trauma does not impact milk production and that breastfeeding is safe for COVID-19 positive women.
- **Concerns for the supply chain of BMS**, increased demand for infant formula and panic regarding the scarcity of formula resulting in **needs of formula dependent infants** not being met, **poorly/untargeted BMS** distribution and inappropriate **marketing of infant formula**.
- **Concerns about transmission via food,** affecting complementary feeding practices and maternal dietary intake.
- **The inability to implement** recommended infection prevention and control measures.
- **Compromised access to markets and fresh produce** which can lead to over-reliance on highly processed foods that are of typically low nutritional value and inappropriate for infants and young children.

9. ACUTE GYNAECOLOGICAL CONDITIONS

These include, but are not limited to the following:

1. Ectopic pregnancy
2. Pelvic and Bartholin's abscesses
3. Hydatidiform mole
4. Torsion of ovarian cyst
5. Acute severe dysfunctional uterine bleeding
6. Inevitable, incomplete and septic abortion

Admit and offer: standard emergency care, surgery, laparotomy or laparoscopy but consider the following:

1) Screen all patients for COVID19 as per screening protocol
2) Offer COVID19 test where feasible
3) For COVID19 negative patients, proceed with emergency care as per routine practice
4) For patients suspected or confirmed to have COVID19, manage as per current guidelines for acute specialized care for persons testing positive for COVID19
5) While COVID19 status must not compromise lifesaving procedures, IPC practices including offering care in the appropriately resourced facilities according to COVID19 status should be adhered to
6) Where possible, surgery should be done safely under Spinal or low aerosol generating anesthesia modes, preferably administered by a qualified anaesthesiologist, and as guided by the current guidelines on safe COVID19 anaesthesia practice as per WHO guide.

10. GYNAECOLOGICAL CANCERS

Over and above the current MOH Nationsll guidelines for reproductive cancer management in the context of COVID19, and the recommendation to postpone elective surgeries where service provision is strained by COVID19 demands on personnel and supplies, the following specific approaches are recommended:

1. Benign Gynaecological tumours: reviews and surgeries should be deferred till a later time when the health system will have normalized
2. Uterine Malignancies: Oral progesterone and use of the levonorgestrel- secreting intrauterine systems are options where surgery is not feasible immediately. Primary radiotherapy is also recommended where available.

3. Ovarian Malignancies: Consider neo-adjuvant chemotherapy in all women with extra-pelvic disease. In some situations, neo-adjuvant chemotherapy may be extended to four to six 6 cycles before surgery. Where there is excellent response to neo-adjuvant therapy and remission is achieved i.e. no detectable disease, further deferral of surgery may be considered
4. Cervical Cancers: Where surgery is delayed and it is difficult to determine when surgery is possible, then radiotherapy with or without concomitant chemotherapy should be considered
5. Women with clinical suspicions of cancer should be considered for full evaluation at appropriate hospital to establish diagnosis, staging and plan treatment modalities
6. Vulvar Cancers: For the operable tumor, consider resection under local/spinal anaesthesia. Removal of the sentinel nodes should be undertaken where at all possible. However, there may be a need to defer groin lymphadenectomy until a time that is safer for the patient
7. Screening for cervical cancer should continue for women who have come to the hospital for other services such as family planning and ART services. This will contribute to early identification of women with cervical cancers and early linkage to treatment.

8.

11. NON-EMERGENCY GYNAECOLOGICAL CONDITIONS

1. For clients who are COVID 19 negative or their status is unknown and have benign lesions such as genital warts, vulvar dystrophy, breast lumps, ovarian cyst, infertility and hormonal imbalance, treatment shall be postponed.
2. Genital tract infection, urinary tract infection and sexually transmitted infections should be managed via telemedicine and where necessary, referred to the nearest health facility
3. Women who are COVID-19 positive with these conditions, COVID-19, being more life-threatening, is managed first unless the condition is one that can be managed concurrently without interfering with the medications used, or worsening pre-existing conditions.

12. SEX IN THE BACKGROUND OF COVID 19

Sex is an intimate high contact activity and preventing infection and transmission of COVID19 within the confines of a sexual act may not be feasible. Discordant couples are encouraged to abstain and observe isolation/quarantine guidelines (14 days) until complete resolution of COVID19.

It is recommended that sexual acts be responsible and restricted to consenting sexual partners in the same households who share a similar COVID19 risk / exposure status.

Persons suspected of, or testing positive for, COVID19 are encouraged to abstain from sexual intimacy and observe isolation/ quarantine guidelines. Transactional sex carries heightened risk of COVID19 infection and transmission, and is particularly discouraged at this time.

13. FAMILY PLANNING AND CONTRACEPTIVES

Lesotho has made significant gains in reducing unmet need for contraception as well as expanding access to a variety of contraceptive methods. These gains are threatened by the outbreak of COVID19, which has disrupted global commodity supply chains as well as put enormous pressure on the health care providers and organization of family planning service delivery points.

The minimum deliverables in family planning, namely: comprehensive counselling, full accurate disclosure of method information, access to quality services, informed consent, respect for choice, privacy, confidentiality and dignified care will continue to be observed even in this era of COVID19 pandemic.

Family planning remains an essential service and continuity of care should be ensured. To guard the safety of clients and providers while relieving pressure on health facilities during the COVID19 pandemic, rational use of contraceptive methods to deliberately prevent infection or transmission of COVID19 is encouraged. Due to ease of administration, wide safety profile and low intensity interaction between client and provider, condoms and oral contraceptive pills with 3 monthly extended refills will be the mainstay of contraception until health services normalize. Unnecessary premature method switch and method discontinuation are discouraged. Staggered telephone scheduling of clinic return dates (TCA) to avoid crowding should be enforced. Elective surgical contraception is suspended and where applicable, removal of long acting methods deferred. Due to high risk of perpetuating community transmission of COVID19 infection, community based distribution of contraceptives is restricted to condoms and oral pills. For the same reason, community family planning outreaches are suspended until a later safer time when normal service provision resumes and widespread restriction of movement to control COVID19 pandemic is lifted.

I. GENERAL RECOMMENDATIONS

1. Increase of minimum stock level in service delivery points from current four months of stock (MOS) to six MOS to cushion the health facilities in case of delays in the supply chain.
2. All clients presenting at a health facility to start (or restart) a family planning method should be encouraged to use less skill intensive methods i.e. condoms and pills that are easy to deliver with minimal client –provider physical interaction
3. All clients who have been on oral contraception for more than three months should be supplied with pills to last for three to six months supply to reduce the frequency of visits to health facility
4. To avoid congestion in the service delivery points, To Come Back (TCB) dates should be staggered so only a small number of clients present at a time
5. To comply with current directives on prevention of COVID19 infection and transmission, group counselling of clients is suspended with immediate effect and service delivery points are encouraged to expand physical spaces e.g. by use of tents to comply or closure of space constrained physical points that could pose a threat to clients and health care providers
6. Community based distribution of contraceptive methods is restricted to condoms and oral pill
   refills
7. New methods and all other methods, except condoms and contraceptive pills within the confines of clause 12(8) above, will be issued from family planning clinics and health facilities.
8. To reduce workload on family planning service delivery points, institutions are advised to offer family planning services on a 24 hour basis
9. Visits to Family planning clinics are to be scheduled through telephone calls and planned so that only a small number attends at any given time.
10. Every encounter between a health care provider and a woman of reproductive age, should be used to ascertain contraceptive needs and ensure they are fully catered for as long as they are medically fit.
11. Unnecessary method switches are strongly discouraged as they deplete commodities and place extra burden on the health system.
12. New recruits to a particular method must be thoroughly counselled and guided to make informed choices of the ideal method for their needs to reduce suboptimal early removals, method discontinuations and method switches that are wasteful and put enormous pressure on the health system.

II. METHOD SPECIFIC GUIDANCE:

1. Except for condoms, clear records for clients served, by method and date must be reported in the register and promptly availed, electronically where possible for uploading into the DHIS2.
2. Condoms will be liberally availed across all outlets
3. Combined contraceptive pills, emergency contraceptive pills, and progesterone-only pills will be dispensed in, health facilities and pharmacies accompanied by proper record keeping.
4. Injectable contraceptives including subcutaneous DMPA, will be availed in primary healthcare facilities, hospital and private practitioners
5. Pharmacies desiring to initiate clients on contraceptives must create conducive space, environment and trained personnel to offer comprehensive confidential client counselling and risk screening for specific methods.
6. Only Condoms, contraceptive pills and contraceptive patches may be distributed through Pharmacies, but injections also can have provided where skilled service provider is available
7. Long acting reversible contraceptives (LARCs- Subdermal contraceptive implants, intrauterine devices, and contraceptive impregnated intrauterine systems) will be availed on prescription upon counselling and obtaining informed consent.
8. Postpartum and post abortion family planning counselling coupled with availability of contraceptive methods will continue to be offered through respective health facilities before client is discharged.

III. EXTENDED PRESCRIPTIONS

Every contact with a client is an opportunity to evaluate suitability for extended prescriptions, and where applicable (benefits outweigh risks), shall be guided as follows:

1. In all cases of hormonal contraceptives and intrauterine devices, client risk for sexually transmitted infection including HIV shall be assessed and additional protection using condoms emphasized.
2. Eligible continuing clients on contraceptive pills or prescriptions, extended refills shall be issued to cover three to six months.
3. Clients returning for injectable contraceptives, offer counselling and if acceptable and eligible, consider converting them to a long-acting progesterone implant. If the client has no desire to use an implant, they should get their injection and further issued with at least three

months' worth of progesterone-only pills to keep, with instructions to start the pills two weeks prior to the next injection date to ensure complete protection, and to continue the usage of the pills for the duration of the pandemic.

4. For first time users, the women shall receive appropriate counselling and review to ensure suitability to use a method as per the national guidelines. Should they choose to use contraceptive pills they should be issued with a three to six-month supply.
5. All family planning clients shall be provided with a provider or facility telephone, in case of need to seek clarity, future scheduling of appointment, in the event of adverse effects or need to contact the provider.

IV. PERMANENT OR SURGICAL METHODS

1. Interval tubal ligations and routine vasectomies will be rescheduled until regular hospital services resume
2. Clients desirous of permanent surgical contraception, will be offered condoms , oral pills or shortterm injectable, if eligible, to cover their contraceptive needs until normal services resume
3. Routine intrapartum tubal ligations will continue to be offered intraoperatively to eligible women as appropriate

V. POSTPARTUM IUCDS

Immediate postpartum IUCDS will continue to be offered to eligible clients at time of delivery and before discharge from health facility

VI. LONG ACTING REVERSIBLE CONTRACEPTIVES (LARCs)

Delay of replacement of long-acting reversible contraceptive methods is recommended as follows:

1. For women on LARC methods that are due for removal, and who are desiring of fertility upon removal, they shall be scheduled for removal once normal services return. However,

they shall be reassured that delayed removal of their contraceptive devices does not confer harm, and the devices shall continue to remain active for at least twelve months from the recommended date of removal.

2. For women who require replacement of LARC methods due to imminent expiry, the replacement shall be safely delayed as follows:
   1) Etonogestrel-based implants (Implanon, Nexplanon): an additional 12 months
   2) Levonogestrel-based implants (Jadelle): an additional six months BUT with additional POPs or COCs/s
   3) Levonogestrel intrauterine system: an additional twelve months 4) Copper-based IUCDs:
      - T380A: an additional 24 months
      - Nova-T380: an additional 12 months
      - Multiload Cu375: an additional 3 months

VII. TELEMEDICINE

1. To the extent possible, low-risk new users who can effectively use condoms, oral contraceptives and contraceptive skin patches should be supported to do so by use of teleconsultation.
2. Effective screening and counselling may be done remotely and appropriate contraceptives initiated where possible.
3. Visits to family planning clinics should be scheduled by telephone and staggered to ensure only a small number is served at a time.
4. All clients should be given a providers/health facility telephone number to call back should the need arise

All Women/Clients/Patients visiting a Health Facility to be provided with a working telephone number to contact the provider (preferably within same geographical locality) in Emergencies/for schedule of visits.

VIII. OVER THE COUNTER ACCESS TO CONTRACEPTIVES

1. Condoms, combined contraceptive pills, combined contraceptive patches and progesterone-only pills shall continue to be refilled stand-alone pharmacies as over the counter medications without strict requirement of a prescription

2. New users of these methods must be counselled by trained personnel and guided to choose the appropriate method of choice and as per client need , free from provider bias
3. Users of hormonal contraceptives are encouraged to concurrently use condoms for protection against HIV and Sexually transmitted diseases

IX. SPECIAL CONSIDERATION FOR SPECIAL POPULATIONS

1. Emergency contraceptive pills should be availed to survivors of sexual and gender based violence promptly as part of standard post exposure prophylaxis
2. Clients seeking non assault emergency contraceptive must be counselled and guided to transition to safer longer term contraceptive alternatives
3. Clients seeking non assault emergency contraceptives must be counselled on repeated use of emergency contraceptives, additionally condoms should be dispensed to the client to mitigate risk of HIV and STI's
4. Emphasize guideline number **12 [SEX IN THE BACKGROUND COVID19]** above, on clients seeking emergency contraceptives.
5. Screen all clients for
6. exposure to COVID19 and link to COVID19 care as appropriate

X. INFORMATION FOR THE PUBLIC

1. Any contact with a healthcare professional is an opportunity to seek contraceptive care
2. At delivery, ask your midwife or doctor about postpartum contraceptive before leaving the health facility
3. For contraceptive information, call your healthcare provider or the MOH contact Centre
4. If your contraceptive implant is due for removal or replacement, talk to your healthcare provider or call the MOH contact Centre for more information

14. SEXUAL AND GENDER BASED VIOLENCE

Sexual Gender Based Violence (SGBV) Violence against women (VAW) , Violence against Children (VAC) and Intimate Partner Voilence (IPV)tends to increase during every type of emergency, including epidemics. Anecdotal reports indicate rising cases of GBV occasioned

by the effects of COVID-19 in Lesotho. The health impacts of violence, particularly domestic violence, on women and children, are significant and can be life threatening. Access to appropriate care and services will continue to be prioritized and facilitated to all in need.

Care for SGBV survivors remain a priority and essential service and should be offered as other essential services. Those in need of this health service should not defer due to the potential result in injuries (even death) and serious physical, mental, sexual and reproductive health problems, including sexually transmitted infections, HIV, and unplanned pregnancies. All new cases of SGBV needing the health services are encouraged to visit the health facility as soon as possible and within 72hours of the occurrence of the incident.

1. SGBV survivors on follow up with no complications and have a routine visit due in the coming days, should contact the health care provider for advice and to agree a plan.
2. Telephone consultations, where feasible, are encouraged to schedule visits guided by facility staffing and workload
3. Public education with emphasis on possibility of SGBV being perpetuated, even by known persons or close relatives within lockdown confines, during this period is recommend
4. Self-isolation is not recommended for GBV survivors.

- **SGBV and related services Hotlines**:

Number / SMS	**Services**
80032020	COVID19 HOTLINE
116Toll Free)	Child Helpline
80093030	DMA
(Toll Free)	CGPU
	Nokaneng app. For gender based violence
63285685	Lapeng centre

15. CHILD HEALTH

I. HEALTHY CHILD

Families have to continue sharing information regarding the COVID-19 with children according to the level of their understanding. There should be emphasis on techniques used when coughing and sneezing. They should be shown the method of hand washing with soap and water. Under five children must be provided with toys at home for simulation. Moreover, if the child is sick with signs and symptoms such as (cough, sneezing, fever and difficulty in breathing), immediate consultation with the health provider must be sought.

II. SICK CHILD

Integrated Management of Childhood Illnesses (IMCI) for under five children remains inevitable during the COVID-19 pandemic. It is of paramount importance that children are treated when sick. Due to the Fact that children have weak immune system and prone to colds, proper history taking and assessment must cautiously be undertaken to conclude on classification of children illnesses. As it has always been the practice, Village Health Workers (VHWs) assist with home remedies/home care and referral when the child is sick. This strategy might be greatly affected by reduced movements as a control measure for COVID-19. However, if VHWs suspects a child might have COVID-19, they should encourage the caregiver to go to the nearest health facility. There is still no treatment specific for COVID-19. Sick Children must be treated using IMCI guideline to give supportive treatment.

Children must have right information such as (transmission and control measures) so that they are kept safe. When they are sick, IMCI guidelines must be used to give supportive treatment.

III. EXPANDED PROGRAM ON IMMUNIZATION (EPI)

Despite the immense progress made by the country in immunization coverage and in introducing new vaccines, the country routine immunization (RI) coverage trend has been plateauing. This challenge of coverage stagnation is evident across all the antigens.

Stagnation in coverage is attributable to multiple causes: i) infrequent and irregular provision of immunization services ii) the inability to adequately vaccinate increasing numbers of children especially in hard to reach areas, iii) failure to implement effective outreach services in poorly served urban, peri-urban and rural communities, iv), insufficient human and financial resources dedicated to the provision of immunization service, among others. Health workers to update microplans to reflect post covid situation and needs.

MINISTRY OF HEALTH

The anticipated impact of COVID-19 outbreak on immunization and Vaccine Preventable Disease (VPDs) control initiatives

A sharp reduction in monthly routine immunization administrative coverage is expected as fewer children are vaccinated, along with likely occurrence of Vaccine Preventable Disease (VPDs) outbreaks. If sustained, this may lead to significant resurgence of VPDs, and a reversal of the gains in VPD control attained in the last 2 decades. It is critical for the country to put in place measures to address these anticipated impacts of the COVID-19 outbreak.

General recommendations

1. Conduct vaccination sessions in well-ventilated areas and decontaminate thrice per day
2. Ensure hand sanitizer and hand washing units with chlorinated water are available for public use at the entrance of the health facility.
3. Display visual alerts at the clinics, such as posters, with information about COVID-19 disease and reminders on individual prevention strategies. These include;
    a. Correct hand washing techniques to be applied for every client;
    b. Patient respiratory hygiene using alternatives to facemasks (e.g., use of tissues or flexed elbow to cover cough);
    c. Physical distancing at all times (e.g. keep one meter apart).
4. Limit the number of caregivers present at an immunization visit
5. Avoid crowded waiting rooms. Some strategies for this could include:
    a. Scheduled times for immunization appointments where possible using phone calls;
    b. Integrating immunization activities with other essential preventive health services, as appropriate for age, to limit the amount of time vaccines and their caregivers will be spending at health facility services;
    c. Hold smaller and more frequent immunization sessions where possible;
    d. Use of outdoor spaces, if possible and adherence to physical distancing within the health care facility or site;
6. Whenever possible, immunization services and waiting areas should be separated from curative services (i.e. separate times of the day or separate areas/rooms depending on the facility).

Guidance for immunization providers

a) Perform hand hygiene frequently as outlined in “My 5 Moments for Hand Hygiene”:
    1. Before touching a patient
    2. Before performing any clean or aseptic procedure
    3. After being exposed to body fluids
    4. After touching a patient

5. After touching a patient's environment

b) Hand hygiene consists of washing hands with soap and water or with a hand sanitizer that contains between 60% and 80% alcohol when hands are not visibly dirty
c) Wear a medical mask when entering a room where patients with suspected or confirmed COVID-19 are admitted
d) Avoid touching your eyes, nose and mouth etc.
e) Practice respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately disposing of the tissue
f) If you are experiencing symptoms, such as cough or fever, you should self-isolate, contact your medical provider immediately, and avoid vaccination site.

To sustain community demand for vaccination services we are encouraging all health facilities to develop innovative ways such as visiting OPDs to get eligible children, visiting wards and checking eligible children for RI that are not immunized and ensuring that they are immunized. In addition, all immunization service providers should provide accurate health information, address community concerns, enhance community linkages and encourage continued use of immunization services.

Guidance for Fixed, Outreach and Mobile sessions during the COVID-19 pandemic

Every effort should be made by the District Health Management Team (DHMT) to ensure continuation of immunization services and protection of both the service providers and our clients by ensuring that adequate human resources; adequate vaccine supply and consumables at all immunization service delivery points. This information should also be shared with the private sector immunization services delivery points.

a) Fixed site immunization services will be executed while maintaining physical distance measures and appropriate infection control precautions (e.g. Hand washing with soap and water, Face mask and gloves for our health workers, sanitizers for our clients, adequately handle injection waste, and safeguard the public).
b) Outreach or Mobile services for vaccine delivery: These types of services should not continue

Note the following:

1. For all immunization services, health workers may have concerns about the possible decreased number of children attending immunization sessions and increased levels of vaccine wastage. To address these concerns, the multi-dose vial policy should be practiced, and health workers are encouraged to provide vaccine to all eligible children in order to reduce missed opportunities. Communities are to be clearly informed about the continuation of immunization services and strongly encouraged to maintain their scheduled visits within the constraints of physical distancing as recommended by the government of Lesotho.
2. All health workers must be trained in infection prevention and control measures for COVID-19.
3. Immunization visits should also be used as opportunities to disseminate messages to encourage behaviors to reduce transmission risk of the COVID-19 virus, to identify signs and symptoms of COVID-19 disease, and to provide guidance on what to do if symptoms emerge.
4. Currently, there are no known medical contraindications to vaccinating persons who have COVID-19. To minimize risk of COVID-19 transmission, individuals with suspected or confirmed COVID-19 should be isolated and cared for according to WHO guidance.

5. If a person with confirmed or suspected COVID-19 is not in a health care facility (e.g. at home), the act of seeking immunization may increase spreading infection to others. For that reason, this individual should defer vaccination until symptoms resolve, preferably following two consecutive tests negative for COVID-19 (conducted 24 hours apart). If testing is not feasible, WHO recommends deferring vaccination for 14 days after symptom resolution. And where thermometers are available, don't give vaccine to child with fever (temperature >37.5) & people with respiratory symptoms to return after symptoms are resolved.

6. In addition, health care workers that are currently engaged in the COVID-19 active surveillance work to look for VPD cases. These cases should be reported immediately to the national surveillance officer to allow for identification of outbreaks and monitoring control, elimination, and eradication goals.

7. All data collected during immunization sessions, vaccine stocks and surveillance activities should be transmitted using normal data transmission mechanisms immediately to avoid losing any data set. More attention also must be inclined to documenting all immunization defaulters and their villages for assessment and fast tracking and catch-up plan after COVID-19 pandemic.

8. Monitor AEFIs to determine changes in context of COVID 19.

9. Cold chain equipment should be inspected daily and various cold chain SOPs such as temperature monitoring of vaccines and equipment; vaccine and supplies availability, disposal of waste etc. be observed.

10. Supervision and mentorship including all communication will be done telephonically and electronically following the usual protocol.

11. In case of VPDs outbreak(s), risk analysis outbreak analysis should be performed to determine measures that will be taken for outbreak response.

As soon as the lockdown is lifted, routine immunization services will be restored as directed /guided by National EPI team.

16. VILLAGE HEALTH PROGRAM

Village Health Workers (VHWs) are key for delivering Primary Health Care (PHC) services in screening and referring clients to the facilities. After clients receive care from Health workers, VHWs are also engaged in continuum of care at home. VHWs ensure adherence to medications as prescribed and track defaulters. During the COVID-19, VHWS will need to observe control measures while undertaking their duties.

Recommended activities:

1. All districts should capacitate VHWs on COVID-19

2. Continue to provide Health education on COVID-19 still observing social distancing

    - Prevention
    - Signs and symptoms

- Report and refer of suspected cases to the nearest health facility

1. **COVID-19 REFERRAL PATHWAY:** Lesotho MOH Coronavirus Disease – 2019 (COVID-19) Screening, Testing, Clinical Management, and Prevention of COVID-19 guideline for Clinicians. Page 22.

GENERAL PUBLIC EDUCATION ON COVID-19 AND ACCESS TO ESSENTIAL RMNCAH&N SERVICE SHOULD BE ONGOING THROUGH DIFFERENT MEDIA PLATFORMS AT ALL LEVELS.

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