

Report of Rapid Health Assessment:

Ensuring Sustainability of Essential Health Services for Children and Mothers During the COVID-19 Pandemic in Indonesia



UNICEF/2020/Fauzan Ijazah

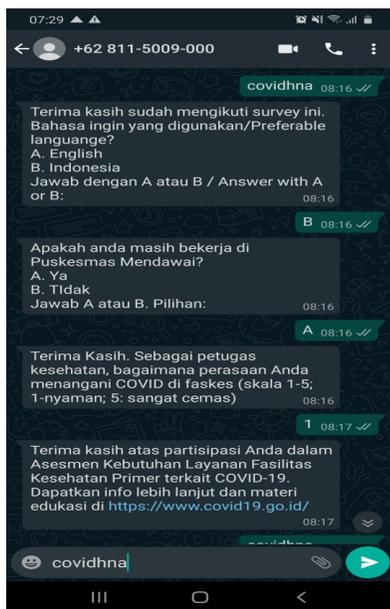
July 2020

Background

With the declaration of COVID-19 as a pandemic by the World Health Organization in early March¹ and the subsequent declaration as a national disaster, the Government of Indonesia implemented a series of policies to contain the spread of the virus. This included physical distancing interventions such as large-scale social restrictions (*'Pembatasan Sosial Berskala Besar/PSBB'*), significant reduction on domestic and international travel, bans on group and crowd gatherings, and the closure of schools, factories, restaurants, and public spaces².

Such measures affected health services. To better understand the level of service disruption, the Ministry of Health (MOH), with UNICEF, undertook an assessment of health facilities in the country.

Essential health services during the COVID-19 pandemic in Indonesia

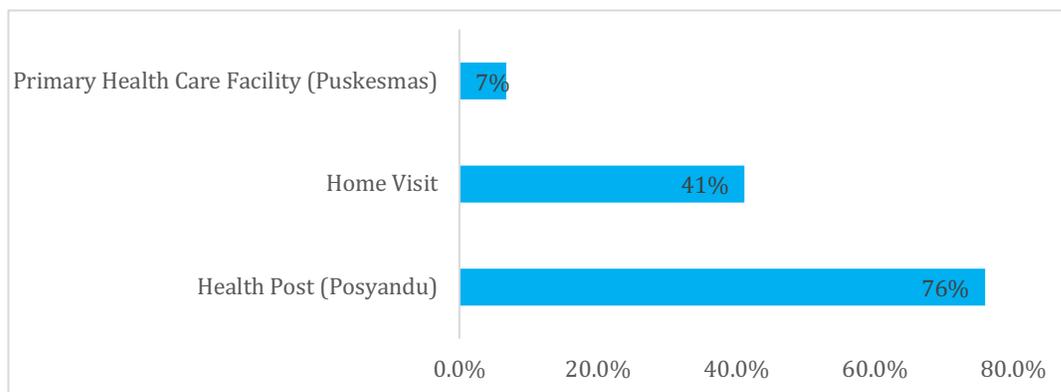


The assessment was implemented using RapidPro, a real-time monitoring instrument, and targeted health workers at the primary health care level across all 34 provinces in Indonesia. The survey was initiated through SMS, linking to Whatsapp for responses, with data collection taking place over five weeks between April and May. For analysis, various cross programs within the Ministry of Health, also provided input to this rapid assessment. From the 9,195 health facilities who received the initiation SMS, 2,740 responded across all 34 provinces, with 86% completion rate among the respondents.

Suspension of health services

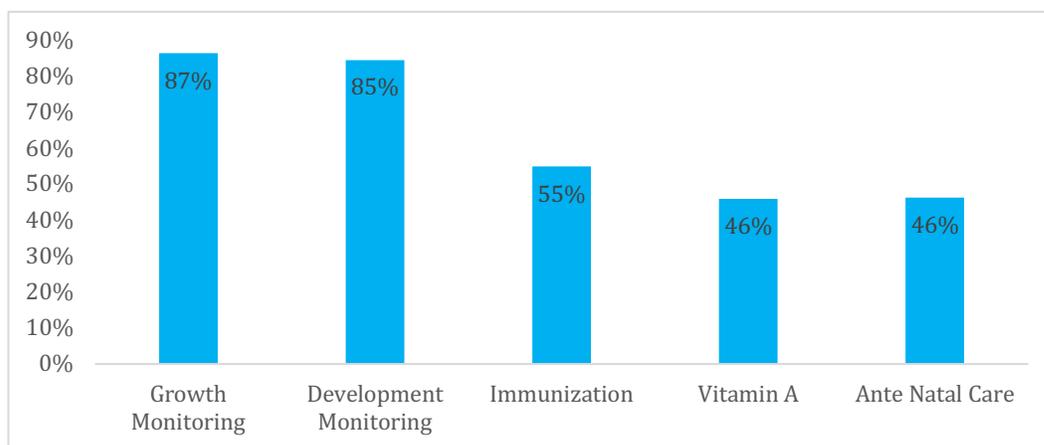
Health workers reported health service disruption at the community levels, with nearly 76% village health posts ('posyandu') closures and over 41% home visits being suspended. Health facilities ('puskesmas') reported limited disruption, with less than 7% closures.

Figure 1. Proportion of health facilities and community level suspensions in the week preceding the survey



At the posyandu level, approximately 86% of health facilities reported suspension of child growth and development monitoring, 55% reported a suspension of immunization services, 46% reported a disruption of Vitamin A distribution and 46% reported suspension of antenatal care services. Similar findings were also seen in different PSBB zones with a range of posyandu closures between 74% to 81%.

Figure 2. Proportion of reported service suspended at posyandu level in the week preceding the survey

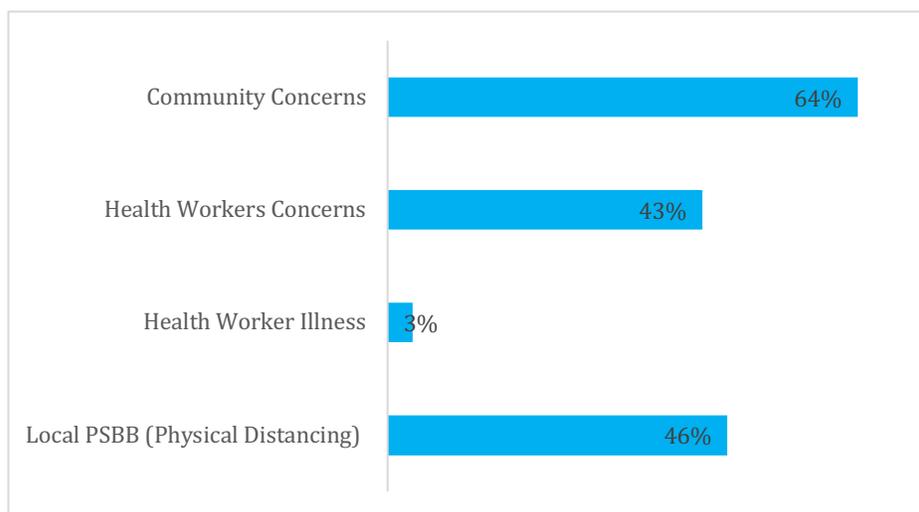


At the puskesmas level, health facilities reported disruptions in a variety of services including family planning, immunization, integrated management of newborn and childhood illnesses, HIV prevention of mother-to-child transmission and other routine maternal and child health services. Similar findings were also seen in PSBB zones.

Reported reasons for closures

The main reasons stated for suspension of services included community safety concerns as well as physical distancing measures and health workers' anxiety.

Figure 3. Reasons of service suspension



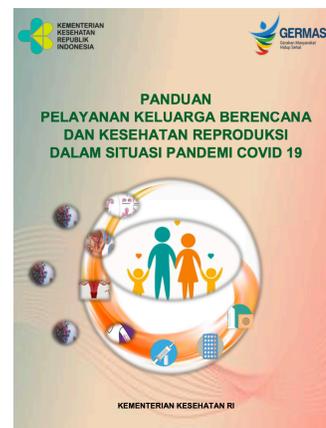
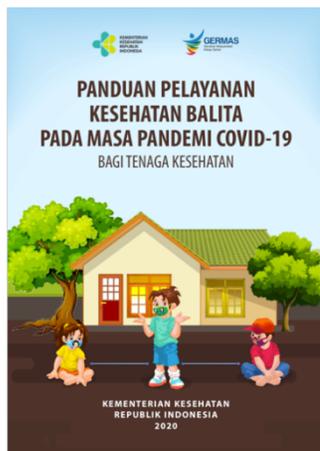
Building on these findings, MOH, with support from partners including UNICEF, is working to ensure sustainability of essential health service for mothers and children during COVID-19 pandemic.

Ensuring sustainability of essential health services

Guidelines and health education materials have been developed for modified services on essential health interventions for children and mothers³. This has been accompanied by online capacity building webinars for health workers on modification of health services as summarised below.

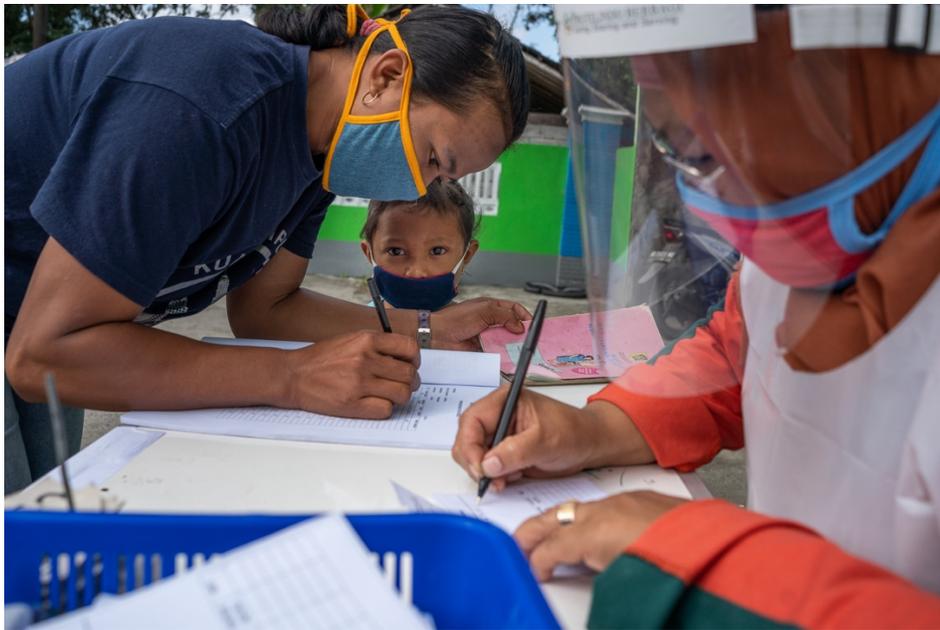
ANTENATAL CARE	DELIVERY
<ul style="list-style-type: none"> To avoid large gathering and queues, screening of risk factors by physicians through appointment for the first antenatal care (ANC) visit. Suspending ANC in the second trimester (through clinical consultation), except when there are emergency signs. Ensuring that ANC during the third trimester MUST BE given one month prior to estimated due date. Pregnant women receive guidance from midwives/nurses/physicians through phone/online consultation for completing P4K sticker (during antenatal care). Suspending mothers' classes or shifting classes online. Self-education of pregnant women, including identifying emergency signs using MNCH book and with support by midwives/nurses. Ensuring fetal movement during early pregnancy of 20 weeks. Active participation of the family to monitor mother and fetus during pregnancy. Supplementation of minimum 90 iron tablets. Monitoring nutritional status and nutrition supplement for malnourished mother. Suspending supplementation of iron tablets and referral to physicians of pregnant women who are COVID-19 suspected or confirmed positive. 	<ul style="list-style-type: none"> Pregnant women to immediately visit health facility when delivery signs have been identified. Mothers who are suspected or confirmed positive for COVID-19, recommended for delivery at COVID-19 referral hospital. Other pregnant women are recommended for delivery at health facilities, either primary or referral, according to obstetrics condition. Referral of planned delivery for high-risk pregnancies. Referrals should be undertaken adhering to COVID-19 infection prevention and control protocols. Post-delivery contraceptive according to procedure, prioritized using long-term contraception method (Metode Kontrasepsi Jangka Panjang 'MKJP'). 
POST-NATAL CARE	ESSENTIAL NEWBORN CARE
<ul style="list-style-type: none"> Mothers and family should be able to identify emergency signs post-delivery through MNCH book. If an emergency sign is identified, immediately contact health workers. The first post-delivery visit is at health facility, while post delivery visits 2-4 should be done at home or via online monitoring. 	<ul style="list-style-type: none"> Newborns who are not COVID-19 suspected or confirmed should continuously receive essential newborn services. Newborns from mothers with HbsAg reactive and confirmed COVID-19 and newborn is clinically ill: suspension of Hepatitis B vaccination until newborn is clinically well, however, Hb-Ig should still be provided.

<ul style="list-style-type: none"> • Reproductive health visit should be done according to scheduled appointment with health workers, especially MKJP 	<ul style="list-style-type: none"> • Sample for screening of congenital hypothyroidism should be collected 24 hours before mother and newborn return home from health facility (ideally 48-72 hours post-delivery). • Immediate visit health facility whenever there is any emergency sign in the newborn
<p>UNDER-FIVE CARE</p>	<p>FAMILY PLANNING</p>
<ul style="list-style-type: none"> • Health services for children under five years (weight and growth monitoring, vitamin A, immunization, triple elimination (HIV, hepatitis, syphilis)) still provided by health facility through home visit or by appointment. Services through posyandu follows local government regulation, whereby for areas with posyandu suspensions, weight and growth monitoring should be done through self-monitoring at homes with MNCH book; for immunization and vitamin A, high-risk children should be provided an appointment at health facility and mobile puskesmas or home visit. • Infant management of childhood illnesses at puskesmas should implement triage of risk factors and modified algorithm through detection of COVID-19 risk to identify status of childhood illness. Children that shows emergency signs should receive integrated management of newborn and childhood illnesses services. • Puskesmas to provide phone numbers that can be contacted for appointment, teleregistration or telecounselling. Dissemination of IEC materials through children and mothers' classes by online. 	<ul style="list-style-type: none"> • Women are recommended to postpone pregnancy until COVID-19 pandemic end. • Women receiving contraceptives (IUC/Implant/MOW/MOP) do not need for control visits. Make appointment with health workers for health check whenever there is any symptom. • Women receiving injection or pill contraceptives are expected to visit to health workers through a scheduled appointment. If not possible, condom, or coitus interruptus, or natural contraception are recommended. • Health check services for future couples are to be suspended during initial phases of the pandemic, and can be provided again in areas that has implemented adaptation of 'new normal' with prior appointment and ensuring COVID-19 infection prevention and control protocols are applied. • Information, education and communication materials (IEC) related to reproductive health for future newlyweds should be provided online or via phone counselling.



The MOH is currently implementing the following **strategies** to ensure sustainability of essential health services for children and mothers at community levels and at health facilities through:

- **Capacity building** to support health workers in delivering safe health services, especially for health workers in difficult to access and remote areas.
- Increasing knowledge on health service and community needs on essential health services during COVID-19 through **quality monitoring and evaluation**.
- **Engaging communities** to increase utilization of essential child and maternal health services during the COVID-19 pandemic.



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References

1. World Health Organization, Indonesia. *COVID-19 Situation Report*, Vol. 2019, 2020.
2. UNICEF and Ministry of Health RI. *Rapid Assessment: Impact of COVID-19 Pandemic on Immunization Services in Indonesia*, UNICEF and MoH-RI Direktorat Surveilans dan Karantina Kesehatan; 2020.
3. Ministry of Health RI. *Panduan Pelayanan Kesehatan Balita Pada Masa Pandemi COVID-19*, MoH-RI Direktorat Jendral Kesehatan Masyarakat, Direktorat Kesehatan Keluarga; 2020 April. Available from: <https://covid19.go.id/p/protokol/panduan-pelayanan-kesehatan-balita-pada-masa-pandemi-covid-19>
4. Ministry of Health RI. *Pedoman Bagi Ibu Hamil, Ibu Nifas dan Bayi Baru Lahir Selama Social Distancing*, MoH-RI Direktorat Jendral Kesehatan Masyarakat, Direktorat Kesehatan Keluarga; 2020.