

Interim Guidance for RMNCH services in COVID 19 Pandemic
Family Welfare Division
Department of Health Services
Ministry of Health and Population

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This guide has been developed by the RH sub-cluster which reports to the Health Cluster at MoHP and will be updated as and when new evidences are available

Guiding principles for SRMNCH services:

1. Ensuring access to RMNCAH services while ensuring physical distance (social distance)
2. Early detection and timely access to emergency services for women and newborn with complications
3. Protection of staff and pregnant women/newborn from COVID 19, and minimizing cross infections
4. Ensuring availability of equipment and commodities necessary of providing SRMNCAH services (PPE, drugs, commodities)
5. Supporting service providers for their movement and phone interaction with pregnant women and mothers
6. Ensuring pregnant women, mothers and newborn for their movement for access to health services

This interim guidance for continuation of essential RH services includes overall guidance for program managers in Section 1 and guidance for specific services in Section 2

Guidance for Managers

For all services:

- Helpline is available for women to consult for problems during pregnancy and childbirth and for advice and accessing MNH, FP, SAS and Child health related services
- Ensure for health facilities to establish screening and triage of women visiting for all reproductive health services
- Ensure PPE at all health facilities as recommended in **Annex 1**.
- Pregnant or lactating should not be given duty at sites with possibility for direct care of COVID 19 cases (clinical care, sample extraction, emergency, ICU, fever clinic). Consider deploying the pregnant and lactating health service providers to support other activities such as education or training needs.

- All HP/PHC/hospitals including NGOs should provide ANC, delivery, PNC, SAS, child health and IMNCI, immunization and nutrition services as applicable.
- MNH providers will support mothers and newborn through ANC and PNC teleconsultation services. Pregnant women will be advised to come to the Health facility if necessary; home visit will be provided to Postpartum women and baby if necessary
- Health facilities need to follow up on postpartum mothers and newborns through phone on Day 1, 3, 7 and 28 and conduct home visit if necessary.
- All birthing centers, BEONC and CEONC sites should provide regular delivery services (C-section, complication management) for women without COVID 19 symptoms and ready to provide delivery service for women with COVID 19 symptoms when referral is not possible
- Provide short term family planning methods from HP/PHC/Hospitals/NGO clinics/Pharmacies.
- Surgical contraception will be deferred as per MoHP guidelines
- Supply of FP commodities (ECpills,Condom) in quarantine center exit point
- Ensure Condom boxes and condom supply in strategic location.
- Coordinate with kirana and hotels increase supply of condom and display the availability of condom in each shops (managers can supply the Condom in Kirana pasal for free distribution) but report should be kept how many supply in kiranas. Monitor regularly the availability in such stores/shops
- Manage tele health service for FP client and disseminate this information in local catchment area/people with use of public media
- Routine SAS including MA, MVA, second trimester abortion and Post abortion care services including post abortion Family Planning services will be provided from listed health facilities and certified health services providers
- Managers in Palika to ensure availability of adequate PPE, drugs, FP, SAS, MA, MNH, Child Health and immunization related commodities and supplies including Misoprostol (Matri Surakshya Chakki), Clean delivery kits and Chlorhexidine for new born cord care. Ensure FP commodities are also available at listed MA sites.
- Relevant administrative officials/officers of provincial and local governments should issue clear directives/administrative orders that ensure easy and uninterrupted access to all SRH services including MHN, FP, SAS.
- All registered Chemists and pharmacists allowed to store and dispense MA drugs approved by DDA.
- Support and arrange transport and ensure availability of free ambulance services (ensure PPE for drivers and cleaning of ambulance) for referral services.
- Coordination and facilitation with local government for movement of clients/beneficiaries to the health facility.

Guidance for Health Facility in-charge and service providers:

1. General Preparation and planning

- Be aware about the local plan for COVID-19 – testing sites for COVID and designated hospitals (**Annex 2**)
- Prepare a **referral plan** including contact details of ambulance
- Ensure IPC and **PPE** is available
- **Triage or screening facility** is available at the health facility
- Have a **dedicated room** for COVID suspected or confirmed cases.

Note:

- Routine infection control precautions should be instituted for care during every service delivery regardless of whether or not the woman and child has symptoms of COVID 19.
- Respectful maternity care should be provided to all women

2. ESTABLISH SCREENING PLACE AT THE ENTRANCE OF HEALTH FACILITY TO SCREEN ALL PATIENTS/CLIENTS AND ACCOMPANYING PERSON ENTERING THE HEALTH FACILITY

- Consider arranging single entrance for clients into the health facility.
- Ensure physical distancing in the waiting room of at least 1 meter between two clients
- Use separate site and equipment to screen pregnant women
- Follow IPC and PPE as per the PPE guideline (*Annex 1*)
- All waste should be treated as potentially infectious waste. The Healthcare Waste Management Guidelines, MoHP (2014) and Nepal Medical Council Interim Guidance for Infection Prevention and Control When COVID-19 is Suspected (April 2020) should be followed for disposal of waste management
- Arrange for mask and sanitizer for clients
- Have posters available on the safe removal of masks
- Arrange for facility for hand washing with soap and water or alcohol-based sanitizer.
- Reduce the waiting period and restrict attendance or visitors where possible.

3. OPD/ANC clinic set-up/FP/SAS clinic

- The room has hand washing/alcohol based hand rub for use.
- Staff should follow regular hand hygiene practices – hand washing before and after touching each patient.
- Offer hand wash or alcohol hand rub for the women before entering the health facility and leaving the health facility
- All surfaces should be cleaned thoroughly after any contact by patient or staff

1. MNH services including Provide Antenatal, Intrapartum and Postnatal Care

I. TELEPHONIC CONSULTATION SERVICES TO WOMEN AND NEWBORN (Tele-ANC and Tele-PNC services)

1. Getting contact number of pregnant women and post-partum women (newborn)

- MNH service providers to compile phone number of pregnant women who attended ANC in the past few months from MNH register.
- If no phone number available, contact FCHV of the same ward to provide phone number of the women or of her family
- Contact all FCHV to inform MNH service providers for information of pregnant women who have not yet attended ANC and PNC, women who recently delivered at home (as soon as possible within 24 hours)

2. Tele-ANC services

MNH service providers to call all pregnant women and ask the following questions and advise:

Asking Questions	Advice on	Advice to come for ANC or CEONC site
<ul style="list-style-type: none"> ○ General wellbeing ○ Presence of COVID symptoms – fever, dry cough, shortness of breath ○ Presence of any complications during pregnancy: headache, swelling of feet/hands/face, any fever, pain in abdomen, spotting/bleeding, foul smelling discharge, less fetal movement 	<p>Provide advice to women, if necessary family members on</p> <ul style="list-style-type: none"> ○ Care during pregnancy including hygiene and healthy eating (one extra meal during pregnancy) ○ COVID related advice on social distancing and hand hygiene, cough/sneezing hygiene ○ Information regarding where to seek care if she or her family members have COVID symptoms 	<p><u>To come to your HF/Hospital:</u></p> <ul style="list-style-type: none"> • If she needs supplementations (IFA, Albendazole) • If she needs Td injection • If she needs any examination or tests, • One visit at 36 weeks, after proper ANC checkup and advice, give the women misoprostol (600mg, CHX and Clean Delivery Kit with instruction how

Asking Questions	Advice on	Advice to come for ANC or CEONC site
<ul style="list-style-type: none"> ○ Whether she had necessary supplementation 	<ul style="list-style-type: none"> ○ Information on breast feeding with COVID symptoms ○ Advice on Birth preparedness and need to delivery at health facility 	<p>and when to use) in circumstances where women cannot reach the health facility . Refer to Annex 3 for Misoprostol use</p> <p>To go to CEONC hospital</p> <ul style="list-style-type: none"> ● If she has signs/symptoms indicating emergency referral - bleeding, severe headache, blurred vision, severe pain – arrange ambulance for direct and timely referral to CEONC sites <p>To go to COVID clinics/hospitals</p> <ul style="list-style-type: none"> ● If she has COVID symptoms ● DO NOT call her to come to your HF/hospital
<ul style="list-style-type: none"> - Give time to ask questions 		
<ul style="list-style-type: none"> - Speak slowly and if necessary repeat your Qs and advices 		
<ul style="list-style-type: none"> - Timing of phone call – based on ANC schedule and if necessary more frequent than usual 		
<ul style="list-style-type: none"> - Provide the women your phone number and/or Helpline number for emergency 		

3. Tele-PNC services

MNH service providers to call all post-partum and ask the following questions and advise:

Asking Questions	Advice on	Advice to come for PNC or CEONC site
<p><u>Mother:</u></p> <ul style="list-style-type: none"> ○ General wellbeing ○ Presence of any complications during post-partum period: headache, swelling of feet/hands/face, any fever, pain in abdomen, bleeding, foul smelling discharge, issues related to breastfeeding and breast problem ○ Whether she had necessary supplementation <p><u>Newborn (ask about)</u></p> <ul style="list-style-type: none"> ○ General wellbeing – feeding, sleeping, urine, stool ○ Danger signs: fever, hypothermia (baby colder than usual), not/less feeding, not/less responsive, convulsion 	<p>Provide advice to women, if necessary family members on</p> <ul style="list-style-type: none"> ○ Usual PNC information: (Care of breast, perineum, hygiene and nutrition, FP, etc) ○ Information on breast feeding (what and how) with COVID symptoms ○ COVID related advice on social distancing and hand hygiene, cough/sneezing hygiene ○ Information regarding where to seek care if she or her family members have COVID symptoms (provide name of hospital) ○ Where to seek care if she has danger signs <p><u>Newborn:</u></p>	<p><u>Ask family member to come to your HF/Hospital:</u></p> <ul style="list-style-type: none"> ● <u>If she needs supplementations (IFA, Vit A)</u> ● <u>immunization</u> <p><u>Conduct home visit if the mother or baby report danger sign or if examination or tests is required</u></p> <p><u>Face to face checkup (at HF or home) of women mainly with:</u> Danger signs, Known psycho-social vulnerabilities, Operative birth, Premature/low birth weight babies, other medical or neonatal complexities</p> <p><u>Postnatal women should be counseled on:</u></p> <ul style="list-style-type: none"> ● On COVID-19 infection prevention practices

Asking Questions	Advice on	Advice to come for PNC or CEONC site
	<ul style="list-style-type: none"> ○ Essential newborn care (including cord care) ○ KMC for low-birth weight ○ When to seek care if danger sign ○ Immunization 	<ul style="list-style-type: none"> ● On breast feeding with COVID symptoms (in case women develop symptoms before delivery) ● On danger signs (usual postpartum danger signs and COVID - difficulty in breathing) and where to seek care ● On how and when to use “helpline” and provide helpline number and your phone number ● provide women with nearby ambulance number <p><u>Beside usual postnatal check-up, the postnatal women and newborn should be</u></p> <ul style="list-style-type: none"> ● <u>provided with iron folic acid tablets for 45 days</u> ● Postpartum Vitamin A

Asking Questions	Advice on	Advice to come for PNC or CEONC site
		<ul style="list-style-type: none"> • Routine immunization <p>Arrange for immediate referral:</p> <ul style="list-style-type: none"> • If she has signs/symptoms indicating emergency referral - bleeding, severe headache, blurred vision, severe pain, high fever – arrange ambulance for direct and timely referral to CEONC sites • Newborn danger signs – arrange for immediate referral to hospital <p>To go to COVID clinics/hospitals</p> <ul style="list-style-type: none"> • If she has COVID symptoms, refer to designated clinic or hospital (<i>Annex 2</i>) • DO NOT call her to come to your HF/hospital and DO NOT go for home visit.
<p>- Give time to ask questions</p>		
<p>- Speak slowly and if necessary repeat your Qs and advices</p>		
<p>- Timing of phone call – Day 1, 3, 7, 28 days for postpartum mothers and newborns</p>		

Asking Questions	Advice on	Advice to come for PNC or CEONC site
- Provide the women your phone number and/or Helpline number for emergency		

II. ANTENATAL CARE at HP/PHCC/Hospitals

Routine Antenatal care should be provided from all HP/PHCC/Hospitals

A. GUIDELINES FOR CONTINUATION OF ANTENATAL CARE FOR WOMEN WITHOUT COVID

SYMPTOMS:

- **Ensure check-up and advice, supplementation, medications as per need or referral if necessary**
- **History and Physical check-up:** usual physical check-up and request women to face opposite of you during check-up. Ensure to ask and check for pregnancy complication signs and symptoms and COVID symptoms
- **Pregnant women should be counseled on (repeat this even you have already counseled her during tele ANC consultation):**
 - On COVID-19 infection prevention practices
 - On breast feeding with COVID symptoms
 - On birth preparedness and institutional delivery
 - On danger signs (usual pregnancy danger signs and COVID - difficulty in breathing) and where to seek care
 - On how and when to use “helpline” and provide helpline number and your phone number
 - provide women with nearby ambulance number
- **Additional** to usual antenatal check-up and supplementation (deworming, Td, ect.), the antenatal women should be
 - a. provided with IFA tablets for three months
 - b. provided misoprostol tablet (3 tablets), Chlorhexine, and clean/safe delivery kit at 8th months (or earlier) of pregnancy in case she faces difficulty in reaching to health facility/hospital for delivery care

B. GUIDELINES FOR CONTINUATION OF ROUTINE ANTENATAL CARE FOR WOMEN WITH SYMPTOMS OF COVID-19:

- **DO NOT** call woman with COVID symptom to HP/PHCC/Hospitals where there is no COVID clinic

- Woman who has COVID symptoms (fever, cough, shortness of breath) take recommended precautions and refer to COVID clinics for check-up, necessary diagnostic test, advice and isolation (**Annex 2**)
- Antenatal care will be provided only after she is cleared of COVID infection and should be provided in isolation.
- In case woman with COVID symptoms comes to your HF, without any prior phone consultation, follow the following **strictly while providing information and counselling:**
 - ANC provider should wear PPE as per MOHP protocol (PPE table) and follow IPC guide (hand hygiene).
 - Women with COVID symptoms need to wear a (surgical) mask while at health facility
 - Provide pregnant women a hand sanitizer
 - Providers need to maintain social distancing of 2 arms lengths for as much as possible during counseling/providing information.
 - Spray the surfaces touched by the client and provider with a cleaning product (i.e.: 0.5% chlorine solution or 5% sodium hypochlorite (bleach)) and wiped down with a paper towel or clean cloth in between patients. Discard used towel in a bucket with soapy water.

Women with COVID symptoms and the following symptoms need to go directly to nearest COVID hospital level 2 or 3 (Annex 2):

- Not able to take food or drink
- New or progressive shortness of breath
- Difficulty in breathing
- Chest pain or palpitation
- Decreased fetal movement after 24 weeks of pregnancy
- And other pregnancy related complications
- Women in labour
- HF should provide transport according to MOHP guideline for transport of patients with COVID suspected/confirmed

III. Postpartum Home Visit (for women without COVID symptoms)

- **Ensure check-up and advice, supplementation, medications as per need or referral if necessary**
- PNC check-up and Advice as per usual PNC guideline
- Make sure to ask COVID 19 symptoms and advices related to COVID 19

- **DO NOT go to PNC home visit if women or her family has COVID symptoms or are in quarantine**
- Breastfeeding needs to be encouraged and supported by maternity care providers
- Discuss return of fertility and counsel on Postpartum FP should
- Since postnatal anxiety and depression is common for mothers and also for many new fathers, encourage new parents to interact with other parents, family and friends via the phone or other online resources where available.
- **Beside** usual postnatal check-up, the postnatal women and newborn should be provided with
 - iron folic acid tablets for 45 days
 - Postpartum Vitamin A
 - Routine immunization
- Arrange for referral if the mother or baby has danger signs.

IV. Post-partum care FOR WOMEN WITH SYMPTOMS OF COVID-19: This is applicable only at COVID hospital

- **There is currently no evidence that a woman with symptoms consistent with COVID 19 infection who has recently given birth needs to be separated from her baby.**
Hence
 - Keep the newborn in skin to skin contact with the mother
 - Initiate early breastfeeding (within one hour of birth)
 - Practice kangaroo Mother Care for low birth weight babies and preterm births
- Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.
- If a woman with COVID-19 is too unwell to breastfeed, she can be supported to safely provide her baby with expressed breastmilk
- Women with symptoms consistent with COVID 19 infection need to avoid contact with other mothers and babies, undertake handwashing before and after contact with the baby and consider wearing a mask when feeding, providing skin to skin or Kangaroo mother care to the baby
- Provide mothers support to initiate breastfeeding immediately after birth. If the woman is unwell, provide support for the woman to express breastmilk and feed this to her baby.

- Newborns born prematurely or sick may require additional medical support in the health facility/hospital.
- Current guidance is that normal babies of COVID-19 positive mothers should only be tested if unwell.

Note: women may deliver at BC/BEONC/CEONC hospitals which are not COVID hospital in case referral is not possible. All standard IPC and PPE precautions need to be considered.

V. Intrapartum care

Labor Room set-up

Attention to infection prevention practices should be higher:

- All surfaces should be cleaned thoroughly after any contact by patient or staff
- Staff should follow regular hand hygiene practices
- Offer the women hand wash or alcohol based hand rub
- Have a separate designated delivery room for suspected or confirmed COVID-19
- If a separate room is not available, beds should be placed at least 1 meter apart in first stage of labor and 2 meters apart in labor room separated by a curtain
- Have sufficient supplies of all PPE supplies in the labour room
- Do not use the same PPE for different patients

Receiving a woman in labor

- Ask if she has had **any recent contact** with a person with suspected or confirmed COVID - 19 or if she has any symptoms herself.
- Common symptoms are fever, **dry cough and tiredness.**
- Other symptoms are **sore throat, difficulty breathing or shortness of breath, aches and pains.**
- **If yes**, follow her to the dedicated room for COVID suspected or confirmed cases

For management of suspected/confirmed COVID-19:

- Use **PPE: Category II PPE** Refer to MoHP PPE guidelines
- **Minimize interaction by the patient/women with non-essential staff and visitors**
- **Provide a mask and educate on respiratory hygiene and handwashing.**
- **Provide either soap water or alcohol based hand rub**
- Care during labour should not differ from usual, however given the association of COVID-19 with acute respiratory distress syndrome, women with moderate-severe symptoms of COVID-19 should be monitored using hourly fluid input-output charts, plus efforts targeted towards achieving neutral fluid balance in labour, in order to avoid the risk of fluid overload.

- Women with severe respiratory symptoms requiring respiratory support should be stabilized and transferred to designated COVID hospitals.
- Women with moderate-severe symptoms of COVID-19 should be monitored using hourly fluid input-output charts, and efforts targeted towards achieving neutral fluid balance in labour, in order to avoid the risk of fluid overload.
- Caesarean section to be conducted only if there is an indication. Caesarean section may be indicated in a woman with significant symptoms of COVID-19 infection.
- If an infected woman requires a caesarean section all staff in theatre should wear PPE.
- Steroids for fetal lung maturation can be given when indicated.

If no symptoms, admit in the regular labour ward/room as per routine procedures

2. Child Health and Immunization

- Exclusive and Extended breastfeeding should be continued.
- Children with COVID symptoms or pneumonia or diarrhea and has history of contact with person having COVID or recent travel history should be referred to nearest COVID clinics or hospital.
- Child with pneumonia and or diarrhea without having close contacts with person having recent travel history to COVID 19 pandemic areas should be provided services as per IMNCI protocol at Health centers.
- Child with danger signs should be provided and treated as emergency services.
- Child with severe malnutrition without any clinical signs should be referred to Nutrition Rehabilitation Home.
- Babies of COVID-19 positive mothers should only be tested if unwell. (RCPCH)
- Newborns born from woman with suspected or confirmed COVID should be provided essential newborn care and referred to COVID hospital.

Clinical syndromes associated with COVID-19 among children (WHO interim guidance for SARI Case Management):

Pneumonia	Child with non-severe pneumonia who has cough or difficulty breathing + fast breathing : fast breathing (in breaths/min): < 2 months: ≥ 60; 2–11 months: ≥ 50; 1–5 years: ≥ 40, and no signs of severe pneumonia.
Severe pneumonia	Child with cough or difficulty in breathing , plus at least one of the following: central cyanosis or SpO ₂ < 90%; severe respiratory distress (e.g. grunting, very severe chest indrawing); signs of pneumonia with a general danger sign : inability to breastfeed or drink, lethargy or unconsciousness, or convulsion

Immunisation service

1. Maintain physical distance for providing immunisation services
 - Make arrangement to maintain physical distance of at least 3 to 6 for providing immunisation services in the community or during immunisation sessions
 - Coordinate with local elected bodies and female community health volunteers to fix the timing for immunisation and advise the community to come for immunisation accordingly.
 - Coordinate with local elected bodies, youth and FCHV to manage the crowd and maintain physical distance

2. Assess the child before providing immunisation
 - Do not provide immunisation if the child coming to the child has fever, dry cough or COVID symptoms
 - Advice for immunisation once the child recovers
 - Refer suspected child and parents with COVID symptoms to designated hospital with fever clinic.

3. Protection of service provider (Level 3 PPE as per COVID -19 PPE guidelines)
 - Practice hand hygiene and hand washing or use hand sanitiser. Use surgical mask and disposal gloves
 - Maintain physical distance while providing services where possible
 - Coordinate with the health office, palika and health facility for PPE

4. Coordination for providing immunisation services for targeted children
 - Ensure that all children (within 15 months for routine immunisation and for other immunisation) have received immunisation services
 - Coordinate and mobilise local bodies, volunteers and stakeholders to ensure that all children have received immunisation services.

5. Coordinate with relevant administrative officials at the local level for special immunisation such as outbreak response immunisation or campaigns

6. Orient local level administrative officials and stakeholders on the need for physical distancing for COVID-19 prevention and the need to also ensure immunisation of children and divide roles and responsibilities to provide immunisation services.

Note:

1. Ensure quality of the services and cold chain maintenance as per the national guidelines and protocol.
2. **In instances where the vaccine carrier or cold box are used for collecting or transferring suspected samples, disinfect the equipments with 0.5% chlorine solution before reusing it for immunisation services**
3. In the current situation, Cold chain distribution and transportation should be in coordination with the health office and relevant local administrative officials

4. Health service providers with fever and cough should not be involved in providing immunisation services
5. In addition to immunisation services, provide information on COVID -19 prevention to beneficiaries coming for immunisation services.

3. Family Planning services

FP service providers should list the name from service register and follow-up clients using telephone or FCHV while maintaining confidentiality and facilitating service continuity

FP methods	Continuous/Current Users	New Acceptors
Condom	Continue, Advance supply for 3 months	Ensure continue service, Provide advance supply for 3 months
Pills	Continue service, Provide advance supply for 3 months	Provide Pills after initial assessment and link them with FCHVs, Provide advance supply for 3 months
injectable	Continue service with proper IP and reduce time of contact.	Depo can be provided following IPC and PPE guideline. FP Counselling via telephone
IUCD/Implant	Follow IUCD and Implant protocol ensuring standard infection prevention measures and PPE guidance Follow up discouraged unless required ('severe' side effect, complication etc.) Use hotline/telephone counseling for follow-up client In situations where removal is deferred, client needs to be well informed, follow the protocol and suggest for ' dual protection ', or ECP as needed	Follow IUCD and Implant and iPPIUCD protocol ensuring IPC and PPE guidance
Permanent methods	Semen analysis is not a priority , use back up methods (condom), pills, depo, ECP if there is chance of failure.	BTL or PPT can be done in case of CS

FP methods	Continuous/Current Users	New Acceptors
		NSV and Minilap not recommended. Advise use of backup method

Note: Health Workers and FCHVs can provide information on Emergency Contraceptive Pill's use as needed for the women and girls

4. Safe Abortion Services

- MA, MVA, second trimester abortion and PAC services including Post abortion FP will be provided following National protocol and strict IPC and PPE guideline
- FCHVs will be mobilized to provide information and referral services for SAS including MA.
- Trained health service providers from NGO and private sector can be mobilized for providing home-based MA services.

Distance Health Education through digital and call channel – on Safe Abortion Services to clients seeking for information, service availabilities, options, drug regimen and symptoms of complication. The service provider/counsellor will provide information ensuring the availability of services in different settings as per the Safe Abortion legal framework of the country and encourage client to visit public/private service centers.

Health service providers and counselors should provide information on availability Safe Abortion Services (as per GON policy and regulation)

Encourage clients to access quality SAS services from public and private service delivery sites as per their needs.

Annexes

Annex 1: PPE guideline

Annex 2: List of CVOID clinics and hospital with CEONC sites

Annex 3: Guideline for Use of misoprostol

Annex 4: Information on helpline

Annex 1: Guidelines for use of personal protective equipment

(adapted from Nepal Medical Council Interim Guidance for Infection Prevention and Control When COVID-19 Is Suspected, developed by the Expert Team of NMC and Government of Nepal with reference from WHO, published on March 26, 2020)

SN	Health Care Setting	Disposable Gloves	Disposable Plastic Apron	Water resistant or standard disposable gowns	Surgical mask	N-95 mask	Cap - disposable	Eye/face protection
A	General							
1	For Aerosol Generating procedures* in Covid-19 suspected or confirmed cases	X single use**		X single use**		X single use**	X single use**	X single use**
2	For Non aerosol generating covid-19 suspected or confirmed patients	X		X	X (seal the top edge with tape)		X	X
3	For Physician/Staff running the fever/screening clinics	X		X	X (seal the top edge with tape)		X	X
4	For escorts or drivers	X			X			
5	For escorts or drivers, If physical contact is expected	X		X	X			X
6	Patient, COVID 19 suspected or confirmed				X			
7	For Laboratory staff	X		X	X		biological hood (BSL-2)	X (if risk of splash)

SN	Health Care Setting	Disposable Gloves	Disposable Plastic Apron	Water resistant or standard disposable gowns	Surgical mask	N-95 mask	Cap - disposable	Eye/face protection
SRH and MNH services								
1	Providing MVA service - No COVID symptoms	X	X		X		X	X
2	Counseling and providing 2 nd trimester service (D&E/ MI) - No COVID symptoms	X	X		X		X	X
3	PAC	X	X	X	X		X	X
4	Counseling and information for Family Planning SAS				X			
5	Consultation with patient and examination				X			
6	PV examination	X (Sterile)	X		X			
7	Injectable				X			
8	IUCD and Implant	X (Sterile)	X		X			
10	Delivery (Vaginal), no COVID symptoms – 1 st stage	X (sterile)	X	X	X sessional use (can be used for one shift for non COVID cases)			
11	Delivery (Vaginal), no COVID symptoms – 2 nd and 3 rd stages	X (sterile)	X	X	X Single use		X	X
12	C-section with spinal or regional	X (sterile)	X	X	X		X	X
13	C-section with GA (this includes all staff in the theater)	X (sterile)	X	X		X	X	X

14	Clients/ANC mothers				Simple Cloth mask if surgical mask not available			
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***For Aerosol Generating procedures:** Dental procedures, bronchoscopy, Upper GI Endoscopy, ENT procedures, Nebulization, Intubation of a patient, CPR, Non-invasive ventilation, endotracheal suctioning, when obtaining nasopharyngeal or oropharyngeal swab, etc. **in Covid-19 suspected or confirmed cases health personnel need to use the following protective equipment:**

****Clients-**the guideline for client undergoing safe abortion service (MVA and D&E) need to follow the standard national guideline.

Single use refers to disposal of PPE or decontamination of reusable items e.g. eye protection or respirator, after each patient and/or following completion of a procedure, task, or session; dispose or decontaminate reusable items after each patient contact as per Standard Infection Control Precautions.

A session refers to a period of time where a healthcare worker is undertaking duties in a specific care setting/exposure environment e.g. on a ward round; providing ongoing care for inpatients. A session ends when the healthcare worker leaves the care setting/exposure environment. Sessional use should always be risk assessed and considered where there are high rates of hospital cases. PPE should be disposed of after each session or earlier if damaged, or soiled.

Mandatory hand-hygiene after each use of PPE and between patients.

Mandatory surface cleaning of bed or furniture with 0.5% Chlorine disinfectant (Virex* or similar) between each patient in OPD or in an inpatient setting.

For all staff, including health care workers involved in any activity that does not involve contact with COVID-19 patients and working in other areas of patient transit (e.g. wards, corridors). **No PPE required.**
 o ***Maintain 3-6 feet distance while visiting patients, if no need to touch the patient.***

Annex 2. List of designated COVID clinics and hospital

Hospitals to run the COVID clinics

SN	Province	Hospital
Hub Hospitals(25)		
1	Province 1	B.P Koirala Institute of Health Sciences
2	Province 1	Koshi Hospital
3	Province 1	Mechi Hospital
4	Province 2	Gajendra Narayan Singh Sagarmatha Hospital
5	Province 2	Janakpur Hospital
6	Province 2	Narayani Hospital
7	Bagmati	TU Teaching Hospital
8	Bagmati	Bir Hospital
9	Bagmati	Bhaktapur Hospital
10	Bagmati	Civil Service Hospital
11	Bagmati	Patan Academy of Health Sciences
12	Bagmati	Shree Birendra Hospital
13	Bagmati	Bharatpur Hospital
14	Bagmati	Dhulikhel Hospital
15	Gandaki	Pokhara Health Science Academy Hospital
16	Gandaki	Dhaulagiri Hospital
17	Province 5	Bheri Hospital
18	Province 5	Lumbini Hospital
19	Province 5	Rapti Academy of Health Sciences
20	Province 5	Rapti Provincial Hospital
21	Karnali	Karnali Academy of Health Sciences
22	Karnali	Provincial Hospital, Surkhet
23	Sudurpaschim	Dadeldhura Hospital
24	Sudurpaschim	Mahakali Hospital
25	Sudurpaschim	Seti Hospital
Provincial Hospitals (64)		
26	Province 1 (13)	Inaruwa Hospital
27	Province 1	Dhankuta Hospital
28	Province 1	Sankhuwasabha Hospital
29	Province 1	Bhojpur Hospital
30	Province 1	Terhathum Hospital

31	Province 1	Mechi Hospital
32	Province 1	Taplejung Hospital
33	Province 1	Panchthar Hospital
34	Province 1	Ilam Hospital
35	Province 1	Okhaldhunga Hospital
36	Province 1	Solukhumbhu Hospital
37	Province 1	Khotang Hospital
38	Province 1	Udaypur Hospital
39	Province 2 (6)	Siraha Hospital
40	Province 2	Jaleshowr Hospital
41	Province 2	Sarlahi Hospital
42	Province 2	Kalaiya Hospital
43	Province 2	Rautahat Hospital
44	Province 2	Janakpur Hospital
45	Bagmati (9)	Sindhupalchowk Hospital
46	Bagmati	Charikot Hospital, Dolakha
47	Bagmati	Ramechhap Hospital
48	Bagmati	Sindhuli Hospital
49	Bagmati	Hetauda Pradeshik Hospital
50	Bagmati	Dhading Hospital
51	Bagmati	Bhaktapur Hospital
52	Bagmati	Trisuli Hospital
53	Bagmati	Rasuwa Hospital
54	Gandaki (10)	Baglung Hospital
55	Gandaki	Gorkha Hospital
56	Gandaki	Lamjung Hospital
57	Gandaki	Manang Hospital
58	Gandaki	Myagdi Hospital
59	Gandaki	Mustang Hospital
60	Gandaki	Nawalpur Hospital
61	Gandaki	Prabat Hospital
62	Gandaki	Syangja Hospital
63	Gandaki	Tanahu Hospital
64	Province 5 (10)	Kapilbastu
65	Province 5	Nawalparasi
66	Province 5	Arghakhanchi Hospital
67	Province 5	Gulmi Hospital
68	Province 5	Palpa Hospital
69	Province 5	Rapti Provincial Hospital
70	Province 5	Pyuthan Hospital
71	Province 5	Rolpa Hospital

72	Province 5	Bardiya Hospital
73	Province 5	Rukum East Hospital
74	Karnali (8)	Dailekh Hospital
75	Karnali	Dolpa Hospital
76	Karnali	Humla Hospital
77	Karnali	Jajarkot Hospital
78	Karnali	Kalikot Hospital
79	Karnali	Mugu Hospital
80	Karnali	Rukum West Hospital
81	Karnali	Salyan Hospital
82	Sudurpaschim (8)	Achham Hospital
83	Sudurpaschim	Baitadi Hospital
84	Sudurpaschim	Bajhang Hospital
85	Sudurpaschim	Bajura Hospital
86	Sudurpaschim	Darchula Hospital
87	Sudurpaschim	Doti Hospital
88	Sudurpaschim	Tikapur Hospital
89	Sudurpaschim	Bayalpata hospital, Achham
Medical Colleges (22)		
90	Province 1	B.P Koirala Institute of Health Sciences, Dharan
91	Province 1	Birat Medical College, Biratnagar
92	Province 1	Nobel Medical College, Biratnagar
93	Province 2	Janaki Medical College, Janakpur
94	Province 2	National Medical College, Birgunj
95	Bagmati	Chitwan Medical College, Chitwan
96	Bagmati	College of Medical Science, Chitwan
97	Bagmati	Kathmandu Medical College, Kathmandu
98	Bagmati	Nepal Medical College, Kathmandu
99	Bagmati	Kist Medical College, Lalitpur
100	Bagmati	KU Dhulikhel Hospital, Kavre
101	Bagmati	Patan Academy of Health Science, Lalitpur
102	Bagmati	TU Teaching Hospital, Kathmandu
103	Gandaki	Gandaki Medical College, Pokhara
104	Gandaki	Manipal Medical College, Pokhara
105	Gandaki	Pokhara Academy of Health Science, Pokhara
106	Province 5	Lumbini Medical College, Palpa

107	Province 5	Nepalgunj Medical College, Banke
108	Province 5	Rapti Academy of Health Science, Dang
109	Province 5	Universal College of Medical Science, Bhairahawa
110	Province 5	Devdaha Medical College, Rupendhei
111	Karnali	Karnali Academy of Health Science, Jumla
Private Hospitals (16)		
1121	Bagmati	Alka Hospital,
1132	Bagmati	B&B Hospital
1143	Bagmati	Blue Cross Hospital
1154	Bagmati	Chirayu Hospital
1165	Bagmati	Dr Upendra Devkota Memorial Institute
117	Bagmati	Ganesh Maan Hospital
118	Bagmati	Grande International Hospital
119	Bagmati	HAMS Hospital
120	Bagmati	Mediciti Hospital
121	Bagmati	Nidan Hospital
122	Bagmati	Norvic International Hospital
123	Bagmati	Sahid Memorial Hospital
124	Bagmati	Star Hospital
125	Bagmati	Sumeru Hospital
126	Bagmati	Vayodha Hospital
127	Bagmati	Vinayak Hospital
Note: this list will be changed/updated as per need		

List of COVID hospitals (level 2 and 3 hospitals with CEONC services)

Level 2 COVID Hospitals			
SN	Province	Hospital	CEONC services
1	Bagmati	Patan Hospital	yes
2	Bagmati	Nepal Armed Police Force Hospital	yes
3	Bagmati	Bharatpur Hospital	yes
4	Province 1	Koshi Hospital	yes
5	Province 2	Narayani Hospital	yes
6	Province 2	Janakpur Hospital	yes
7	Gandaki	Pokhara Health Science Academy Hospital	yes
8	Province 5	Lumbini Hospital, Butwal	yes
9	Karnali	Karnali Academy of Health Sciences	yes




10	Karnali	Surkhet Hospital	yes
11	Sudurpaschim	Seti Hospital	yes
Level 3 COVID Hospitals			
SN	Hospitals		CEONC services
1	BPKIHS, Dharan		yes
2	TU Teaching Hospital, Maharajunj, Kathmandu		yes
3	Nepalgunj Medical College, Kohalpur		yes

Annex 3: Guidelines for use of Misoprostol


- मातृ सुरक्षा चक्कीले पाठेघर खुम्चाएर रक्तश्राव रोकथाम गर्न तथा साल भर्न मद्दत गदर्छ। यो गर्भवती भएको ८ महिना लागेपछि मात्र महिला स्वास्थ्य स्वयंसे विकामार्फत उपलब्ध हुन्छ।
- मातृ सुरक्षा चक्की आफैले सेवन गर्न सकिने, सजिलो, जीवन रक्षा गर्ने औषधीअहो।
- बजारमा २०० माइक्रोग्रामको एक चक्की पाईने भएकोले ३ चक्की बराबर ६०० माइक्रोग्राम हुन्छ, जुन वयस्कहरूको लागि एक मात्रा हो।
- बच्चा जन्मिने वित्तिकै तर साल नभर्दै ३ वटा मातृ सुरक्षा चक्की बच्चाअजन्माएकी महिलाले खानुपर्दछ। यो औषधि खानुअघि पेटमा अर्को बच्चा भए नभएको यकिन गर्नुपर्दछ। यदि अर्को बच्चा भएमा अर्को बच्चा जन्मेपछि मात्र मातृ सुरक्षा चक्की खानुपर्छ।
- यदि औषधि नखादै साल भरेमा पनि तुरुन्तै ३ वटा मातृ सुरक्षा चक्की खानुपर्छ।
- तीनवटा चक्की एकैपटक खानुपर्छ।



औषधि देखाएर राम्रोसित परामर्श गरी महिलाले स्पष्टसित बुझेको एकिन गरेर मात्र मातृअसुरक्षा चक्की महिलालाई दिनु पर्छ। महिलाले मातृ सुरक्षा चक्की प्रयोग गर्नेबारे राम्रो सित नबुझेमा उनका परिवारका सदस्यहरूलाई राखेर राम्रोसित बुझाएर मात्र यो औषधि दिनुपर्छ। बिना परामर्श वा महिलालाई जानकारी नै नदिईकन यो औषधि प्रयोग गर्नको लागि वितरण गर्नु हुदैन।


Annex 4: Information on helpline




कोरोना भाइरस (कोभिड-१९) : सुरक्षित मातृत्व तथा नवजात शिशु स्याहार, परिवार नियोजन, सुरक्षित गर्भपतनलगायत प्रजनन स्वास्थ्य सम्बन्धी परामर्श तथा जानकारीका लागि

 **१६६००११६७५६** (एनटिसी प्रयोगकर्ताका लागि)
 **८८०१११६७५६** (एनसेल प्रयोगकर्ताका लागि)
बिहान ७ देखि राती १२ बजेसम्म (मेरी स्टोप्स)

 **१६६००१४५०००** (एनटिसी प्रयोगकर्ताका लागि)
 **०१५०१०१६८** (एनसेल प्रयोगकर्ताका लागि)
बिहान ९ देखि बेलुका ५ बजेसम्म (नेपाल परिवार नियोजन संघ)

 **१६६००१०००८६**
चौबिसै घण्टा (परोपकार प्रस्ती तथा स्त्रीरोग अस्पताल)


नेपाल सरकार
स्वास्थ्य तथा जनसंख्या अन्वयण
राष्ट्रिय स्वास्थ्य विज्ञान, वृद्धता तथा संभार केन्द्र

