



# RMNCH Rapid Virtual Assessment

Presented 7/05/2020

# Outline

Background

Snapshot of findings

Proposed scenarios after initial rapid assessment

Lessons learnt

Opportunities

Next steps

# Zimbabwe's provinces



# Background

34 DIAGNOSED COVID-19 CASES

5 RECOVERIES

4 DEATHS

*SOURCE MOHCC DAILY UPDATE  
6/5/2020*

## Assessment Objectives

Rapidly assess the readiness of provinces to offer maternity services to women either suspected of covid-19 or confirmed positive.

Rapidly assess the availability of RMNCAH services at health facilities

# When the assessments were conducted

1st assessment- 17 March 2020- to assess the awareness and readiness of health facilities to offer obstetric services to women suspected of covid-19 or confirmed to have covid-19

**10–14 Apr. 2020**

**17 Mar. 2020**

2nd assessment- 10-14 April 2020 -as above plus assessment of availability of RMNCH services

# Approach



Multiple virtual channels of used to collect information from the 8 provinces and 5 central hospitals



What's app, emails and telephone calls



Informants: PMDs, Clinical Directors, Clinical heads of departments, Provincial maternal and Child health officers, mentors and Reproductive Health Officers.



Questions sent on what's app group platform



Response on either what's app or email



Follow up telephone calls where responses had not come in

# 2<sup>nd</sup> Rapid Assessment Guidance questions

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Are you offering essential FCH services? Comment on the following

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ANC

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PNC

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Family Planning

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VIAC

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EPI services

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# Rapid assessment guidance questions

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What plans have been put in place for management of pregnant women in labour who are either suspected to have COVID-19 or are confirmed cases

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Have the plans been implemented? If not, what are the challenges?

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Have you had such cases present?

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What patient pathway was followed?

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How were they managed?

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What was the outcome?

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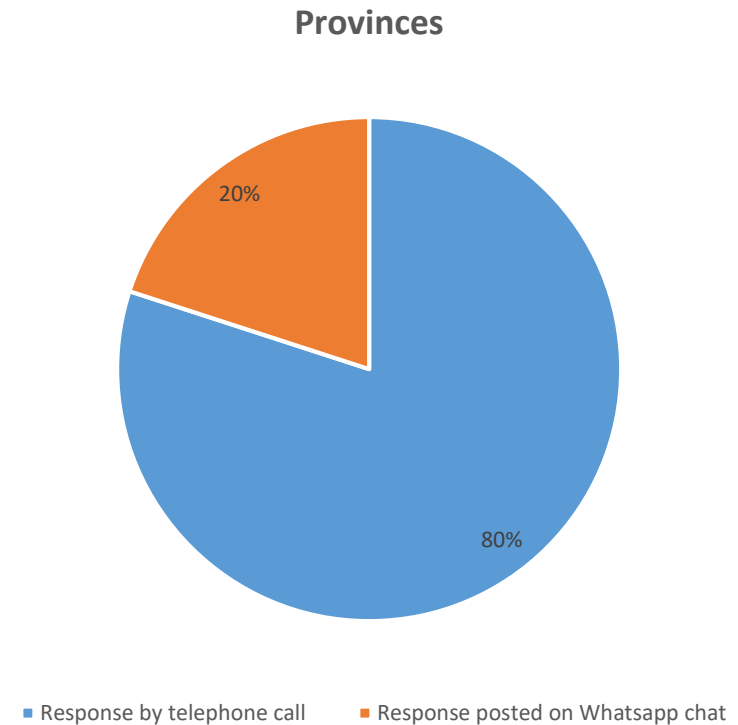
What are the training needs?

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Is there a plan for children?

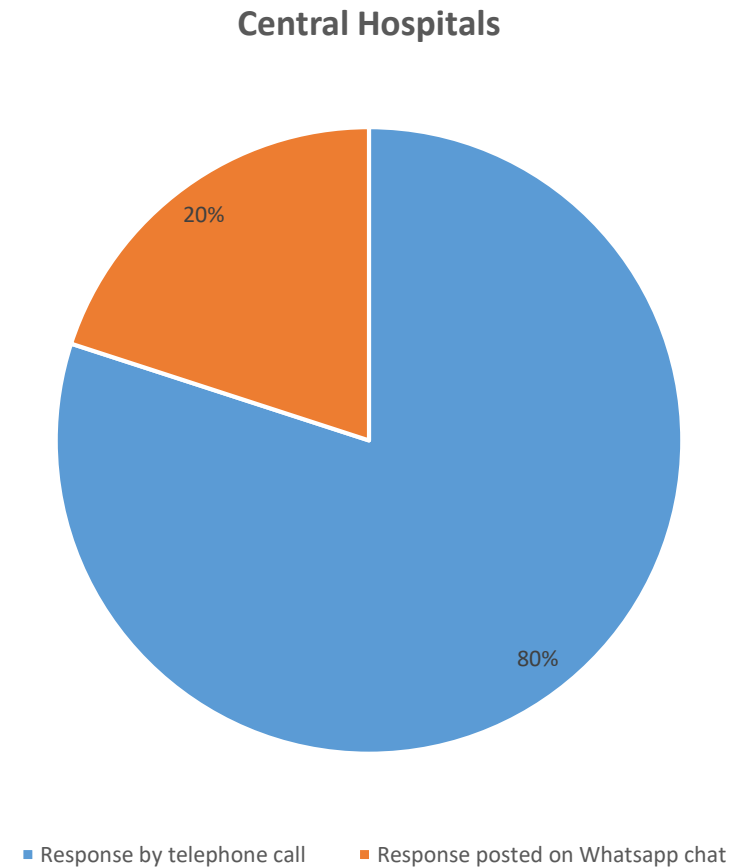
# Response from the provinces

- 8/10 responses were obtained through telephone calls.



# Responses from the Central hospitals

- 4/5 responses were obtained through telephone calls





# Proposed Scenario Based

Trigger Action Response Plan(TARP)  
Options from Initial Rapid Assessment

# TARP strategies



**ICE** strategy(Isolate, Communicate and Evacuate to Designated Management Centre)



**ICM** strategy(Isolate, Communicate and Manage locally or regionally)

# Snapshot of findings from Rapid assessment 2

Central hospitals- information from 5 out of 5

Provinces-information from 10 out of 10

Facility readiness for managing pregnant women requiring delivery at various stages of preparation.


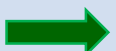

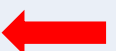
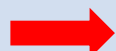


No central hospital offering routine outpatient FCH services. Clinics referring those needing specialist assessment to the maternity hospitals.

All provinces offering essential FCH outpatient services to varying degrees

# General observations









- Inadequate PPE
- Training gap in maternity staff
- Reported lower turn out in clients seeking out certain-RMNCH services ? limited access due to public transport constraints as a result of lock-down conditions. ? Concerns by clients on safety of visiting health facilities.

# Routine data ANC and Deliveries 6/5/2020

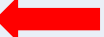




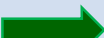

Data element	Q1 2019				Q1 2020				
	Jan	Feb	March	Total	Jan	Feb	March	Total	
ANC Bookings	43804	39099	39138	<b>122041</b>	50372	37347	36237	<b>123956</b>	Q1,19  Q1,20
Booking below 16 weeks gestation	11875	10937	12051	<b>34863</b>	13064	10749	11569	<b>35382</b>	Q1,19  Q1,20
4 ANC Visits plus	35391	36501	41083	<b>112975</b>	40282	38302	35439	<b>114023</b>	Q1,19  Q1,20
Live births at health facility	31218	29406	32869	<b>93493</b>	30567	27840	29209	<b>87616</b>	Q1,19  Q1,20
Live births at home	3022	3093	2431	<b>8546</b>	4438	2652	2647	<b>9737</b>	Q1,19  Q1,20
Caesarean sections done	2965	3115	3157	<b>9237</b>	2215	1798	1768	<b>5781</b>	Q1,19  Q1,20
Still Births	615	518	599	<b>1732</b>	545	458	481	<b>1484</b>	Q1,19  Q1,20



# Maternal and Early Neonatal Deaths

Data Element	Q1 2019				Q1 2020				
	Jan	Feb	March	Total	Jan	Feb	March	Total	
Early Neonatal Deaths	471	406	433	<b>1310</b>	374	406	336	<b>1116</b>	Q1,19  Q1,20
Maternal Deaths in health facilities (T5)	30	31	28	<b>89</b>	39	32	14	<b>85</b>	Q1,19  Q1,20
Maternal deaths at home (T5)	6	5	7	<b>18</b>	5	3	3	<b>11</b>	Q1,19  Q1,20
Maternal Deaths (WDS/RDNS)	34	27	23	<b>84</b>	40	20	17	<b>77</b>	Q1,19  Q1,20
PNC Day 1	28005	25909	29791	<b>83705</b>	28056	25552	25580	<b>79188</b>	Q1,19  Q1,20
PNC Day 3	23394	22576	25392	<b>71362</b>	24289	22350	21308	<b>67947</b>	Q1,19  Q1,20
PNC Day 7	22285	21922	23547	<b>67754</b>	22538	22954	19201	<b>64693</b>	Q1,19  Q1,20
PNC 6 Weeks	22920	21729	24543	<b>69192</b>	22863	21796	21054	<b>65713</b>	Q1,19  Q1,20

# Family Planning

Data Element	Q1 2019				Q1 2020				
	Jan	Feb	March	Total	Jan	Feb	March	Total	
COC Pill - New Clients	8208	7393	8756	<b>24357</b>	8560	7457	7324	<b>23341</b>	Q1,19  Q1,20
POP - New Clients	11696	11045	11560	<b>34301</b>	12222	9747	10317	<b>32286</b>	Q1,19  Q1,20
IUCD - New Clients	537	690	1058	<b>2285</b>	1376	1027	865	<b>3268</b>	Q1,19  Q1,20
Implants - New Clients	4541	6778	6977	<b>18296</b>	6097	6461	6605	<b>19163</b>	Q1,19  Q1,20
Injectables - New Clients	13146	6807	7497	<b>27450</b>	6150	5135	6932	<b>18217</b>	Q1,19  Q1,20
Tubal Ligation - New Clients	65	83	109	<b>257</b>	112	70	95	<b>277</b>	Q1,19  Q1,20
Vasectomy - New Clients	13	5	33	<b>51</b>	11	0	0	<b>11</b>	Q1,19  Q1,20

# Cervical Cancer Screening-April 15 2020

<b>Data Element</b>	<b>Q1 2019</b>	<b>Q1 2020</b>	<b>% Change</b>
VIAC - New Clients	26614	20807	-21.8
VIAC - Repeat Visits	7903	6550	-17.1

# Challenges



# What has been the result?

Findings and recommendations shared with the case management pillar, RMNCAH-N partners and other MOHCC departments for guidance, resource mobilization and next steps formulation.

Fostered team-work as diverse teams worked together virtually to address some of the gaps highlighted in the rapid assessment.

The rapid virtual assessment has unlocked further opportunities in use virtual platforms to strengthen RMNCAH programming.

# Lessons learnt

- **Communication:** Use of multiple channels of communication  
Importance of existing communication platforms  
Importance of pre-planning results dissemination in an emergency.
- **Sensitivity:** Need to be sensitive to the demands of a crisis  
Telephone calls yielded better results, likely due to the fact that most health workers would be on the ground with hardly any time to read through emails and complete long tools.
- **Extra mile:** Going the extra mile becomes the norm in a crises
- **Stewardship:** In a crises it is critical to be aware of RMNCAH-N needs and ensure that they are included emergency national plans.

# Opportunities- “Treasures in the darkness”

Improve Efficiency: Use of virtual platforms for some meetings can result in more efficient use of both time and financial resources.  
Example: Conducted National MPDSR Committee meeting virtually.

Improve Effectiveness: Working on pre-recorded video training materials for dissemination.

Strengthening of referral system through interfacility telemedicine hubs and virtual mentorship.

Virtual platforms may not always be feasible in every setting (particularly where there are limitations with internet connectivity and will not replace physical meetings but the crisis has enabled us to see the feasibility of their use to compliment program implementation.

# Next steps



The Unicef supported “U” survey platform will be used to enable us to gain information from end users in the community on accessibility and availability of RMNCAH survey during this period.



Proof reading and approval of continuity of RMNCAH services level specific practical guidance.



Revised, more comprehensive tool developed to be used for next assessment



Next assessment due in a week plus and planning to complement it with a physical monitoring and support supervision on RMNCAH service delivery at provincial level.



# Partner Support

WHO

UNFPA

UNICEF

CHAI

USAID Mhuri/Imuli

Cordaid

Solidarmed

