COMMON APPROACHES

COVID-19 Adaptation Guidance for Contraception by Choice

Last updated: 14 April 2020

Our way of working is going to dramatically change as the pandemic continues to impact every country. That will also mean that we need to shift away from direct Save the Children programming towards Save the Children facilitating transfer of funding and knowledge to local NGOs, CBOs, and national Ministries to deliver on SRH. We would expect that our SCI staff will be working from home or remote location, with restricted movement for supervision, with limited access to medical supplies and commodities, and unable to conduct formal training. It is also unlikely that we will have reproductive health surge staff from the global roster deploying. We will have to probably depend on alternative suppliers as companies that produce contraception and other commodities are on pause in terms of production and shipment options are limited.

Women and girls are negatively affected by pandemics - including COVID-19 – due to the increased demand on health systems and services that are overwhelmed by the COVID-19 response. Human resources and supplies become diverted away from sexual and reproductive health services including contraceptive services. Export and import restrictions can prevent timely deployment of reproductive health kits for contraceptive/SRH services and lockdown policies prevent people from accessing services. Women and girls are at increased risk for intimate partner violence and other forms of gender-based violence. Pandemic responses can further isolate marginalized populations such as refugees, displaced populations, people with disabilities, adolescents, and LGBTQIA[1] populations. These factors might lead to disrupted and inadequate supply chains, disrupted health care service delivery and an overall decrease in access to lifesaving sexual and reproductive health care including contraception services. It is essential to ensure continued access to rights-based contraceptive services and information for both new and continuing family planning users while at the same time responding to the pandemic and preventing

The MISP objectives are:

1. Identify lead SRH organization to coordinate MISP implementation
2. Prevent sexual violence and respond to the needs of survivors
3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs
4. Prevent excess maternal and newborn morbidity and mortality
5. Prevent unintended pregnancies
6. Plan for Comprehensive SRH services, integrated into primary health care as soon as possible. Work with health sector/cluster partners to address health system strengthening

disease spread. Contraception can help to reduce additional pressure on already over-stretched health systems and allows women, girls and men to avoid unplanned pregnancies, reduce the risk of unsafe abortion and the number of maternal deaths.

Save the Children prioritizes sexual and reproductive health and rights (SRHR) including contraceptive services in humanitarian responses. **The Minimum Initial Service Package for Reproductive Health (MISP)** outlines the minimum interventions that must be continued during emergency situations, such as the COVID-19 response. These interventions include coordination, provision of voluntary counselling and contraceptive services, emergency obstetric and newborn care and childbirth care for uncomplicated pregnancies, post-abortion care, safe abortion care to the full extent of the law and PLGHA[1] compliant, prevention of sexual violence, clinical care and psychosocial support for survivors of sexual violence, prevention and treatment of HIV and other sexually transmitted infections. A lead SRH organization should be identified to coordinate MISP implementation and plan for comprehensive SRH services. The Minimum Initial Service Package for Reproductive Health (MISP) - PLGHA compliant version provides the framework and guide for sexual and reproductive health including family planning programming in humanitarian settings.

In addition, **comprehensive family planning / sexual and reproductive health services should be maintained or adapted to ensure they are complementary to the COVID-19 response**. This includes minimizing non-urgent care by limiting the number of antenatal care visits, postnatal care visits; adapting home care or community level care services for essential newborn care and childbirth care for uncomplicated pregnancies, breastfeeding support; phone or telemedicine enabled counselling for family planning, pick-up service for refill of contraceptives at health facilities or pharmacies; and hotline or telemedicine enabled care for those experiencing intimate partner violence. **Reductions or modification in routine services should only be considered to (1) ensure support to the epidemic response and COVID-19 case management and/or (2) to avert undue exposure to risk of contracting the virus in a health facility during an epidemic outbreak and/or when community transmission has been confirmed.**

Key overall guidance documents

Program Framework – Version 2.0 (PDF) (Word)

Description: Top-line framing of Save the Children's COVID-19 priorities, planning assumptions, and phases with indicative activities per phase

Purpose: Each country is able to identify their current phase, make immediate and appropriate decisions, and use for programmatic considerations

Program Adaptations (PDF) (Word)

Description: Detail on key risks and mitigation strategies by phase as well as within each level of "program criticality"; for example, applying a 'stop/adapt/continue' approach. Some of the same information may apply in multiple places

[1] SCI, SC India and any other non-U.S. SC entity that receives U.S. government global health funding must comply with the U.S. Government's "Protecting Life in Global Health Assistance" (PLGHA) policy. This means that those Save the Children entities and their staff may only perform, actively promote or provide financial support for safe abortion care in cases where the life of the mother would be endangered if the fetus were carried to term or in cases of rape or incest.

Purpose: Detailed tool for immediate and real-time decision-making to ensure programs, staff and participants are safe and employing critical risk mitigation strategies ("flattening the curve")

Contraception by Choice

Description: Save the Children's Common Approach on family planning.

Purpose: Evidenced based package for family planning programming that includes interventions to address individual knowledge, attitudes and behaviour, promote family and community support, increase availability of quality information, counseling and contraceptive services, and improve legal and policy environment for family planning.

Contraception by Choice Common Approaches

Note to reader: The content below is the same as in the program adaptations guidance from Save the Children, but with specific application to Contraception by Choice. We did this to ensure that the SRHR and health staff using this document do not have to access and use two different program adaptation documents. Additions that are specific to the Contraception by Choice Common Approach are italicized in the table below.

The recommendations and guidance below represent the minimum measures required in order to ensure the safe continuity of family planning programming (which is closely related to the Contraception by Choice Common Approach) in the context of a COVID-19 outbreak. "Program Activity" refers mainly to the modality of program delivery, and anticipates risk associated with ongoing service delivery in the context of COVID-19 transmission. This guidance is based upon global standards (WHO) and should be adapted to the local context. Country offices should follow local MOH prevention and response measures taken by local actors such as the SRH working group or health cluster and Governments and/or implement these global measures in the absence of local guidance. **If the CO does not have the resources or ability to implement the mitigation measures labelled FP MISP[2], then the family planning program should seek collaborating partners to provide FP MISP and ensure staff safety at a minimum and seek to coordinate with others to implement the full MISP.**

The guidance below takes into account two things:

1) Context in the country as described in terms of the **Program Phase** (Preparedness, Initial Response, Large-Scale Response, Recovery)

2) The nature of activities carried out in the Country Office in terms of **Program Criticality**

[2] FP MISP refers to the MISP objective 5 activities. Ensure availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female condoms and emergency contraception) at primary health care facilities to meet demand. Provide information, including existing information education and communication (IEC) materials, contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination. Ensure the community is aware of the availability of contraceptives for women, adolescents and men. Shares information about the availability of SRH services and commodities. Ensures the community is aware of the availability and location of SRH services.

Program Phases: As the pandemic spreads across the globe, countries are expected to move in and out of different phases from Preparedness to Response and Recovery, and likely back into preparedness and response for subsequent pandemic waves. The program phase will depend on identified cases as well as school closures, market disruptions, and overall impact on ways of life. There are 3 distinct Program Phases:

- Preparedness
- Initial Response
- Large-Scale Response

Program Criticality Guidance: Country Offices should look at Program Criticality (PC 1-4) of all activities:

- PC 1 = life-saving interventions (e.g. clinical care for emergency conditions, emergency WASH, emergency food distributions, cash, care and support for unaccompanied children, family reunification, protection and response to SGBV).
- PC2 = life-sustaining interventions + those with potential impact on COVID-19 (e.g. life-sustaining = primary health care including the provision of reproductive health care, vaccination, MCH; impact on COVID = any community engagement activities that promote detection, prevention and mitigation).

When countries are in the Initial Response or Large-Scale Response, PC1 and PC2 activities should continue once risk mitigation measures outlined below are in place. If risk mitigation measures cannot be implemented, activities should be temporarily suspended.

- PC3 = life-dignifying
- PC4 = life-enhancing

PC3 and PC4 activities should be modified or temporarily suspended once Countries are in the Initial Response Phase.

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
Outcome 1: Improved knowledge, attitudes and behaviors related to contraception				
Interpersonal communication, group-based approaches (mass meeting (over 25 people) and smaller meetings (under 25 people)	- SC staff, outreach community workers, and community members infected with COVID-19 attend group meetings, conduct	- All large gatherings should be avoided - Gatherings should be avoided. Strongly consider alternative approches for related activities *Map out existing interpersonal communication and media channels (social and digital media)*	*- Outreach workers (CHWs, peer mobilizers, satisfied clients, group facilitators) and SC staff trained in family planning/SRH and*	**PREPAREDNESS:** - Identification of relevant meetings and gatherings, both for staff and communities - Conduct awareness raising with staff, children, adolescents and

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For comprensive sexuality education (see MSRH common approach)	one-to-one meetings and spread the infection (or conditions with similar symptoms initiating COVID-19 suspicion and self-quarantine) - Significant risk of worsening community transmission	- Strongly consider alternative approaches for awareness raising, information dissemination, and community engagement, child participation e.g. telecommunications, smaller groups with safe distancing, house-to-house visits) - Identify alternative delivery formats for meetings: telecommunications, webinar, whatsapp, skype, etc... - Limit the number of people attending to ensure social distancing can be practiced. - Adjust venue for meeting to be in a bigger space to enable social distancing (2m) and good ventilation - Train SC staff and outreach workers on COVID-19 protection interventions including social distancing, no-touch, and provide them with appropriate PPE (soap, hand sanitizer, masks and gloves). - Ensure staff and outreach workers are able to deliver information and respond to questions related to COVID-19 *- Deliver information on COVID-19 protection and standard messages about how to access contraception services through appropriate channels (FP MISP) - Universal template for family planning* *- Conduct individual and small group activities following local guidelines for COVID-19 protection (smaller groups,*	*COVID-19 protection interventions* *- Telecommunications (local radio stations, mobile phone companies), phone credit*	communities about potential changes to activities. - Readying of telecommunications resources if applicable *- Integrate messages on COVID-19 protection interventions (social distancing, no-touch, handwashing) and basic information on how to access FP services using locally developed IEC materials or Universal template for family planning, into interpersonal communication, group-based FP activities and other communication and outreach activities* *- Disseminate information on where to access contraceptive/SRH services and how to ensure continued contraception throughout COVID-19 response* *- Consult with individuals through key informants and small group discussions to determine options for continued access to contraceptives and SRH*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
		social distancing, house-to-house, peer support) - Ensure no one with cough or fever or shortness of breath attends group activities		*services during COVID-19 pandemic* *- Work with communication partners to integrate 1-2 messages on FP within Covid-19 messages* **INITIAL RESPONSE:** *- Adapt interpersonal communication strategies to small groups or individual outreach only* - All large-scale gatherings should be avoided - Implement modifiation measures for ctirical meetings and suspend all in-person mass meetings if modifications can't be met **LARGE SCALE RESPONSE:** *- Limit interpersonal communication to mass media through radio, social and digital media, and posters as appropriate to the context* - Suspend all types of in-person meetings
Outcome 2: Partners, family members and communities support contraception				
Interpersonal communication approaches	- SC staff, outreach community workers, and	*In addition to the mitigation measures listed under outcome 1, the following measures are also recommended:*	*- Trained outreach workers (CHWs, peer mobilizers, satisfied*	*In addition to actions listed for outcome 1, the following actions are recommended:*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
(champions, small group activities, mentorship-based approaches, couples counseling approaches, religious leaders, community action cycle, partnership defined quality)	community members infected with COVID-19 attend group meetings, conduct one-to-one meetings and spread the infection (or conditions with similar symptoms initiating COVID-19 suspicion and self-quarantine) - Significant risk of worsening community transmission	- Review contingency plans for safety of the affected population *(including potentially stigmatized groups and their additional needs for services)* - Based on effective community entry, assess and monitor strength of misconceptions, key barriers and distrust related to COVID-19 and FP/SRH. - Ensure non-stigmaizing, gender- and age- appropriate risk communication and community engagement (RCCE) materials are available at venues/activities reaching all communities including marginalized groups. *- RCCE materials should include information on accessing FP/SRH services (MISP). Standard messages may be accessed at – https://www.thecompassforsbc.org/trending-topics/covid-19-resources-social-and-behavior-change#latest and Universal teamplate for family planning* - Gatherings should be avoided. Strongly consider alternative approaches for related activities - Review criticality of meetings – postpone non-critical meetings - Can meetings happen in a different format (e.g. phone, whatsapp, skype, webinar, etc....)	*clients (women and men) and other volunteers) on FP/SRH and COVID-19 prevention and response* *- Staff and community outreach worker staff safety materials (hand sanitizer, gloves and masks)* *- Telecommunications, contracts with local radio station and mobile phone companices* *- Staff and outreach worker telecommunications materials (phone, credit, etc...)* *- Staff and outreach workers trained on use of social media for outreach* *- Staff and outreach workers trained on identification of danger signs during pregnancy, delivery and postnatally, domestic/gender-based violence and referral system*	**PREPAREDNESS:** *- Consult with community networks including women's groups, adolescent groups, refugees, people with disabilities, sex workers, community and religious leaders on how to ensure continued access to services throughout COVID-19 response* *- Develop joint plans for ensuring sustained access to quality contraception/SRH services to women and girls and vulnerable populations* **INITIAL RESPONSE:** *- Continue outreach to appropriately sized groups while initiating and maintaining appropriate measures to reduce spread of COVID-19 (e.g. social distancing, PPE, hand washing)* **LARGE SCALE RESPONSE:** *- Use only mass media, social and digital media, and posters for outreach*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
		- Limit the number of people attending to ensure social distancing can be practiced - Train staff and outreach workers on prevention and response to COVID-19 including social distancing, no-touch, and provide them with appropriate PPE (hand sanitizer, masks and gloves). - Ensure staff and outreach workers are able to deliver information and respond to questions *related to FP/SRH* and COVID-19		
Outcome 3: Increased availability of quality information, counseling and contraceptive services				
Support to Ministry of Health system and health facilities, SC managed health facilities / mobile clinics, private sector (clinics, pharmacies, and local CBO/NGOs)	- Health workers, CHWs providing community based services become ill with COVID-19 *and unable to provide contraceptive/SRH services* - Sick health staff / SCI staff work in or visit health facility and transmit infection to others *- Inadequate supply of contraceptives and SRH medical supplies* *- Inadequate PPE and infection prevention and*	*- Provide appropriate IPC equipment - masks, gloves, and shields to health workers and community based distributors* - Standard and trasnmission based IPC precautions implemented at health facilities and in community based services - Train staff on appropriate use of PPE - Assess and upgrade access to WASH facilities in the health centers and handwashing stations in communities - Assess and upgrade solid waste and medical waste management in health facilities - Triage and screening established at the entrances to all health facilities. This must include redesigning patient flow and waiting areas to minimize congestion and risk of COVID-19 infections. - Isolation area identified.	*- Staffing to conduct assessments* *- Materials such as PPE, RH kits, contraceptives* - Protocols for triage, screening, SRH service delivery - Infection prevention control (IPC) SOPs and protocols - Referral SOPs and protocols - Extra staff - Staff trained on identificaiton of domestic/gender-based violence, *danger signs in pregnancy, care and treatment for people*	**PREPAREDNESS:** - Reinforce screening/surveillance practices - Reinforce standard IPC precaution application (these measures should be in place at all times for all patients in all facilities) - Apply PPE consdrvation strategies - Preposition PPE if funding available and PPE is available *- Preposition RH kits if available* *- Conduct rapid asssessments of supported health facilities and partner systems (MOH, CBO/NGOs) to identify gaps related to safety of health*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
	control (IPC) supplies to protect staff, patients and deliver contraceptive/SRH services *- Women and girls are afraid to come to facility for services* *- Women and girls are prevented from accessing health facilities for lifesaving services (contraceptive and SRH services - clinical management of rape, emergency obstetric and newborn care, post abortion care and PLGHA compliant safe abortion care, and HIV treatment) due to lockdown*	- Strict health worker and staff sickness policy implemented – staff to not attend work if sick. - Train health providers in PPE use *- Develop and train health workers on checklists and tools to monitor quality and availaility of contraceptive and SRH services* *- Cancellation of routine/non-urgent services and procedures (including cancellation of mass gatherings for FP/SRH education sessions)* *- Prepare for disruptions in patient access – consider distributing increased supply of contraceptives (3-6 months supply), and emergency contraceptive pills (FP MISP)* *- Distribute clean delivery kits to visibly pregnant women with instructions for use* - Consider moving some reproductive health services to the community – *community based distribution of contraceptives,* community-based management of antenatal and postnatal care. - Limit visitors and movements within health facilities. - Deploy health workers for surge support	*with HIV or STIs, and PLGHA compliant safe abortion care including passive referral*[3]	*workers and patients, physical space and supply chains* *- Strengthen capacity of MOH and private sector partners to revise systems and FP/SRH services to adapt to COVID-19 context (e.g. localize access to FP commodities through community-based distribution and pharmacies,* *- Strengthen capacity to continue and sustain contraceptive (FP MISP) and SRH services throughout COVID-19 response* - Taskshifting and tasksharing to address gaps in health workforce **INITIAL RESPONSE:** - Reinforce screening/surveillance practices - Reinforce standard IPC precaution applicaiton - Train HCWs and CHWs providing FP services on IPC and PPE

[3] Passive referral for safe abortion care services must comply with PLGHA requirements by meeting the following 4 criteria: 1) Woman says she is pregnant, 2) woman says she has already decided to have an abortion without any advice, information, counseling or encouragement by the provider about abortion, 3) woman asks where a safe, legal abortion is available, and 4) provider reasonably believes that the country's medical ethics require him/her to refer the woman for a safe, legal abortion.

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
		- Consider cash voucher assistance for continued access to contraceptives and SRH supplies.		Preprosition supplies and PPE - Contextualize protocols and SOPs - Apply PPE conservation strategies *- In collabortaion with partners, preposition adequate supplies for PPE and contraceptive/SRH services (RH kits)* *- Orient staff to how to manage and use prepositioned supplies* *- Train staff on use of PPE* *- Strengthen referral systems for COVID-19 scenarios such as lockdown* *- Limit health facility visits by use of phones for follow up visits* *- Stop health facility committee meetings and PDQ activities* **LARGE SCALE RESPONSE:** *- Conduct remote supervision and technical assistance through telemedicine (phone, skype, whats app)* *- Deploy surge support*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
Integration - Continue integration into services (e.g. integrated FP counseling, postabortion care (PAC), antenatal care, postnatal care, immunization services, HIV prevention and treatment, and nutrition programs	- Decreased availability of services due to increased number of patients with COVID-19 - Decreased number of trained providers able to deliver the range of services - Decreased availability of commodities and medical supplies at integrated service delivery points due to disruption in services	- Once FP services are available (FP MISP), expand availability, continue integrated FP services only if appropriate (depending upon stage of pandemic) - Establish and maintain referral pathways for integration - Procure and sustain adequate supplies for integrated services	- Providers trained to deliver integrated services - Medical supplies for integrated services	**PREPAREDNESS:** - Refresher training of staff on entry points for integrated services *- Continue providing integrated services* **INITIAL RESPONSE:** *- Implement the MISP – provide family planning services* *- Continue lifesaving integrated services such as PAC, HIV prevention and treatment* **LARGE SCALE RESPONSE:** *- Implement the MISP – provide family planning services through alternate mechanisms (provide 3-6 month supply of contraceptives (follow MOH or RH working group guidance), pick-up service for contraceptive refills at health facility, pharmacy or community depot)* *- Suspend integrated services*
Health workforce sufficent in number, well trained and able to provide quality FP services	*- Decreased number of trained providers* *- Unable to train groups of providers*	*- Consider task shifting and task sharing to address gaps in numbers of health care providers* - Deploy surge health workforce support *(international or local)*	*- Trained health workforce at health facility and community level that are able to*	**PREPAREDNESS:** *- Conduct on the job or small group training/refresher training on family planning for CHWs and health workers*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
	- Decreased attention to supportive supervision, coaching and mentoring of contraceptive service providers *- Decreased access to training expertise due to travel restrictions*	- Utilize distance learning methodologies – *self-directed methods such as workbooks, training videos, e-learning modules, apps, whatsapp* *- Use whatsapp or similar platforms to reach out to health workers. Check on their wellness and ability to come to work*	*provide FP/SRH services* *- digital technologies, phones, tablets, internet, mannequins for face to face training* *- Training costs, venue, and clinical practicum sites*	*- Introduce task shifting and sharing to ensure adequate number of health workers for FP/SRH services* *- Train CHWs on CBD of contraceptives (pills, condoms and DMPA-SC according to national policy)* **INITIAL RESPONSE:** - Reinforce screening/ surveillance practices - Reinforce standard IPC precaution application - Orientation for health care workers and CHWs **LARGE SCALE RESPONSE:** - Conduct remote supervision by phone, skype, etc... - Provide technical support to providers by phone and skype
Well-functioning health information system	- Disruption in MOH health information system - Restrictions on movement in communities by local authorities affecting data collection	*- Continue collecting FP data for existing program* *- Review existing data on contraception/SRH from MOH* - Identify other sources of data (secondary sources, from other organizations, etc...) - Set up remote data collection systems using mobile phones, etc...	- data collection tools - IT systems, telecommunications and other technology - Staff trained on COVID-19 prevention	**PREPAREDNESS:** *- Collect age- and sex-disaggregated data on family planning use (e.g. new users by method, continuing users, contraceptive prevalence rate), access to FP / SRH services (# of service delivery points), refer to Contraception*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
		- For any data collection through face-to-face interaction: ○ Staff to maintain social distancing (no touch, safe distance of 2m). ○ Collect data outside or in wide-open, well ventilated space rather than inside the household, but do assess whether this is appropriate in case of sensitive concerns ○ Provide staff with supplies for hand hygiene (alcohol hand-gel) and protection (depending on nature of the visit could be a facemask). - Use, adapt and strengthen MOH HIS as needed. - In humanitarian response, ensure FP/MISP indicators included in data collection system (e.g. SC IMPACT[4] information system)	- Hand hygiene supplies and other protection materials as needed	*by Choice Common Approach Annex for comprehensive list of indicators.* - Explore telecommunication options and other technology / IT solutions for remote data collection (Kobo, mobile phones) - Train staff on COVID-19 prevention, no touch guidance and risk communication messaging - Identify alternative sources of data – data collected from other projects, secondary sources, other organizaitons - that can be used if primary data collection is no longer possible **INITIAL RESPONSE:** - Postpone data collection that is not critical and/or time-sensitive - *Adapt FP /SRH data collection to ensure remote data collection* - If critical and time-sensitive MEAL activities

[4] IMPACT is a health information system based upon DHIS2, developed by Save the Children and used for emergency health responses

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
				can only take place through face-to-face interaction, ensure mitigation measures are implemented. If unable to implement all mitigation measures due to funding, supplies, human resources, temporary suspension should be considered in order to minimize risk for SC staff and clients until adequate mitigation measures can be implemented. **LARGE SCALE RESPONSE:** - Postpone all data collection that requires face to face interaction; use remote data collection options only or use alternative data sources.
Availability of quality contraceptives and medical supplies	- Disruption of supply chain due to international and national stockouts, procurement restrictions and disrupted transportation systems	- Map out local suppliers for contraceptives and SRH medical supplies - establish procurement plan that is integrated with overall SC or partner health procurement plan	- Contraceptives and SRH medical supplies	**PREPAREDNESS:** *- Preposition contraceptives and medical supplies, RH kits* *- Orient SC staff and helth workers to RH kit contents* *- Integrate continued FP/SRH supplies into SC international and local procurement systems*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
				INITIAL RESPONSE: *- Work with local MOH partners to ensure continued supplies of contaceptives/SRH commodities at health facilities, pharmacies and community level* *- Provide family planning clients with extended supplies of short acting methods (3-6 months depending upon local MOH policy or SRH WG guidance)* **LARGE SCALE RESPONSE:** *- Work with SC international procurement and UNFPA for international procrement (currently there are delays)*
Outcome 4: Improved legal, policy, administrative and financial environment for family planning at national, regional and global levels				
Participation in local and national coordination led by MOH (e.g. MOH RH technical working group, emergency SRH working group and health cluster)	*- Contraceptive and critical SRH services are deprioritized due to competing demands*	*- Engage in local and national fora (SRH WG, health cluster, RH coordination meetings) to highlight gaps in FP/SRH services* *- Advocate for access to contraceptive services whenever women, girls and men access health services (e.g. postnatal, EmONC, postabortion care, consultations, etc...)* *- Advocate for expanded contraceptive service options (e.g. community based distribution, local pharmacies, online sources and other outlets)*	*- Staff time allocated to coordination meetings*	***PREPAREDNESS*** *- Advocate for FP/SRH policy revision to reflect the context (e.g. provision of 3-6 months supply of oral contraceptives, adjust # of condoms provided, etc...)* *- Advocate to recall reitred or unemployed health workers to provide surge support to health facilities* *- Participate in coordination mechanisms*

Program Activity	Risks	Options for Mitigation Measures	Resources Needed	Actions per Program Phase / Program Criticality
		- Advocate for provision of contraceptive users with increased supply of short acting methods (e.g. pills and condoms) *- Advocate for adequate PPE supplies and training on COVID-19 protection and response for all health workers and community based distributors*		*- Advocate to MOH partners, donors for implementation of the MISP including FP and continued comprehensive SRH services once MISP is in place* ***INITIAL RESPONSE:*** *- Same as above* *- Ensure adherance to social distancing and other COVID-19 prevention activities* ***LARGE SCALE RESPONSE:*** *- Same as above* *- Participate in remote platforms for advocacy*

You can find more Contraception by Choice (non-COVID-19) resources on OneNet

If you have any questions about adapting this Common Approach to the COVID-19 context, please email CommonApproaches@savethechildren.org