

# Ensuring Quality Family Planning Services during COVID-19 Pandemic

## Keep Calm, Carry On,\* and Promote

\*Program principles to reinforce<sup>1</sup>

- ✓ Ensure FP is essential; ensure it is treated that way
- ✓ Integrate FP with other essential service contacts
- ✓ Protect providers, clients, and communities
- ✓ Ease continuity of FP access and use
- ✓ Ensure facility readiness for RH services
- ✓ Message accurately to clients and communities



### Promote and advocate for contraceptive access and family planning as essential services.

Advocate for clear policies and inclusion of family planning (FP)/reproductive health as essential services in COVID-19 risk and response planning. The World Health Organization (WHO) strategic planning framework includes reproductive health services as one of seven essential services that governments must develop continuity plans for and communicate to clients and communities about. This includes ensuring that services and supply chains are maintained for individuals of all ages and that community concerns are addressed.

[WHO COVID-19: Operational guidance for maintaining essential health services during an outbreak](#); [WHO FAQ on FP and COVID-19](#)



### Ensure that provider safety is paramount and that facilities are ready to provide reproductive health services.

The ability to sustain continuity of care during and after the pandemic rests on readiness of facilities and healthy providers who are at their posts, both at facilities and in communities. As they provide care, health care workers will be exposed to risk of infection from asymptomatic and symptomatic clients. Essential services need to adapt and utilize appropriate infection prevention and control (IPC) guidelines to protect providers and clients. IPC practices and behaviors will need to be normalized by providers, clients, and communities in order to promote safety and confidence in health care services.

[COVID-19 outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health](#); [Infection prevention and control during health care when COVID-19 is suspected](#)







### Optimize opportunities for integration with other essential services, including immediate postpartum and postabortion care.

WHO states that “all pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth.” Furthermore, women with COVID-19 can and should breastfeed with appropriate counseling and support for IPC measures, including hand hygiene and use of face masks. Exclusive breastfeeding promotes infant survival and is 98% effective in delaying return to fertility.

In the context of limited health facility interactions, maximize essential service contacts—like those for pregnancy, postpartum care including immunizations, and postabortion care—to best meet the needs of women, girls, and infants.

Consider how to offer voluntary postpartum and postabortion contraception at **every contact**. Over time, repeated conversations lead to greater uptake. Discuss how provision of contraceptive services may change as the pandemic evolves (e.g., possibility of fewer facility visits for postpartum care, disruptions in the FP supply chain, providers away from posts). Women relying on the lactational amenorrhea method need to initiate another method prior to introducing their babies to other foods and liquids.

<sup>1</sup> Updated April 16, 2020

Consider the option of advance distribution of a self-administered transition method (e.g., DMPA-SC, oral contraceptive pills) or a long-acting reversible contraceptive (LARC) alongside exclusive breastfeeding.	
<a href="#">Q&amp;A on COVID-19, pregnancy, childbirth and breastfeeding</a> ; <a href="#">COVID 19 FAQ for obstetrician-gynecologists, obstetrics</a> ; <a href="#">Guiding principles for immunization during COVID-19</a>	
	<b>Adapt your counseling messages—set realistic expectations about product and services access. Do not compromise voluntarism and choice.</b>
<p>Contraceptive supplies and services may be disrupted and affect method availability, making effective counseling even more critical for high-quality FP services. Providers should take extra care to understand client intentions and priorities (protection against unwanted pregnancy, side effects that may not be acceptable, or desirable side benefits because of challenges of accessing menstrual hygiene products). <b>Ensure informed decision-making</b> when discussing choice in the context of reduced revisits and anticipated contraceptive security issues. Do not compromise <b>voluntarism and choice</b>, but relay accurate information on methods and their availability in the coming months. This includes candid discussions about method refills, managing adverse experiences, and where to go for insertion or removal of LARCs.</p> <p><b>Adolescents need tailored counseling</b> to support their needs.</p> <p>Let the community know what and where they can safely receive FP services, including at alternative delivery points, such as pharmacies. Fear and anxiety around catching the virus at the facility, plus misinformation on service availability, may drive poor service utilization. Ensure that communication around critical service availability, like FP, is included in risk communication and community engagement strategies.</p>	
<a href="#">UNFPA SRH and rights in COVID 19 response</a> ; <a href="#">Risk communication and community engagement action plan guidance: COVID-19 preparedness and response</a>	
	<b>Deploy creative solutions for service continuity and ensure respectful, client-centered FP care.</b>
<p>Consider how service continuity can be ensured through telehealth, digital health, and placing FP products and services in places away from the health care facility (pharmacies and drug shops, with community health workers [CHWs], home delivery, etc.), while also maintaining client rights and privacy as well as addressing community concerns around the virus and service continuity. As feasible, use telehealth (including SMS, WhatsApp, and phone follow-up) for counselling and sharing of messages related to safe and effective use of contraception and for selection and initiation of contraceptives.</p> <p>Some approaches to consider include, early on in an outbreak, working with CHWs to plan for continuity of community-level FP services. Consider alternative media (such as radio, social media) to reach women and girls who may already have avoided accessing facilities or their CHWs and communicate ways to contact their providers. Encourage facilities, pharmacies, and CHWs to carry extra supplies of short-term methods (pills, condoms, injectables); deploy multi-month dispensing to assist clients in reducing facility visits. Consider advance distribution of emergency contraception to clients, which is recommended by both PEPFAR and WHO.</p>	
<a href="#">Communicating about COVID-19</a> ; <a href="#">WHO COVID-19 advice for the public</a>	
	<b>Ensure that availability of postabortion care services are maintained.</b>
<p>The pandemic will not stop abortions. There may be an increase in unsafe abortions as unmet need for contraception increases with service disruption or that stem from a rise in intimate partner violence and reproductive coercion. Managing complications of incomplete abortion is life-saving; providing immediate postabortion FP is a high impact practice that needs to be maintained. Where safe and appropriate, and before the client leaves the facility, discuss return of fertility (within 14 days), options to time her next pregnancy, and provide her with her chosen contraception. Consider advance distribution of emergency contraception as an option.</p>	
<a href="#">Postabortion family planning: A critical component of postabortion care</a> ; <a href="#">COVID-19 and violence against women</a>	
	<b>Plan and manage for continuous contraceptives supply maintenance.</b>
<p>Global FP stock supply issues are already following production shut-downs, which will filter down to countries and health facilities. Ensure adequate inventory <b>NOW</b> to decrease stock outs and increase monitoring of contraceptive consumption to identify any shortages. Consider moving stock between facilities or trading stocks between districts. Consider preparing advisories for users on how they can access contraceptive information, services, and supplies. Support increased availability and access to those contraceptives that can be used by the client without service provider support, including various self-care methods.</p>	
<a href="#">UNFPA statement on supplies</a> ; <a href="#">WHO FAQ on FP and COVID-19</a>	