MISP CONSIDERATION CHECKLIST

PURPOSE

This document includes key considerations for adapting MISP activities during the preparedness and response phases of the COVID-19 pandemic. It is meant to serve as a companion document to the IAWG programmatic guidance for SRH in humanitarian and fragile settings during COVID-19. Users of this document should carefully consider context, stage and progression of the pandemic. It is important to recognize that the COVID-19 situation will be a bi-directional process, moving in different directions between epidemic phases (rather than in one direction). Therefore, program implementers must be ready to constantly monitor, adjust, move forward, and quickly reverse processes depending on the disease transmission patterns, and how they change as a result of the shifts in Government implemented measures. However, it is important to remember that SRH services at the facillity level should remain accessible to the greatest extent possible. This should be complemented by community-based and/or remote service delivery options including options for self-care, where feasible, particularly in situations where access to facilities will not be possible.

ACRONYMS
3Ws: Who does what and where
PPE: Personal Protective Equipment
MOH: Ministry of Health
WHO: World Health Organization
SOGIESC: Sexual Orientation, Gender Identity and Expression and Sex Characteristics
HRP: Humanitarian Response Plans
CMR: Clinical Management of Rape
CHW: Community Health Workers
EC: Emergency Contraception
PLHIV: People living with HIV
PEP: Post-exposure prophalyxis
ARVs: Antiretrovirals

MISP OBJECTIVE	PREPAREDNESS CONSIDERATIONS	RESPONSE CONSIDERATIONS	ACTIONS/CHANGES NEEDED	STATUS
COORDINATION	Participate in SRH Sub-working Group (SWG)/Technical Working Group; health cluster and COVID-19 task teams. Determine remote meeting method/virtual platform capabilities, include representation from community groups	Shift ongoing coordination efforts to virtual platforms, where feasible and ensure continued participation.		
	Advocate and mainstream SRH into national/district/local COVID-19 action/contingency plans in line with the MISP as outlined here and in the IAWG programmatic guidance	Activate MISP/SRH adaptation plans within the framework of pandemic (COVID-19) planning		
	Calculate SRH supply needs, procure and pre-position RH supplies or kits using MISP calculator and develop distribution plans including for hardest to reach locations	Support distribution of RH supplies or kits and ensure clear reporting on supplies to avoid stock outs. Participate in relevant coordination mechanisms (i.e. logistics cluster, health cluster, COVID-19 coordination body) to troubleshoot bottlnecks related to importation and distribution to ensure continued access to supplies.		
	Calculate Personal Protective Equipment (PPE) needs applying PPE conservation strategies; procure and pre-position PPE.	Work with MOH, UNFPA, WHO and SRH SWG to ensure SRH health providers have relevant PPE to support continuity of services (in line with rational use of PPE and the COVID-19 humanitarian response plan)		
	Determine with communities and partners about how to inform (radio, SMS, megaphones, whatsapp hotlines) communities including often marginalized populations (adolescents, people with disabilities, SOGIESC, sex workers) about the adaptation plans and specifically where and how to access services and supplies	Work with CHWs, community leaders, youth groups and community groups to regularly update communities on where/when/how to access different SRH services and changes to services as they happen; utilize modified approaches for information sharing (megaphones, SMS, whatsapp, hotlines in addition to small group meetings that follow guidelines on physical distancing, hand and hygiene practices where feasible)		
		Maintain and circulate 3Ws (Who does what and where) every two weeks, given the likely changes to locations of service availability		
	Establish links with COVID-19 isolation and treatment centers, if planned	Maintain links with COVID-19 isolation and treatment centers where established.		
	Plan to ensure Humanitarian Response Plans (HRPs) and funding proposals are updated to incude SRH needs	Update funding proposals to include SRH needs		

MISP OBJECTIVE	PREPAREDNESS CONSIDERATIONS	RESPONSE CONSIDERATIONS	ACTIONS/CHANGES NEEDED	STATUS
PREVENT SEXUAL VIOLENCE AND RESPOND TO NEEDS OF SURVIVORS	Participate in virtual/ adapted GBV sub-cluster coordination efforts	Continue coordination efforts		
	Conduct refresher trainings on CMR and LIVES for health care professionals	Ensure standard operating procedures (SOP) and referral pathway are established , widely disseminated and updated every two weeks		
		Continue to provide clinical care for rape survivors including safe abortion to the fullest extent of the law, emergency contraception (EC) and post-exposure prophalyxis (PEP) for HIV.		
	Prepare IEC materials for prevention and response to sexual violence	IEC materials related to GBV prevention and services placed at health facility triage area and all other COVID-19 triage sites. Disseminate materials and messages throughout the community including to marginalized populations. Utilize online (SMS, WhatsApp) and radio messaging to reach clients.		
	Explore mobile and remote service delivery options for GBV (see guidance note including on confidentiality and privacy) and continued awareness raising in case the situation deteriorates. Develop posters with information on hotlines and how to access services.	Ensure ongoing awareness raising on GBV including communicating openly with women and girls about COVID-19 and any changes or potential changes in your methods of service delivery. To avoid crowding, consider mobile technology and community awareness without mass gatherings (for example radio).Collaborate on and support remote service provision initiatives (including mobile services and hotlines).		
	Work with women's and youth groups to develop COVID19 specific approaches for outreach and support (helplines, digital platforms, virtual counseling with particular for on safety planning if a situation were to escalate)	Work with women focused and youth groups to implement and montior COVID19 specific approaches for outreach and support (helplines, digital platforms, virtual counseling with particular for on safety planning if a situation were to escalate)		
	Prepare for sudden changes for lockdown (see GBV AOR guidance): 1) Begin safety planning with current clients, prepare for confidential storage of documentation 2) Develop quick and clear plan for clinical management of rape and case management 3) Consider modalities for remote supervision 4) Review guidelines on supporting survivors through digital and remote support 5) Conduct rapid training/skills-building for staff on any new technology to be used for support	Activate and update the plans developed during preparedness as necessary. Ensure sufficient PPE and other essential supplies for case managers, medical providers, and others who will have direct contact with survivors		
	Map trained staff and volunteers who could be mobilised to meet demand including CMR and community-based care for survivors of rape (including working through CHWs) or other task-shifting approaches	Where feasible, consider options for community-based care to survivors.		
		Establish peer support groups through women's community groups/ organizations		
HIV/STIs	Conduct refresher trainings on syndromic management of STIs and discuss how to continue remote consulations. Consider engaging CHWs and pharmacists and facilitating no contact pick-up/drop off at home, facility or pharmacy.	Continue to provide syndromic management of STIs but limit patient flow by using a telephone triage and treat for STI clients according to patient description (where possible). Where examination is deemed necessary, consider urgency of the condition and follow IPC precautions.		
	Identify all existing HIV patients in collaboration with local PLHIV groups through mapping exercise and develop plan with government and partners for continuity of care and support for self-management	Continue supporting those previously on ARTs to access services, follow-up care and complete necessary referrals.		
	Work with government and UN to ensure distribution of 6 month supply of ARVs to known HIV patients on treatment	Continue provision of PEP for survivors of sexual violence and occupational exposure		
	Set up communication and follow-up channels for HIV/STI clients (see remote consultation checklist in cross cutting considerations tab)	Consider presumptive STI treatment based on risk criteria (including survivors of sexual violence, treatment of partners with STIs, sex workers, etc.).		

MISP OBJECTIVE	PREPAREDNESS CONSIDERATIONS	RESPONSE CONSIDERATIONS	ACTIONS/CHANGES NEEDED	STATUS
HIV/STIs (continued)	Consider providing pre-exposure prophylaxis (PrEP) for high risk groups who may struggle to access timely protective or post-exposure treatment. Consider availability of medication, and move to episodic PrEP where possible. Where unavailable in the programme consider referring to another organisation able to provide this or raise in coordination meetings.	Prepare private consultation room for suspected COVID-19 clients requiring urgent VCT/PEP		
	Ensure adequate supply of condoms and distribute/make condoms available in various locations (this should include male and female condoms based upon context). Identify distribution mechanisms inclusive of sex workers, youth, people with disabilities and SOGIESC	If facility is inaccessible, consider organizing community based distribution of PEP and PMTCT (via telephone helplines and/or CHW networks)		
		Monitor condom distribution/uptake and resupply needs (if necessary through community-based distribution)		
MATERNAL AND NEONATAL HEALTH	"Organize a separate EmONC space for suspected/confirmed COVID-19 clients with minimum essential equipment required kept inside (to reduce number of entries/exits), PPE and hand washing available. Where space allows there should be a separate room for isolated patients giving birth and another for antenatal/postnatal consultations. Where this is impossible create distance (minimum 2 meters) +/- a physical barrier between suspected and non-suspect COVID-19 patients and provide patients with a surgical/cloth mask depending on stock availability.	Prioritize continuation of safe EmONC services for staff and patients. (Refer to these clinical guidelines on COVID-19 during pregnancy).		
	Develop and disseminate clear SOPs for referrals between EmONC facilities and COVID-19 isolation and treatment facilities including up to date mapping of facilities	Expect high number of patients attending for EmONC reasons to be asymptomatic or low-symptomatic COVID-19. Consider treating all patients as potentially infectious.Use fask masks for all interactions.		
	Establish EmONC/COVID-19 protocols, triage, and patient flows	Establish and regularly update EmONC referral pathways. Consider transport support for clients.		
	Practice dry runs of protocols, triage and patient flows with facility staff			
	Ensure COVID-19 isolation and treatment centers have been equipped with an appropriate area (and available skilled staff, drugs and equipment) to manage birth and common obstetric complications for women who can not be safely transferred to maternal health facility.			
	Advocate for laboring women and EmONC cases to be cared for in appropriate EmONC facility (not in the COVID-19 isolation and treatment center)	Continue to advocate for laboring women and EmONC cases to be cared for in appropriate EmONC facility (not in the COVID-19 isolation and treatment center)		
	Consider pre-positioning supplies for distribution of misoprostol for postpartum hemorrhage (PPH) prevention and chlorhexidine for newborn cord care in case of facility inaccessibility	Train and equip community providers with misoprostol for post-partum hemmorhage (PPH) prevention and chlorhexidine for newborn cord care.		
	Preposition clean delivery kits (consider addition of hygiene materials with kits) in case of facility inaccessability and develop distribution plans	Where access to a health facility is not possible or is unreliable due to insecurity, geography or additional COVID-19 related movement restrictions, distribute clean delivery kits to all visibly pregnant women, particularly as lockdowns may create additional barriers to accessing facility-based clean and safe delivery options. Ensure women and girls know signs of complications of pregnancy, childbirth and newborn problems and how and where to seek help		
	Establish telephone screening for post abortion care (screening should be used to establish whether face to face care is required- i.e. in cases where: heavy vaginal bleeding not stopping; symptoms of aneamia or septicaemia; Pelvic/Abdominal pain worsening)	Care for abortion-related complications must be provided - treat PAC related infections as usual		
		Continue telephone screening for post-abortion care		
		Conservative (expectant) or medical management should be first-line options for incomplete abortions. Where the patient is deemed stable and safe to go home, treatment can continue outside the facility. Advice/phone number given in case of complications.		

MISP OBJECTIVE	PREPAREDNESS CONSIDERATIONS	RESPONSE CONSIDERATIONS	ACTIONS/CHANGES NEEDED	STATUS
UNINTENDED PREGNANCIES	Forecast for and pre-position supplies to meet contraception demand for 6-12 months including EC, short-acting methods and Long Acting Reversible Contraceptives (LARCs)	Access to contraception must be maintained for long-acting reversible and short-acting contraceptive methods at service delivery points including EC and post-partum family planning (where only short-acting methods are feasible such as in mobile clinics or health posts, ensure referrals for LARCs are available. However, EVERY effort must be made to ensure access to LARCs as well - particularly because they require the least follow-up)		
	Develop a plan for periodic updating of facility mapping that indicate which facilities will continue to offer full range of services (recognizing that some may become dedicated to COVID-19)			
	Share information on availability and location of contraceptive services (for women, adolescent girls, men and adolecent boys)			
	Explore options for community-based service delivery of family planning options and remote counselling in line with MOH protocols and method availability in case contraceptive supply chains are disrupted. Consider WHO task-shifting guidelines, working with pharmacies and conduct refresher trainings.	Use standard safety precautions and PPE when administering long-term methods.		
	Identify and develop plan to support community-based FP programs with supplies and revised delivery modalities	Delay routine removals of long-acting methods (but always remove when client requests)		
SAC	Where possible, establish telephone consultations/hotline for SAC counseling to reduce face to face services.	Provide medication abortion as a frontline option - where MVA is required, follow standard IPC and PPE guidance.		
	Prepare private consultation/procedure room for suspected COVID-19 clients requiring SAC.	Stop routine facility based follow-up and set up phone line for remote follow-up support, when needed.		
	Procure and pre-position supplies for self management of abortion (including packaging of medications and IEC materials outlining instructions for use)	Provide PAC contraception at consultation.		
	Conduct refresher trainings on SAC methods (consider remote methods or gatherings in compliance with national guideines).	In contexts where mifepristone is unavailable and health facilities become inaccessible misoprostol-only regimes should be considered for self-care.		
	In contexts where access to health facilities is disrupted, train community providers on early medication abortion and how to counsel women on self management. Supply providers with medications and post-abortion contraceptives.			
TRANSITION TO COMPREHENSIVE SRH	Actively advocate for and ensure the maintenance or implementation of a priority set of SRH services as defined in the MISP (through SRH working group).	If there are plans for comprehensive SRH that are underway, SRH working groups will need to review and adapt them to the situation. This could mean cycling programs back momentarily to the MISP while ensuring its wide coverage and access for the populations most at risk.		
	Actively advocate and ensure that SRH services are part of transition and recovery plans through the SRH working group or other related coordination mechanisms			

CROSS CUTTING CONSIDERATION

	CROSS-CUTTING CONSIDERATION CHECKLIST	ACTIONS/CHANGES NEEDED	STATUS
SUPPLY CHAIN	Calculate Sexual and Reproductive Health (SRH), Personal Protective Equipment (PPE), and Infection Prevention and Control (IPC) supply needs		
	Map suppliers, national supply chain organizations and points of entry		
	Procure and preposition supplies (including RH kits, PPE and IPC materials) - consider local procurement for some supplies where feasible		
	Consistently monitor and adjust supply needs		
TRIAGE/SCREENING	Screen all persons who enter the health facility, ensure hand washing and temperature stations are also in place		
	Separate triage for respiratory and non respriatory patients		
	Ensure spacing of patients (and famlies) and provider of minimum 1-2 meters - provide floor markings of distance with tape		
	Determine isolation units/areas for potential COVID-19 patients separate from other areas of health center		
INFECTION PREVENTION & CONTROL	Set up plan for health program IPC assessments to determine starting point. Ensure review of COVID-19 IPC SOPs		
	Order and maintain consistent supply of appropriate IPC supplies in accordance with MOH and international standards		
	Designate IPC Focal points for health clinics ensure clear understanding of ALL health staffs roles and responsibilities related to IPC		
	Ensure social distancing practices are in place throught service provision		
	Conduct IPC trainings for ALL health staff		
PERSONAL PROTECTIVE EQUIPMENT	Review and track PPE stock of key COVID-19 items and develop country specific SOPs for store release		
	Determine PPE requirements based upon national and/or international standards		
	Institute stringent monitoring measures of PPE for rational use		
	Calculate average PPE burn rates and projections - set up back stock for emergency		
	Review PPE Conservation Guidance to help guide PPE usage		
	Determine plan/program priority phase out for what happens when PPE runs out		
	Train medical staff on donning and doffing PPE		
HEALTH STAFF & SAFETY	Train staff on COVID-19 prevention		
	Enforce strict staff sickness policy		
	Establish team communication plans		
	Consider developing health staff roster to help with rotations/increased workload		
	Ensure all clients entering facilities follow physical distancing, hand and respiratory hygiene ettiquette including wearing of face coverings (at minimum, cloth masks)		
	Use remote training platforms for health provider trainings when necessary and/or limit number of attendees, providing masks and enforcing social distancing measures for in-person trainings		
	Support frontline healthworkers with pyschosocial first aid as well as accompaniment and mentorship approaches to ensure continuity of rights-based service delivery options while allaying fears, addressing misinformation		

	CROSS-CUTTING CONSIDERATION CHECKLIST	ACTIONS/CHANGES NEEDED	STATUS
SELF MANAGEMENT OF SELECT SRH SERVICES	Pre-position supplies for self-management (EC, PEP, OCPs, miso/mife)		
	Establish virtual phone-based counseling approaches and helplines (where feasible), ensure confidentiality, data collection and documentation		
	Develop user-friendly IEC materials with instructions for correct-use and how and when to seek follow-up care/advice		
	Identify adapted methodologies to meeting the unique needs of adolescents and other marginalized groups with relevant information and services through participatory/ consultative approaches		
REMOTE-CONSULTATIONS	Set-up telephone helplines - consider reverse charge lines to a work phone so those who call do not have to pay or use their credits to make the call.		
	Prepare and distribute threatment algorithms and telephone service details		
	Provide health care providers with phones and/or phone credits		
	Widely dissimenate helpline information throughout community		
	Organize easy pick-up or drop off of medications (possibly via CHWs, pharmacists, etc.)		
	Identify ways to provide supportive supervision or refresher trainings to frontline health workers remotely		
ADAPTING HOW COMMUNITY HEALTH WORKERS (CHWS) DELIVER CARE IN THE COMMUNITY	Provide training for all CHWs on COVID-19, IPC and MISP program adaptation		
	Provide CHWs with job tools for personal protection (soap,hand gel, cloth face masks)		
	Provide CHWs with job aids / materials for community level information sharing, follow-up and case management		
KEY ELEMENTS OF COMMUNITY-BASED HARM REDUCTION APPROACHES IN CONTEXTS OF FACILITY INACCESSABILITY/ SEVERE RESTRICTIONS	Train community providers to counsel, distribute and provide clients with:		
	PEP and EC for community-based clinical management of rape		
	Condoms		
	STI treatment medication including PrEP and PEP		
	Chlorhexedine for newborn cord care		
	Clean delivery kits with supplementary hygiene materials (for all visibly pregnant women)		
	Misoprostol for PPH prevention		
	Short-acting methods of contraception (OCPs, POPs, injectables where feasible, EC), LARCs where feasible and referrals where not		
	Medical abortion (mifepristone/misoprostol should be the first line option- in contexts where mifepristone is unavailable, misoprostol-only regimens can be considered)		
COMMUNITY ENGAGEMENT	Determine with communities and partners about how to inform (radio, SMS, megaphones, whatsapp hotlines) communities including often marginalized populations (adolescents, people with disabilities, LGBTQIA, sex workers) about the adaptation plans and specifically where and how to access services and supplies		
	Develop user-friendly IEC materials with instructions for correct-use and how and when to seek follow-up care/advice		
	Identify adapted methodologies to meeting the unique needs of adolescents and other marginalized groups with relevant information and services through participatory/ consultative approaches		