



Prioritise

Adapt

Maintain

PRIORITISE coordination with the MOH, health cluster, and SRH working group, also robust implementation of IPC standards at health facilities and households.

ADAPT community-level outreach to include remote engagement strategies, risk communication, community engagement, and community-based surveillance.

MAINTAIN provision of primary health care services, including SRH, and enhance the use of SRHRiE Minimum Commitments to Gender and Inclusion during COVID-19 response.

Considerations for health/SRHR programming during the COVID-19 pandemic.

1. **Strengthen coordination with MOH, the health cluster, WHO, UNICEF, and MOH incident management groups to:**
 - a. Support national COVID-19 response and work in conjunction on localized strategies, messaging, requests for supplies and preparedness planning.
 - b. Collaborate on scenario planning to ensure continuity of lifesaving services while protecting health workers, slowing the spread of COVID-19 and reducing mortality from the virus.
2. **Adapt community level outreach and conduct risk communication and community engagement by:**
 - a. Exploring remote engagement strategies and using physical distancing as much as possible, including use of loudspeakers, SMS or digital approaches. If not possible, for crucial community-level activities, limit groups to no more than 10 people with two meters of space between each person and handwashing before start of any activity. During household visits, community health workers should avoid going indoors and if providing commodities should place the commodity in a space between CHW and client to maintain physical distancing.
 - b. Conducting health promotion and risk communication on prevention of COVID-19, how and when to report symptoms, addressing myths and misconceptions and where to seek care.
 - c. Coordinating with regional and local health authorities on setting up or reinstating community-based surveillance and reporting measures.
 - d. Engaging community leaders, including women and youth on health promotion and community-based surveillance activities.
 - e. Encouraging community partners to inquire about the nature of specific rumors and misconceptions and inform local health authorities to support better targeting of contextualized communications.
3. **Maintain access to primary health care (PHC) services including SRHR by:**
 - a. Providing routine PHC services in accordance to WHO standards of infection, prevention and control and the rational use of PPE

- b. Training all CARE supported health facility workers including non-clinical health workers on IPC measures to be taken during COVID-19
 - c. Establishing a patient flow that includes triage before entrance into the health facility; a designated isolation area to escort those exhibiting COVID-19 symptoms; separate donning and doffing stations for health care workers directly interacting with patients in the isolation room and waiting areas, consultation rooms and hallways all abide to physical distancing of individuals being spaced two meters apart.
 - d. Ensure continuation of SRHR services in line with the [Minimum Initial Service Package for SRH in crisis settings](#). Where CARE is not implementing the full MISP, coordinate with other actors to strengthen the referral mechanism to access lifesaving services (such as clinical management of rape, emergency obstetric newborn care, contraception, syndromic management of STIs).
 - e. Ensure pregnant women or girls exhibiting COVID-19 symptoms have a separate isolation area, particularly for delivery and post-partum recovery.
 - f. Consider use of cash and voucher assistance to support transportation, cost of services, mobile phone credit for staff at functional health facilities, etc.
 - g. Consider the unique needs of pregnant women, adolescent girls, people living with HIV, displaced persons, elderly, and other vulnerable groups.
4. Enhance use of [SRHRiE Minimum Commitments for Gender and Inclusion](#).

CARE Health/SRHR Contacts for COVID-19

Lead for Public Health in Emergencies: allison.prather@care.org

Lead for SRHR in Emergencies – Anushka Kalyanpur – anushka.kalyanpur@care.org