



DIVISION OF PUBLIC HEALTH

Jim Doyle
Governor

1 WEST WILSON STREET
P O BOX 2659
MADISON WI 53701-2659

Kevin R. Hayden
Secretary

State of Wisconsin

608-266-1251
FAX: 608-267-2832
TTY: 888-701-1253
dhfs.wisconsin.gov

Department of Health and Family Services

March 20, 2007

To: Interested Parties

**From: Sheri Johnson, Ph.D., Administrator
Division of Public Health**

**Subject: Announcement of the 2007 Milwaukee Adolescent Pregnancy Prevention
Partnership Competitive Grant**

The Wisconsin Department of Health and Family Services/Division of Public Health (DHFS/DPH) is announcing a new competitive grant opportunity for organizations in the City of Milwaukee. The grant is entitled the Milwaukee Adolescent Pregnancy Prevention Partnership Grant slated to start on July 1, 2007

Competitive applications from eligible organizations will be accepted to provide coordinated teen pregnancy prevention services to meet the dual goals of delaying sexual activity and providing access to comprehensive reproductive health services. Specifically, successful applicants will utilize evidence based strategies to promote delayed sexual activity and will increase outreach, awareness, access and use of the Medicaid Family Planning Waiver Services within the City of Milwaukee. A particular emphasis will be placed upon eligible organization's capacity to work effectively with racial/ethnic populations in urban settings.

Please see the attached related documents providing instructions and materials for the next step in this application process:

*Notice of Intent with instructions specifying the required information needed to accompany your submission.

Questions from organizations interested in submitting a Notice of Intent should contact Claude Gilmore, the Department of Health and Family Services' Youth Policy Director at gilmoca@dhfs.state.wi.

**Wisconsin Division of Public Health
Milwaukee Adolescent Pregnancy Prevention Partnership
Competitive Grant Beginning July 1, 2007**

Notice of Intent

The purpose of this document is to formally notify the Wisconsin Division of Public Health of the intention (of the organization identified below) to submit a competitive application to provide coordinated teen pregnancy prevention services to increase outreach, awareness, access and the use of the Medicaid Family Planning Waiver Services in the City of Milwaukee under a contract with the Wisconsin Division of Public Health.

Competitive applications will be accepted only from eligible organizations that submit a Notice of Intent and all the required information. Please see the specific instructions for submitting the Notice of Intent under the heading entitled: **Criteria for Eligible Organizations Submitting a Notice of Intent**.

The Notice of Intent and all other required information must be **received** at the Wisconsin Division of Public Health, Room 218, One West Wilson Street, Madison, Wisconsin, 53701-2659 by **4:30 PM** on **April 4, 2007**.

Name of Lead Applicant Organization:

Address:

Name of Primary Contact and Position Title:

Legal Description of the Lead Applicant Organization:

Lead Applicant Organization Non-Profit or Governmental Status:

Telephone Number:

FAX Number:

E-Mail:

Wisconsin Division of Public Health
Criteria for Eligible Organizations Submitting a Notice of Intent to Apply for
The Milwaukee Adolescent Pregnancy Prevention Partnership
Competitive-Grant Beginning July 1, 2007

Eligibility Criteria

The Department of Health and Family Services/Division of Public Health will **only accept** applications from organizations that provide all the required information and have the capacity to meet the following criteria:

1. Applicant Agency must represent a collaborative partnership, a collaborative partnership must have a minimum of three separate organizational members of which one must be a clinical services partner or have a formal relationship with a clinical services partner. No single agency application will be accepted.
 - A. The Applicant Agency provides a brief description of each member of the collaborative partnership, and the goals and tenure of your partnership.
2. Describe your agency collaborative partnership's assets and capacity to coordinate, leverage and facilitate the integration of Milwaukee's diverse adolescent pregnancy prevention programs.
3. Applicant Agency describes how its collaborative partnership promotes and supports the Department's dual adolescent pregnancy prevention goals related to delaying sexual activity and assuring contraception access for sexually active youth.
4. Applicant Agency provides demonstration of the collaborative partnership's adolescent reproductive health expertise working with racial/ethnic populations within urban cities.
5. Applicant Agency is incorporated in the State of Wisconsin.
6. Applicant Agency documents its collaborative partnership's capacity to increase the awareness, enrollment and use of the Medicaid Family Planning Waiver and Family Planning Services including access to emergency contraception.
 - A. Through the Applicant Agency's collaborative clinical service's partner, describe the scope of the adolescent reproductive health services that is offered and its availability.
 - B. Please **read** the attached Family Planning/Reproductive Health (FP/RH) Services-Program Quality Criteria and the Core Knowledge Areas Essential to Prevent Unintended Pregnancy and STIs/STDs which require appropriate, evidenced-based, and audience-specific messages to assure access.

6. Applicant Agency's Notice of Intent submission text must not exceed **six pages** in length. Exhibits can be included but **the text must include all of the responses to the above requirements.**

Indicate your collaborative group's intention to submit an application that meets both of the attached family planning reproductive health guidelines mentioned above in criteria five, by reading the following text under the **confirmation by organization** heading, providing a check mark of yes or no in the **ensuing box** and **sign and date the document** at the end of this text and return this information along with your completed Notice of Intent to the address noted on page one of this document.

CONFIRMATION BY ORGANIZATION

I have received and read the Program Quality Criteria (PQC) and the Core Knowledge Areas for the Division of Public Health-Family Planning and Reproductive Health Services. I understand the PQC *including* program guidelines referenced within the PQC. As the lead Applicant Agency for this collaborative group, I concur that our collective partnership will be able to provide contractual services according to these requirements if selected by the Wisconsin Division of Public Health.

(Applicant Agency) has read the attached materials and intends to submit an application incorporating these FP/RH Program Quality Criteria and Core Knowledge Areas: Yes No

I understand the Wisconsin Division of Public Health will only accept applications from organizations meeting the above eligibility criteria.

The organization for which this Notice of Intent is submitted meets the eligibility criteria.

I have the authority to submit an application on behalf of the organizations identified above.

Name and Title

Date

**Family Planning/Reproductive Health Services
Program Quality Criteria**

Program Quality Criteria Assessment Tool	Is this Criteria Incorporated into Program Practices?		Do Local Policies and Protocols Define the Criteria?		Is Compliance with this Criteria Monitored or Measured?	
Name of Organization:	YES	NO	YES	NO	YES	NO
1. Assessment and Surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.						
a. Family planning/reproductive health programs must be part of a community plan or strategy, based on a community needs assessment, to ensure:						
1) Reasonable accessibility and availability of EIDP, Family Planning/Reproductive Health Services for the community; <i>Does the program have a formal written plan to increase access and availability of services for contraceptive and related reproductive health care in the community?</i> 2) Effective outreach to patients eligible for services under the Wisconsin Family Planning Medicaid Program, and efficient and convenient enrollment; 3) Effective community pathways and referrals for essential services, as required by s. 253.07, for timely and appropriate comprehensiveness and continuity of care; 4) Measurement of effectiveness, using indicators accepted within the field of family planning, to evaluate the community system of services; and 5) On-going Surveillance to evaluate progress in the community.						
2. Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.	YES	NO	YES	NO	YES	NO
a. Family planning/reproductive health programs must provide:						
1) Contraceptive services (emergency and ongoing methods), and <i>Are arrangements in place to deliver timely emergency contraception to patients?</i> <i>Have patients received these services through the organization?</i> <i>Does the Policy/Protocol/Procedure manual specifically address this requirement?</i>						
2) “Related reproductive health services” , including: a) Reproductive health screening and assessment services (including cervical cancer screening). b) Sexually transmitted disease screening and assessment, diagnosis and treatment, and disease intervention services; c) Pregnancy testing, risk assessment, and early pregnancy care services, timely appropriate care and follow-up; d) Patient education and anticipatory guidance; e) Enrollment into Medicaid Healthy Start and the Family Planning Waiver; f) Short-term care coordination services including follow up testing, assessment, and referral and follow up on any abnormal findings for which further diagnosis and treatment is recommended. <i>Does the organization have the capacity to deliver these services to patients?</i> <i>Does the organization’s Director certify the organization has the capacity?</i> <i>Is each service component specifically defined in the Policy/Procedure/Protocol Manual?</i> <i>Has the organization served patients as projected?</i>						

<p style="text-align: center;">Program Quality Criteria</p> <p style="text-align: center;">Assessment Tool</p> <p>Name of Organization:</p>	<p>Is this Criteria Incorporated into Program Practices?</p>		<p>Do Local Policies and Protocols Define the Criteria?</p>		<p>Is Compliance with this Criteria Monitored or Measured?</p>	
<p>The scope of “related reproductive health services” must be consistent with federal Title X and Wisconsin Medicaid family planning rules, which define health services allowable as part of family planning services, and must be provided within the context of contraceptive services.</p> <p>The “<i>context of contraceptive care</i>” is defined as an office visit having an ICD-9 code of v.25 (contraceptive management) as the primary or secondary diagnosis code within the previous or current calendar year.</p> <p style="text-align: center;"><i>Does the organization understand this definition?</i></p>						
<p>The scope of family planning and reproductive health services has been expanded to include <i>increased</i> provision and education about emergency contraception <i>and</i> “dual protection” services. These changes reflect practices that have emerged in the field of family planning and reproductive health.</p> <p>“Dual protection” means choosing a family planning method <i>and</i> making decisions about one’s sexual behavior <i>at the same time</i>, as recommended by the World Health Organization: “Anyone with a risk factor for sexually transmitted infections (STIs) should use dual protection...”. Patients must receive information necessary to make an informed decision about appropriate dual protection.</p> <p>Emergency contraception (EC), particularly <i>in advance of actual need</i>, must be provided consistent with evidence on EC’s timing and effectiveness following exposure to an unintended pregnancy. Patients must receive information on the role of EC as a back-up method of contraception, and recommended use for maximum effectiveness in preventing unintended pregnancy.</p> <p style="text-align: center;"><i>Does the organization understand this definitions?</i> <i>Does the organization provide these services?</i></p>						
<p>b. Family planning/reproductive health programs must provide EIDP services that include intervention to prevent unintended pregnancy <i>as well as</i> intervention to promote early pregnancy-related care.</p>						
<p><u>EIDP goals include:</u></p> <ol style="list-style-type: none"> 1) Early detection of pregnancy and pregnancy-related risks; 2) Timely intervention and continuity of care appropriate for patient pregnancy status and pregnancy plans (including pregnancy and contraceptive services);, and 3) Access to Medicaid programs (including Healthy Start and the Family Planning Waiver) <p>EIDP services must support the above goals and must include activities that:</p> <ul style="list-style-type: none"> ▪ increase awareness about family planning and pregnancy-related health care needs and services, ▪ promote (outreach) the Family Planning Waiver, regular Medicaid services, Badger Care, and Healthy Start services, ▪ enroll eligible women into the Family Planning Waiver as well as Healthy Start, ▪ directly provide pregnancy testing services, and ▪ ensure <i>timely</i> and appropriate access to emergency and on-going contraception. <p style="text-align: center;"><i>Does the organization understand these requirements?</i> <i>Does the organization provide these services?</i></p>						

<p style="text-align: center;">Program Quality Criteria</p> <p style="text-align: center;">Assessment Tool</p> <p>Name of Organization:</p>	<p>Is this Criteria Incorporated into Program Practices?</p>		<p>Do Local Policies and Protocols Define the Criteria?</p>		<p>Is Compliance with this Criteria Monitored or Measured?</p>	
<p>EIDP services must be available to women <i>at risk of</i> an unintended pregnancy <i>or who suspect</i> they could become (or could have become) pregnant.</p> <p>Among women who suspect they are at risk of an unintended pregnancy (within the past 72 hours), emergency contraception must be available, i.e., present and ready for use, as an early intervention. Information about EC, as an alternative to waiting until a pregnancy test can be performed, and the risk of unintended pregnancy, must be provided.</p> <p><i>Does the organization understand these requirements?</i> <i>Does the organization provide these services?</i></p>						
<p>Early Intervention and Detection of Pregnancy (EIDP) Pregnancy Testing Services are defined as a pregnancy test performed under circumstances in which pregnancy is suspected. <u>CPT/ICD-9 Coding: an office visit including a pregnancy test (CPT Code 81025) with a v72.4 ICD-9 Code</u> (pregnancy examination or test).</p> <p><i>Does the organization understand this definition? Is the organization coding according to this definition?</i></p> <p>EIDP does <u>not</u> include a patient receiving a pregnancy test routinely performed (defined by practice or protocol) for the purposes of “ruling-out” a possible pregnancy – prior to a medical intervention, such as medication or hormonal contraception. <u>CPT/ICD-9 Coding: a pregnancy test (procedure code 81025) with a v82.8 ICD-9 Code</u> (special screening for other specified conditions).</p> <p><i>Does the organization understand this definition? Is the organization coding according to this definition of “non-EIDP”?</i></p>						
<p>c. Pregnancy testing services must be provided in conjunction with:</p> <ul style="list-style-type: none"> • Risk assessment, timely and appropriate referral for pregnancy or contraceptive care, and timely follow-up; • Patient education and anticipatory guidance sufficient for clients to make informed choices and decisions; • Presumptive eligibility enrollment in the Medicaid Family Planning Waiver and Healthy Start Programs (as needed); • Short-term care coordination services to manage identified needs. <p><i>Does the organization understand these requirements?</i> <i>Does the organization provide these services?</i></p>						
<p>d. Family planning/reproductive health programs must provide clinic services that include:</p>						
<p>1) Provide clinic services under the supervision of a registered nurse;</p> <p><i>Are services provided by or under the supervision of a registered nurse?</i></p>						
<p>2) Have the capacity to directly provide pregnancy testing services, emergency hormonal contraception, immediate prescription contraception with the option to defer medical/laboratory services; prescription supplies; non-prescription supplies, sexually transmitted disease testing and treatment including but not limited to gonorrhea and chlamydia, using the established selective screening guidelines developed by DHFS/DPH (http://www.hcet.org/wfpp/sandr/clap.html),</p> <p><i>Are these services provided on-site?</i></p>						
<p>3) Ensure reasonable access and waiting period for provision of on-site/off-site physical examinations and laboratory tests.</p> <p><i>What are typical waiting periods for these services?</i> <i>Does this seem reasonable for the target population?</i></p>						

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<p><i>Does the organization have arrangements or sub-contracts to ensure timely appointments for off-site services?</i></p>						
<p>e. Family planning/reproductive health programs must assure that the <i>content of patient care and the provision of services</i> within family planning programs comply with current established policies, and are consistent with professional standards and guidelines within the field of family planning including:</p>						
<p>1) Ch. 105, 107, Wis. Admin. Code, (Medicaid), (http://www.legis.state.wi.us/rsb/code/hfs/hfs107.pdf),</p> <p>2) Title X Program Guidelines (http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html),</p> <p>3) DHFS's Guidelines for Perinatal Care: Preconceptional Health Services (http://www.hcet.org/wfpp/sandr/sandg.html#hbg)</p> <p>4) Patient Rights and Provider Responsibilities: Privacy and Confidentiality Issues for Family Planning and Reproductive Health Services - A Resource Guide for the Wisconsin Family Planning Program” (http://www.hcet.org/wfpp/sandr/conf.html) To assure patient privacy rights and consumer confidence in confidentiality safeguards for all patient information;</p> <p>5) Region V Infertility Prevention Guidelines (http://www.hcet.org/wfpp/sandr/clap.html);</p> <p>6) American Academy of Obstetricians and Gynecologists (ACOG) Women's Health Guidelines (http://sales.acog.com/acb23/category.cfm?&DID=6&CATID=16); and</p> <p>7) Contraceptive Technology (http://www.contraceptiveupdate.com/).</p> <p><i>Does organization staff have access to the above resources?</i></p> <p><i>Have these been referenced by or incorporated into organization policies and protocols?</i></p> <p><i>Does the organization Director certify these have been incorporated in their organization?</i></p>						
<p>f. Family planning/reproductive health programs must submit pap smears, and Chlamydia and Gonorrhea tests for all patients receiving clinical services to the Wisconsin State Laboratory of Hygiene or request approval in writing to use other laboratories that assure equivalent quality standards.</p>						
<p>3. Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.</p>	YES	NO	YES	NO	YES	NO
<p>a. Family planning/reproductive health programs must establish policies and procedures to:</p>						
<p>1) Protect and safeguard family planning patient privacy and confidentiality rights in compliance with HIPAA privacy requirements (http://www.hcfa.gov/medicaid/hipaa/adminsim/privacy.htm), and</p> <p>2) Comply with regulations and guidelines defining chart requirements for the content of patient records including Wisconsin Family Planning Medicaid Program requirements (http://www.legis.state.wi.us/rsb/code/hfs/hfs105.pdf), and Title X requirements (http://opa.osophs.dhhs.gov/titlex/2001guidelines/ofp_guidelines_2001.html).</p> <p><i>Does the organization have written policies and protocols addressing and assuring these elements?</i></p> <p><i>Has the Policy/Protocol/Procedure Manual been approved and signed by the current organization</i></p>						

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<i>Director and Medical Director?</i>						
<p>4. Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.</p>	YES	NO	YES	NO	YES	NO
<p>a. Family planning/reproductive health programs must provide public information and education, and outreach services designed to increase awareness and understanding among all women of child bearing age of family planning and related reproductive health care issues, key reproductive health knowledge areas, and where to obtain services;</p>						
<p>b. Family planning/reproductive health programs must place particular emphasis on reaching population segments who lack access, are at higher relative risk of unintended pregnancy and reproductive health morbidity, and other population segments appropriate to the county.</p> <p><i>Does the organization have a formal plan to increase awareness and understanding: why care is important and where to obtain care?</i></p> <p><i>Is the organization engaging in reasonable activities to increase awareness and understanding in the community, e.g., about the availability of the waiver?</i></p>						
<p>5. Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.</p>	YES	NO	YES	NO	YES	NO
<p>a. Family planning/reproductive health programs must coordinate and integrate with other state and local programs and initiatives, including the Medicaid family planning waiver, Adolescent Pregnancy Prevention Program; Healthy Start; Prenatal Care Coordination, WIC, etc.</p> <p><i>Does the organization certify it has community linkages to these programs?</i></p>						
<p>6. A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.</p>	YES	NO	YES	NO	YES	NO
<p>Family planning/reproductive health programs must be integrated into community referral networks that provide effective access for essential services and facilitate timely continuity of patient care. For example, networks established through memoranda of understanding with other providers for appropriate referral of clients.</p> <p><i>Does the organization have arrangements with other community services and providers to meet, in a timely manner, predictable needs that will be identified among clients, e.g., abnormal pap tests possibly requiring colposcopy, "problem" pregnancies, early prenatal care, etc.?</i></p>						
<p>7. Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.</p>	YES	NO	YES	NO	YES	NO
<p>a. Family planning/reproductive health programs must establish and maintain written policy and program information to staff <i>in manuals</i> that contain:</p>						
<p>1) Policies and protocols that reflect current standards and guidelines recognized in the field of family planning.</p>						
<p>2) Medical and administrative policy and procedures that are periodically reviewed and updated.</p> <p><i>Does the program have written policies, protocols, and protocols addressing and assuring these</i></p>						

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<p><i>requirements?</i></p> <p><i>Has the manual been approved and signed by the current Program Director and Medical Director?</i></p>						
<p>b. Family planning/reproductive health programs must establish and maintain quality assurance mechanisms (including chart audits) that are consistent with the Title X and Title XIX requirements, and periodically measure compliance with established policies.</p> <p><i>Does the program have quality assurance mechanisms established?</i></p>						
<p>8. Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medicaid coverage of services provided. Family planning/reproductive health programs must:</p>	YES	NO	YES	NO	YES	NO
<p>a. Maintain a budget for Family planning/reproductive health program expenses and revenue, including program-generated revenue. A minimum of 20% program generated income is required to be earned by programs.</p>						
<p>b. Screen all patients for third party health coverage (private and coverage under the Medicaid Program including Badger Care, Healthy Start and the Family Planning Medicaid Waiver).</p>						
<p>c. Submit claims for third party reimbursement.</p> <p><i>Does the program certify that all patients are screened for third party coverage, and routinely submits claims for reimbursement?</i></p>						
<p>d. Establish reasonable requirements for patient charges based on a sliding fee (discount) schedule using the most current Poverty Income Guidelines and assure no eligible patient is charged for “no-charge” and “fee-exempt” tests provided through the State Laboratory of Hygiene.</p> <p><i>Does the program have a formally approved (by the local organization) sliding fee scale and policies for administering it – based on its current budget (projected expenses and revenue)?</i></p>						
<p>e. Fully utilize “no-charge” and “fee-exempt” tests available through the State Laboratory of Hygiene.</p>						
<p>f. Submit laboratory specimens and laboratory request forms following WSLH instructions, and follow WSLH instructions for 3rd party billing coordination.</p>						
<p>9. Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be address.</p>	YES	NO	YES	NO	YES	NO
<p>a. Family planning/reproductive health programs must collect patient information (patient demographic, need/problem-related information, and visit/service information), necessary to meet the DHFS Family Planning/Reproductive Health programs contract reporting requirements.</p>						
<p>b. Programs must submit data in the format required by DPH, using either the DPH SPHERE data system or another data system, to meet the reporting requirements.</p>						

A Framework of Education, Prevention, and Intervention for the Reproductive Health-Age Population

The Wisconsin Department of Health and Family Services has two strategic goals for preventing adolescent pregnancy. The first goal is to encourage and promote delayed sexual activity. The second goal is to provide access to confidential contraceptive and related reproductive health services to prevent unintended pregnancy among sexually active adolescents.

The main concepts below are essential areas of knowledge for the reproductive-age population and provide a framework for education, prevention, and intervention. If adolescents (and all persons of reproductive age) are to make future sexual/reproductive health decisions that are informed, then they must have access to reliable and accurate information

All adolescent pregnancy prevention stakeholders share accountability to ensure that all segments of the reproductive-age population have access to information and services in each of the core reproductive health knowledge areas. Each of these knowledge areas require appropriate, evidence-based, audience-specific messages to assure access.

Core Knowledge Areas Essential to Prevent Unintendedⁱ Pregnancy and STIs/STDs

- 1) Sexual activity has risks: unintended pregnancy and sexually transmitted infections or diseases (STI/STDs).ⁱⁱ
- 2) Delaying or postponing sexual activity has positive benefits for adolescents, and prevents unintended pregnancy and STI/STDs.
- 3) Voluntary and consensual sexual activity is a choice. It may not be a deliberate decision and planned in advance, but it is a choice. *If* someone is not completely comfortable with sexual activity, they do not have to continue.
- 4) *When* someone is sexually active, it is important to make deliberate decisions to reduce the likelihood of unintended pregnancy and STI/STDs.
- 5) *When* someone is sexually active *and* does not choose dual protection, the odds are that either (or both) an unintended pregnancy or a STI/STD will occur.
- 6) “Dual protection” helps reduce the likelihood of unintended pregnancy and STD/STIs. Dual protectionⁱⁱⁱ is a method of contraception to help prevent unintended pregnancy *and* a method to reduce the risk of STD/STI.
- 7) *If* someone has unplanned, unprotected (or inadequately protected) intercourse (consensual or not), taking Emergency Contraception (EC) *as soon as possible*^{iv} will significantly reduce the likelihood of an unintended pregnancy.

Notes

ⁱ Unanticipated ; unprepared for pregnancy

ⁱⁱ “Sexual activity” includes sexual intercourse and other forms of sexual intimacy.

ⁱⁱⁱ Information about where and how to obtain services is necessary.

^{iv} ASAP means preferably within 12- 24 hours but *within 72* hours. Information about other sexual health-related services, and where and how to obtain services is also essential.