

Maternal, Newborn and Child Health in Humanitarian Contexts

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Maternal, newborn and child health in humanitarian contexts – with development in our sights

- Insights from Interagency Working Group for Reproductive Health in Crisis maternal and newborn health sub-working group
- Guidelines, tools and resources available (and coming soon)
- Current issues, debates and challenges



Inter-agency Working Group for Reproductive Health in Crises

□ IAWG is a broad-based, highly collaborative coalition that works to expand and strengthen access to quality sexual and reproductive health services for people affected by conflict and natural disaster

- ▣ Document gaps, accomplishments and lessons learned
- ▣ Evaluates the state of sexual and reproductive health in the field
- ▣ Establishes technical standards for the delivery of reproductive health services
- ▣ Builds and disseminates evidence to policy makers, managers, and practitioners
- ▣ Advocates for the inclusion of crisis-affected persons in global development and humanitarian agendas

<u>MILESTONES</u>	
1996	MISP established
1999	Field Manual published
2004	Global evaluation
2010	Field manual updated
2014	Global evaluation
2018	MISP revision Field Manual revision SPHERE revision Supply kit revision

Minimum Initial Services Package (MISP) for Reproductive Health in Humanitarian Settings

What is the MISP?

The MISP is a coordinated set of activities designed to address priority reproductive health needs **in the early days and weeks of an emergency.**

It forms the **starting point** for sexual and reproductive health programming, and should be sustained and built upon with comprehensive health services to meet population health needs in protracted crises and settings recovering from emergencies.

IAWG
INTERNATIONAL AGENCY FOR WOMEN'S EMERGENCY RESPONSE

OBJECTIVES OF THE MINIMUM INITIAL SERVICE PACKAGE (MISP)

The lead SRH organization:

- Nominate a Sexual and Reproductive Health (SRH) Coordinator to provide technical and operational support to all agencies providing health services
- Hosts regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
- Reports back to the Health, Gender Based Violence (GBV) sub-cluster leader, and/or HIV national coordination meetings on any issues related to MISP implementation
- In tandem with health/GBV/HIV coordination mechanisms, ensures mapping analysis of existing SRH services
- Shares information about the availability of SRH services and commodities
- Ensures the community is aware of the availability and location of reproductive health services

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP

2. Prevent sexual violence and respond to the needs of survivors

- Work with other clusters especially the protection or GBV sub-cluster to put in place preventative measures at community, local, and district levels including health facilities to protect affected populations, particularly women and girls, from sexual violence
- Make clinical care and referral to other supportive services available for survivors of sexual violence
- Put in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral

3. Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs

- Establish safe and rational use of blood transfusion
- Ensure application of standard precautions
- Guarantee the availability of free substituted male condoms and, where applicable (e.g. already used by the population), ensure provision of female condoms
- Support the provision of anti-retroviral to continue treatment for people who were enrolled in an antiretroviral therapy program prior to the emergency, including women who were enrolled in prevention of mother-to-child transmission programs
- Provide post-exposure prophylaxis to survivors of sexual violence as appropriate and for occupational exposure
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV
- Ensure the availability in health facilities of syndromic diagnosis and treatment of sexually transmitted infections

4. Prevent excess maternal and newborn morbidity and mortality

- Ensure availability and accessibility of clean and safe delivery, essential newborn care, and lifesaving emergency obstetric and newborn care (EmONC) services including:
 - At referral/hospital level: Skilled medical staff and facilities for management of all obstetric and newborn emergencies
 - At health facility level: Skilled birth attendants and supplies for uncomplicated vaginal births and management of basic obstetric and newborn complications (BEmONC)
 - At community level: Provision of information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities. Clean delivery kits should be provided to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible
- Establish a 24-hour per day, 7 days per week referral system to facilitate transport and communication from the community to the health center and hospital
- Ensure the availability of life-saving post-abortion care in health centers and hospitals
- Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable

5. Prevent unintended pregnancies

- 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 information, education, and communication materials and ensure 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

6. Plan for comprehensive SRH services, integrated into primary health care as soon as possible, with the health sector/building partners to address the six health system building blocks

Note: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

The revised version of the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings will be available in summer 2018.

IAWG
INTERNATIONAL AGENCY FOR WOMEN'S EMERGENCY RESPONSE

Minimum Initial Services Package (MISP) for Reproductive Health in Humanitarian Settings

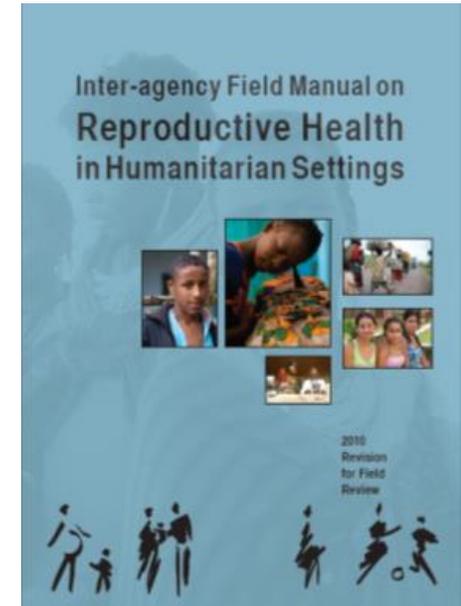
2010 version of the IAFM	2018 version of the IAFM
<ol style="list-style-type: none">1. <u>Ensure</u> the health sector/cluster identifies an organization to lead implementation of the MISP2. <u>Prevent and manage</u> the consequences of sexual violence3. <u>Reduce</u> HIV transmission4. <u>Prevent</u> excess maternal and newborn morbidity and mortality5. <u>Plan</u> for comprehensive RH services, integrated into primary health care (PHC) as the situation permits.	<ol style="list-style-type: none">1. <u>Ensure</u> the health sector/cluster identifies an organization to lead implementation of the MISP2. <u>Prevent</u> sexual violence and <u>respond</u> to the needs of survivors3. <u>Prevent</u> the transmission of and <u>reduce</u> morbidity and mortality due to HIV and other STIs4. <u>Prevent</u> excess maternal and newborn morbidity and mortality5. <u>Prevent</u> unintended pregnancies6. <u>Plan</u> for comprehensive SRH services, integrated into primary health care as soon as possible. <u>Work</u> with the health sector/cluster partners to address the six health system building blocks.
<p><i>Note:</i> It is also important to ensure contraceptives are available to meet the demand, syndromic treatment of STIs is available to patients presenting with symptoms and antiretrovirals are available to continue treatment and for prevention of mother-to-child transmission. In addition, ensure that culturally appropriate menstrual protection materials (usually packed with other toiletries in “hygiene kits”) are distributed to women and girls.</p>	<p><i>Note:</i> It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.</p>

Inter-Agency Field Manual for Reproductive Health in Humanitarian Settings

- First issued in 1999, revision issued in 2010

New Edition Coming in Summer 2018!

- Provides guidance for MISP implementation and more comprehensive services to be strengthened as soon as possible
- Provides programmatic examples and links to resources with further guidance for specific issues and settings



INTERAGENCY FIELD MANUAL FOR REPRODUCTIVE HEALTH IN HUMANITARIAN SETTINGS

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Inter-Agency Field Manual for Reproductive Health in Humanitarian Settings

Maternal and Newborn Health Chapter

Minimum Initial Services Package

Prevent excess maternal and newborn morbidity and mortality

- Clean, safe delivery and essential newborn care
- EmONC
- Emergency referral system
- Post-abortion care

Comprehensive Maternal and Newborn Health Services

Provide comprehensive antenatal, intrapartum and postpartum care according to national and global guidelines

Cross-cutting updates

Attention to
maternal/
newborn dyad

Emphasis on
quality of care

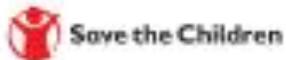
Context-
specific
considerations

Latest global
guidelines and
standards



Newborn Health in Humanitarian Settings

FIELD GUIDE



COMMUNITY HEALTH ACTION
FOR THE
HUMANITARIAN-DEVELOPMENT NEXUS
JUNE 4 - 7, 2018 | BETHESDA, MD
coregroup global health practitioner conference

Newborn Health in Humanitarian Settings: Examples and Lessons from the Field

Wednesday, June 6 11:30am – 1:00pm
Ambassador Room

<https://www.healthynewbornnetwork.org>

Beyond the Guidelines: Current Issues, Debates and Challenges

- ❑ How to effectively introduce, maintain and expand coverage of essential maternal and newborn health services in conflict-affected settings
- ❑ How to effectively “care for the carers” and ensure both continuing professional development and clinical practice opportunities for health workers in crisis-affected settings
- ❑ How to ensure women and newborns receive quality care in all settings



For more information, please visit:

<http://iawg.net/areas-of-focus/maternal-newborn-health/>