From Policy to Practice: Sexual & Reproductive Health in Humanitarian Crises

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Inter-agency Field Manual on Reproductive Health in Humanitarian Settings

Comprehensive sexual and reproductive health (SRH)

Minimum standard in reproductive health (Minimum Initial Service Package - MISP)
Objectives of the MISP

1. Identify an organization to facilitate SRH coordination
2. Prevent and manage sexual violence
3. Reduce HIV transmission
4. Prevent maternal & newborn death and disability
5. Plan for comprehensive SRH services

[Additions to the MISP in 2010 Field Manual]
Objective 1: Identify an organization to facilitate SRH coordination

- The lead SRH organization:
  - nominates an **SRH Focal Point**
  - hosts regular **stakeholder meetings**
  - reports back to **health sector/cluster** meetings
  - helps implementing agencies procure **SRH resources and supplies**
Implementation challenges: Coordination

• Lead SRH agency not identified
• High staff turnover
• Irregular or inaccessible meetings
• Limited feedback loop with health sector/cluster
• Delays in SRH supplies
Objective 2: Prevent and manage consequences of sexual violence

• Put in place measures to ensure safe access to health facilities

• Make clinical care available for survivors of rape

• Ensure the community is aware of why and where to access services
Implementation challenges: Sexual violence

• Prevention often not prioritized
• Psychosocial care > clinical care for survivors
• Lack of trained health workers
• Community not aware of available services or benefits to accessing care
• Cultural stigma and shame prevent survivors from coming forward
Objective 3: Minimize HIV transmission

- Enforce **standard** (universal) precautions
- Guarantee availability of free **condoms**
- Ensure safe **blood transfusions**
Implementation challenges: HIV

- Condoms may be perceived as offensive
- Condom campaigns prioritized
- Health workers may not adhere to standard precautions
- Blood for transfusion not screened (lack of supplies, neglect)
- Poor medical waste management
Objective 4: Preventing maternal and newborn death and disability

- Emergency obstetric and newborn care services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
Implementation challenges: Emergency obstetric & newborn care

- Destruction of health facilities
- Transportation challenges
- Lack of communication system
- Community unaware of services

Newborn care: Funding shortages (63.3%), gaps in training (51.0%) staff shortages and turnover (44.9%) [2012]
Objective 5: Planning for comprehensive SRH services

- Collect background data
- Identify sites for future delivery of comprehensive SRH
- Assess staff capacity and plan trainings accordingly
- Order SRH equipment and supplies through regular supply chains
Implementation challenges: Planning for comprehensive SRH care

- Procurement challenges
- Difficulty collecting data
- Sites for delivery of comp SRH under construction
- Component often neglected
Key enablers for MISP implementation

- Lead SRH agency in place
- Effective leadership (SRH Focal Point)
- Beyond coordination: cohesion and trust among SRH agencies
- National ownership of SRH response
- Low staff turnover
- Linkages with development actors
- Meaningful community engagement & participation
Thank you