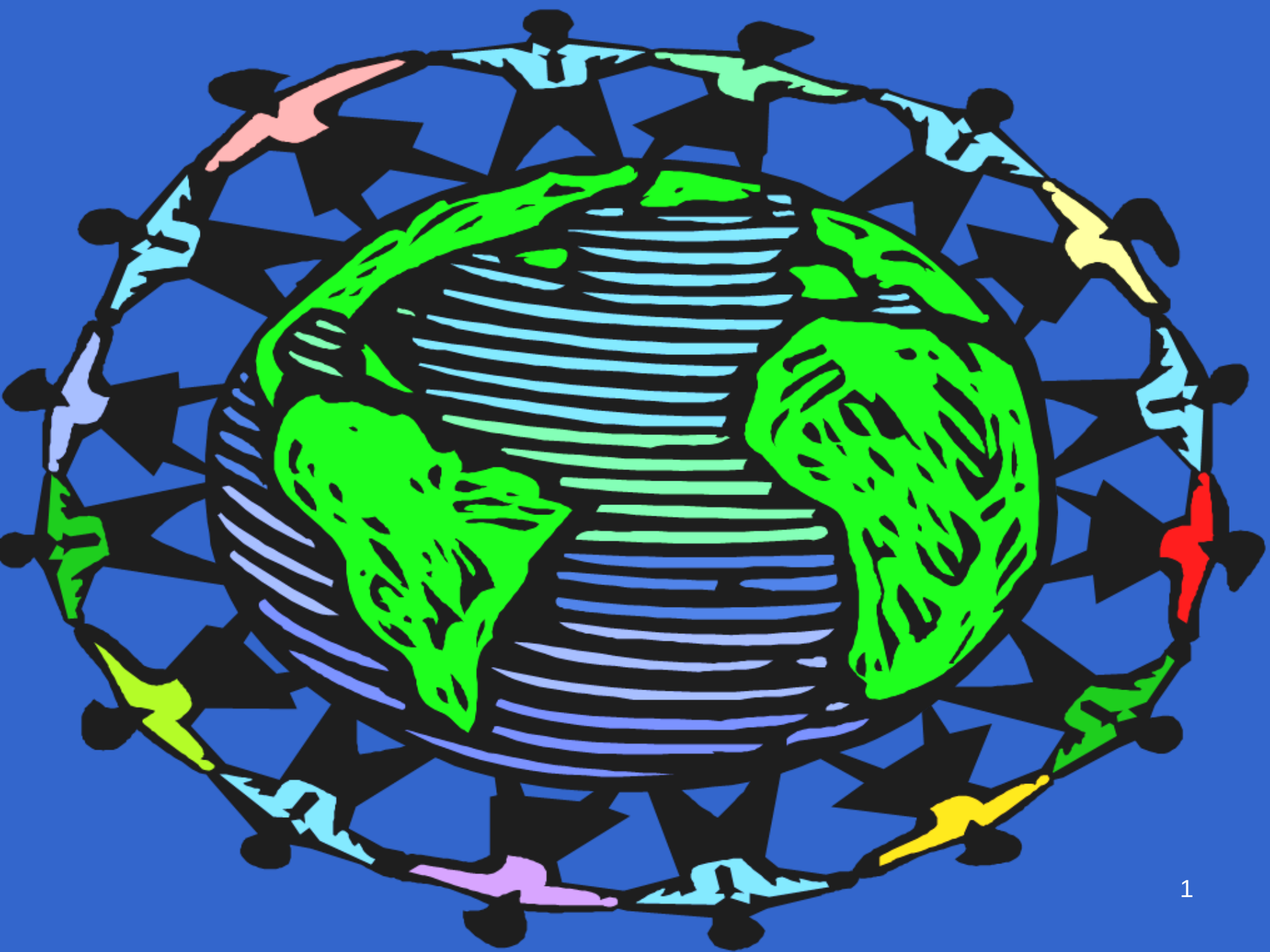


TRAINING FOR IMPROVED PRACTICE:
Public Health and Nutrition in Emergencies

REPRODUCTIVE HEALTH IN EMERGENCIES

UNICEF Core Corporate Commitments Training

In collaboration with:

Feinstein International Famine Center, Tufts University

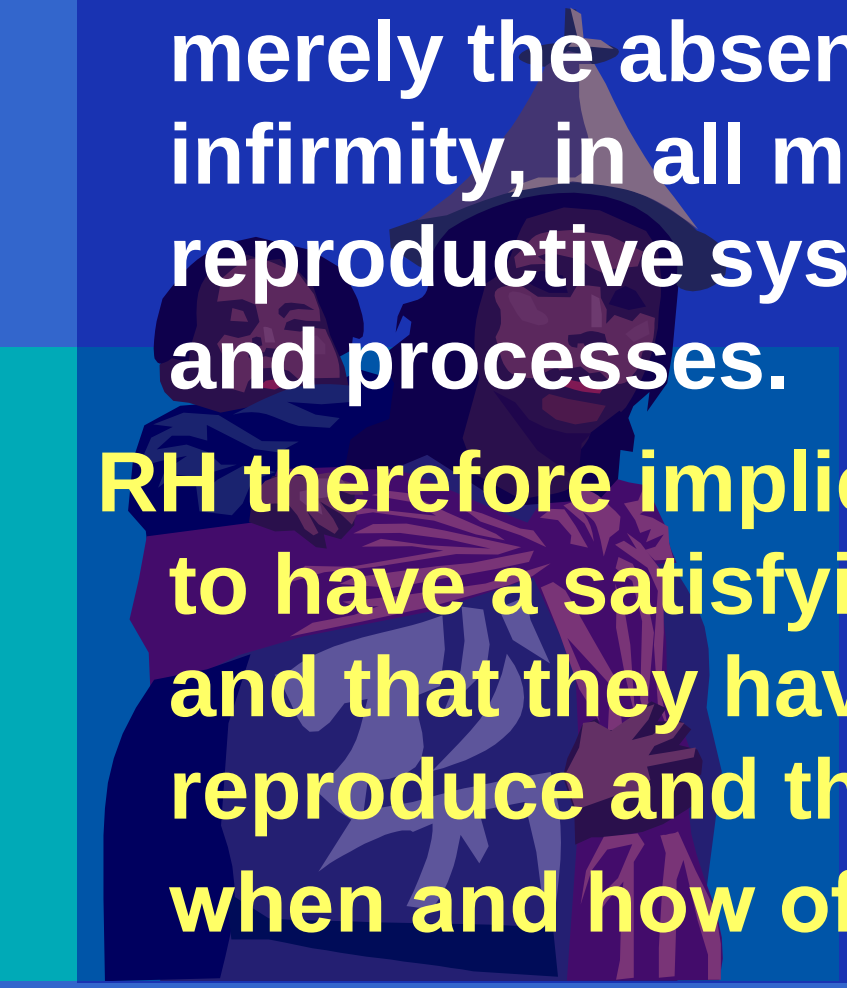
Mailman School of Public Health, Columbia University

International Emergency and Refugee Health Branch, Centers for Disease Control

Overview

- Explain the rationale for a reproductive health response in emergency situations
- Describe the components of the Minimum Initial Service Package
- Outline comprehensive reproductive health services
- Assessing, designing and monitoring reproductive health programs

What is Reproductive Health?



"RH is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes.

RH therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."

Source: ICPD Programme of Action. 1994.

Why are reproductive health services an essential component of an emergency response?

The Rationale

Reproductive Rights

- Universal Declaration of Human Rights, 1948
- Convention on the Elimination of All Forms of Discrimination Against Women, 1979
- Programme of Action, International Conference on Population and Development, Cairo 1994
- Platform for Action, Fourth World Conference on Women, Beijing 1995

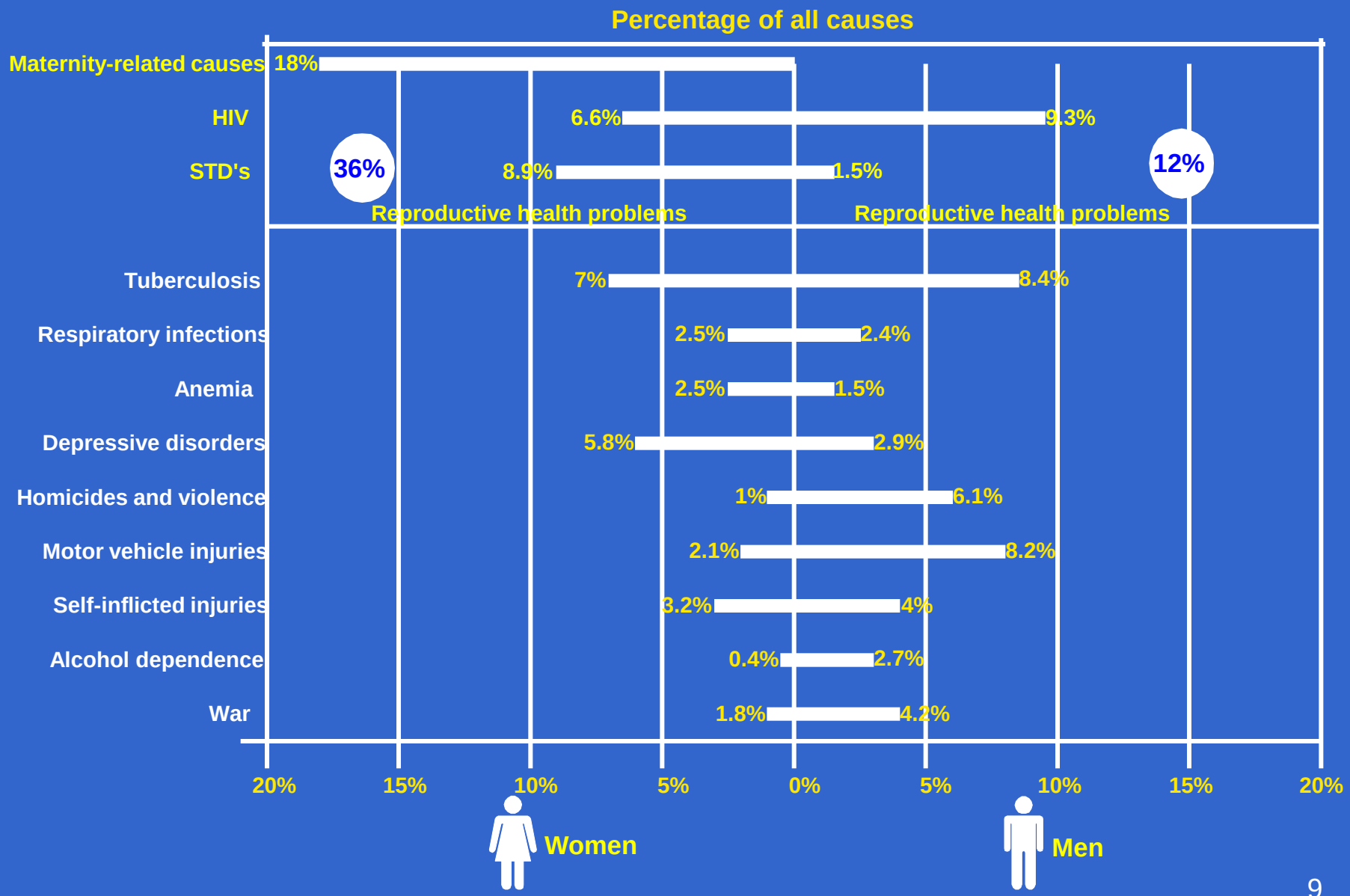
All people have reproductive rights

- the right to health in general
- the right to reproductive choice
- the right to RH services
- the right of men and women to marry and found a family
- the right of the family to special protection
- special rights in relation to motherhood and childhood (pre- and post-natal care)

Reproductive issues are of public health significance

- leading cause of healthy life lost among women in childbearing ages
- important cause of healthy life lost among men and children
- high psychosocial health toll

Healthy life lost from selected causes in adults 15-44 years in the developing world, 1990



Source: World Bank. *World Development Report 1993, Investing in Health*

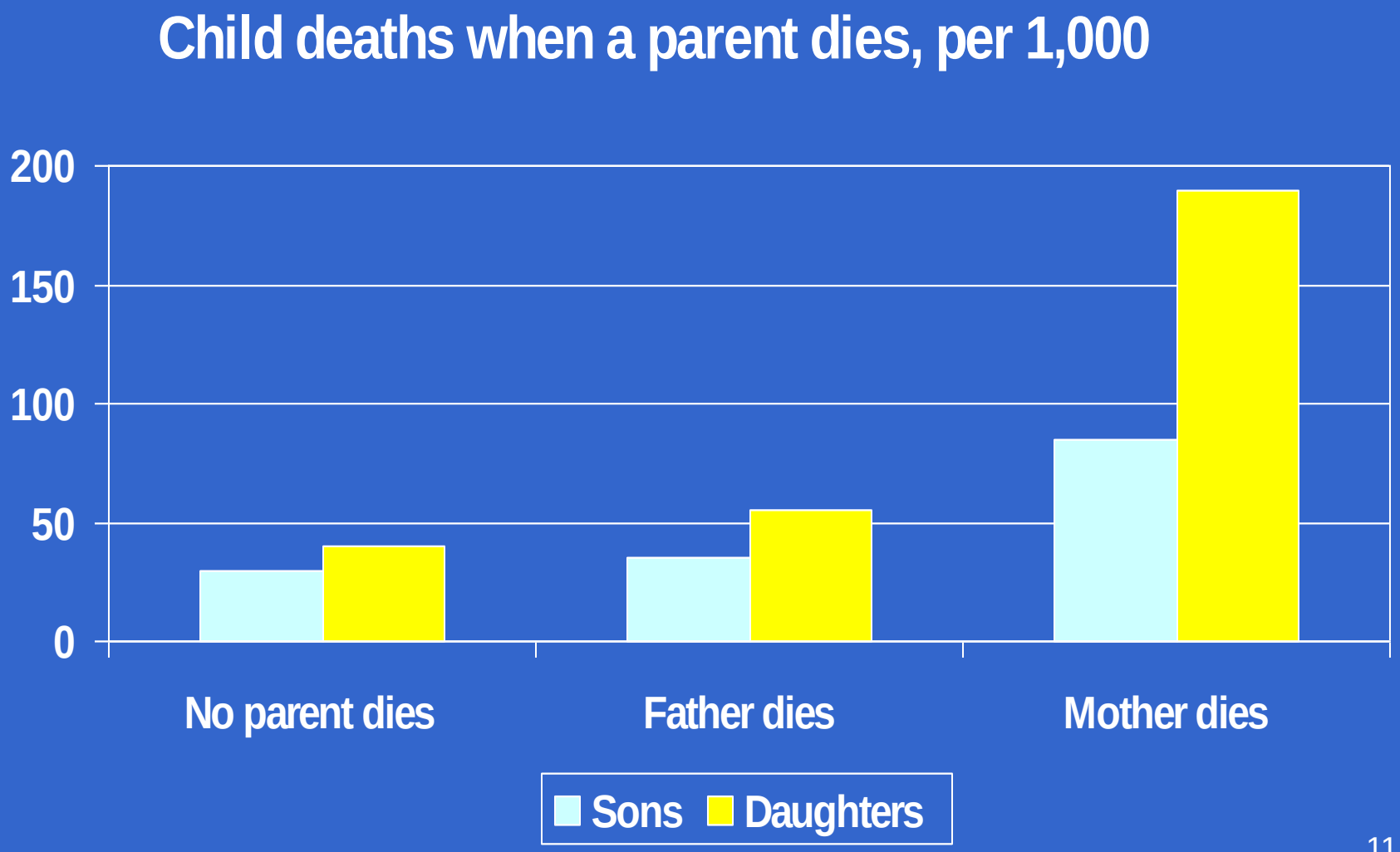
Public Health Significance

More than 515,000 women die of pregnancy-related causes annually; 99% of them in developing countries.

Region	Lifetime Risk of Maternal Death (1995)
Sub-Saharan Africa	1 in 13
South Asia	1 in 54
Latin America & Caribbean	1 in 157
Industrialized countries	1 in 4,085

Source: WHO. *Global estimates of maternal mortality for 1995: Results of an in-depth review, analysis and estimation strategy.* *http://www.who.int/reproductive-health/publications/RHR_01_9_maternal_mortality_estimates/statement_on_maternal_mortality_estimates.en.html*

Public Health Significance



Source: WHO. Mother-Baby Package: Implementing safe motherhood in countries. 1994. p10

Public Health Significance

	IMR	TFR	% FP
N. Europe	5	1.6	70
S. America	29	2.5	74
S.E. Asia	41	2.7	57
S-S Africa	91	5.6	19

(Source: World Population Data Sheet of the Population Reference Bureau, 2003)

Public Health Significance

Relative risk of neonatal mortality from short birth intervals
(compared to interval of 36-47 mos: RR=1.0)

Source: Anne Tinker and Elizabeth Ransom. *Healthy Mothers and Healthy Newborns: The Vital Link.* PRB. March 2002.

Public Health Significance

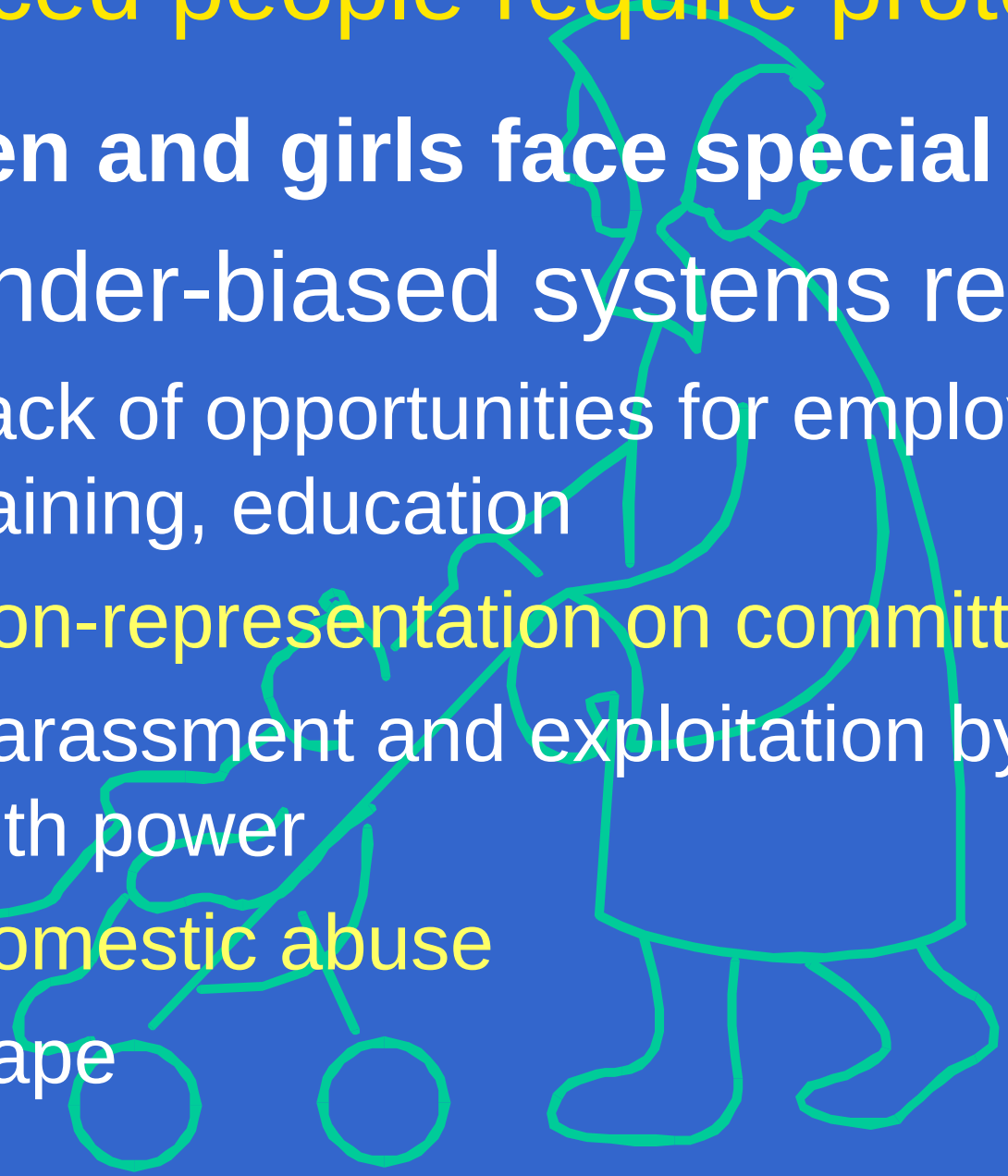
Psychosocial impact:

- Women and men face social isolation for infertility, STI/HIV infection
- Women with fistulae from multiple or difficult births may be abandoned
- Women may be blamed for being raped or beaten and survivors of sexual violence may be treated more harshly than perpetrators

Displaced people require protection

Women and girls face special risks

- Gender-biased systems result in
  - Lack of opportunities for employment, training, education
  - Non-representation on committees
  - Harassment and exploitation by people with power
  - Domestic abuse
  - Rape



Men and women have different

physical characteristics.


Men and women fill social roles
that vary widely within and between
cultures and change over time.

RH Program Components
UNICEF CCC and RH

- Rapid Assessment
  - RH needs and resources
- Coordination
  - RH integrated into the emergency response
- Programme Commitments
  - RH services
  - Monitoring & evaluation
- Operational Commitments
  - Funds, staff, supplies

The Sphere Project
http://www.sphereproject.org

- The Humanitarian Charter
- Minimum Standards in Disaster Response
  - water and sanitation
  - nutrition
  - food aid
  - shelter
  - health

RH Response

Emergency Phase:

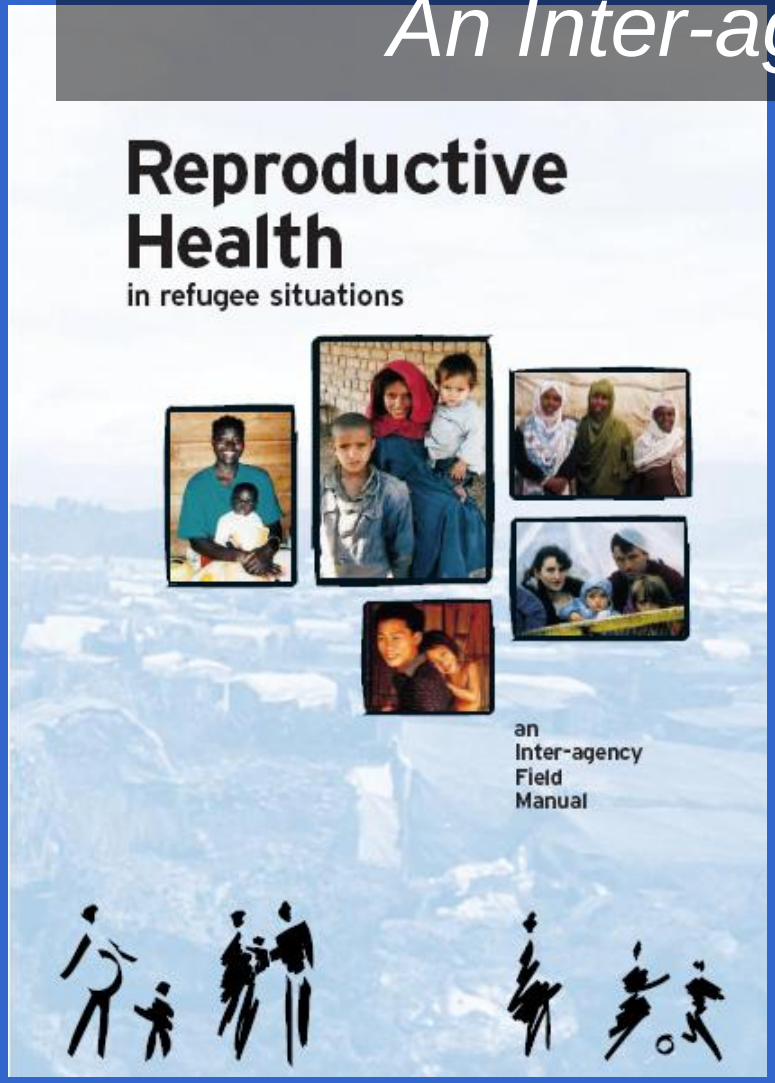
- MISP

Post Emergency:

- Comprehensive services
  - Safe Motherhood
  - Family Planning
  - Gender-based Violence
  - STD/HIV/AIDS

Key RH Resource

Reproductive Health in Refugee situations: An Inter-agency Field Manual



Available electronically in English online at: www.rhrc.org

Available in print for $10 in English or French at:

Women, Ink
777 United Nations Plaza
New York, NY 10017
Tel: 212.687.8633
Fax: 212.661.2704
Email: wink@womenink.org
Web: http://www.womenink.org

For other languages, contact:

Pam Delargy delargy@unfpa.org

What is the MISP?

- Minimum
  - Basic, limited RH activities
- Initial
  - for emergency situations or where no RH services exist, *without site-specific needs assessment*
- Service
  - services to be delivered to the population
- Package
  - supplies *and* ***activities***, ***coordination*** *and* ***planning***

The MISP requires agencies to:

1. Coordinate
2. Prevent and manage gender-based violence (GBV)
3. Reduce HIV transmission
4. Prevent excess neonatal and maternal morbidity and mortality
5. Plan for comprehensive RH services

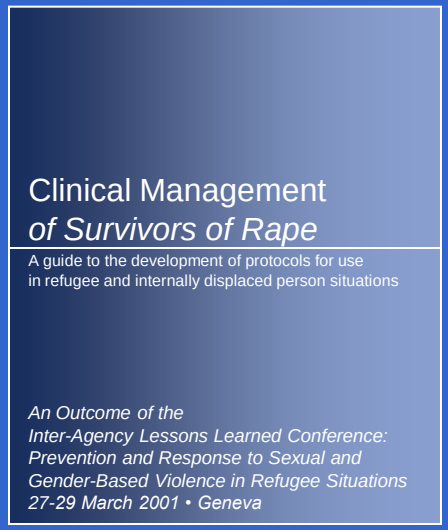
MISP Requirement:
1. Coordinate

- Identify an organization and specific individual to coordinate MISP activities.
- Questions:
  - What skills are needed?
  - What tasks does the coordinator do?
  - What resources are available?
  - When will it happen?
  - Who should be the RH Coordinator?
  - Does the coordinator have the authority to coordinate?

MISP Requirement:

2. Prevent and manage GBV

- Enhance physical security
- Engage trained women protection officers
- Ensure that GBV is on health agenda
- Inform population of services
- Identify and address groups with special needs
- Provide medical response, including EC

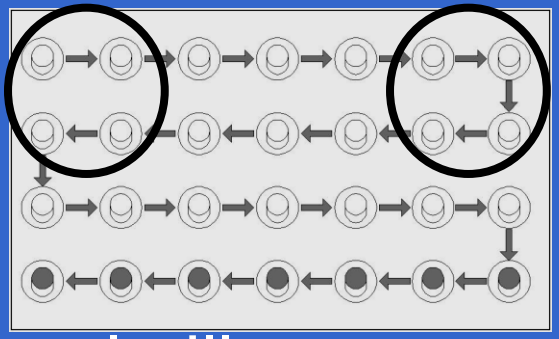


What's EC?

- Emergency contraception
  - ➲ prevents pregnancy after unprotected sex
  - ➲ does NOT terminate an established pregnancy
    - ➲ NOT medical abortion (RU-486)
  - ➲ **must be used within 3-5 days**

- Part of the medical response
- *Not a substitute for other contraceptives*

How does EC work?



- Most common EC method is hormonal pills ("the morning after pill")
  - effective if used within 3 days
  - reduces risk of pregnancy from 8% to 2%
  - taken in 2 doses 12 hours apart
  - acts in 1 or more ways:
    - delays or inhibits ovulation
    - inhibits fertilization: alters movement of sperm and ova
    - inhibits implantation: alters endometrium
  - no effect if pregnancy is established
    - will not terminate the pregnancy
    - will not harm the fetus
- 2nd EC method is IUD: to be used within 5 days

MISP Requirement:
3. Reduce HIV transmission

- Provide basic, relevant HIV/AIDS information
- Provide free condoms
- Enforce universal precautions
- Assure safe blood supply

What are universal precautions?

Standards of medical practice to prevent infection transmission among patients and health workers

Minimum requirements:

- Hand-washing
- Gloves and protective clothing
- Safe handling of sharps
- Safe disposal of waste
- Safe handling of corpses
- Cleaning, disinfecting and sterilization

➲ *Treat all blood as infectious*

➲ Materials part of NEKH-98

How strong are condoms?

Condoms

Condoms

Condoms

Condoms

Condoms

Condoms

Condoms

Condoms

Condoms

Condoms

MISP Requirement:

4. Prevent excess maternal and neonatal morbidity and mortality

- Provide clean home delivery kits to visibly pregnant women
- Furnish midwife delivery kits to health facilities
- Establish referral system for obstetric emergencies

What's a clean home delivery kit?

- 1 sheet of plastic
- 1 bar of soap
- 2 pieces of string
- 1 clean razor blade
- 1 cotton cloth (1x2 meters)

- Given directly to pregnant women, even in flight, for use by herself or TBA

- Can be ordered (UNFPA Kit) or assembled locally

What's a midwife delivery kit?

- Equipment and supplies for normal and some complicated deliveries to be managed at health facility

- Part of NEHK-98
- UNICEF Midwifery Kit (Copenhagen)

Why is a referral system needed?

- About 15% of pregnant women will have life-threatening complications
- About 5% will require Caesarean section
- Field Manual recommends supporting local referral facility

MISP Requirement:
5. Plan for comprehensive RH

- Conduct Needs & Resources Assessment
  - Safe motherhood, including emergency obstetric care
  - Gender-based violence
  - Prevention and care of STI/HIV
  - Family planning
- Plan RH program: Design, monitoring and evaluation

Rapid Assessment of RH

RAPID ASSESSMENT OF REPRODUCTIVE HEALTH SERVICES

The *Interagency Manual on Reproductive Health in Refugee Situations* is the essential tool for reproductive health programming in emergency settings. This checklist is based on that manual. Guidance for appropriate programming to meet gaps identified in the assessment can be found in the manual. The manual is available on the internet at www.rhrc.org.

PERSON COMPLETING THIS FORM
NAME: _____
TITLE: _____
ORGANIZATION: _____

***SETTLEMENT* Complete the form with the most current information you have about the site (camp, settlement, neighborhood). Add lines as needed.**

***Name of settlement*: be as specific as possible with the name of where the population is concentrated (camp name, or if non-camp, then identify the neighborhood, barrio, etc.)**

Monitoring MISP:
Field Manual Indicators

- Number of GBV incidents reported per 1000 population
- Proportion of health facilities with adequate supplies to carry out universal precautions
- Number of condoms distributed per 1000 population
- Number of clean delivery kits distributed per 1000 women in 3rd trimester

MISP Resources: The Reproductive Health Kit for Emergency Situations

- Supplemental to the NEHK-98
- Available for cost from UNFPA Country Office or New York HQ – myint@unfpa.org
- Self-contained sub-kits

  For MISP, order:
  - Sub-kit 0 Training and administration
  - Sub-kit 1 Condom
  - Sub-kit 2 Clean home delivery
  - Sub-kit 3 Post rape
- Sub-kits 4-12 are for comprehensive RH

MISP Exercise

- **Your team**
  - UNICEF representative (major funding source)
  - NGO ABC responsible for community services
  - NGO XYZ responsible for health services
  - Local government representative
- **Assignment – Develop a plan to implement the MISP for a 12-week period for 50,000 persons displaced in the last 3 days in the location of the local government representative.**
  - How will you determine needs?
  - What supplies will you order? Please calculate:
    - Likely number of WRA to be served
    - Number and types of UNFPA sub-kits to be ordered for the initial 3 month period
    - Any other RH equipment and supplies to order
    - Human resource needs
  - How will you monitor the implementation of your plan?

Expanding to Comprehensive RH Services following the Emergency

RH Program Components

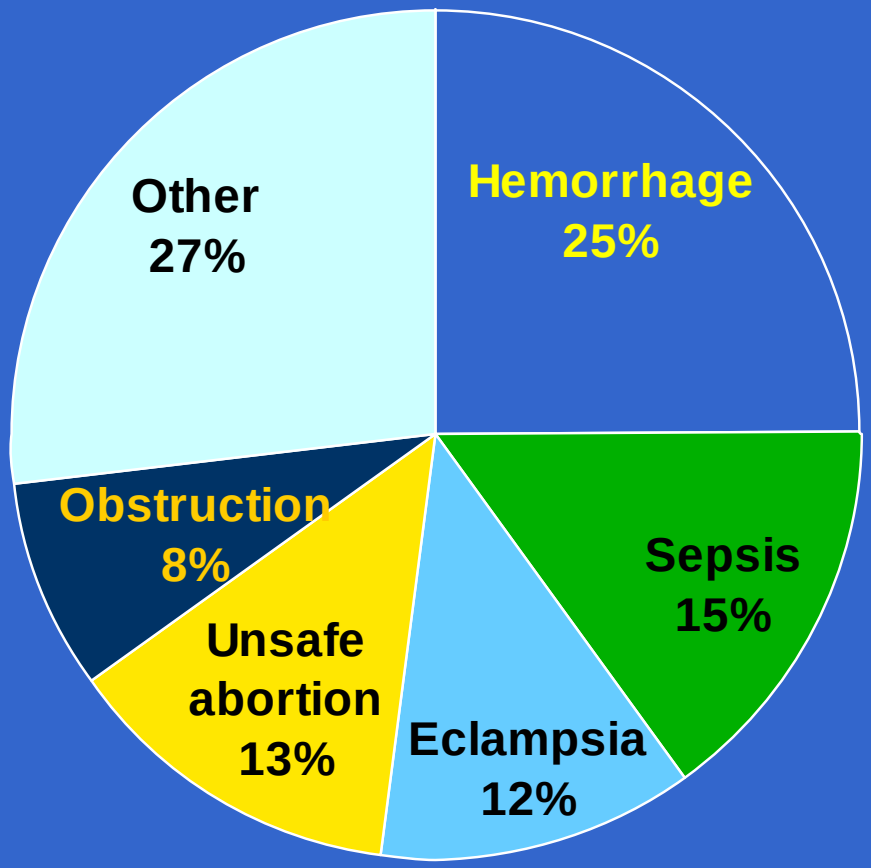
Safe Motherhood

Family Planning

Gender-based Violence

STD/HIV/AIDS

RH Component:
Safe Motherhood



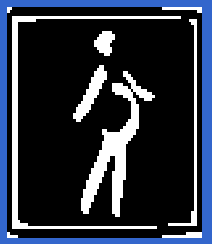
Major causes of maternal death 515,000 per year

Sources:

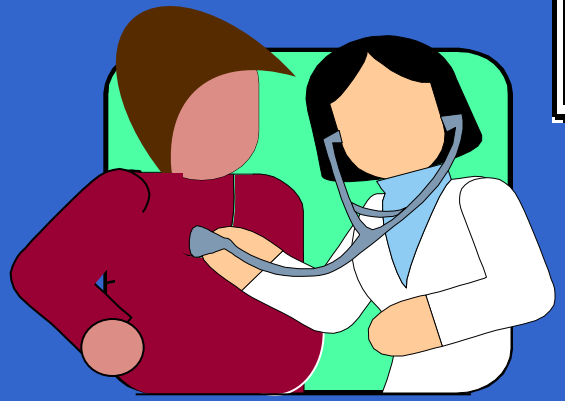
WHO. *Global estimates of maternal mortality for 1995: Results of an in-depth review, analysis and estimation strategy.*

WHO. *Mother Baby Package: Implementing safe motherhood in countries.*

Safe motherhood program elements



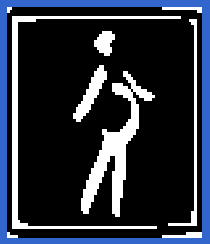
- Care during pregnancy



- **Care at the time of delivery, including emergency obstetric care**

- Care after delivery, including support for breastfeeding

We can prevent deaths due to pregnancy complications

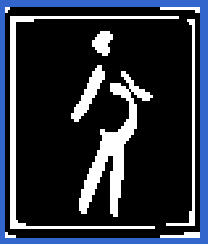


- 15% of women are expected to have life-threatening complications
  - ➲ but which 15% ???
- Can't predict or prevent complications…

  … but can prevent deaths by reducing delay:
  - ➲ in decision to seek care
  - ➲ in reaching facility
  - ➲ in receiving treatment at facility

✓ Emergency obstetric care is key

How much time do we have?

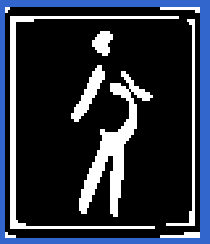


Estimated average interval from onset to death for major obstetric complications, without medical intervention

Complication	Hours	Days
• Hemorrhage		
– Postpartum	2	
– Antepartum	12	
• Ruptured Uterus		1
• Eclampsia		2
• Obstructed labor		3
• Infection		6

Source: Deborah Maine. *Safe Motherhood Programs: Options and Issues.* Columbia University. 1991.

Program action:
EmOC saves lives



Basic EmOC

Provided at health center (1 per 125,000 pop) by nurses, midwives, mid-level HW

Elements:

1. Administer parenteral antibiotics*
2. Administer parenteral oxytocic drugs
3. Administer parenteral anticonvulsants for pre-eclampsia and eclampsia
4. Perform manual removal of placenta
5. Perform removal of retained products, e.g., manual vacuum aspiration, D&C
6. Perform assisted vaginal delivery, e.g., vacuum, forceps

* Parenteral administration of drugs means by injection or intravenous transfusion (drip)

Comprehensive EmOC

Provided at basic hospital (1 per 500,000 pop), usually by doctors

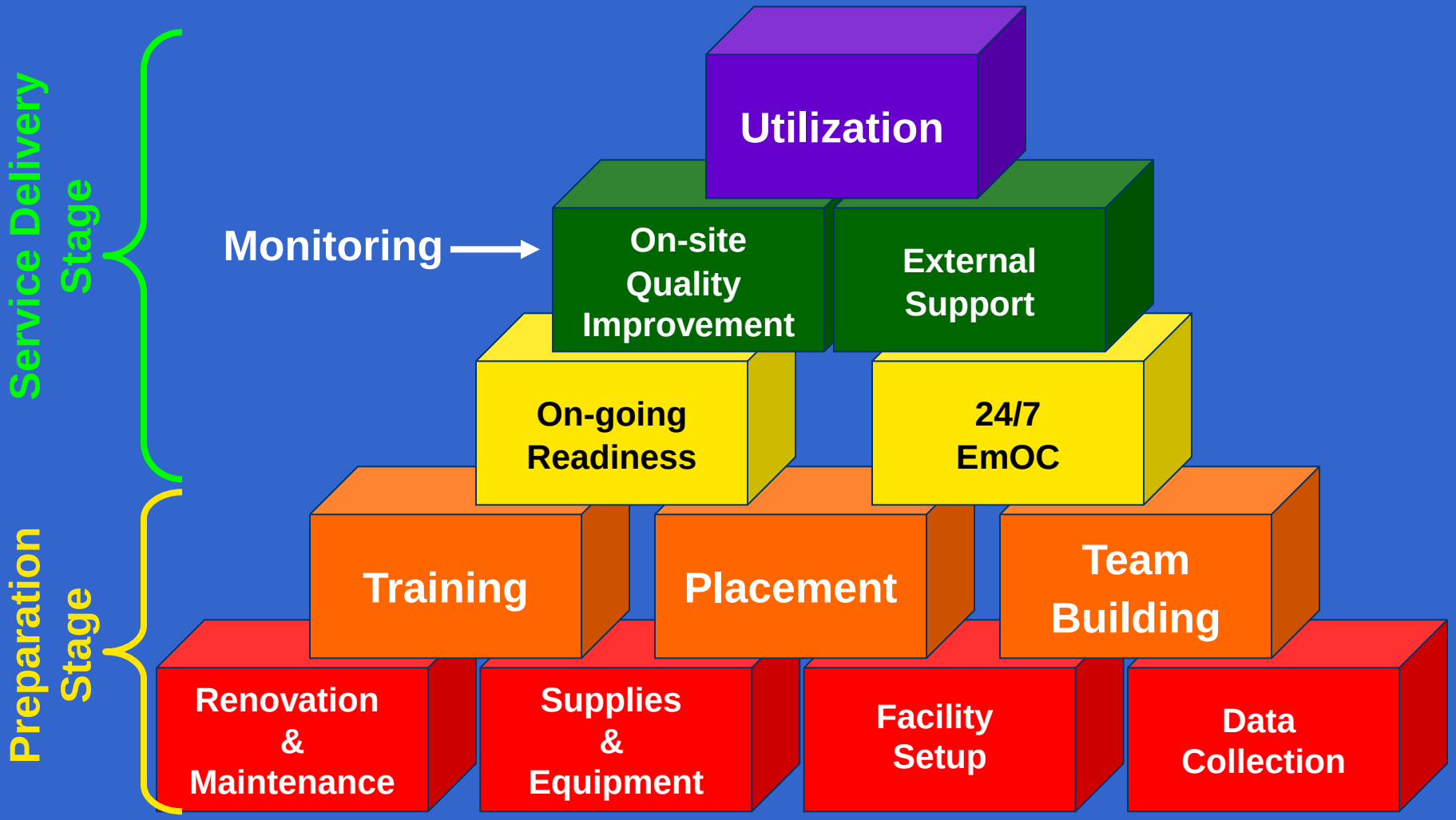
Elements:

(1 to 6) All of those included in Basic EmOC, plus...

7. Perform surgery (Caesarean section)
8. Perform blood transfusion

Source: Unicef, WHO, UNFPA. *Guidelines for Monitoring the Availability and Use of Obstetric Services.* October 1997.

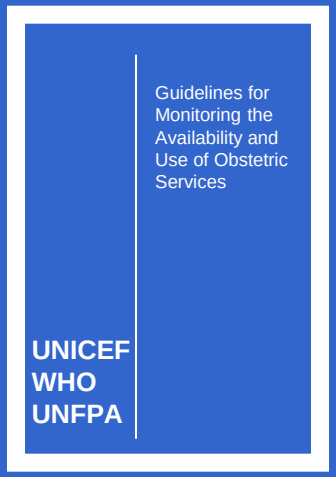
Implementation Stages of Emergency Obstetric Care Services



Source: Averting Maternal Death and Disability Program, Columbia University

Safe Motherhood Resources

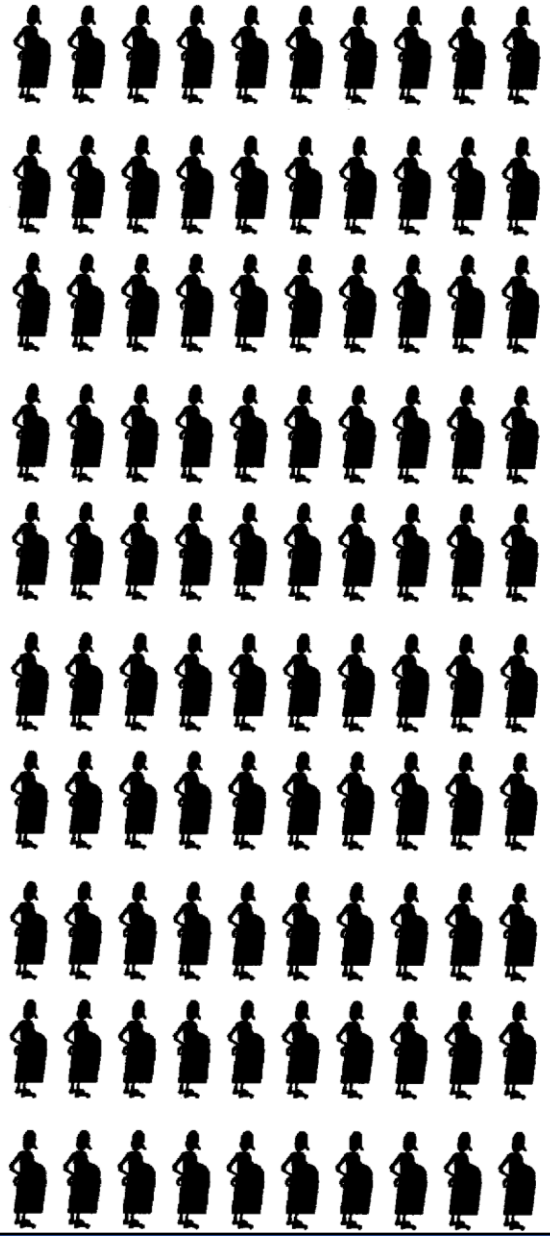
"Managing Complications in Pregnancy and Childbirth A guide for midwives and doctors" WHO/RHR/00.7



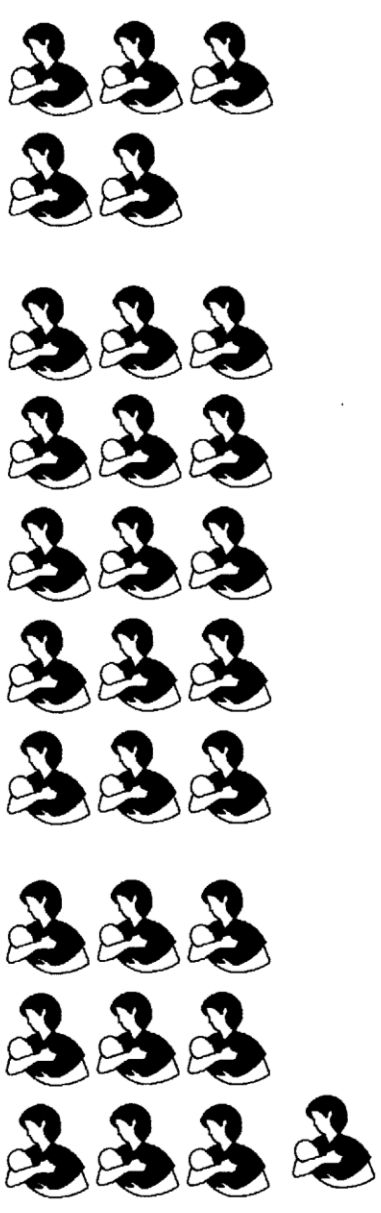
"Guidelines for Monitoring the Availability and Use of Obstetric Services"
http://www.unicef.org/reseval/methodr.html

AMDD Workbook
(Almost) Everything You Want to Know about Using the UN Process Indicators of Emergency Obstetric Services: Questions and Answers

One hundred pregnant HIV positive women



On average 30 babies will be infected with HIV



5 become infected during the pregnancy

15 become infected at the time of delivery

10 become infected through breastfeeding – most in the early weeks

Safe Motherhood Exercise

Situation:

- You serve 80,000 displaced and about 300,000 host population. MMR is 850 maternal deaths/100,000 live births in the displaced population. The MMR for the host population is not known, but is believed to be high in this rural, underserved area.
- Health facilities include 1 Ministry of Health district hospital that has been neglected, 2 Ministry of Health MCH clinics and 3 NGO clinics established when the displaced population arrived.

Assignment

Develop a 6-month plan to reduce maternal mortality.

- How will you determine needs?
- Who will you involve?
- What activities will you undertake?
- What indicators will you use to monitor the effectiveness of your program?

RH Component:
Family Planning

Scope of unwanted pregnancy

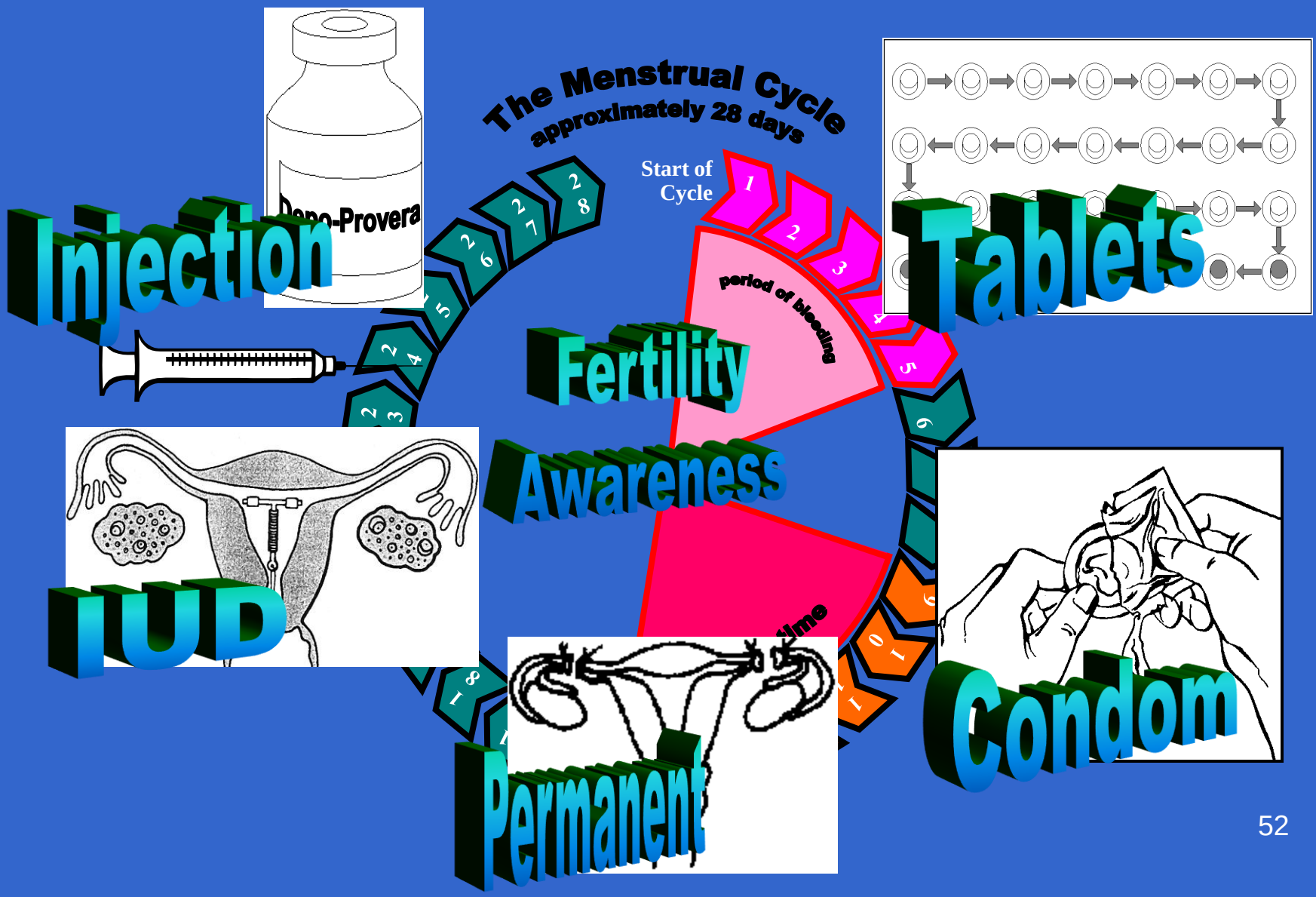
- 40% of pregnancies worldwide are unintended
- 60% of those end in abortion
- large unmet need for effective family planning services

Benefits of planned births

- For the woman
  - averting unwanted pregnancies would prevent at least 1 in 4 maternal deaths
- For children
  - adequate spacing (>3 yrs) can prevent 1 in 4 infant deaths
- For the family
  - planning births permits controlled use of household resources

Source: http://www.usaid.gov/pop_health/pop/popfaq.html#savelives

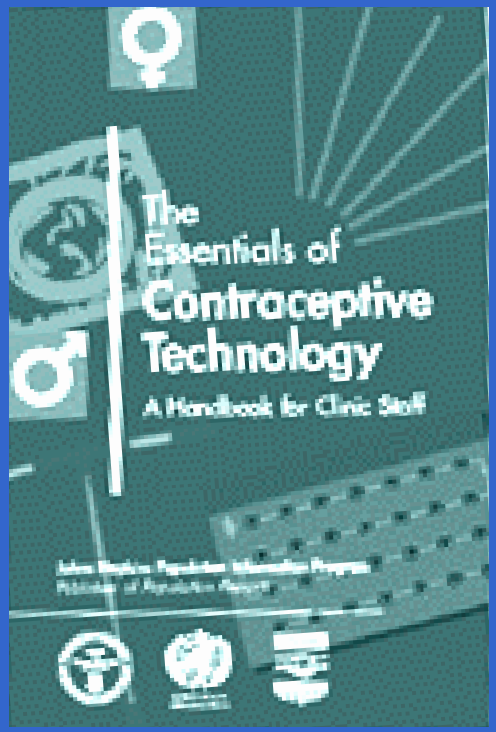
Some family planning methods



Program action:
Provide family planning services

- ✓ As many methods as possible
- ✓ As many outlets as possible
  - clinic
  - community
  - commercial
- ✓ As many population groups as possible
  - women
  - men
  - adolescents
- ✓ No excuse for running out of supplies

Key Family Planning Resource



"The Essentials of Contraceptive Technology: A handbook for clinic staff"

Free for use in developing countries.

Available in multiple languages from:

http://www.infoforhealth.org/pubs/ect

Family Planning Exercise

Situation:

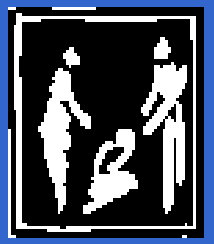
- The affected population includes 25,000 people aged 10 to 20 years. Family planning is available in one health clinic run by a church-affiliated NGO. The providers believe they should only provide FP to married women.

Assignment:

Plan a 1-year program to meet the RH/FP needs of the adolescent population.

- How will you determine needs?
- Who will you involve?
- What activities will you undertake?
- What indicators will you use to monitor the effectiveness of your program?

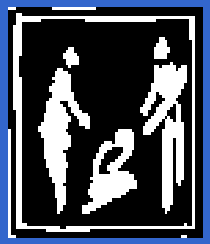
RH Component:
Gender-based violence



What is GBV?

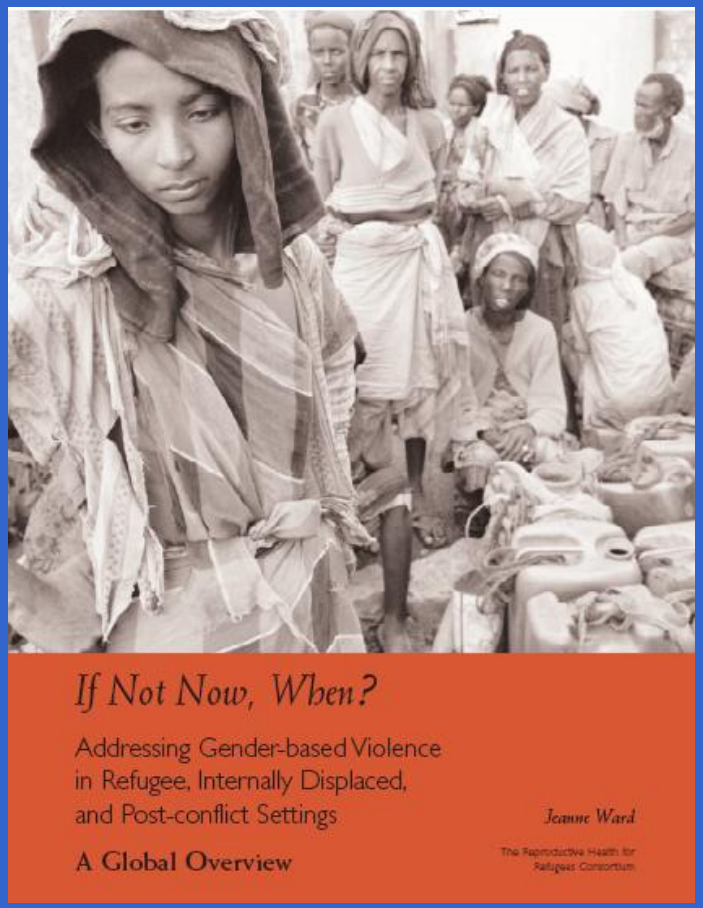
- Any non-consensual sex act
  - Rape
  - Forced marriage
  - Coercive sex, exploitation (sex for survival)
  - Trafficking
  - Any sex act with a young child

What is GBV? *(cont)*



- Harmful traditional practices
  - Female genital mutilation / cutting
  - Differential feeding or health care by sex
  - Sex-selective abortion
  - Female infanticide
- Domestic abuse (physical, emotional, economic)
- Sexual harassment in the workplace

In GBV N&R assessment:



- ✓Assume a high starting point
- ✓Expect under-reporting

www.rhrc.org

At least **60 million girls** who would otherwise be expected to be alive are **missing** from various populations, mostly in Asia, as a result of sex-selective abortions, infanticide or neglect.

Violence against women throughout the life cycle

Phase	*Type of Violence*
Pre-birth	▪ Sex-selective abortion ▪ Effects of battering during pregnancy on birth outcome
Infancy	▪ Female infanticide ▪ Physical, sexual and psychological abuse
Girlhood	▪ Child marriage / ▪ Incest ▪ Female genital mutilation ▪ Physical, sexual and psychological abuse ▪ Child prostitution and pornography
Adolescence and Adulthood	▪ Incest / ▪ Dating and courtship violence / ▪ Economically coerced sex / ▪ Sexual abuse and harassment in the workplace / ▪ Forced prostitution and pornography / ▪ Trafficking / ▪ Partner violence / homicide / ▪ Marital rape / ▪ Dowry abuse and murders / ▪ Psychological abuse / ▪ Abuse of women with disabilities / ▪ Forced pregnancy
Elderly	▪ Forced “suicide” / homicide of widows for economic gain ▪ Physical, sexual and psychological abuse

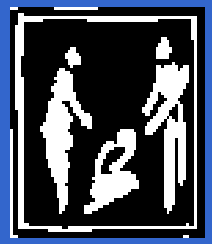
Source: Heise, L. 1994. Violence Against Women: The Hidden Health Burden. World Bank Discussion Paper

Sexual violence during the refugee cycle

Phase	*Type of Violence*
Prior to flight	▪ **Abuse by persons in power** / ▪ **Sexual bartering of women** / ▪ **Sexual violence by "soldiers"**
During flight	▪ **Sexual attack by bandits, border guards, pirates** / ▪ **Capture for trafficking by smugglers, slave-traders**
In the country of asylum	▪ **Sexual attack, extortion by persons in authority** / ▪ **Sexual abuse of fostered girls** / ▪ **Domestic violence** / ▪ **Sexual attack when collecting wood, water, etc** / ▪ **Sex for survival**
During repatriation	▪ **Sexual assault of women and girls who have been separated from family** / ▪ **Sexual abuse by persons in power** / ▪ **Sexual attack by bandits, border guards**
During reintegration	▪ **Returnees may suffer sexual abuse as retribution** / ▪ **Sexual extortion in order to obtain legal status**

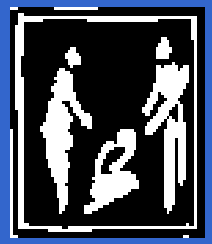
Source: ***Sexual violence against refugees, Guidelines on prevention and response.*** **Geneva, United Nations High Commissioner for Refugees, 1995.**

What are the effects of GBV?



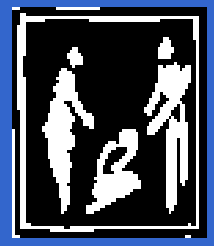
- Mortality
- Physical morbidity
- Psychosocial morbidity
- Family / generational affects

Program action:
GBV Prevention and response



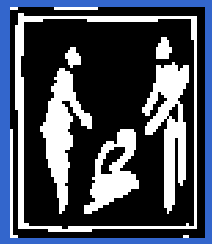
- Protection
- Medical
- Psychosocial
- Policy, management

Program action:
Protection



- physical design of camp
- allocation of resources (e.g., food)
- awareness and sensitivity of authorities
- voluntary legal action

Program action:
Medical care

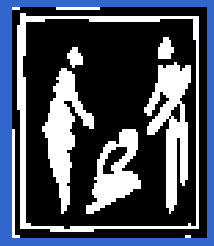


- treatment of trauma
- emergency contraception (within 3-5 days)
- pregnancy test
- voluntary abortion, if allowed, or ANC
- treatment for STIs
- voluntary testing for HIV
- prophylactic HIV treatment
- awareness and sensitivity of staff

Program action:
Medical care

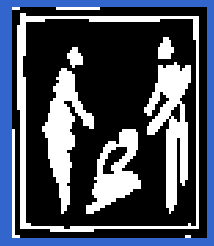
- **Collection of forensic evidence**

Program action:
Psychosocial care



- individual or group counseling
- support groups
- community education to decrease stigma
- justice

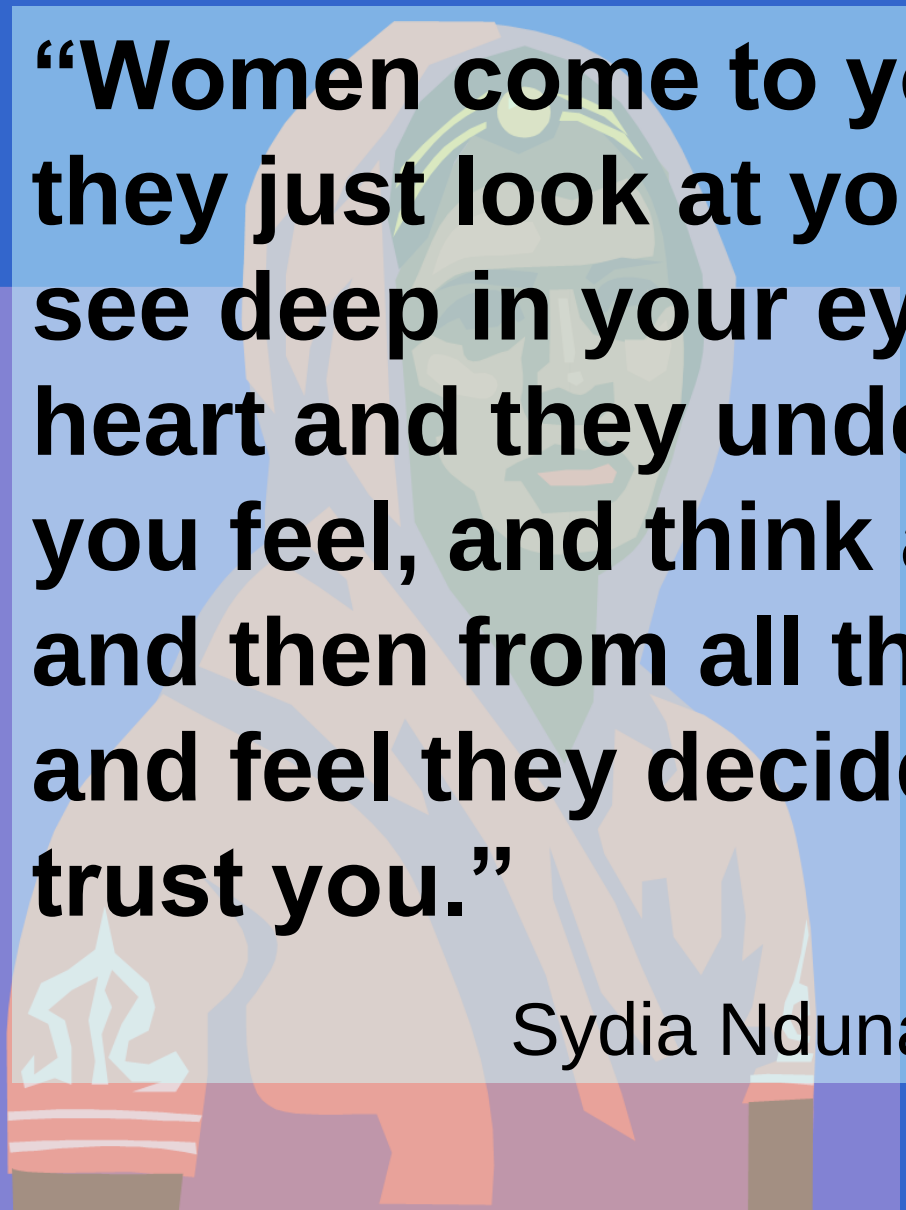
Program action:
Policy and management



- monitor authorities for sexual exploitation
- ensure proper documentation for women
- increase number of female protection officers
- heighten visibility of problem and seriousness of response
- document events

→ Whose responsibility is this?

Honoring Women's Trust



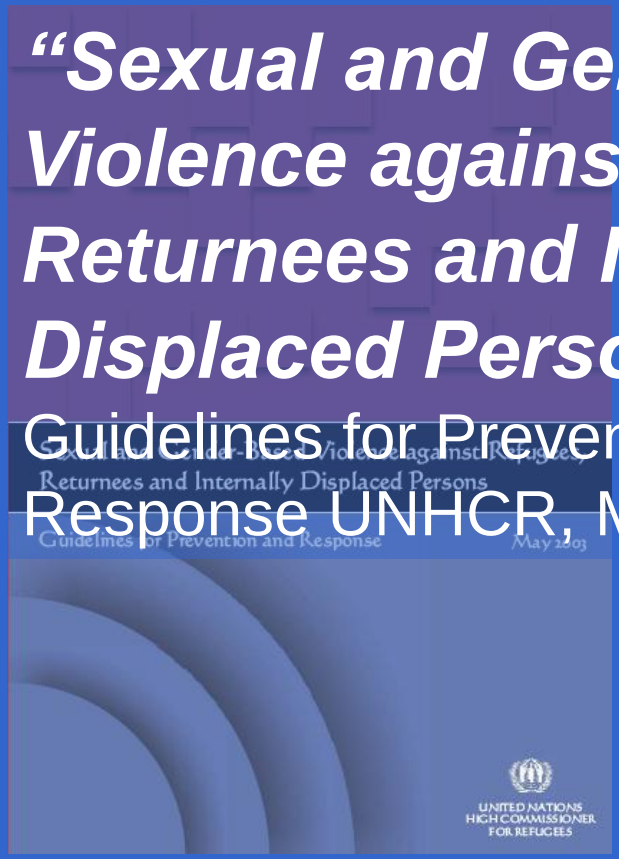
"Women come to you and firstly they just look at you, and they see deep in your eyes, in your heart and they understand what you feel, and think about them, and then from all that they see and feel they decide whether to trust you."

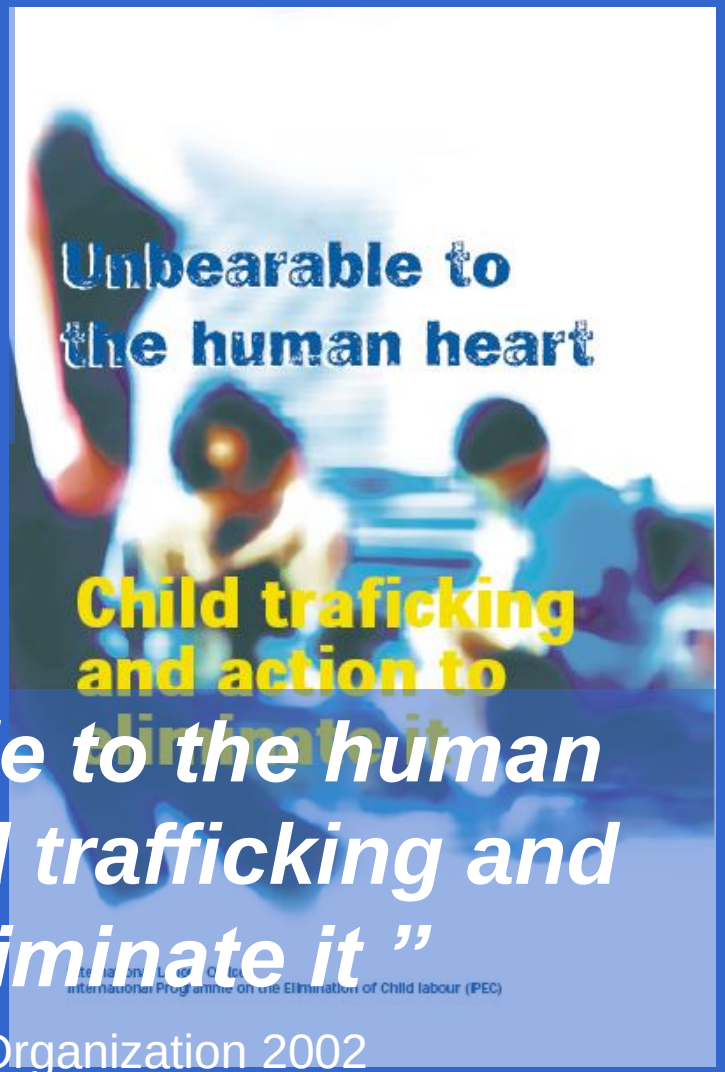
Sydia Nduna, IRC Social Worker

GBV program resources

"Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons"

Guidelines for Prevention and Response UNHCR, May 2003



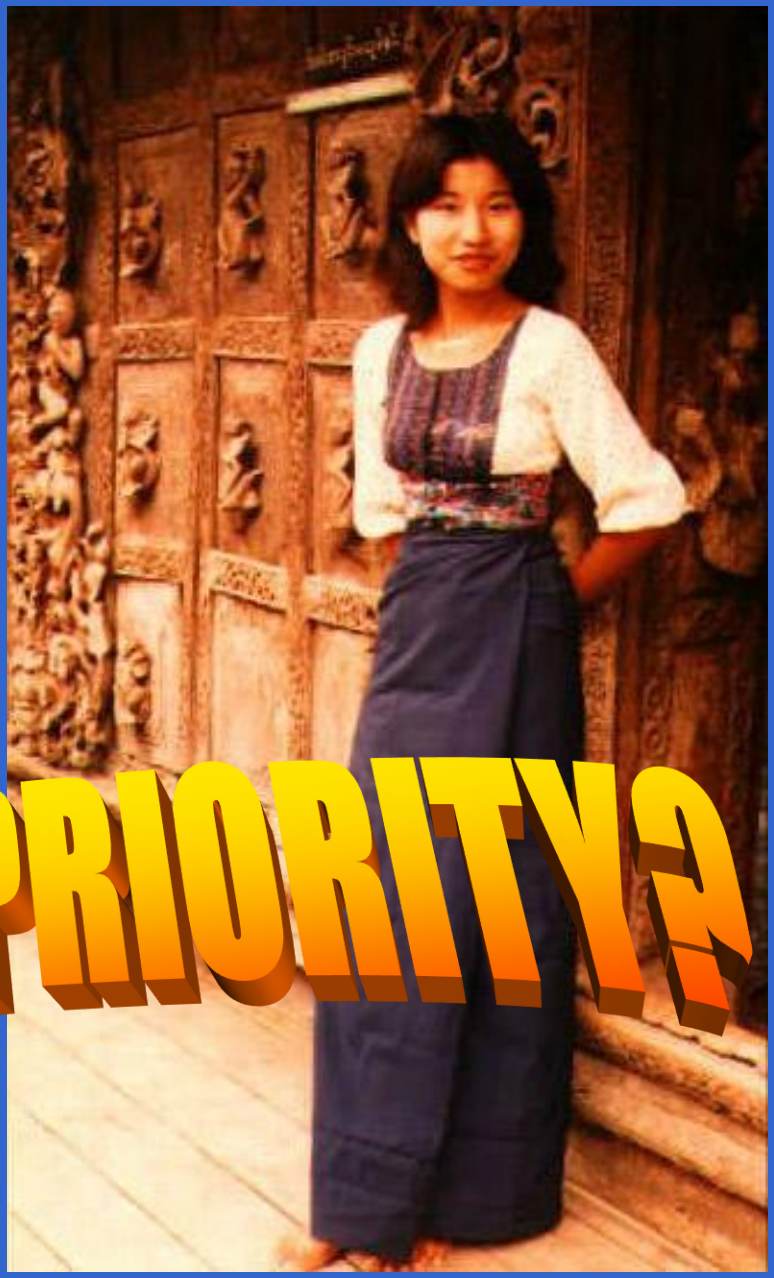


"Unbearable to the human heart: Child trafficking and action to eliminate it "

International Labour Organization 2002

GBV Exercise

Case Study



what's the PRIORITY?

RH Component:
STI/HIV/AIDS

- Incidence rates (per 1000 population)
  - Sub-Saharan Africa: 254
  - SE Asia and Pacific: 160
  - Industrial Countries: 77
- Rates vary with context
  - e.g., syphilis

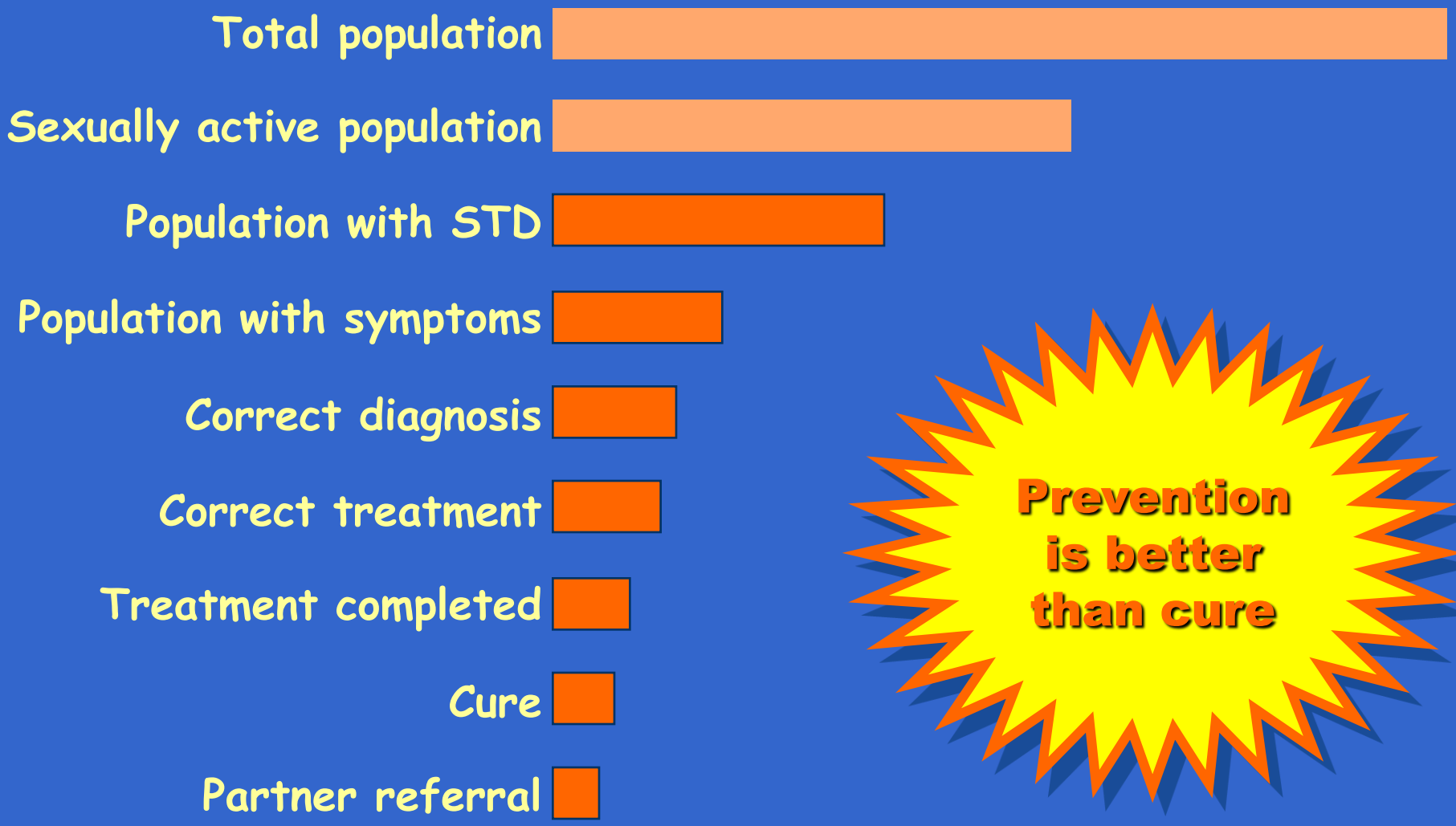
    <1% Vietnamese in Japan

    3 - 4% Vietnamese in Hong Kong

Program action
STI/HIV/AIDS

- Cure STDs
  - Syndromic v. laboratory approach
  - Compliance
  - Partner notification
- Prevent complications
  - Promote early treatment-seeking
- Reduce transmission of HIV
  - Universal precautions
  - Testing of blood for transfusion
  - Safer sexual practices
    - Abstain
    - Be Faithful
    - Condom

Operational Model of the Role of Health Services in STD Case Management



Source: Dallabetta, Gina, Maria Laga, and Peter Lamptey, ed. *Control of STDs: a handbook for design and management of programs.* AIDSCAP/Family Health International.

Collecting and using RH data

Reproductive Health for Refugees Consortium

MONITORING AND EVALUATION TOOL KIT

D R A F T for FIELD TESTING

January 2003

CONTENTS | INTRODUCTION | FAQs | PATHWAY | QUALITATIVE | QUANTITATIVE

CONTENTS

Link to Excel Spreadsheet

RH in Complex Emergencies

Key message 1

- Reproductive health services are an essential part of the public health response to an emergency.

RH in Complex Emergencies

Key message 2

The 5 components of the MISP comprise the appropriate set of RH activities in the emergency phase.

RH in Complex Emergencies

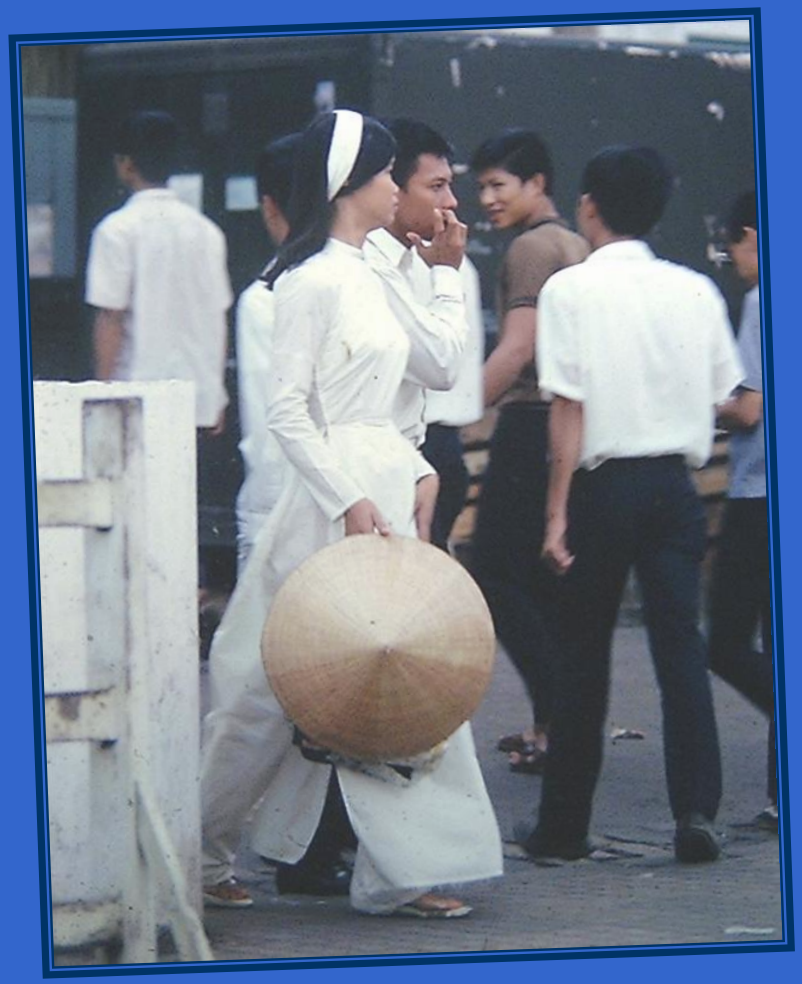
Key message 3

- Condoms offer dual protection – against both unwanted pregnancy and sexual transmission of disease – and should be widely available

RH in Complex Emergencies

Key message 4

- Comprehensive reproductive health services are to be integrated into primary health care programs as soon as conditions allow.



How do we assure her future?

Link to RH Electronic Resources