

Chapter 7

Priority Activities in Addition to the MISP



In the revised 2010 field-test version of the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*, additional priority minimum activities were identified beyond the priority objectives of the MISP. Specifically, the manual states it is important to ensure that: contraceptives are available to meet the demand; syndromic treatment of STIs is available to patients presenting with symptoms; and ARVs are available to continue treatment for people already on ARVs, including for PMTCT. In addition, culturally appropriate menstrual protection materials (usually packed with other toiletries in “hygiene kits”) should be distributed to women and girls.

Ensuring Contraceptives Are Available to Meet Demand

Why is it important to make contraceptives available from the onset of a humanitarian crisis?

Women, men and adolescents' reproductive health needs do not disappear when they are forced to flee their homes and communities as a result of conflict or natural disaster. Displacement can even increase people's desire and need for contraception while they simultaneously experience increased barriers to access. Those fleeing an emergency may not be able to bring their contraceptives with them or obtain them at their site of refuge. Women may also wish to postpone or cease bearing children in emergencies to avoid exposing newborns to the risks of displacement. The disruption of family and social support structures can further pose challenges for adolescents, who, without access to adequate information and services, can be more at risk of exposure to unsafe sexual practices.

It is therefore vital that family planning is properly integrated into humanitarian response and existing supply systems to ensure that contraceptives, such as condoms, pills, injectables, emergency contraceptive pills and intrauterine devices (IUDs), are available to meet demand from the onset of an emergency.

Comprehensive family planning programming should be initiated as the situation stabilizes. This involves training staff, offering community education, establishing client follow-up, providing permanent methods and maintaining a contraceptive supply chain system.

Noted Practices in Haiti

One international NGO used existing funding to address the high demand for contraceptives at the beginning of the emergency response by making free contraceptives available through mobile clinics in 15 camps in Cité Soleil. The agency noted that the availability of funds was a key factor in its ability to provide contraceptives, reflecting the importance of preparedness and contingency planning. Another international NGO reported providing contraceptives at all facilities and establishing an active network of community health workers providing contraceptives from tent to tent.

Adolescents: Health staff should be aware that adolescents requesting contraceptives have a right to receive these services, regardless of age or marital status. Adolescents presenting to facilities for family planning should be asked about STI symptoms, and family planning should be discussed with those who come to STI clinics.

Syndromic Treatment of Sexually Transmitted Infections Available at Health Facilities

Why is syndromic treatment of STIs important in humanitarian settings?

STIs are a common health problem with potentially serious consequences, including infertility, chronic illness and death. STIs may also enhance the transmission of HIV infection. The circumstances caused by many humanitarian crises—such as sudden abject poverty; food insecurity; lack of access to health services; mobility; and lack of protection against violence and/or exploitation by military, peacekeeping forces and others—increase people’s vulnerability to STIs.

What can the RH Officer do to ensure treatment is available?

The RH Officer should work within the health sector/cluster to identify national treatment protocols for diagnosis and treatment of STIs and to determine whether they are in line with international standards. If there are no national protocols or if the existing protocols do not meet international standards, WHO protocols should be used. The RH Officer can also work to ensure that people presenting to all health care facilities with symptoms of STIs receive syndromic treatment as well as condoms to prevent future infections.

Noted Practice

One international NGO in Haiti hung a list of syndromic protocols on a line in a mobile clinic while another NGO put posters of the protocols on the wall.

Ensure Antiretrovirals (ARVs) Are Available to Continue Treatment for People Already on ARVs, Including for Prevention of Mother-to-Child Transmission (PMTCT)

It is important for RH Officers to work within the health sector/cluster to ensure that treatment is not interrupted for people already taking ARVs, including for PMTCT.

Why is continuation of ARVs important?

Following a crisis, facilities where people received ARVs may have been destroyed or providers may no longer be available. People previously on treatment may therefore suddenly be unable to access their ongoing regimen. This is a serious problem because, in order to be effective, ARVs must be taken in

adequate doses at the correct time intervals; in addition, interrupting drug therapy can lead to drug resistance.⁸⁹

What can be done to facilitate people's, including pregnant women's, access to ARVs?

The RH Officer can work within the health sector/cluster to ensure there is a coordinated effort among people with HIV, the MoH, and local and international organizations addressing HIV. Efforts should be made to identify people, including pregnant women, who were on ARVs before the crisis, and to inform them through communications campaigns and health workers where they can receive treatment. In some emergencies, an HIV focal point is identified; in these cases it is important for the RH Officer to coordinate with this focal point to address ARVs for continuing users.

It is important to note that the Inter-agency RH Kits do not contain ARVs, apart from those for PEP following rape (RH Kit 3) which is also available in the Inter-agency Emergency Health Kit (IEHK). In addition, first line treatment regimens vary from country to country, and thus a global kit is not currently available. RH Officers should ensure that the health sector/cluster obtains the relevant information from the MoH, WHO, the UN Joint Programme on HIV/AIDS (UNAIDS) or the national Red Cross to ensure that ARVs are available.

Urban Settings: Determine the channels of communication among the urban displaced and provide contact information for them regarding how to access information on continuing treatment with ARVs. It is also important to share this information with service providers.

Noted Practices in Kenya

Following the Kenya post-election crisis, international and local institutions and the government responded robustly to ensure that people on ARVs did not miss their ARV doses and develop drug resistance. Organizations used innovative ways to coordinate and reach clients and other displaced people; telephone hotlines and cell phone networks enabled agencies such as Médecins Sans Frontières (MSF)-France and the Academic Model for the Prevention and Treatment of HIV (AMPATH) to spread the word and locate clients.

Noted Practices in Haiti

Haiti's strong HIV programs prior to the earthquake appeared to facilitate a largely successful effort to ensure ARVs were available to the displaced populations from the earliest days and weeks following the earthquake. This demonstrates how strong programming—including pre-positioned supplies and drugs prior to a humanitarian crisis—can mitigate the impact on people during and following the crisis.⁹⁰

⁸⁹ Women's Refugee Commission, *HIV/AIDS Prevention and Control: A short course for humanitarian workers: Facilitators Manual*, RHRC Consortium, 2004. Available from <http://www.rhrc.org/resources/sti/hivaidsmanual/>.

⁹⁰ Women's Refugee Commission, *Four Months On: A Snapshot of Priority Reproductive Health Activities in Haiti: An Inter-agency MISAP Assessment Conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission*, May 17-21, 2010, October, 2010. Available from <http://www.womensrefugeecommission.org/reports>.

Ensure that culturally appropriate menstrual protection materials are distributed to women and girls

As a result of crisis and displacement, women and girls may no longer have access to menstrual hygiene supplies. To help address this, it is important to first talk with women and girls to learn what they typically use for menstrual protection. Culturally appropriate menstrual hygiene protection materials should then be a part of hygiene non-food item (NFI) packages and distributed to women and girls of reproductive age.

Additional Priority Activities Monitoring Checklist

- ◆ Percentage of health facilities providing basic contraceptive methods available to meet demand ___
- ◆ Percentage of health facilities providing ARVs for patients on ART, including PMTCT ___
- ◆ Percentage of health facilities providing STI treatment ___
- ◆ Number of hygiene kits distributed ___

Which supplies are needed or which Inter-agency RH Kit(s) could be ordered to address this issue?⁹¹

Number	Name	Color
Kit 1:	Condom (Part A + B)	Red
Kit 4:	Oral and Injectable Contraception	White
Kit 5:	STI	Turquoise

⁹¹ Inter-agency Working Group on Reproductive Health in Crises, *Inter-Agency Reproductive Health Kits for Crisis Situations (Fourth edition)*, January 2008.

Chapter 7 Quiz

(Answers on page 107)

- 1** Which are the priority activities in addition to the MISP?
- a. Ensure contraceptives are available
 - b. Ensure syndromic treatment of STIs is available
 - c. Ensure ARVs are available
 - d. Ensure menstrual protection materials are provided
 - e. All of the above
- 2** The disruption of family and social support structures can pose challenges for adolescents who, without access to adequate information and services, can be more at risk of exposure to unsafe sexual practices.
- True
 - False
- 3** Which contraceptive methods should be available at the onset of an emergency?
- a. Condoms and pills
 - b. Injectables
 - c. IUDs
 - d. Emergency contraceptive pills
 - e. All of the above
- 4** What can be done to ensure syndromic treatment of STIs is available at health facilities?
- a. Ensure the baby is dried and warmly wrapped, keeping its head covered immediately after birth
 - b. Identify national STI treatment protocols
 - c. Make STI treatment protocols available at health facilities
 - d. Coordinate community outreach on food distribution
 - e. b and c
- 5** Whom should the RH Officer contact to ensure ARVs are available?
- a. MoH
 - b. WHO
 - c. UNAIDS
 - d. National Red Cross
 - e. All of the above