


Chapter 6

Planning for Comprehensive RH Services



This section outlines the steps to take to be ready to expand RH services when all the components of the MISP have been implemented. It is important to ensure that supplies or RH medicines and other commodities are available and ordered in a rational and sustainable manner so that the affected population can have access to comprehensive RH services as soon as possible.

OBJECTIVES

PLAN FOR THE PROVISION OF COMPREHENSIVE RH SERVICES, INTEGRATED INTO PRIMARY HEALTH CARE, AS THE SITUATION PERMITS.

THIS INCLUDES, AS PART OF AND IN COORDINATION WITH THE HEALTH SECTOR/CLUSTER, THE FOLLOWING:

- Collecting existing background data on maternal and newborn mortality; STI and HIV prevalence; contraceptive prevalence and preferred methods; and RH knowledge, attitudes and behavior of the affected population, if available;
- Identifying suitable sites for future service delivery of comprehensive RH services;
- Assessing staff capacity to provide comprehensive RH services and a plan for training/retraining staff; and
- Ordering equipment and supplies through routine supply lines, based on estimated and observed consumption.

Why is planning for comprehensive RH a priority?

It is essential to plan for the integration of RH activities into PHC from the onset of the humanitarian response; if not, the provision of these services may be delayed unnecessarily. Delays may increase the risk of unwanted pregnancies, complications of pregnancy and delivery, and sexually transmitted infections, including HIV. By collecting data, selecting appropriate service sites and preparing staff and ordering supplies, comprehensive RH services can be faster and more efficiently operationalized once the MISP has been implemented.

When should planning for comprehensive RH services take place?

It is essential to plan, in collaboration with health sector/cluster partners as well as affected women, youth and men, for the integration of comprehensive, good quality RH activities into PHC as soon as possible. When humanitarian appeals processes and agencies start longer-term planning (for 6-12 months), comprehensive services must be integrated into funding and planning processes, such as the Common Humanitarian Action Plan (CHAP) and the CAP. Otherwise the provision of these services may be delayed unnecessarily. Implementation of comprehensive RH programming should not negatively affect the availability of MISP services.

What is the difference between minimum (MISP) and comprehensive RH services?

The chart on the following page shows which RH technical activities are part of the MISP and which are elements of comprehensive services.

MISP and Comprehensive RH Services

**In addition to the MISP, the IAWG has identified additional priority activities related to RH that should be undertaken from the onset of an emergency. These additional priority activities are further explained in Chapter 7.*

RH Components (not in order of priority/importance)	Priority RH Services (MISP)	Comprehensive RH Services
FAMILY PLANNING	<p>None*</p> <p><i>*Provide contraceptives such as condoms, pills, injectables and IUDS to meet demand.</i></p>	<ul style="list-style-type: none"> ✦ Source and procure contraceptive supplies. ✦ Provide staff training. ✦ Establish comprehensive family planning programming. ✦ Provide community education.
GENDER-BASED VIOLENCE	<ul style="list-style-type: none"> ✦ Coordinate mechanisms to prevent sexual violence with health, protection and other sectors/clusters. ✦ Provide clinical care for survivors of rape. 	<ul style="list-style-type: none"> ✦ Expand medical, psychological, social and legal care for survivors. ✦ Prevent and address other forms of GBV, including domestic violence, forced/early marriage and female genital mutilation. ✦ Provide community education. ✦ Engage men and boys in GBV programming.
MATERNAL AND NEWBORN CARE	<ul style="list-style-type: none"> ✦ Ensure availability of emergency obstetric and newborn care services. ✦ Establish a 24/7 referral system for obstetric emergencies. ✦ Provide clean delivery packages to visibly pregnant women and birth attendants. 	<ul style="list-style-type: none"> ✦ Provide antenatal care. ✦ Provide postnatal care. ✦ Train skilled attendants (midwives, nurses, doctors) in performing EmOC and newborn care. ✦ Increase access to basic and comprehensive EmOC and newborn care.
STIS, INCLUDING HIV PREVENTION AND TREATMENT	<ul style="list-style-type: none"> ✦ Ensure safe blood transfusion practice. ✦ Facilitate and enforce respect for standard precautions. ✦ Make free condoms available. <p><i>* Make syndromic treatment available as part of routine clinical services for patients presenting for care.</i></p> <p><i>* Make treatment available for patients already taking ARVs, including for PMTCT, as soon as possible.</i></p>	<ul style="list-style-type: none"> ✦ Establish comprehensive STI prevention and management services, including partner tracing and STI surveillance systems. ✦ Collaborate in establishing comprehensive HIV services as appropriate. ✦ Provide care, support and treatment for people living with HIV/AIDS. ✦ Raise awareness of prevention, care and treatment services for STIs, including HIV. ✦ Provide community education.

In addition to the services mentioned above, comprehensive RH also includes gynaecological care, including the management of infertility and fistula; screening/treatment of cervical and breast cancer; and urology services for male sexual dysfunction and male reproductive cancers.

Comprehensive RH services must be accessible for all affected populations, including adolescents; unmarried as well as married women and men; the elderly; sex workers/clients; gay, lesbian, bisexual and transgendered persons; ex combatants; uniformed staff; and injecting drug users. RH must be integrated into public health packages and linked to other service sectors.

Where can reliable data on the displaced population be found?

Part of planning for comprehensive RH services includes conducting needs assessments and monitoring and evaluation of the MISP services. Background information on maternal, infant and child mortality, HIV/STI prevalence and contraceptive prevalence data can be obtained from such sources as WHO, UNFPA, the World Bank, the Demographic and Health Survey and the MoH. Useful tools for gathering data as part of needs assessments include the health cluster's HeRAMS and the RHRC Consortium's *Refugee Reproductive Health Needs Assessment Field Tools*.⁸⁴ The *RHRC Monitoring and Evaluation Toolkit*⁸⁵ and the *UNHCR's Health Information System*⁸⁶ for health facility-based data collections are also useful tools to monitor and evaluate RH services.

What are the characteristics of a suitable site for delivering comprehensive RH services?

Collaborate with local authorities and the health sector/cluster partners to identify possible sites for comprehensive RH services, such as family planning clinics, STI outpatient rooms and adolescent RH services. It is important to consider the following factors when selecting suitable sites:

- ✦ Number, type and quality of existing health facilities and RH services;
- ✦ Availability of health staff;
- ✦ Capacity of health staff and any implications of additional services on current services;
- ✦ Security both at the point of use and while moving between home and the service delivery point;
- ✦ Accessibility to all potential users;
- ✦ Privacy and confidentiality during consultations;
- ✦ Easy access to water and sanitation facilities;
- ✦ Appropriate space;
- ✦ Possibility of maintaining aseptic conditions;⁸⁷
- ✦ Communications and transport for referrals; and
- ✦ Locked storage facilities for supplies and files.

⁸⁴ Reproductive Health Response in Crises Consortium, *Refugee Reproductive Health Needs Assessment Toolkit*, 2004. Available from http://www.rhrc.org/resources/general_fieldtools/needs_menu.htm.

⁸⁵ Reproductive Health Response in Crises Consortium, *Monitoring and Evaluation Toolkit*, 2004. Available from http://rhrc.org/resources/general_fieldtools/needs_menu.htm.

⁸⁶ UNHCR's HIS website is available from <http://his.unhcr.org>.

⁸⁷ For further information on maintaining aseptic conditions, visit www.surgeryencyclopedia.com/A-Ce/Aseptic-Technique.html.

What about staff and supplies?

Make an assessment of the capacity of staff to undertake comprehensive RH services and establish plans to train/retrain staff. Staff capacity can be measured through supervisory activities (e.g., monitoring checklists, direct observation, client exit interviews) and through formal examinations of knowledge and skills. When planning for training or retraining of staff, work with the health sector/cluster to engage with national authorities and academic and training institutes and take into consideration existing curricula and other training needs (including complementary needs). Where possible, use national trainers and plan training sessions carefully, in order not to leave health facilities without in-service staff. Provide protocols and job aids to support quality service delivery according to evidence-based best practices.

See www.iawg.net/resources/jobaids.html.

Once minimum initial RH services are established, work through the health sector/cluster with health authorities to analyze the situation, estimate the use of medicines and disposable supplies, assess the needs of the population and reorder supplies as needed. Avoid continued ordering of the prepackaged RH Kits—ordering RH supplies based on demand will ensure the sustainability of the RH program and avoid the shortage of some supplies and the wasting of others not used in the setting. Place follow-up orders for RH supplies through regular medical supply lines in-country and consider procurement channels used by NGOs or through UNFPA Procurement Services Branch (see Chapter 8). When ordering supplies for comprehensive RH services, coordinate RH commodity management with health authorities and the health sector/cluster in order to ensure uninterrupted access to RH commodities and to avoid waste.

Monitoring planning for comprehensive RH service delivery

Examples of indicators to monitor planning for comprehensive RH coordination:

- ✦ MISP service indicators monitored and evaluated (see MISP Checklist in Appendix A)
- ✦ RH background information collected
- ✦ Number and type of sites identified for future delivery of comprehensive RH services
- ✦ Number and type of staff assessments conducted
- ✦ Number and type of trainers and training protocols identified
- ✦ RH commodities consumption monitored and analyzed and further RH supply needs assessed
- ✦ Medical commodities procurement channels identified

Which supplies are needed or which Inter-agency RH Kit(s) could be ordered to address this issue?⁸⁸

No additional RH Kits are needed to address this issue; the RH Kits are designed to meet the needs of the first four objectives of the MISP.

⁸⁸ Inter-agency Working Group on Reproductive Health in Crises, *Inter-Agency Reproductive Health Kits for Crisis Situations (Fourth edition)*, January 2008. Available from <http://www.iawg.net/resources/rhkits.html>.

Challenges and Solutions

1. What if there appears to be a lack of female health workers?

Efforts should be made to identify and engage female health workers, particularly in contexts where religious or cultural norms bar male health workers from examining female patients. The lack of female staff, however, should not prevent women and girls from accessing care. Another option is to ensure a female attendant or friend accompanies the woman seeking medical care.

2. Background information on maternal, infant and child mortality, HIV/STI prevalence and contraceptive prevalence of the displaced population can be challenging to access, especially for an NGO trying to find this information without the assistance of WHO and UNFPA. What can an agency do to obtain reliable data on the displaced population?

This information should be collected through the health sector/cluster and should be available through its members, including the MoH. In addition, the agencies that attend health sector/cluster and RH working group meetings may be able to collectively obtain reliable data online from agencies such as UNFPA, WHO and USAID. If possible, try to collect data from the Internet before travelling or request headquarters to assist and ensure that data are shared and compared with that available to the health cluster more broadly. Where there are inconsistent data, there should be discussions within the health sector/cluster to agree which should be used.

Chapter 6 Quiz

(Answers on pages 106-107)

- 1** Which of the following activities are part of the planning process for comprehensive RH services for displaced women, men and youth?
- Preparing to prevent and address all forms of gender-based violence
 - Identifying suitable sites for delivery of comprehensive RH
 - Identifying training needs
 - Establishing a referral system for emergency obstetric care
 - a, b and c
- 2** Which activities need to be undertaken to plan for comprehensive RH services?
- Gathering data on mortality rates, STI/HIV prevalence and contraceptive prevalence
 - Establishing medical care for rape survivors
 - Assessing staff capacity and developing training plans
 - Ordering equipment and supplies through routine supply lines
 - a, c and d
- 3** Where may one find reliable data on the displaced population?
- WHO
 - World Bank
 - UNFPA
 - Demographic and Health Survey (DHS)
 - All of the above
- 4** Planning for comprehensive RH service provision should start after the other components of the MISPP have been implemented.
- True
 - False
- 5** What are the characteristics of a suitable site for delivering comprehensive RH services?
- The capacity for privacy and confidentiality during consultations
 - Possibilities to maintain aseptic conditions
 - Communications and transport available for referrals
 - Locked storage facilities for supplies and files
 - All of the above