

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

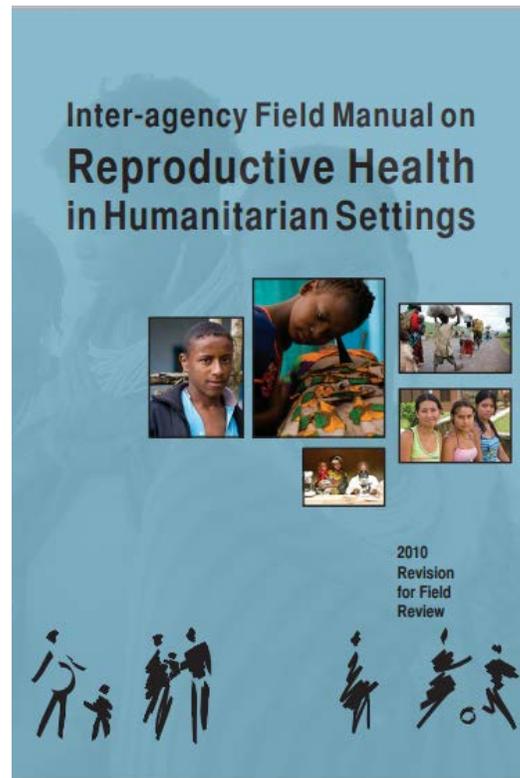
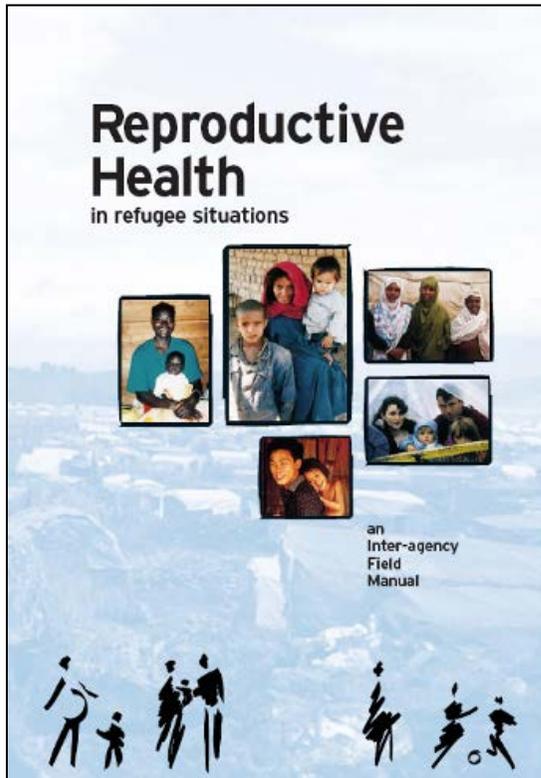
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# Inter-agency Field Manual



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 MISIP 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