

Manual

Inter-Agency Reproductive Health Kits for Crisis Situations



5th edition
2011

Inter-Agency Reproductive Health Kits

for Use in Crisis Situations

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PREFACE

The first reproductive health kits were developed by Marie Stopes International in 1992, specifically for use during the Bosnian crisis, when thousands of women were sexually abused and there was an urgent need for appropriate medical equipment. The Sexuality and Family Planning unit of WHO's Regional Office for Europe then reviewed and updated these kits for a second phase in Bosnia.

In 1997, unrest in Albania led to the collapse of the health system, and maternity hospitals urgently requested basic surgical equipment to respond to the reproductive health needs of women. A referral/surgical obstetrics kit was then designed by the Representative of the United Nations Population Fund (UNFPA) in the country, which was intended to be adapted to local situations.

A third version of the Kits was assembled by a number of agencies, including the International Federation of Red Cross and Red Crescent Societies (IFRC), UNFPA, the United Nations High Commissioner for Refugees (UNHCR), and the World Health Organization (WHO), to respond to the refugee crisis in the Great Lakes Region of Africa in 1997.

These experiences led UNFPA to produce a consolidated set of reproductive health kits for use by humanitarian agencies. These kits were intended to speed up the provision of appropriate reproductive health services in emergency and refugee situations. The first version of the current Reproductive Health Kits was discussed and agreed upon by the members of the Inter-Agency Working Group (IAWG) on Reproductive Health in June 1997, and became available from June 1998. A survey among field users was conducted by UNFPA at the end of 1999, and the survey results discussed at the fifth IAWG meeting in February 2000. In July 2000, an IAWG subgroup developed a revised version, with input from both field users and IAWG members. Further reviews in 2003, 2005 and 2010 led to modification of the contents of the Kits, based on suggestions of users and on newly identified needs. The Kits are now in their fifth version. This booklet provides information on their contents, use and ordering procedures as of January 2011.

The IAWG Reproductive Health Kits are complementary to the Interagency Emergency Health Kit, which is designed to meet the primary health care needs of displaced populations without medical facilities. For more information, see: <http://apps.who.int/medicinedocs/en/d/Js13486e/>

Users are invited to make comments on the revised version of the RH Kit. All inputs will be considered for future revisions. Comments and suggestions should be sent to: hrb@unfpa.org

ACKNOWLEDGEMENTS

Many individuals participated in the preparation and revision of the various versions of the IAWG Reproductive Health Kits. They include: Olexander Babanin, Jacqueline Bell, Jennifer Blum, Kate Burns, Pamela Delargy, Wilma Doedens, France Donnay, Dina Engell, Fidel Font, Lorelei Goodyear, Robin Gray, Myriam Henkens, Patricia Hindmarsh, Monir Islam, Ann Janssens, Thilde Knudsen, Sandra Krause, Selenge Lhakhva, Serge Malé, Matthews Mathai, Janet Meyers, Doris Mugrditchian, Thidar Myint, Jonathan Budzi Ndzi, Francis Ndowa, Henrik Nielsen, Nguyen-Tran Toan, Roselidah Ondeko, Anne Petitgirard, Susan Purdin, Ouahiba Sakani, Hakan Sandbladh, Christian Saunders, Marian Schilperoord, Michel Tailhades, Lisa Thomas, Susan Toole, Beverly Tucker, and Tomo Watanabe.

The major contributions of Annick Debruyne, Thérèse Delvaux, Daniel Pierotti, and Monique Supiot are gratefully acknowledged.

1. INTRODUCTION

1.1 OBJECTIVES

A major objective of the Programme of Action adopted at the International Conference on Population and Development, in Cairo in September 1994, was to make reproductive health care, including family planning, accessible to all by 2015. The Programme of Action drew attention to the needs of especially vulnerable populations, including displaced persons and refugees. Reproductive health had previously rarely been considered in responses to humanitarian emergencies and, with this in mind, the concept of a minimal initial service package (MISP) was developed at the Inter-Agency Symposium on Reproductive Health in Emergency Situations held in June 1995.

The aim of the MISP is to reduce mortality and morbidity associated with reproductive health issues during crisis situations, particularly among women. This is accomplished by providing priority reproductive health services from the beginning of the humanitarian response to a crisis, including when refugee camps are being established. The MISP is implemented in a coordinated manner by appropriately trained staff and encompasses a set of priority reproductive health activities, equipment and supplies, and planning activities. The availability of the following is important if the MISP is to be implemented appropriately:

- trained personnel, including a coordinator for reproductive health;
- protocols and job aids on the implementation of selected interventions;
- essential drugs, basic equipment and supplies.

The essential drugs, equipment and supplies needed to provide reproductive health care in crises have been assembled into a set of specially designed pre-packaged kits – *The Inter-Agency Reproductive Health Kits*. The objectives of the kits are in line with those laid out in the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings:¹

- ▲ Reduce human immunodeficiency virus (HIV) transmission:
 - ensure safe blood transfusion practices (*Kit 12*);
 - facilitate and enforce respect for standard precautions (*integrated in all kits*);
 - make free condoms available (*Kit 1*)
- ▲ Prevent and manage the consequences of sexual violence:
 - Put in place measures to protect populations from sexual violence;
 - Make clinical care available for survivors of rape (*Kits 3 and 9*);
 - Ensure the community is aware of the available clinical services
- ▲ Prevent excess neonatal and maternal morbidity and mortality:
 - ensure availability of supplies to manage obstetric and newborn complications at health facilities (*Kits 6, 8, 9 and 10*), and at referral hospitals (*Kits 11 and 12*);
 - provide clean delivery kits to visibly pregnant women and birth attendants for use in home deliveries when access to a health facility is not possible (*Kit 2*);
 - establish a referral system to facilitate transport and communication
- ▲ Plan for the provision of comprehensive reproductive health services as soon as the situation permits (*administrative supplies to facilitate coordination and planning are included in Kit 0*)

Experience has shown that, in addition to providing the MISP, it is also important to respond to other reproductive health needs in the early phase of the humanitarian response, including:

- ▲ Ensure the availability of contraceptives to meet the demand (*Kits 4 and 7*).
- ▲ Provide syndromic treatment for patients with symptoms of sexually transmitted infections (*Kit 5*).

Reference and Training materials can be downloaded (see section 1.4.2) or sent upon request.

¹ *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, 2010 Revision for Field Review*; IAWG, Geneva, 2010, http://www.iawg.net/resources/field_manual.html#download

1.2 KEY POINTS

▲ The Reproductive Health Kits are designed for use in the early phase of a crisis situation

The Inter-Agency Reproductive Health Kits have been primarily designed to facilitate the provision of priority reproductive health services to displaced populations without medical facilities, or where medical facilities are disrupted during a crisis.² They contain essential drugs, supplies and equipment to be used for a limited period of time and a specific number of people.

Some of the medicines and medical devices contained in the kits may not be appropriate for all cultures and countries. This is inevitable as these are standardized emergency kits, designed for worldwide use, prepacked and kept ready for immediate dispatch. The Kits are **not** intended as re-supply kits and, if used as such, may result in the accumulation of items and medicines which are not needed.

It must be emphasized that, although supplying medicines and medical devices in standard pre-packed kits is convenient early in an emergency, specific local needs must be assessed as soon as possible and further supplies must be ordered accordingly. Therefore, once basic reproductive health services have been established, the reproductive health coordinator should assess reproductive health needs and re-order medicines, disposables and equipment based on consumption of these items, in order to ensure that the reproductive health programme can be sustained. All efforts should be made to strengthen or develop a medical supplies logistics management information system. Re-ordering should be done through regular channels (via the national procurement system, nongovernmental organizations (NGOs), or other agencies) or through the UNFPA Procurement Services Branch (see box below).

How to place a *follow-up* order of RH supplies through the UNFPA Procurement Services Branch

1. Determine which medicines, disposables and medical equipment have been consumed, in which quantities.
2. Estimate needs for the next 6 months.
3. Place an order through UNFPA's Emergency Procurement Team (see section 1.3.2).

First-time customers who are ordering supplies

- UNFPA issues a pro forma invoice together with a Memorandum of Understanding (MoU)
- If both pro forma invoice and MoU are acceptable, you (the Requestor) sign the MoU and transfer the funds into the UNFPA account;
- UNFPA issues the required purchase orders and sends a copy to you as Requestor.

UNFPA Country Office

- The Emergency Procurement Team will re-direct your request to your Regional Procurement Team
- Follow the regular payment procedures.

▲ Each kit is formulated to be self-sufficient.

Each of the Reproductive Health Kits responds to a particular reproductive health need and contains supplies calculated for a specific number of people for a three-month period. Thus, the kits can be ordered separately as a 'stand-alone' response to a particular situation. One exception relates to sterilizing equipment: Kits 7, 8 and 9 do not include sterilizing equipment because they are usually used in conjunction with Kit 6 A (which contains a pressure-cooker type autoclave). Kit 11 (referral level) does not include an autoclave, because it is assumed that hospitals have a sterilization service.

² Primary health care services in emergency situations may be implemented through a standard Emergency Health Kit, containing essential drugs, supplies and equipment. This Kit was developed some 30 years ago by WHO in collaboration with UN Agencies and NGOs. The Kit was revised in 1998, in 2006 and in 2011 and is now known as the Interagency Emergency Health Kit 2011 (IEHK 2011). It includes midwifery supplies, post-rape treatment, and supplies for use in implementing standard precautions, to allow some basic components of reproductive health services to be offered. For implementation of more comprehensive reproductive health services in emergency situations, the IEHK 2011 recommends the Reproductive Health Kits.

▲ **Some kits are designed for use only by qualified and trained health personnel.**

The level of skill required for the use of each kit is detailed in this booklet. You are advised to review this information before ordering the kits.

▲ **The Reproductive Health Kits are updated on a regular basis**

The Inter-Agency Reproductive Health Kits are revised regularly, using the most up-to-date information available. Users are invited to comment on the functioning of the individual kits in the field. All inputs will be considered for future revisions.

Notes

- Kit 6 and 11: Diazepam and pentazocine are controlled substances, and require an import license from the country of destination prior to shipment. As it can take some time to obtain this license, these pharmaceutical products are not included. They should be procured locally.
- Kits 6, 8, 11B and 12: These kits contain items that must be kept cool: oxytocin and tests for blood grouping, hepatitis, and syphilis (rapid plasma reagin (RPR)). For these items the cold chain must be maintained during transportation and storage. These products are therefore packed and shipped **separately** in a cool box. Oxytocin will remain effective even if the cold chain is temporarily broken, although it may lose some of its efficacy.

Major changes since the 4th edition of the Inter-agency Reproductive Health Kits

Kit 3: Post rape treatment

Kit 3 A and 3 B have now become one Kit 3, to reflect the importance of giving all survivors a comprehensive package of post-rape care, including STI presumptive treatment, emergency contraception and PEP for HIV prevention, when appropriate

Kit 6: Clinical delivery assistance

To allow for more flexible ordering, Kit 6 was split into **Part A: Reusable equipment** and **Part B: Drugs and disposable equipment**.

Resuscitator, hand operated, infant/child, is added for newborn resuscitation

Kit 8: Management of miscarriage and complications of abortion

Misoprostol 200 µg tab, is added for management of incomplete abortion

Dilators, Denniston, polymer, replace the Hegar uterine dilators, which are no longer included.

1.3 OBTAINING THE KITS

1.3.1 Who can order the kits?

Reproductive Health Kits may be ordered by the following entities:

- UNFPA's Humanitarian Response Branch (HRB);
- UNFPA country offices;
- funding agencies, such as the European Community Humanitarian Aid Department (ECHO), the World Bank, the UK Department for International Development (DFID), the Canadian International Development Agency (CIDA), and the US Agency for International Development (USAID);
- UN system funds, programmes and agencies, such as UNHCR, WHO, United Nations Children's Fund (UNICEF), United Nations Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN Department of Peacekeeping Operations (DPKO);
- international agencies, such as IFRC, the International Organization for Migration (IOM), the International Planned Parenthood Federation (IPPF), and other NGOs that have a memorandum of understanding with UNFPA;
- national authorities.

1.3.2 Contact points within UNFPA

The Kits can be ordered directly from:

UNFPA Procurement Services Branch
Emergency Procurement Team
Midtermolen 3
2100 Copenhagen
Denmark
Tel: +45 3546 7000
Fax: + 45 3546 7018
E-mail: rhkits@unfpa.org

Information on the Kits or assistance with ordering can be provided by:

UNFPA staff in field offices (in the capital city of the country);

UNHCR or other UN coordinating agency in the country;

UNFPA/HRB
605 3rd Avenue
New York, NY 10158
USA

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