



# **Recommendations of Maternal and Newborn Care Sub-Working Group**

# Last Year Recommendations (1/4)



- 6.1 RHRC EmOC pilot project supported by Columbia University and AMDD 2000-2005 (completed)
- 6.2 Publication of Field-Friendly Guide to Integrate EmOC in Humanitarian Programs. Conduct a survey to better understand the magnitude of fistula among crisis-affected communities (completed)
  - **Follow-up: encourage use, evaluate and feed-back**
- 6.3 RAISE program established (on-going)
- 6.4 and 6.5 UNHCR and Save the Children publish best practices and lessons learned (on-going)
  - **Follow-up: continue**

# Last Year Recommendations (2/4)



- 6.6 Change commitment from coverage to quality such of ANC (**not achieved**)
  - **Follow-up: encourage use of Focused ANC ( WHO)**
  - **Looking for an agency that can commit to share lesson learned next year**
- 6.7 UNFPA-Somalia builds commitment to EmOC and CRH at senior and middle management levels by awareness raising and simple communications tools (**completed**)
- 6.8 IAWG establishes CRH as a separate priority area in MSF and Health Cluster lists (**completed**)

# Last Year Recommendations (3/4)



- 6.9 Save the Children develops and shares practical operational tools for essential new-born care (completed) **Available on external website of SC**
  - **Follow-up: SC to advocate for inclusion of NB resuscitation kit in IEHK**
- 6.10 Explore the possibility of virtual consultancy, especially in insecure areas where referral is not possible (not achieved)
  - **Follow-up: partners to follow-up, volunteer??**
- 6.11 Conduct a survey to better understand the magnitude of fistula among crisis-affected communities (not achieved)
  - **Follow-up: partners to follow-up, volunteer??**

# Last Year Recommendations (4/4)



- 6.12 UNHCR and Save the Children pilot Misoprostol for prevention of post-partum hemorrhage (not achieved)
  - **Follow-up: Save the Children and CARE will work with RAISE**
- 6.13 Address PAC (on-going)
  - **Follow-up: MVA not part of IEHK 2006 (Interagency Emergency Health Kit) will be discussed in December 2008 forum. IPAS will follow-up**
- 6.14 IAWG include PP sepsis and PP depression in Interagency Field Manual IFM (on-going)
  - **Follow-up tomorrow**

# Most important remaining GAPS



- Advocacy
- Training
- Policies (in particular task-shifting)
- Human resources training and deployment
- Information, documentation and lessons learned
- Supplies
- Indicators
- Quality
- PAC
- Misoprostol

# Recommendations 2008/9



- **Advocacy for reproductive health**
  - Advocate for mid-level health care providers to provide basic EmONC (task-shifting)
- **Training (for training group please look at):**
  - Training in Essential newborn care and newborn resuscitation with or separately from EmOC training
- **Policies and strategies**
  - Develop a strategy to move from TBAs at the onset of an emergency to skilled birth attendants (phasing out strategy) and transform TBAs to women and children health promoters
  - Advocate for inclusion of refugees and IDP reproductive health into national policies and strategies, (MOH Yemen)

# Recommendations 2008/9



- **Shifting of human resources**
  - Training of midwives to use MVA (IPAS studies showed that when training MV to use MVA the results are as same as training the physicians)
- **Standardization of indicators**
  - Identify indicators to be used in the short term crisis and the long term crisis