

# Maternal and Newborn Health Working Group

## TOR Review

IAWG Santo Domingo 2010

Participants:

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## **6.1 Women's Commission on behalf of RHRC Consortium published Field-friendly Guide to integrate Emergency Obstetric Care in Humanitarian Programs**

**2008 Status: Completed**

**-Follow-Up: Encourage use, evaluate and feedback**

### **2010**

- **STATUS: This working group was not familiar with this guide thus difficult to follow-up.**
- **RECOMMENDATION: Request Women's Commission to circulate the guide, then evaluate and provide feedback.**

**6.2 UNHCR and SAVE publish and present case studies on successful implementation of basic EmOC in health units at the peripheral level. Document and share feasibility and effectiveness as an example that it can be done**

**6.3 UNHCR compiles and publishes best practices and lessons learned from basic EmOC services at the peripheral level (globally)**

**2010**

- **STATUS: Ongoing**
- **RECOMMENDATION: Merge 6.2 and 6.3. All partners involved in providing EMOC should collect lessons learned and share with the group. This working group will share a template for collecting lessons learned and Ouahiba will be the focal point.**

**2008 Status: Ongoing**  
**Recommendation: Continue**

**2010**

- **STATUS: Ongoing**
- **RECOMMENDATION: Merge with 6.2**

**6.4 Change commitment from “coverage” to “quality” in services such as ANC. Define quality and provide checklists for supervisors. Link with increasing demand for services at the community level**

**2008 Status: Not achieved**

**Recommendation: encourage use of focused ANC (WHO). Find an agency that can commit to share lesson learned next year**

**2010**

**•STATUS: Ongoing**

**• RECOMMENDATION: This WG will collect RH (ANC, PNC, CAC, FP) quality supervision tools/ checklists to be centralized on the IAWG website. An announcement will be sent to all IAWG members upon completion**

## **6.5 SAVE develops and shares practical operational tools for Essential Newborn Care**

**2008 Status: Completed. Available on external website of SC.**

**Recommendation: SC to advocate for inclusion of NB resuscitation kit in IEHK.**

### **2010**

- **STATUS: Achieved. IEHK kits does not contain it but the RH kit is recommended to have it**
- **RECOMMENDATION: Advocate for inclusion of antibiotics and materials (for sepsis, LBW...etc) for newborns in the IEHK**
- **RECOMMENDATION: Disseminate SAVE training guide on newborn care**

## **6.6 Conduct a survey to better understand the magnitude of fistula among crisis-affected communities**

**2008 Status: Not achieved**

**Recommendation: Partners to be identified**

### **2010**

- **STATUS: Fistula is a critical RH issue but we do not see the added value of a survey**
- **RECOMMENDATION: Change this task to: Assess availability of fistula treatment services and set up an identification and referral system in protracted emergencies.**

## **6.7 UNHCR, SAVE pilot Misoprostol for prevention of post-partum hemorrhage**

**Status: Not achieved**

**Recommendation: SAVE and CARE will work with RAISE**

### **2010**

- **STATUS: Ongoing. More evidence and inclusion of Misoprostol in national protocols needed**
- **WHO Guidance: If oxytocin is not available, provide misoprostol through trained personnel (revision scheduled for 2010)**
- **RECOMMENDATION: If Misoprostol is listed in the national protocol and registered, advocate for its use.**

## **6.8 IPAS addresses gaps in PAC data and service provision**

**2008 Status: Ongoing**

**Recommendation: MVA not part of IEHK . Will be discussed in December 2008. IPAS will follow-up**

**2010**

**-STATUS: Done. MVA is part of the RH kit, not the IEHK**

**• RECOMMENDATION: Change this task to: Disseminate the MVA calculator (available online for supply calculations. Well used by IPAS offices).**

**•A web-based training for misoprostol will be available next year through IPAS University**

**6.9 Advocate for mid-level health care providers to provide basic EmONC (task-shifting)**

**6.10 Develop a TBA phase-out strategy: from TBA at the onset of an emergency to skilled birth attendants and training of TBAs to women and children health promoters**

**2010**

- **STATUS: Ongoing. Advocate in countries where it is in the system**
- **RECOMMENDATION: Merge 6.9 and 6.10. Training of mid-level professionals as a phase-out strategy of TBAs**

## **6.11 MOH Yemen commitment: Advocate for inclusion of refugees and IDP reproductive health into national policies and strategies**

**2008 Status: new task**

**2010**

- **RECOMMENDATION: Remove as this is country specific**

## **New Tasks**

- **6.12 Include MNH in national preparedness and contingency plans.**
- **6.13 IAWG will distribute country profile of MNH priorities (similar to WHO Risk Assessment) within 24 hours of an emergency for consideration in Flash Appeals.**

## **Modes of Communication**

- **Email (mailing list)**

- **Teleconference every 2 months with additional teleconferences as needed. Led by UNHCR.**