



# IAWG



## Reproductive Health Kits

13<sup>th</sup> IAWG Annual Meeting  
Istanbul, November 2011



# **MISP**

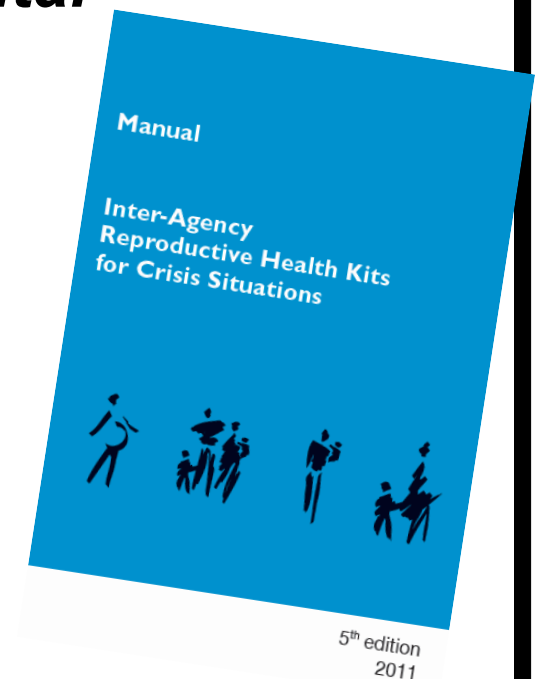
## **Health care providers need supplies to:**

- **Provide medical care for survivors of rape**
- **Ensure standard precautions in health care settings**
- **Make condoms available**
- **Ensure safe and rational blood transfusion**
- **Manage obstetric emergencies in health centres and referral hospitals**
- **Ensure safe deliveries at health facility**
- **Ensure clean deliveries at home**
- **Meet spontaneous demand for contraceptive methods**
- **Treat people with STI symptoms**

# IAWG RH Kits for Crisis Situations

## 13 Kits:

- **Kits 1 to 5**  
*Community /health centre level*  
*10 000 people for 3 months*
- **Kits 6 to 10**  
*Health centre level or referral level hospital*  
*30 000 people for 3 months*
- **Kits 11 and 12**  
*Referral level hospital*  
*150 000 people for 3 months*





# IAWG RH kits



	Kits	
HC 10 000 people	0	• Training and administration
	1 A & B	• Condoms (male & female)
	2 A & B	• Clean delivery (individual & attendant)
	3	• Post-rape care
	4	• Oral and injectable contraception
	5	• STI drugs
HC 30 000 people	6 A & B	• Delivery (Health Facility)
	7	• IUD insertion
	8	• Complications of abortion
	9	• Suture of cervical and vaginal tears
	10	• Vacuum extraction
Hospital 150 000 people	11 A & B	• Surgical (reusable & consumable items)
	12	• Blood transfusion (HIV testing)



# Updating IAWG RH kits contents

Every 3 to 4 years (1999, 2003, 2005, 2010)

## 1. Field Survey

- Covering kit use over previous 2 years
- Targets consignees (from procurement records) and “users” of kits
- Part I-Operational: Implementation of MISP, logistics, use of guidelines/IEC materials, trainings conducted
- Part II –Technical: Feedback on kit contents

## 2. Background papers on new technologies

- WHO evidence-based guidelines, Essential Medicines List
- Successfully piloted by IAWG partner(s)

# Updating IAWG RH kits contents

## 3. RH Kit review meeting

IAWG technical focal points:

- review survey results and background paper(s)
- make recommendations
- input from procurement experts (UNFPA, UNICEF)

- **Since 2005: Consistent with IEHK process**

- Complementary information
- Similar review process
- Same product descriptions (UNICEF)
- Same specifications (UNICEF or MSF)



## Examples of past revisions

- Female condoms added in kit 1 (1999)
- Gloves added to kit 2A (2005)
- PEP added to kit 3 (post rape) (2003)
- Child formulations added to kit 3 and kit 5 (STI) (2005)
- Azythromycin replaced doxycycline in kit 5 (2005)
- MgSO4 added in kit 6 (midwife) (1999)
- Ibuprofen added to kit 8 (post-abortion care) (2005)
- Colour coding made clearer (1999)
- Boxes made easier to handle and sturdier (1999, 2005)

# Review questions in 2010 revision

- **Kit 2: add cord clamp? (NO)**
- **Kit 3 A & B: make 1 kit (post-rape)? (YES)**
- **Kit 6:**
  - Split into **6A: reusables & 6B: consumables? (YES)**
  - Add a neonatal resuscitator (ambu-bag)? **(YES)**
  - Add Misoprostol to manage PPH? **(NO)**
  - Add a doppler? **(NO)**
  - Add survival blankets for neonates? **(NO)**
- **Kit 8: Add misoprostol for PAC? (YES)**
- **Kit 10: replace with hand-held VE device? (NO)**
- **Make an RH Field Library kit? (On hold)**

# Other Activities

- **Quality control:**
  - Product Certifications, Supplier Certification
  - Yearly technical visits to suppliers
- **Capacity Building**
  - Pre-service training (Obstetric Care)
  - Refresher training (Clinical management of rape survivors, MVA, Vacuum Extraction, Standard Precautions, etc.)
  - Medical Supply Logistics (RH Kit Shelving Apps)

# Haiti

