

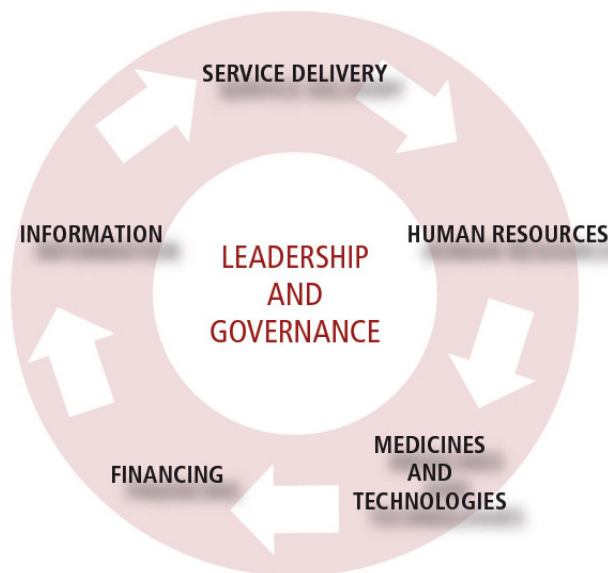
## Relief

### Minimum initial service package for SRH (MISP) including HIV

STIs including HIV	Standard precautions (supplies and guidance)
	Free condoms available (including female condoms if already used in affected population)
	Safe blood supply and rational use of blood transfusion
	Syndromic treatment of STIs
	Co-trimoxazole prophylaxis for HIV related illnesses
	ARV drugs for PMTCT where mother is known to be HIV positive
	ARV continued for people already on ARVs (ART & PMTCT)
Maternal & newborn health	Contraceptives available
	Clean home delivery kits available
	Skilled care during childbirth for clean and safe normal deliveries in health facilities
	Essential newborn care
	Basic emergency obstetric care (BEmOC) 24/7
Sexual violence	Comprehensive emergency obstetric care (CEmOC) 24/7
	Prevention and management of consequences of SV including presumptive STI treatment, EC, PEP and psychosocial support and protection system

### How to evolve from the minimum initial to the comprehensive response

Ensuring quick, equitable and sustainable scaling up and expansion of SRH and HIV health services requires strengthening of all six health system building blocks, according to local context and health system capacities.



Source: *Everybody's business: strengthening the health systems to improve health outcomes. WHO's framework for action.* Geneva: World Health Organization, 2009.

## Protracted crisis/Recovery

### Comprehensive services and their link to the minimum initial response \*

MISP services to be maintained in a sustainable way during all the phases of the crisis	Skilled care during childbirth for clean and safe normal deliveries in health facilities
	Essential newborn care
	Basic emergency obstetric care (BEmOC) 24/7
	Comprehensive emergency obstetric care (CEmOC) 24/7
MISP services to be expanded as soon as a proper assessment of the local context and needs has been done	Standard precautions with appropriate HF waste managements options
	Condom promotion including female condoms
	Blood bank services
	STI programme for women, men and adolescents
	Prophylaxis and treatment of all opportunistic infections
	Full PMTCT
	ART, including ART adherence counselling & support
	Clean home delivery by skilled birth attendant
	Family planning programmes for women, men and adolescents
	Comprehensive abortion care & post-abortion care
Full medical, psychosocial and legal assistance and prevention for rape survivors and other forms of SGBV (domestic violence, female genital mutilation, and others)	
Services to be introduced in order of priority according to the needs and capacities of the local health systems	Antenatal care
	Post-partum care services
	HIV counselling and testing services
	Home-based care services including patient self-management training, palliative and end-of-life care
	Prevention and treatment of fistula, including physiotherapy and psychosocial assistance
	Gynecological care, including management of menopause, surgical and oncological management of female reproductive cancers, cervical and breast cancer screening, infertility management, etc.
	Urological care, including management of female and male SRH malfunctioning, surgical and oncological management of male RH problems (circumcision, cancers, infertility, etc.)

\* Synergies across the sub sectors within the expanded comprehensive response.

# Sexual & Reproductive Health (SRH) including HIV: from Minimum Response to Comprehensive Services

## How to evolve from the minimum initial response to the comprehensive response

Ensuring quick, equitable and sustainable scaling up and expansion of SRH and HIV services requires the following: 1) Consolidate full coverage of all services defined by the minimum initial response, 2) Transfer governance responsibilities to the national health authorities and strengthening the local health system; 3) Plan for the expansion towards comprehensive services, while maintaining performance of all services from the minimum initial response and ensuring availability, accessibility, acceptability and quality of SRH and HIV services.

This requires strengthening of all six health system building blocks, according to local context and health system capacities. Critical issues to be considered in planning and managing the consolidation of the minimum initial response and its expansion include:

### 1. Leadership/governance

- Are all the minimum initial services delivered in a sustainable way through the local health system and do delivery strategy(ies) move from a humanitarian to recovery?
- Are there policies and a legal framework in place that support the full and sustainable implementation of the minimum initial response and envision its expansion?
- Are there any policies and/or legal frameworks that obstruct the provision of SRH & HIV services, including sensitive and/or controversial issues?
- Have regulation functions of the national health authorities been strengthened, for example through contracting mechanisms with service providers?
- Is the humanitarian coordination mechanism being phased out and has health sector coordination resumed under national leadership, and has its capacity been strengthened at central and peripheral levels?
- Do humanitarian/recovery agencies support decentralization and handover of responsibilities to sub-national health authorities, local NGOs and communities?

### 2. Information

- Is the availability of health services and human resources assessed and monitored in the crisis area (HeRAMS)?
- Are key health indicators, including SRH & HIV, generated, disseminated, analysed and used to inform planning, particularly at sub-national level?
- Has integration of humanitarian information systems in and/or the strengthening of the national/local HIS been part of the preparation of the expansion of services?

- Are planning and implementation of the expansion of quality SRH & HIV services based on a detailed analysis of health system functions?

### 3. Service delivery

- Have all potential barriers to access to the minimum initial response for the entire population affected by the crisis been analysed and addressed (including geographic, financial, quality, information, and cultural barriers)?
- Has the minimum initial response been fully integrated in the defined package of health services to be available at the different levels of the primary health care system?
- Is the infrastructure network adequate according to the norms of BEmOC and CEmOC and to local conditions and is a functioning referral system in place?
- Will the adding of a service(s), as envisaged by the expansion of services, have a negative impact on the coverage of the minimum initial response?

### 4. Human resources

- Do the different categories of health workers have the required skills, the appropriate mix at the different levels of care and the appropriate distribution across the country to implement the minimum initial response?
- Do the skills and numbers of the existing health workforce have to be upgraded to expand from minimum initial response to the comprehensive services, such as through in service training or task shifting?
- Has planning been done for the expansion of a balanced workforce (in terms of numbers, categories and sex), that includes sufficient capacity for the expansion of SRH services?
- How are the training institutions strengthened to increase numbers and competencies as required for the minimum initial response and its expansion?

- Are accreditation systems appropriately applied for training institutions as well as for individual health workers to ensure quality as required for the minimum initial response and its expansion?
- Are the appropriate managerial and supervision capacities in place to expand services?

### 5. Medical products and technology

- Do national policies and list of essential medicines and equipment include the medicines and equipment required for SRH expansion?
- Are all the medicines and equipment required for provision of the minimum initial response and its expansion integrated in the national standard procurement and delivery system as a pre requisite of a sustainable expansion? (in order to reduce fragmented supply chains and to phase out reliance on SRH/HIV kits)?
- How are constraints in the national procurement system, the warehouse capacity and supply chain management being addressed?

### 6. Financing

- Are financial resources available for the provision of the minimum initial response and is funding sustainable for implementation by the local health system?
- Have the costs of the expansion of services and/or coverage been estimated and are they covered by sustainable funding mechanisms?
- Does the financing policy include sufficient social protection to reduce inequalities in access and to avoid catastrophic expenditures for health care?
- What are the strategic options to address non service related costs to access SRH services and to encourage women to deliver in a health facility?

### List of acronyms

ART	anti retroviral treatment
ARV	anti retroviral
BEmOC	basic emergency obstetric care
CEmOC	comprehensive emergency obstetric care
EC	emergency contraception
GHC	Global Health Cluster
HIS	health information system

MISP	Minimum Initial Service Package
PEP	post exposure prophylaxis
PMTCT	prevention of mother to child transmission
SGBV	sexual and gender-based violence
SRH	sexual and reproductive health
STI	sexually transmitted infections
SV	sexual violence