

Introducing Reproductive Health Kits for Facility and Crisis Set-Ups

Introduction

Unsafe abortion and post-abortion complications are a leading cause of women's illness and deaths worldwide (DFID, 2014). In 2008, there were 21.6 million unsafe abortions; 21.2 million of these occurred in developing countries (WHO, 2019). Other estimates from 2010 to 2014 suggest that around 45% of all abortions were unsafe and most of these unsafe abortions took place in developing countries (Ganatra et al., 2017, quoted in WHO, 2020). The percentage of maternal deaths due to unsafe abortions remains close to 13% (WHO, 2020).

Although data related to maternal mortality and morbidity during disasters and crises are lacking, UNFPA (2015) estimated that the number of maternal deaths in the 35 countries that were affected by humanitarian crises or fragile conditions in 2015 was estimated to be 185,000. This was 61% of the global estimate of maternal deaths (303,000) and was 1.9 times higher than the global estimated maternal mortality ratio of 216 maternal deaths per 100,000 live births (UNFPA, 2015).

Reducing maternal mortality and morbidity is currently part of the main targets of the UN's Sustainable Development Goal (SDG) 3 (Good Health and Well-Being). Maternal mortality and morbidity from unsafe abortion and post-abortion complication are addressed in numerous ways, including by training health providers with the necessary skills, raising awareness and "through sexuality education, use of effective contraception, provision of safe, legal induced abortion termed as Menstrual Regulation (MR), and timely care for complications" (WHO, 2019). During 'natural' disasters and humanitarian crises, reproductive health (RH) kits are often pre-positioned and administered, to reduce maternal mortality and morbidity. RH kits come in one package with essential medicines and supplies to speed up the provision of appropriate RH services (UNFPA, 2011, 2019; Ray-Bennett et al., 2019, 2021). These kits contribute towards the Minimum Initial Service Package (MISP) and the Sphere Minimum Standards in Disaster Response. As such, they are lifesaving (UNFPA, 2019).

Yet these kits are unavailable at a national level in low-and middle-income countries. The University of Leicester, in collaboration with the Bangabandhu Sheikh Mujib Medical University, Data Management

Aid and the Directorate General of Family Planning and with funding from the International Planned Parenthood Federation - South Asia Region Office, identified gaps in existing RH kits, as well as developed two low-budget emergency kits viz. Facility RH Kit and Crisis RH Kit to overcome this gap. This policy brief introduces these Kits.

Methodology

A four-month study was conducted from December 2020 to March 2021 to develop the Facility and Crisis RH Kits in Bangladesh. Data were collected through three qualitative methods: i) systematic literature review of RH Kits and four national guidelines; ii) 12 one-to-one virtual consultations with technical and policy experts; and iii) one virtual stakeholders' workshop.

What is the Facility RH Kit and its content?

The Facility RH Kit is designed for the management of post-abortion complications including incomplete, septic and spontaneous abortion, (before and after 12 weeks of missed period of menstruation). This Kit is specifically designed to be used during disasters and humanitarian crises at primary as well as secondary health facility set-up; for example, Mother and Child Welfare Centres, MCH unit of Upazila Health Complex, and Union Health and Family Welfare Centers in Bangladesh.

Recommendations

- It is recommended that the Directorate General of Family Planning and Directorate General of Health Services introduce the Facility RH Kit in hazard-prone primary and secondary health care facilities in order to ensure universal access to RH services.
- It is recommended that the Directorate General of Family Planning and Directorate General of Health Services introduce the Crisis RH Kit in disaster/emergency settings at remote/hard-to-reach locations through public-private partnerships in order to address the critical need for RH services for affected and vulnerable women.

The Facility RH Kit can be administered by the existing health workforce mandated for the handling of menstrual regulation and post-abortion care, viz. Family Welfare Visitors, Female Sub-Assistant Community Medical Officers, nurses, midwives, medical officers at different tiers of facilities. The contents of the Facility RH Kit are presented in **Table 1**.

Table 1: Contents of the Facility RH and Crisis RH Kits

i)	MRM Kit (Menstrual Regulation Drugs-Combination of Mifepristone 200mg plus Misoprostol 800mg)
ii)	Drugs for Post-abortion care (PAC)
iii)	Post Abortion Contraceptives (Oral pill, Condom)
iv)	Antibiotics (According to National Guideline)
v)	Drugs for pain management
vi)	emergency drugs
vii)	disinfectant
viii)	tropical use medicines
ix)	vitamins
x)	manual vacuum aspiration (MVA) set (not applicable to Crisis RH package)
xi)	sterilisation items
xii)	instruments
xiii)	consumable supplies
xiv)	pieces of personal protective equipment
xv)	other equipment

What is the Crisis RH Kit and its content?

The Crisis RH Kit is also designed for the management of incomplete abortion, septic and spontaneous abortion, and post-abortion complications (before and after 12 weeks of missed period of menstruation). It is designed to be lightweight so that service providers can carry it to an emergency set-up (e.g., flood-cum-cyclone shelters, safe homes, and refugee camps or any temporary disaster camps).

The Kit can be administered by the existing health workforce mandated for the handling of menstrual regulation and post-abortion care, or a new cadre of the health workforce can be trained to administer this Kit in emergency sites or hard-to-reach locations. For instance, members of the District Emergency Medical Team, District Disaster Management Committee,

Disaster Community Volunteer, Community Clinic and local NGOs can be trained. The contents of the Crisis RH Kit are the same as above (i-xv), except for the MVA set and other instruments required to be used by trained medical service providers in a sterile medical room.

What is the cost estimate of the Facility and Crisis RH Kits?

The estimated unit cost of the Facility RH Kit is 31,070.13 BDT (372.84 USD) and the Crisis RH Kit is 16,617.86 BDT (199.41 USD). This per unit cost was estimated in consultation with Reproductive Health Services Training and Education Program (RHSTEP). This estimate is based on a private service provider and could be relatively less for public service provider.

What are the benefits of the Facility and Crisis RH Kits?

- Both Facility and Crisis RH Kits are tailored and context-specific and feasible to introduce in Bangladesh.
- Contain medicines, supplies and equipment that can be procured locally, and thus, keeping the costs of the Kits low without compromising quality and efficiency of care.
- Can be positioned easily at flood or cyclone-prone primary health facilities and where services are lacking, especially in remote/hard-to-reach locations (*haor, chors*, hill tracts, refugee camps and shelter homes).
- Includes post-abortion care contraceptive support, a combi-pack of Mifepristone and Misoprostol, life-improving vitamins, tropical use medicines, personal protective equipment (unlike other RH Kits).
- Are life saving by reducing maternal deaths, especially during disasters and crises.
- Existing frontline service providers/primary care providers can be trained and be able to administer these Kits efficiently.
- Contain provision of referral services. For instance, for longer-term contraceptive support or any other follow-up care or treatment, patients will be referred to the nearest public health facility for support.
- Can contribute towards achieving the Sustainable Development Goal's target 5.6 (ensure universal access to sexual and reproductive health), and the Sendai Framework's Global Target D and Priority

for Action 3 (build the resilience of primary health systems).

Who are the target populations of the Facility RH Kit and the Crisis RH Kit?

- a) Poor and vulnerable women and women of reproductive age group, who may need services for the management of incomplete, septic or post-abortion complications during disasters and crises.
- b) Governments, humanitarian, and development actors for the upscaling of the Facility and Crisis RH Kits and downscaling at the community level.
- c) Development and humanitarian donors who could assist governments with funding to package the Facility and Crisis RH Kits, as well as to integrate them into national health systems.

Conclusions

This study demonstrated that there are presently no low-budget RH kits that are specifically designed for the management of incomplete, septic abortion and post-abortion complications during disasters and crises. Also, there are no RH kits designed for the health facilities at public or private sectors as a RH service provisions. As such, the two novel Facility and Crisis RH Kits have the potential to fill this gap which are essential for the current COVID-19 pandemic and any disaster or humanitarian crisis.

These Kits are fully aligned with the Government of Bangladesh's 'National Menstrual Regulation Services Guidelines'. As such the Kits can promote public-private partnership, develop a much-needed capacity building of existing health workforce to administer the Facility RH Kit, as well as a new cadre of frontline health workers to administer the Crisis RH Kit at remote setup. This will diversify the skills of primary care providers and prepare the primary health care facilities for disaster response to address immediate need for reproductive health of poor and vulnerable women.

Introducing these Kits in remote/hard-to-reach locations can lead to reducing mortality and morbidity of poor and vulnerable women from unsafe abortion and post-abortion complications because they consist of life-saving medicines, supplies, and referral services.

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