Four Months On: A Snapshot of Priority Reproductive Health Activities in Haiti

An Inter-agency MISP Assessment Conducted by CARE, International Planned Parenthood Federation, Save the Children and Women's Refugee Commission

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The Minimum Initial Service Package (MISP) for reproductive health (RH) is a coordinated set of priority activities to be implemented at the onset of every new emergency to prevent and respond to sexual violence; prevent the transmission of HIV; prevent excess maternal and newborn morbidity and mortality; and plan for the provision of comprehensive RH services. The MISP is an international standard of care as articulated in the SPHERE *Humanitarian Charter and Minimum Standards in Disaster Response* and the Inter-agency Standing Committee *Health Cluster Guide*.

Context

At the time of the assessment, four months after the January 12 earthquake, an estimated 2 million individuals[1] remained displaced in settlement sites in earthquake-affected areas, including Port-au-Prince, Jacmel, Leogane, Petit Goave and Grand Goave.[2] The Government of Haiti and humanitarian organizations have scaled up their response and contingency planning, particularly for food, water, health and emergency shelter with the advent of the rainy and hurricane season.[3]

The February 18 revised Flash Appeal included a historic level of commitment to RH: among the 51 health projects in the revised Appeal, eight addressed MISP implementation and nine addressed broader RH.[4] As of mid-May, 63 percent of the Health Appeal and 64 percent of the Protection Appeal had been funded, with the average for RH under Health, and prevention and response to gender-based violence (GBV) under Protection funded at 45 percent and 47 percent, respectively.[5]

Of the 1,341 camps and spontaneous settlement sites in Haiti, only 206 were reported to have camp management. Hence, those with a dedicated agency for camp management registered coverage of only 15.5 percent of sites or 37 percent of the affected population.[6] Food, water, shelter and livelihoods remain a predominant concern for displaced populations, and the environment remains ripe for risks to physical security.

Purpose of the Assessment

The purpose of this assessment was to examine the extent of MISP implementation as a response to the January 12 earthquake in three areas that were severely impacted by the earthquake. The assessment examined MISP implementation in Port-au-Prince, Leogane and Jacmel, through structured interviews with 34 staff from 21 United Nations (UN) agencies, local nongovernmental organizations (NGOs), international NGOs and the Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population) (MSPP) of Haiti; 10 facility assessments of nine agencies; and 14 focus group discussions with 329 displaced women, men and adolescent boys and girls.

General Findings on MISP Implementation

Over all, the assessment team found an unprecedented level of awareness among international organizations about the need for priority RH services and stronger efforts to address them—more so than in any previous emergency setting assessed by the Women's Refugee Commission. Notable improvements in coordination and in efforts to implement each of the MISP priority activities were observed. The overarching magnitude of the disaster in an urban context, with more than 400 diverse agencies participating in the health response, understandably posed unique challenges. Gaps remain in addressing critical needs to prevent and respond to sexual violence; sustaining and decentralizing RH coordination throughout the response; expanding coverage of

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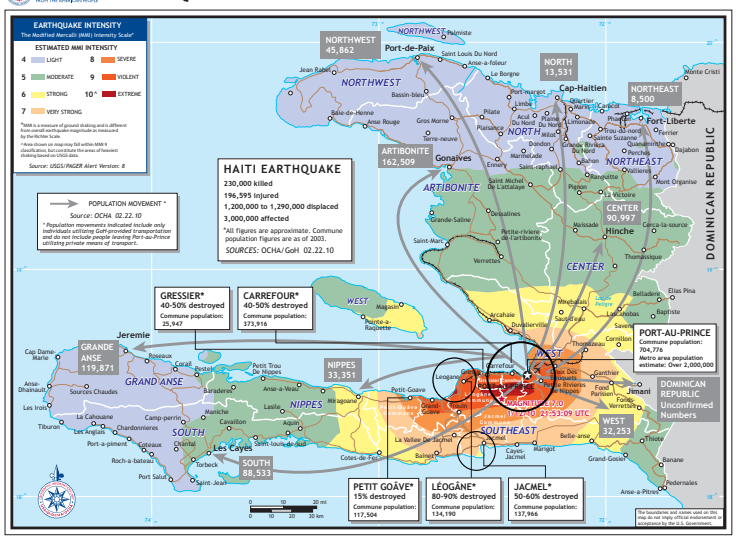
EARTHQUAKE-AFFECTED AREAS AND POPULATION MOVEMENT IN HAITI



services; and making beneficiaries aware of good quality, free MISP-related services.

MISP Assessment Findings

1. Coordination

Unlike in previous emergencies in other settings, RH issues were profiled in the media and among donors and responding agencies. Led by the UN Population Fund (UNFPA) with the MSPP, RH coordination was initiated under the Health Cluster in Port-au-Prince within a week of the earthquake. The RH working group, tasked with coordinating the RH response and MISP implementation, continues to meet on a weekly basis. RH coordination at the sub-national level was less established four months post-earthquake, although agencies were taking steps to initiate coordination efforts in Leogane and Jacmel in the Southeast.

Inter-agency Reproductive Health Kits[7] were available to health care providers from the onset, although supplies were quickly exhausted, particularly clean delivery kits and pregnancy tests. Supplies were procured to serve a population of 1 million, while the affected population totaled an estimated 3 million.

Additional challenges to coordination efforts included a lack of national NGO participation in the working group, rapid staff turnover, inconsistent cross-cluster communications, weak linkage with the Health Cluster, failure to share RH working group meeting minutes on *One Response Haiti*,[8] the absence of administrative and logistical support for the working group lead, and inconsistent reporting of data by NGOs to the MSPP.

2. Preventing and Responding to Sexual Violence

While GBV was a serious problem prior to the earthquake, according to key informants and growing documentation by the GBV Sub-Cluster, the magnitude of sexual violence, including sexual exploitation and abuse (SEA) at the community level, is a growing public health concern. Coordination mechanisms to prevent and respond to sexual violence, such as the GBV Sub-Cluster under the Protection Cluster, exist, but effective implementation was weak at the community level, given risk factors such as intimidation by rogue male community members, insufficient lighting, lack of a dedicated camp management agency in each camp, insecurity within the camps and an overall lack of basic necessities, including food, water and livelihoods. While many agencies reported having employee codes of conduct, SEA was of particular concern for women and girls, who noted having to trade sex with international and local humanitarian agency staff, among others, for protection from rains or for money or food.

All assessed agencies were aware of the need to refer cases of sexual assault for clinical care; many in Port-au-Prince and Leogane were equipped with referral cards for heath facilities, and several agencies in Port-au-Prince provided referral transport. Facilities reported challenges to ensuring privacy however, and the need for psychosocial support for survivors. While there are referral cards for services in distribution, it is not clear if the information listed is current or whether services have been thoroughly vetted for quality and 24-hour availability. Communication to the community about the availability and benefit of seeking care is also lacking.

3. Preventing the Transmission of HIV

Given Haiti's strong pre-existing HIV programs, efforts to continue prevention efforts post-earthquake were well established. UNFPA ordered and distributed 7 million male condoms in the earthquake-affected areas. While camps in Port-au-Prince appeared to be initially saturated with condoms, communities reported having to purchase them now and they were apparently more difficult to access in settings further from Port-au-Prince. In Jacmel, girls reported repeatedly testing for HIV simply to receive five condoms. Demand

Earthquake survivors live in close quarters in the Pinchina camp, Jacmel.

This pregnant woman in the remote Mont Fluery displacement settlement in Jacmel will have to walk 45 minutes to the nearest road to access transportation to the hospital when she goes into labor.

for female condoms existed among displaced women in Leogane. In terms of universal precautions to prevent the spread of infection within health care settings, disposal of medical waste posed challenges for smaller facilities that did not have incinerators. No major problems were reported regarding protocol adherence for safe and rational blood transfusion.

4. Preventing Excess Maternal and Newborn Morbidity and Mortality

The MSPP has a national policy for free obstetric care in public health facilities. Emergency obstetric (EmOC) and newborn care is available to varying extents in the three settings assessed, although quality of care and availability of care free of charge, 24 hours per day, seven days per week were not consistent. In Port-au-Prince, several facilities offered free comprehensive EmOC. Mobile clinics, serving many displaced settlements and camps, are not able to provide EmOC. Referral pathways appeared problematic for communities without access to communications networks or affordable transport options, particularly in the more remote camps and settlements in Leogane and Jacmel. Women also reported having very limited access to clean delivery kits, in spite of agencies reporting distributions in the thousands. Access to health services for newborn illnesses and complications was raised as a major concern in all three locations. Unsafe abortion was also reported to be a problem.

5. Planning for the Provision of Comprehensive Reproductive Health Care

Signs of planning for more comprehensive care were evident. The collection of data in order to support these efforts remains a challenge for some agencies. While the Health Cluster's disease surveillance captures the number of women with pregnancy complications and cases of sexually transmitted infections (STIs), not all agencies are sending information. Data collection and reporting on RH indicators to the RH working group and MSPP appear to remain low. Organizations operating mobile facilities have begun planning for a transition to increased fixed health facilities. In addition, staff needs for training have been identified, particularly for clinical management of rape survivors, STIs, manual vacuum aspiration and the delivery of comprehensive RH care.

6. Other

The Haitian MSPP has recognized family planning as a need and while several agencies have offered contraceptives, some have reported stock-outs, particularly for injectables and pills. STIs account for a sizeable percentage of morbidity cases in Haiti and, as such, have also been acknowledged as an important component of treatment. Given existing emphasis on HIV/AIDS prevention and treatment through PEPFAR (U.S. President's Emergency Plan for AIDS Relief), efforts to resume access to antiretrovirals (ARVs) have been strong in Port-au-Prince.

What Is Needed?

Coordination

- **Funding to UNFPA and the MSPP should be prioritized to ensure consistent staffing for full-time RH position(s) dedicated to the humanitarian response at national and sub-national levels,** with additional administrative and logistics positions for at least one year to address RH coordination within the Health Cluster, while also ensuring national participation.
- **The RH working group needs to work closely with the Health Cluster, the Camp Coordination and Camp Management (CCCM) Cluster and the Protection Cluster,** including through regular briefings at the cluster meetings on key RH issues of concern, sharing of minutes and participation in assessments and strategic planning sessions.
- **Funding must be made available to UNFPA and the MSPP to ensure adequate MISP supplies** to scale up equitable coverage of the priority activities of the MISP and build toward comprehensive RH in all affected communities for at least one year.

Prevention and Response to Sexual Violence

- **UN Stabilization Mission in Haiti (MINUSTAH), the CCCM Cluster, the government and all humanitarian actors must expand security** by increasing coverage of camp coordination and management, including to spontaneous settlements; involve the leadership of women and girls and communities in the prevention of sexual violence; and further address SEA through functioning reporting mechanisms and investigating abuse.
- **Health agencies should strengthen efforts to identify facilities that provide clinical care for rape survivors** by further assessing the capacity of health facilities to provide good quality (trained staff, sufficient supplies) free clinical care while simultaneously informing communities of the critical need for and specific benefits of seeking health care and how to access these services.

Shower facilities without lockable doors, lighting or separation between stalls for men and women, Leogane.

HIV Prevention

- **Resume free condom distribution to all camps, spontaneous settlements and affected populations,** keeping in mind that with the desperate circumstances in many settings, condoms must be carefully distributed to beneficiaries to prevent use of the commodity for exploitation and abuse. Ensure standard precautions at mobile clinics and dispensaries.

Prevention of Maternal and Newborn Morbidity and Mortality

- **The Health Cluster should scale up efforts to determine and disseminate information to providers and beneficiaries on the current capacity of health facilities to provide good quality, free basic and comprehensive EmOC and newborn care**. RH practitioners should use this information to establish a birth plan with all pregnant women in their communities. The MSPP and NGOs should be funded to enhance basic and comprehensive EmOC and newborn care services in remote locations of the Southeast Department and Leogane. Ambulance services are needed in all three locations to facilitate referrals, especially at night and during the weekends.

Planning for Comprehensive Reproductive Health Care

- **The RH working group should develop and provide implementing agencies with a standardized reporting form to gather RH data on a regular basis from each agency,** including from the MSPP; analyze the information; share the synthesized report with the Health Cluster; post on *One Response*; and disseminate to the wider humanitarian community.
- **The MSPP and UNFPA should work with the RH working group within the Health Cluster to compile a detailed summary of RH training needs and training plans.**
- **All agencies should undertake community outreach and mobilzation to better link communities with services.**

Other

- **All health agencies providing primary health care services should, based on humanitarian standards, ensure that contraceptives are available to meet demand,** including condoms, pills, injectables, emergency contraceptive pills and intrauterine devices, as well as long-acting methods and permanent methods, as part of the recovery phase.
- **All health agencies should inform beneficiaries of the location of existing PEPFAR facilities in each of the 10 departments in Haiti to facilitate community access to HIV/AIDS services,** including ARVs and the prevention of mother-to-child transmission.

Assessment Limitations

Several limitations existed, including nonrepresentative sampling of focus group discussion sites/participants; translation error and potential inconsistencies; time constraints and subsequent lack of saturated information; and logistical and security constraints.

Notes

[1] Haiti Displacement Tracking Matrix (DTM), May 11, 2010.
[2] UNOCHA. Haiti Humanitarian Bulletin Issue #3, May 24, 2010.
[3] UNOCHA. Haiti Earthquake Situation Report #34, April 16, 2010.
[4] UNOCHA. Financial tracking System. Haiti Earthquakes - January 2010: E. List of Appeal Projects (grouped by Cluster). ocha.unog.ch/fts/pageloader.aspx?page=emerg-emergencyDetails&appealID=893. Accessed February 21, 2010.
[5] Ibid. Accessed May 16, 2010.
[6] UNOCHA. Haiti Humanitarian Bulletin Issue #4, June 4, 2010.
[7] The Interagency Reproductive Health Kits, developed by the Interagency Working Group on RH in Crises, contain medicines and supplies for a three-month period.
[8] *One Response Haiti* is a collaborative inter-agency website that supports the exchange of information among clusters and responding agencies.

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