

Appendix A:

MISP Checklist

Monitoring of MISP Implementation

The reproductive health (RH) Officer implements the MISP checklist to monitor service provision in each humanitarian setting as part of overall health sector/cluster monitoring and evaluation. In some cases this might be done by verbal report from RH managers and/or through observation visits. At the onset of the humanitarian response, monitoring is done weekly and reports should be shared and discussed with the overall health sector/cluster. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage within the RH stakeholder meetings and at the health sector/cluster coordination mechanism to find and implement solutions.

MISP Checklist			
Geographic area:	Reporting time period:	Start date of health response:	Reported by:
1. RH lead agency and RH Officer			
			YES
			NO
1.1	Lead RH agency identified and RH Officer functioning within the health sector/cluster: Lead agency _____ RH Officer _____		<input type="checkbox"/>
			<input type="checkbox"/>
1.2	RH stakeholder meetings established and meeting regularly:		<input type="checkbox"/>
	▶ National MONTHLY		<input type="checkbox"/>
	▶ Sub-national/district BI-MONTHLY		<input type="checkbox"/>
	▶ Local WEEKLY		<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
2. Demographics			
2.1	Total population:		
2.2	Number of women of reproductive age (ages 15 to 49, estimated at 25% of population):		
2.3	Number of sexually active men (estimated at 20% of population):		
2.4	Crude birth rate (estimated at 4% of the population):		
3. Prevent sexual violence and respond to the needs of survivors			
3.1	Multisectoral coordinated mechanism to prevent sexual violence is in place		<input type="checkbox"/>
	Confidential health services to manage survivors of sexual violence are available for:		<input type="checkbox"/>
	▶ Emergency contraception		<input type="checkbox"/>
	▶ Post-exposure prophylaxis (PEP)		<input type="checkbox"/>
	▶ Antibiotics to prevent and treat STIs		<input type="checkbox"/>
	▶ Tetanus toxoid/Tetanus immunoglobulin		<input type="checkbox"/>
	▶ Hepatitis B vaccine		<input type="checkbox"/>
	▶ Referral to health, psychological and social support services		<input type="checkbox"/>

		YES	NO
3.2	Number of incidents of sexual violence reported to health services:	_____	
3.3	Information on post-rape care and access to services disseminated to community.	<input type="checkbox"/>	<input type="checkbox"/>
4. Reduce the transmission of HIV			
4.1	Safe and rational blood transfusion protocols in place	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Units of blood screened /all units of blood donated X 100:	_____	
4.3	Sufficient materials and checklists to ensure standard precautions in place	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Condoms available free of charge at: <ul style="list-style-type: none"> ▶ Health facilities ▶ Community level 	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4.5	Approximate number of condoms taken this period:	_____	
4.6	Number of condoms replenished in distribution sites this period (specific locations): _____ _____ _____ _____	_____ _____ _____ _____	
5. Prevent excess maternal and newborn morbidity and mortality			
5.1	Health center (to ensure basic EmONC 24/7) has: <ul style="list-style-type: none"> ▶ One qualified health worker on duty per 50 outpatient consultations per day ▶ Midwife supplies, including newborn supplies, available Hospital (to ensure comprehensive EmONC 24/7) has: <ul style="list-style-type: none"> ▶ One qualified service provider on duty per 20-30 inpatient beds for the obstetric wards ▶ One team of doctor/nurse/midwife/anesthetist on duty ▶ Adequate drugs and supplies to support comprehensive EmONC 24/7 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.2	Referral system for obstetric and newborn emergencies functioning 24 hours per day/7days per week (24/7) including <ul style="list-style-type: none"> ▶ Means of communication (radios, mobile phones) ▶ Transport from community to health center available 24/7 ▶ Transport from health center to hospital available 24/7 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5.3	Functioning cold chain (for oxytocin, blood screening tests) in place	<input type="checkbox"/>	<input type="checkbox"/>
5.4	Number of caesarean deliveries / number of births x 100:	_____	
5.5	Number of clean delivery kits distributed / Estimated number of pregnant women x 100:	_____	
6. Planning for transition to comprehensive RH services			
6.1	Sites identified for future delivery of comprehensive RH services (e.g., family planning, STI management, adolescent RH): _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>



		YES	NO
6.2	Staff training needs (for FP provision, STI management, etc) assessed and training tools identified:	<input type="checkbox"/>	<input type="checkbox"/>
6.3	RH commodities consumption (medicines and renewable supplies) monitored	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Procurement channels identified: _____ _____ _____		
7. Special notes			
7.1	Basic contraceptives available to meet demand	<input type="checkbox"/>	<input type="checkbox"/>
7.2	ARV available for patients on ART, including PMTCT	<input type="checkbox"/>	<input type="checkbox"/>
7.3	STI treatment available at health facilities	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Hygiene kits distributed	<input type="checkbox"/>	<input type="checkbox"/>
8. Actions (For the “No” checks, explain barriers and proposed activities to resolve them.)			
Number	Barrier	Proposed solution	