

Appendix C:

Sample Project Proposal for an international NGO to submit to governments, United Nations groups such as UNFPA and UNHCR, or other donors

PROJECT TITLE	Implementing the Minimum Initial Service Package (MISP) for Reproductive Health
ORGANIZATION	Description of the organization and its work, including reproductive health activities, in the region
BRIEF BACKGROUND, REASON FOR PROJECT AND PROBLEM TO BE ADDRESSED	<p>The MISP for Reproductive Health (RH) will save lives if implemented at the onset of an emergency. Neglecting RH in emergencies has serious consequences: preventable maternal and infant deaths; unwanted pregnancies and subsequent unsafe abortions; and the spread of sexually transmitted infections, including HIV/AIDS.</p> <p>The MISP is a set of priority activities designed to: prevent excess maternal and newborn morbidity and mortality; reduce HIV transmission; prevent and manage the consequences of sexual violence; and plan for comprehensive reproductive health services.</p> <p>Additional Priority Activities include ensuring contraceptives are available to meet the demand, syndromic treatment of STIs is available to patients presenting with symptoms and antiretrovirals (ARVs) are available to continue treatment for people already on ARVs, including for prevention of mother-to-child transmission (PMTCT). Another important activity is to ensure that culturally appropriate menstrual protection materials (usually packed with other toiletries in “hygiene kits”) are distributed to women and girls.</p> <p>The MISP includes a kit of equipment and supplies to complement a set of priority activities that must be implemented in the early days and weeks of an emergency in a coordinated manner by trained staff. The MISP can be implemented without an in-depth needs assessment because documented evidence already justifies its use.</p> <p>The components of the MISP form a minimum requirement and it is expected that comprehensive RH services will be provided as soon as the situation allows. The MISP is a minimum standard in the Sphere <i>Minimum Standards in Disaster Response</i> and in the <i>Health Cluster Guide</i>. An RH lead agency with a designated RH Officer is essential to ensuring coordination of MISP activities within the health sector/cluster. Under the auspices of the overall health coordination framework, the RH Officer should: be the focal point for RH services and provide technical advice and assistance on RH; liaise with national and regional authorities of the host country; liaise with other sectors to ensure a multi-sectoral approach to RH; identify standard protocols for RH which are fully integrated with primary health care, as well as simple forms for monitoring RH activities; and report regularly to the health sector/cluster.</p> <p>[Insert brief background on emergency situation.]</p>



OBJECTIVES	<ol style="list-style-type: none"> 1. Identify lead RH organization and individual(s) to facilitate the coordination and implementation of the MISIP. 2. Prevent and manage the consequences of sexual violence. 3. Reduce HIV transmission. 4. Prevent excess maternal and newborn mortality and morbidity. 5. Plan for comprehensive RH services, integrated into primary health care as the situation permits. Notes: It is also important to ensure contraceptives are available to meet demand, treatment of STIs is available and that ARVs are available to continuing users.
ACTIVITIES	<p>ACTIVITIES</p> <ol style="list-style-type: none"> 1. ENSURE the health sector/cluster identifies an organization to lead implementation of the MISIP. The lead RH organization: <ol style="list-style-type: none"> a. Nominates an RH Officer to provide technical and operational support to all agencies providing health services; b. Hosts regular stakeholder meetings to facilitate implementation of the MISIP; c. Reports back to the health sector/cluster meetings on any issues related to MISIP implementation; and d. Shares information about the availability of RH resources and supplies. 2. PREVENT AND MANAGE the consequences of sexual violence by ensuring that: <ol style="list-style-type: none"> a. Measures are put in place to protect affected populations, particularly women and girls, from sexual violence; b. Clinical care, including psychosocial support, is made available for survivors of rape; and c. The community is aware of the available clinical services. 3. REDUCE HIV transmission by: <ol style="list-style-type: none"> a. Ensuring there is a safe blood transfusion practice; b. Facilitating and enforcing respect for standard precautions; and c. Making free condoms available. 4. PREVENT excess maternal and newborn morbidity and mortality by: <ol style="list-style-type: none"> a. Ensuring the availability of emergency obstetric and newborn care services, including: <ol style="list-style-type: none"> i. At health facilities: ensure there are skilled birth attendants and supplies for normal births and management of obstetric and newborn complications ii. At referral hospitals: ensure there are skilled medical staff and supplies for management of obstetric and newborn emergencies



	<ul style="list-style-type: none"> b. Establishing a referral system to facilitate transport and communication from the community to the health center and between health center and hospital; and c. Providing clean delivery kits to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible. <p>5. PLAN for comprehensive RH services, integrated into primary health care as the situation permits. Support the health sector/cluster partners to:</p> <ul style="list-style-type: none"> a. Coordinate ordering RH equipment and supplies based on estimated and observed consumption; b. Collect existing background data; c. Identify suitable sites for future service delivery of comprehensive RH services; and d. Assess staff capacity to provide comprehensive RH services and plan for training/retraining of staff. <p><i>Ensure contraceptives are available to meet the demand, syndromic treatment of STIs is available to patients presenting with symptoms and that antiretrovirals (ARVs) are available to continue treatment for people already on ARVs, including for prevention of mother-to-child transmission (PMTCT). In addition, ensure that culturally appropriate menstrual protection materials (usually packed with other toiletries in “hygiene kits”) are distributed to women and girls.</i></p> <p>MONITOR & EVALUATE project implementation</p> <p>Regularly complete the MISP checklist as found in the revised <i>Inter-Agency Field Manual: Reproductive Health in Humanitarian Situations</i> for all project implementation areas.</p> <p>Collect or estimate basic demographic information; total population number; of women of reproductive age (ages 15 to 49, estimated at 25 percent of population); number of sexually active men (estimated at 20 percent of population); crude birth rate (estimated at 4 percent of the population); age-specific mortality rate (including neonatal deaths 0 to 28 days); sex-specific mortality rate.</p>
<p>INDICATORS</p>	<ul style="list-style-type: none"> 1. Availability of clinical management of rape survivors: defined as the percentage of health facilities with clinical management of rape survivors, including EC, PEP and presumptive STI treatment. Calculate the number of health facilities offering clinical management of rape survivors divided by all health facilities x 100. 2. Number of reported rape cases: defined as the number of rape cases reported to health facilities over a specific time period. Calculate the number of rape cases reported to health facilities divided by the time period. 3. Coverage of supplies for standard precautions: defined as the percentage of health delivery sites with sufficient supplies to ensure standard precautions can be practiced. Calculate the number of health service delivery points with



	<p>adequate supplies to carry out standard precautions divided by the number of health service delivery points x 100.</p> <p>4. Coverage of HIV rapid tests for safe blood transfusion: defined as the percentage of referral hospitals that have sufficient HIV rapid tests to ensure all blood destined for transfusion is screened. Calculate: number of hospitals with sufficient HIV rapid tests to screen blood for transfusion divided by the total number of hospitals x 100.</p> <p>5. Condom distribution rate: defined as the rate of condom distribution among the population. Calculate the number of male condoms distributed divided by the total population divided by month.</p> <p>6. EmOC needs met: defined as the proportion of women with major direct obstetric complications who are treated in EmOC facilities. Calculate the number of obstetric complications (antepartum hemorrhage, post-partum hemorrhage, obstructed labor, pre-eclampsia, eclampsia or puerperal sepsis) treated at an EmOC facility divided by expected number of deliveries x 100 per month.</p> <p>7. Coverage of clean delivery kits: defined as rate of distribution of clean delivery kits among pregnant women in their third trimester. Calculate the number of clean delivery kits distributed divided by the estimated number of pregnant women x 100 per month.</p> <p>8. Percentage of health facilities providing basic contraceptive methods available to meet demand.</p> <p>9. Percentage of health facilities providing STI treatment available at health facilities.</p> <p>10. Total number of hygiene kits distributed.</p>
TARGETED BENEFICIARIES	(Total number of) displaced, of whom (xx) are women 15 to 49 years old.
PROJECT DURATION	Six months to one year.