

## Scenarios for Implementing the MISP

1. *You are a health worker based in a camp for internally displaced persons. A woman presents to you at the health facility and says she was raped while gathering firewood outside the perimeter of the camp. How would you address her needs?*

First, you should assure her that it was not her fault and that she did not deserve to have this happen to her. Provide her with information about her right to receive care and what these services entail. If she accepts care, provide her with services as outlined in the national post-rape protocol (if available and up to international standards). Other protocols/guidance can be used without delay if there is no national protocol, such as *Clinical Management of Rape Survivors*<sup>120</sup> or MSF's *Clinical Guidelines: Diagnosis and Treatment Manual*.<sup>121</sup> The survivor should be informed about other services as well (protection, psychosocial and so on) and a referral should be made with the consent of the survivor. Ensure that confidentiality is maintained throughout this process and do not do anything to which the survivor does not consent.

It is also important to work with all organizations in the camp to find out how to prevent future rapes. Your team may recommend identifying alternative fuel sources so the community is not dependent on wood for fuel; organizing armed or protective escorts to increase safety while gathering wood; obtaining or producing fuel-efficient cook stoves; or discussing the possibility of changing the type of rations that are provided to a kind that does not require long cooking times. In April 2009, the IASC task force on Safe Access to Firewood and Alternative Energy (SAFE) published guidance on safe cooking fuel for refugees and IDPs that is designed to support these activities, including a matrix on agency roles and responsibilities for developing a coordinated fuel strategy and decision tree diagrams on factors affecting the choice of fuel strategy.<sup>122</sup>


2. *The health sector/cluster has identified UNFPA as the lead agency for RH and you have been hired by UNFPA as the RH Officer in an urban area impacted by a major earthquake one week ago. The natural disaster resulted in massive loss of life and displacement. What are some of the first steps you should take?*

Ensure that RH is included in sector/cluster assessments, data collection, planning, procurement and appeals. Establish an RH working group within the health sector/cluster that includes any local or national agencies that are responding to the needs of the displaced. Ensure that local organizations are able to access the RH working group meeting. Work with the health sector/cluster to undertake a rapid mapping of the available MoH, NGO and other community health facilities and systems to determine the specific needs and capacities to provide good quality MISP services. During the RH working group meeting, you will learn which organizations already have an RH strategy in place and which ones still need to make RH a priority. Then, as a group, you can strategize how to address each objective of the MISP and begin to map out “who is doing what where” and share this with the health sector/cluster. This meeting also provides the opportunity to identify RH supply needs, coordinate the ordering of supplies (though this needs to be done in conjunction with overall health sector/cluster procurement) and to initiate a plan for monitoring

<sup>120</sup> World Health Organization/United Nations High Commissioner for Refugees, *Clinical Management of Rape Survivors: A guide to the development of protocols for use in refugee and internally displaced person situations*, 2004. Available from [http://www.rhrc.org/resources/Clinical\\_Management\\_2005\\_rev.pdf](http://www.rhrc.org/resources/Clinical_Management_2005_rev.pdf).

<sup>121</sup> Médecins Sans Frontières, *Clinical Guidelines: Diagnosis and Treatment Manual*, 2010. Available from [http://www.refbooks.msf.org/MSF\\_Docs/En/Clinical\\_Guide/CG\\_en.pdf](http://www.refbooks.msf.org/MSF_Docs/En/Clinical_Guide/CG_en.pdf).

<sup>122</sup> Inter-agency Standing Committee, *Matrix on agency roles and responsibilities for developing a coordinated fuel strategy*, 2009; Inter-agency Standing Committee, *Decision Tree Diagrams on factors affecting the choice of fuel strategy*, 2009. Available from <http://www.fuelnetwork.org/index.php/Formal-Launch-of-IASC-Task-Force-SAFE-Outputs>.



and sharing RH data among yourselves and with all health sector/cluster partners. You should also continue, along with other RH partners, to provide feedback to health sector/cluster members in the meetings on key issues and concerns identified in the RH meeting, and collectively develop solutions. Ensure RH information is included in health sector/cluster situation reports as well as in health cluster submission for overall OCHA situation reports.

3. *You are a newly arrived supervisor at a primary health care facility in a crowded urban area. You notice that your staff members do not use gloves or wear protective clothing and there is an open waste pit of used medical supplies, including needles, behind the health center. How would you address these concerns?*

Work with the health sector/cluster to ensure that necessary supplies to practice standard precautions are available by taking an inventory and ordering materials that are lacking and conduct refresher lessons for health center staff on respect for standard precautions as needed. During the session you can work with the staff to develop a system to self-monitor compliance with disinfection, cleaning, and sterilization of equipment and supplies and to identify staff responsible for daily medical waste management, such as burning and burying refuse in a protected pit specifically for medical waste. If staff feel overwhelmed and do not have time to ensure adherence to standard precautions, you can determine whether more staff and what type of staff are needed and whether it is possible to hire more staff. Alternately, you can help staff determine how to prioritize adherence to standard precautions over other tasks that may be less important. Ultimately, most trained health workers should be aware of basic, critical, standard precautions and understand the principle of preventing the transmission of infections in the health care setting. It may therefore be sufficient to remind and support the staff in any way necessary to ensure standard precautions are respected.

4. *You are a health worker in a remote area. Due to the ongoing local conflict, you and your colleagues leave the crisis-affected area at 4 p.m. to arrive back in your living quarters before dark and the time of the imposed curfew. The night before, a young woman went into labor early in the morning before your staff arrived at work. She had an obstructed labor and needed to get to the referral health facility to have a cesarean section. Luckily, she reached the referral facility in time to have a safe birth. What would you do now to prevent another pregnant woman from being stranded without transport during the night and early morning hours in the future?*

It is extremely important to raise this issue in the broader health sector/cluster early, to identify possible mechanisms for emergency transport, including negotiating for curfew exemptions with security personnel, MoH and other relevant actors. It is also necessary to identify practical arrangements for vehicles, drivers and communication. If it is deemed within security protocol, one possible alternative is to find out whether any people in the local area have a vehicle they would be willing to use to transport women from the crisis-affected setting to the health facility. If it is a camp environment, this individual could be registered with camp security to travel at night. A radio communication system should be set up in the camp health center to link with the local person designated to be immediately alerted when a woman requires transport to the referral health facility. Alternatively, another vehicle could be procured that would stay at the health center in the crisis-affected setting overnight so that women could be transported directly from there when she presents, at any time of the day or night.

5. *You've arrived in a crisis setting and are in charge of getting RH supplies in place. What are your first steps?*

In collaboration with the health sector/cluster (including key partners involved in RH response, such as UNFPA), do a quick situation analysis to find out the total population; how many and what type of personnel are working in this setting; where and in what condition the referral facilities are; what the national policies and mechanisms are; what the regulations on RH medicines are; and what supplies are already available in the setting or pre-positioned in the area. You can feed this information into sector/cluster assessments and planning to determine essential resources needed, including personnel, supplies and equipment. It is best to also anticipate these needs prior to an emergency and undertake contingency planning, including: identifying appropriately trained personnel in your emergency staff rosters; considering stockpiling supplies and equipment; and preparing local communities. You can also work with UNFPA, at the country and regional offices or the New York or Geneva offices, to determine which kits should be ordered and how to finance the purchase through your organization.

6. *You've been working in a camp for four months where a steady influx of refugees from the conflict in the neighboring country ended one month ago and all components of the MISP are well established. At the most recent health coordination meeting, it was reported that the crude mortality rate had stabilized at less than 1/10,000 population per day and that the number of refugees registering has dramatically declined. What do you do now that the situation seems to be reaching a more stable phase?*

In discussion with health sector/cluster and based on data on maternal, infant and child mortality, STI prevalence, contraceptive prevalence and health system capacity, determine what additional RH services would be suited to this population. Then determine how those services can be implemented without a negative impact on MISP service availability. Within the overall health sector/cluster, identify sites for expanded RH services and whether they are suitable in terms of need; security; accessibility; privacy and confidentiality during visits; access to water and sanitation; and adequate room for patients to wait where sufficient provisions can be made for health workers to maintain aseptic conditions. Begin training staff on the needs that have been identified during the past four months. Review supplies to see what orders can now be made through normal procurement channels to supplement the inventory that has been ordered through Inter-agency RH Kits.

7. *You are working as a health focal point with an NGO in a crisis setting. You are concerned about RH in this emergency and want to ensure it is addressed. You have requested that identifying a lead RH agency is added to the agenda of the next health cluster meeting. During the meeting, however, there is resistance from some health cluster partners to address the issue and a lead agency is not appointed. What do you do?*

If you are not able to speak during the meeting, talk directly to the health cluster co-chairs and explain that identifying a lead RH agency is part of the responsibility of the health cluster as outlined in the IASC Health Cluster Guide. Use the points in the MISP Advocacy Sheet (Appendix F) to highlight that the MISP is a live-saving intervention and is not optional in an emergency. If there is continued resistance, follow up with your agency's headquarters to see if they can address the issue at a global level (if you are working with an international agency), or write to the IAWG to see if they can assist: [info@iawg.net](mailto:info@iawg.net).