Chapter 1

The Minimum Initial Service Package (MISP) for Reproductive Health

What is the MISP?

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is a coordinated set of priority activities designed to: prevent and manage the consequences of sexual violence; prevent excess maternal and newborn morbidity and mortality; reduce HIV transmission; and plan for comprehensive RH services beginning in the early days and weeks of an emergency. See "About the Distance Learning Module" on page 3 for further information.

This set of activities must be implemented at the onset of an emergency in a coordinated manner by trained staff. The MISP can be implemented without an in-depth RH needs assessment because documented evidence already justifies its use. The MISP is a standard in the 2011 revision of the Sphere *Minimum Standards in Disaster Response* as well as in Inter-agency Standing Committee (IASC) Health Cluster tools and guidance.[10] The MISP also meets the life-saving criteria for the Central Emergency Response Fund (CERF).[11] The components of the MISP form a minimum requirement and it is expected that scale-up and an expansion to comprehensive RH services will occur as soon as the situation stabilizes.

[10] The Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response*, 2011. Available from http://www.sphereproject.org. Inter-agency Standing Committee, *Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster*, June 2009. Available from http://www.who.int/hac/network/global_health_cluster/guide. Inter-agency Standing Committee, *Health Resources Availability Mapping System* (HeRAMS), 2009. Available from http://www.iawg.net/resources/Graph_RAMS_5aug09.pdf.

[11] Central Emergency Response Fund, CERF Lifesaving Criteria and Sectoral Activities, 2010. Available from http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1163693.

GOAL

The goal of the MISP is to reduce mortality, morbidity and disability, particularly among women and girls in populations affected by crises, including internally displaced persons (IDPs), refugees and those affected but not displaced.

OBJECTIVES AND ACTIVITIES

1. Ensure the health sector/cluster identifies an organization to lead implementation of the MISP. The lead RH organization:
   - Nominates an RH Officer to provide technical and operational support to all agencies providing health services;
   - Hosts regular stakeholder meetings to facilitate implementation of the MISP;
   - Reports back to the health sector/cluster meetings on any issues related to MISP implementation; and
   - Shares information about the availability of RH resources and supplies.

2. Prevent and manage the consequences of sexual violence by:
   - Putting in place measures to protect affected populations, particularly women and girls, from sexual violence;
   - Making clinical care available for survivors of rape; and
   - Ensuring the community is aware of the available clinical services.

3. Reduce HIV transmission by:
   - Ensuring safe blood transfusion practice;
   - Facilitating and enforcing respect for standard precautions; and
   - Making free condoms available.

4. Prevent excess maternal and newborn morbidity and mortality by:
   - Ensuring availability of emergency obstetric care (EmOC) and newborn care services, including:
     - ❖ At health facilities: Ensure there are skilled birth attendants and supplies for normal births and management of obstetric and newborn complications;
     - ❖ At referral hospitals: Ensure there are skilled medical staff and supplies for management of obstetric and newborn emergencies;
   - Establishing a referral system to facilitate transport and communication from the community to the health center and between health center and hospital; and
   - 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.

5. Plan for comprehensive RH services, integrated into primary health care (PHC) as the situation permits. Support the health sector/cluster partners to:

    ◑ Coordinate ordering RH equipment and supplies based on estimated and observed consumption;

    ◑ Collect existing background data;

    ◑ Identify suitable sites for future service delivery of comprehensive RH services; and

    ◑ Assess staff capacity to provide comprehensive RH services and plan for training/retraining of staff.

Note: It is also important to ensure contraceptives are available to meet the demand, syndromic treatment of STIs is available to patients presenting with symptoms and, as per 2010 IASC Guidelines on Addressing HIV in Humanitarian Settings,[12] antiretrovirals (ARVs) are available to continue treatment for people already on ARVs, including for prevention of mother-to-child transmission (PMTCT). In addition, it is important to ensure that culturally appropriate menstrual protection materials (usually packed with other toiletries in "hygiene kits") are distributed to women and girls.

What supplies are necessary to implement the MISP and where can an agency get them?

Essential drugs, equipment and supplies to implement the MISP have been assembled into a set of specially designed prepackaged kits: the Inter-Agency Reproductive Health Kits.[13] The kits complement the objectives in the *Inter-agency Field Manual for Reproductive Health in Humanitarian Settings*.[14] As the kits are designed for the early phase of a crisis and logistical problems are common in crisis settings, RH service provider agencies should, as part of the overall health sector/cluster, prepare by including RH supplies within their overall medical supply procurement. The lead RH agency should support the inclusion of RH supplies in the process of transition to re-establish normal supply chains. Please see Chapter 8 for more information on ordering supplies.

Why is the MISP a priority?

The components of the MISP represent critical, life-saving health actions that must be implemented simultaneously with other life-saving activities. The MISP is essential to reducing death, disability and illness, particularly among women and girls. Crisis-affected communities have a right to access these services.

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[12] Inter-agency Standing Committee, *Guidelines for Addressing HIV in Humanitarian Settings*, 2010. Accessible from http://www.aidsandemergencies.org/cms/.

[13] Inter-agency Working Group on Reproductive Health in Crises, *Inter-Agency Reproductive Health Kits for Crisis Situations* (Fourth edition), January 2008. Available from http://www.iawg.net/resources/rhkits.html.

[14] Inter-agency Working Group on Reproductive Health in Crises, *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 Revision for Field Review*, 2010. Available from http://www.iawg.net/resources/field_manual.html.

What are the possible consequences of ignoring the MISP in an emergency setting?

The lives of people affected by crises, particularly women and girls, are put at risk when the MISP is not implemented. For example, women and girls can be at risk of sexual violence when attempting to access food, firewood, water and latrines. Their shelter may also not be adequate to protect them from intruders or they may be placed in a housing situation that deprives them of their privacy. Those in power may exploit vulnerable women and girls by withholding access to essential goods in exchange for sex. In addition, not observing standard precautions in a health care setting may allow the transmission of HIV to patients or health workers and, without a referral system in place to transfer patients in need of basic or comprehensive EmOC services to an equipped health facility, women may die or suffer long-term injuries (e.g., obstetric fistula). The MISP provides an outline of the basic steps to be taken in order to save lives, preserve health and avoid these negative consequences.

Who is responsible for implementing the MISP?

The heath sector/cluster and the Ministry of Health (MoH) are responsible for ensuring that MISP priority activities are implemented. However, not all MISP activities are limited to the health sector/cluster; specifically, activities to prevent and respond to sexual violence cut across the protection, food/nutrition, water and sanitation and shelter sectors. The critical role that must be played by the health sector/cluster in implementing the MISP is reflected in IASC Health Cluster tools and guidance.[15]

How are displaced populations and affected communities involved?

Though it may be difficult in the earliest days of a crisis, every effort should be made to ensure crisis-affected populations, including men, women and adolescents, are involved in the program planning and implementation of MISP services from the onset of an emergency. It is also important to reach out to other groups with particular vulnerabilities, including persons with diverse sexual orientations and persons with disabilities. At minimum, affected communities must be informed of the benefits of seeking services, such as clinical care for survivors of sexual violence and EmOC services, and how and where to access these services. On behalf of the RHRC Consortium, the Women's Refugee Commission has developed information, education, communication (IEC) "universal templates" for crisis-affected populations on the importance of seeking care after sexual assault and accessing care for obstetric complications. The templates currently speak to two of the MISP objectives (additional templates are planned), and are intended to aid service providers in their efforts to inform communities in diverse crisis settings on the available services and the benefits of seeking care.[16]

Why is it important to ensure the needs and capacities of adolescents are addressed?

In the immediate aftermath of a crisis, the disruption of families and communities, and, often the loss of educational opportunities, jobs and other meaningful activity are common challenges for adolescents

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[15] Inter-agency Standing Committee, *Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster*. 2009. Available from www.who.int/hac/network/global_health_cluster/guide; Inter-agency Standing Committee, *Health Resources Availability Mapping System* (HeRAMS), 2009. Available from http://iawg.net/resources/Graph_RAMS_5aug09.pdf.

[16] The templates are available from the Reproductive Health Response in Crises (RHRC) Consortium website: http://rhrc.org/members/iec/.

affected by crises. Adolescents are often idle and their needs and capacities go unrecognized at a time when they face new risks. They may have lost access to family, social supports and health services as a result of displacement. Adolescents, particularly girls, are especially vulnerable to sexual violence with the breakdown of law and order, which further increases the risks of unwanted pregnancy, unsafe abortions and STIs including HIV. Yet, although adolescents face numerous challenges to their sexual and reproductive health, they are typically a healthy cohort with strength that can be garnered to cope with their circumstances and help their communities. Adolescents should therefore be provided with opportunities to participate in designing and implementing accessible, acceptable and appropriate MISP services. See Appendix G for an Adolescent-Friendly Sexual and Reproductive Health Service Checklist from Save the Children/UNFPA's *Adolescent Sexual and RH Toolkit for Humanitarian Settings: A Companion to the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*.[17]

Why is the urban context important to consider for MISP implementation?

The world is undergoing a rapid global urbanization process, and it is predicted that an estimated 60 percent of the global population will be living in urban areas by 2030.[18] Statistics from the United Nations High Commissioner for Refugees (UNHCR) have shown that, currently, more than half of the world's refugee populations are living in cities and towns, and this is likely to continue to increase over the next years for refugees and IDPs alike.[19] Conversely, only one-third of refugees currently live in traditional camp settings.[20] In urban settings, health systems are often already stretched and an influx of displaced persons compounds the situation. Further, providing health care to refugees and IDPs is often difficult in urban settings. Transport to health facilities is often a challenge, and displaced people may have cultural, social and economic barriers for accessing heath care and other services. It is important to ensure that under these challenges the immediate access to the priority RH services of the MISP is guaranteed. Since scenarios for the provision of health care in urban settings differs by country, it is important to conduct a rapid mapping of the available health facilities and systems, including the MoH, NGOs and faith-based services. These facilities also must be supported directly through the MoH and the international community to ensure that RH services are readily accessible, utilized by IDPs and the crisis-affected community, and that they meet the required quality standards adapted to the specific context of the displaced situation.

Is the MISP only for acute emergencies?

The MISP is not just applicable to acute crises. In some protracted and/or post-crisis settings, the priority services of the MISP are still not in place. The new framework for action for RH in protracted crisis and recovery includes ensuring the clinical components of the MISP, achieving equitable coverage and sustaining services as they are integrated into comprehensive RH care.[21] Existing RH programming should not be suspended or reduced, but immediately improved to include all priority activities of the MISP that form the basis for comprehensive RH programming.

17 Save the Children/United Nations Population Fund, *Adolescent Sexual and RH Toolkit for Humanitarian Settings: A Companion to the Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*, 2010. Available from http://www.iawg.net/resources/ARH/index.html.

18 Population Bulletin, "World Population Highlights: Key Findings from PRB's 2007 World Population Data Sheet." http://www.prb.org/pdf07/62.3Highlights.pdf.

19 United Nations High Commissioner for Refugees. Urban Refugees: *Trying to get by in the city*. Accessible from http://www.unhcr.org/pages/4b0e4cba6.html.

20 United Nations High Commissioner for Refugees. Urban Refugees: *Trying to get by in the city*. Accessible from http://www.unhcr.org/pages/4b0e4cba6.html.

How can MISP implementation be monitored?

The MISP Checklist (see Appendix A) can be used to monitor RH service provision in each humanitarian setting. In some cases, this may be done by verbal reporting from RH Officers and/or through observation visits. At the onset of the humanitarian response, weekly monitoring is done. Once services are fully established, monthly monitoring is sufficient. Another tool to monitor MISP implementation is the Health Resources Availability and Mapping System (HeRAMS). HeRAMS is a software-based information system developed by the IASC Health Cluster to support the collection, collation and analysis of information on the availability of health resources in different areas and locations, and by type of service delivery point and level of care. Health resources include health facilities (infrastructure), personnel and services provided, including those specific to the MISP. In addition, the emergency Health Information System (HIS), developed by UNHCR, includes the collection of key RH indicators at health facility level from the onset of an emergency. Data can be used to discuss gaps and overlaps in service coverage within the health sector/cluster coordination mechanisms to find and implement solutions.

How can an agency obtain funding to support MISP activities?

NGOs responding to a humanitarian crisis should include funding for MISP activities in proposals to donors such as the Office of U.S. Foreign Disaster Assistance (OFDA), U.S. Bureau for Population, Refugees and Migration (BPRM), UNHCR, UNFPA, Humanitarian Aid Office of the European Commission (ECHO), AusAID or private donors who may support emergency response activities (see Appendix C for a sample of a funding proposal). The MISP also meets the life-saving criteria of the UN Central Emergency Response Fund (CERF).[22] NGOs can access CERF funds from the UN by submitting proposals for projects that are part of the humanitarian planning and appeals processes (e.g., flash appeals, consolidated appeals process (CAP) and other humanitarian appeals). (See Appendix D for a sample of a CAP proposal). It is important that the proposals describe the priority RH activities as outlined in the MISP as the first RH components to be addressed, followed by an expansion of RH programming once the MISP has been fully implemented. It may be helpful to cite the life-saving criteria and the Sphere standards in proposals. In the 2011 edition of the _Sphere Handbook,_ the MISP is included within the section on _Minimum Standards in Health Action, Essential Health Services Standard 3.1 Reproductive Health_.[23]

What can be done to prepare for an emergency in disaster- and conflict-prone countries?

Local communities, district and state representatives, and humanitarian and disaster agencies should prioritize RH in health emergency management policies, including emergency preparedness and contingency plans. Such plans could include: training national, local and community-based health workers in the MISP; identifying a system to map available services at the onset of an emergency; identifying coordination and communication strategies; emergency human resource planning; and developing logistic plans for stockpiling, ordering and disseminating MISP supplies.

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[21] World Health Organization, _Sexual and Reproductive Health During Protracted Crises and Recovery: Report on an expert consultation held in Granada, Spain_ 28-30, September, 2009; Preliminary Publication, 2010. Granada. Consensus available from http://www.who.int/hac/techguidance/pht/reproductive_health_protracted_crises_and_recovery.pdf.

[22] Central Emergency Response Fund (CERF), _Lifesaving Criteria and Sectoral Activities_, 2010. Available from http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1163693.

[23] The Sphere Project, _Humanitarian Charter and Minimum Standards in Disaster Response_, 2011. Available from www.sphereproject.org.

With funding from AusAID, the SPRINT (Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations) Initiative in East, South East Asia and the Pacific was developed after the ninth IAWG annual meeting in October 2006 in Sydney to improve access to reproductive health services and information for populations living in humanitarian settings. The objectives are to:

✦ Increase the regional capacity of key stakeholders to coordinate and implement the MISP;
✦ Strengthen the coordination of the RH response in crisis situations;
✦ Raise awareness on RH in crises at national and regional levels; and
✦ Respond to RH needs in crises in a timely fashion.

The Initiative is coordinated by the International Planned Parenthood Federation (IPPF), and partners closely with the University of New South Wales (UNSW), UNHCR, UNFPA and the Women's Refugee Commission. For more information on the SPRINT Initiative, please visit the SPRINT Initiative website.[24]

In addition, the IAWG Training Partnership (TP) for RH in Crises is an IAWG's sub-working group that was formed in 2006. It aims to establish partnerships between the IAWG and training institutions from crisis-prone countries in order to assure quality training on RH in emergency preparedness and response on a regular and sustainable basis. The objectives of the IAWG TP are to:

✦ Build the capacity of strategic partners;
✦ Improve the quality of RH training for (future) humanitarian workers; and
✦ Pilot new training modules.

The IAWG TP also aims to increase national capacity to effectively coordinate and deliver quality RH services from the onset of an emergency and to conduct effective national planning for and the implementation of integrated comprehensive RH services. For more information on the IAWG TP, go to www.iawg.net/2010/tp.html.

Where can I find Quick Resources for MISP Implementation?

From the IAWG website MISP resource page: http://www.iawg.net/resources/misp.html.

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[24] The SPRINT Initiative website is accessible from http://www.iawg.net/sprint.html.