Chapter 2

Coordination of the MISP

Coordination of MISP activities as part of the overall health sector/cluster response is necessary at multiple levels, including within each agency responding to the emergency as well as at sub-national, national and international levels. Coordination within and among these various levels and across sectors is crucial to ensure effectiveness of the RH response as it helps to identify and fill gaps in service delivery, prevent overlapping programming, strengthen advocacy and support accountability and application of standards.

At the beginning of the response in each humanitarian setting, the health sector or health cluster must identify an organization to lead the RH response. This can be a national or international NGO, the Ministry of Health (MoH) or a UN agency. The nominated organization, which is the one identified as having the most capacity to fulfill this role, immediately dedicates a full-time RH Officer for a minimum of three months to provide operational and technical support to the health partners and to ensure the prioritization of RH and achieve good coverage of MISP services. It is important that this individual has sufficient technical knowledge of all MISP components to provide this support.

Objective

Ensure the health sector/cluster identifies an organization to lead implementation of the MISP. The lead RH organization then:

- 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.

The following is a broad terms of reference to be undertaken by an overall RH Officer.

RH Officer - Terms of Reference

The RH Officer is responsible for supporting health sector/cluster partners to implement the MISP and plan for comprehensive RH service delivery. The RH Officer's role is to:

- Coordinate, communicate and collaborate with the health sector or health cluster coordinator and actively participate in health coordination meetings, providing information and raising strategic and technical issues and concerns;
- Support the coordinated procurement of reference materials and supplies;
- Host regular RH stakeholder meetings at relevant (national, sub-national/regional, local) levels to problem solve and strategize the implementation of the MISP and to provide MISP resource materials;

Adolescents: The RH Officer advocates for an adolescent-inclusive implementation of the MISP and supports the identification of the most vulnerable adolescents and ensures they are able to access RH services.

- Ensure regular communication among all levels and report back on key conclusions and on challenges requiring resolution (e.g., policy or other barriers that restrict the population's access to RH services) to the overall health coordination mechanism. This includes identifying synergies and gaps and avoiding a duplication of efforts and parallel structures;
- Provide technical and operational guidance on MISP implementation and audience-specific orientation sessions when and where feasible (e.g., for service providers, community health workers, program staff and the affected population, including adolescents);
- Liaise with other sectors (protection, water and sanitation, community services, camp coordination, etc.) to address RH-related concerns; and
- Support health partners to seek RH funding through humanitarian planning processes and appeals in coordination with the health sector/cluster.

The RH Officer must identify, understand and provide information about:

- The elements of national and host country policies, regulations and customary laws that:

- ❖ support RH services for the affected population; and
- ❖ create barriers and restrict access to RH services.

- Relevant MoH protocols for standardized care (e.g., protocols for clinical management of rape survivors, referral mechanisms for obstetric emergencies and STI syndromic management and family planning protocols).

Urban Settings: The RH Officer must:

- Ensure that the MoH at the relevant (national, provincial, district, municipal or other) level participates in leading the RH working group;
- Work with the health sector/cluster to ensure a mapping of existing MISP activities and services, including those among the MoH, civil society and the private sector; and
- Aim to identify and support existing capacities among the variety of stakeholders to ensure there is equitable coverage of the MISP for the crisis-affected population.

The RH Officer works within the context of the overall health sector/cluster coordination mechanism to obtain and use information to:

- Use the MISP checklist (see Appendix A) to monitor services, collect service delivery information, analyze findings and act on identified gaps and overlaps;
- Collect or estimate basic demographic and RH information of the affected population to support MISP implementation and planning for comprehensive RH service delivery (see Appendix A).

Noted practices in facilitating the coordination and implementation of the MISP observed in Haiti[25]

- ✦ Led by the UNFPA with Ministère de la Santé Publique et de la Population (Ministry of Public Health and Population) of Haiti, an RH coordination mechanism was initiated under the health cluster in Port-au-Prince within two weeks of the earthquake.
- ✦ In Port-au-Prince, UNFPA led orientations to the MISP, disseminated supplies to NGOs and collected minimum data (condoms distributed, rape cases).
- ✦ In the early weeks of the crisis, UNFPA linked with the health and protection clusters, including the gender-based violence (GBV) area of responsibility (AoR).
- ✦ RH working group meetings in Port-au-Prince were reported to have had a rapid start in the midst of the chaos in the early weeks of the crisis and were viewed by many, including development organizations working in Haiti but not experienced in humanitarian crises, to be extremely valuable in accessing information and RH supplies. These meetings also provided an opportunity for development organizations to meet Ministry of Public Health and Population and UNFPA representatives.
- ✦ The majority of people interviewed by the assessment team who had heard of the MISP and were aware of the RH working group in Port-au-Prince had attended the RH working group meeting at least once, and many attended regularly.

[25] Women's Refugee Commission, *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*, May 17-21, 2010, October, 2010. Available from http://www.womensrefugeecommission.org/reports.

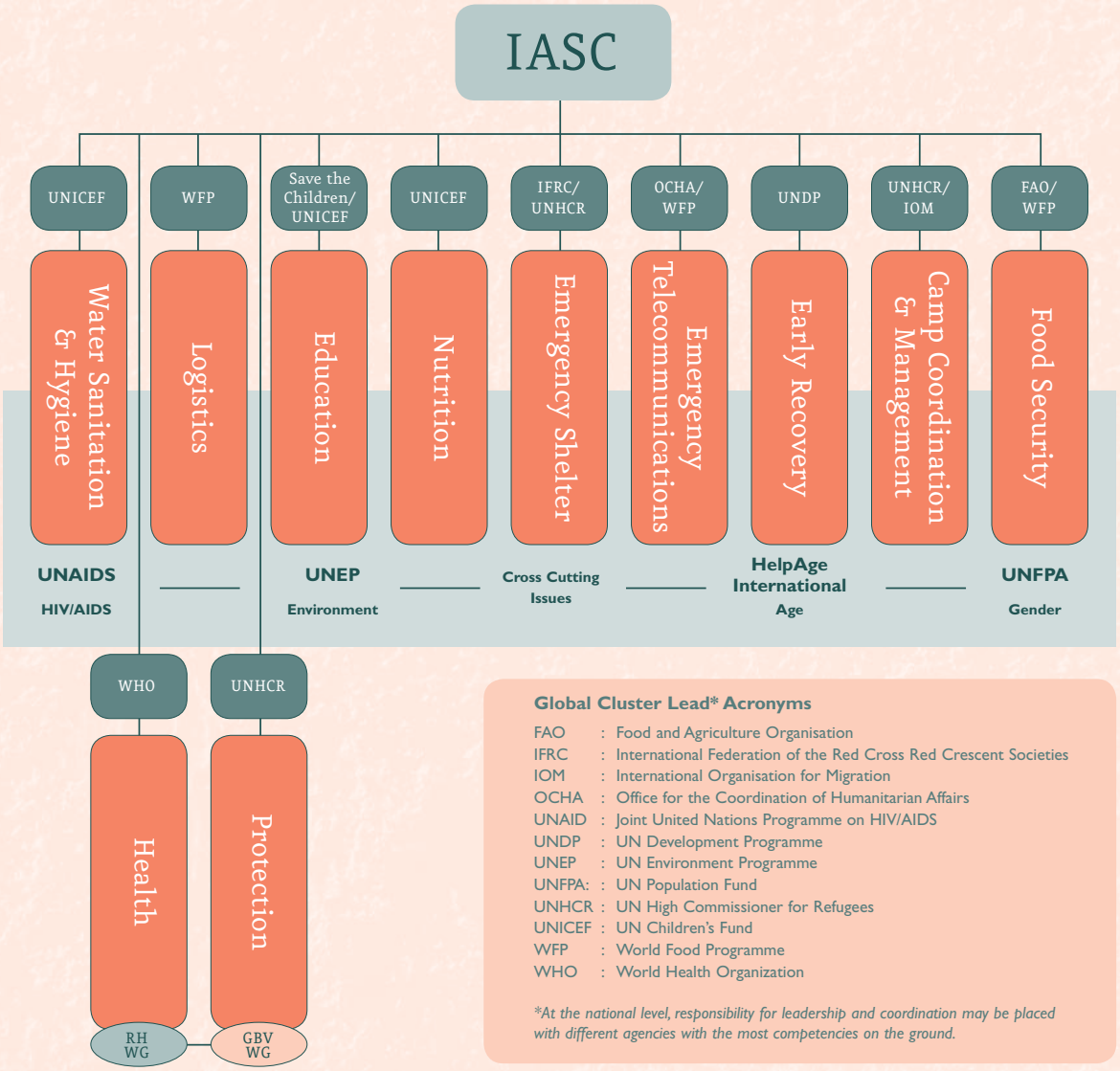
Why is putting an RH Officer in place a priority?

Evidence shows that, without appropriate technical expertise and coordination to support the RH response, the critical services of the MISP are often ignored or de-prioritized.

National or Sub-national Level:

It is important for all agencies responding to health needs in a crisis to participate in the health sector/cluster coordination activities at national and/or sub-national levels, whether this is by attending weekly, bi-weekly or monthly meetings. As partners in the coordination mechanism, agencies are responsible for raising RH-related issues for discussion within the overall sector/cluster meetings.

RH Coordination at the National and Sub-national Levels [26]



Global Cluster Lead* Acronyms

FAO	:	Food and Agriculture Organisation
IFRC	:	International Federation of the Red Cross Red Crescent Societies
IOM	:	International Organisation for Migration
OCHA	:	Office for the Coordination of Humanitarian Affairs
UNAID	:	Joint United Nations Programme on HIV/AIDS
UNDP	:	UN Development Programme
UNEP	:	UN Environment Programme
UNFPA:	:	UN Population Fund
UNHCR	:	UN High Commissioner for Refugees
UNICEF	:	UN Children's Fund
WFP	:	World Food Programme
WHO	:	World Health Organization

**At the national level, responsibility for leadership and coordination may be placed with different agencies with the most competencies on the ground.*

[25] The diagram is dated March 2011. The RH working group must address the health-related sexual violence/GBV issues and raise this in the discussions, appeals planning, and other work of the health cluster/sector. The presence of a GBV working group under the protection cluster does not replace this function for the RH working group.

What support does the RH Officer need?

The RH Officer should be supported with administration and logistics personnel to help arrange RH working group meetings and to work with the health sector/cluster to order, stockpile and distribute RH supplies. Useful MISP-related resources for the RH Officer and others can be found at: www.iawg.net/resources/misp.html.

Who should participate in RH working group meetings?

Relevant actors in the humanitarian health response should participate, including the MoH and any other relevant ministries; local and international development, humanitarian and civil society organizations with RH expertise and experience; representatives from the affected communities; and UN agencies such as UNFPA, UNHCR, UNICEF and WHO.

What are some components of good RH coordination?

Successful RH working groups have an agreed-upon terms of reference (focused on implementing and building upon the MISP), are well facilitated, and are used for strategic planning and problem-solving to ensure good coverage of the MISP. Active engagement of the MoH in leading or co-leading the coordination effort is also critical for the success of the working group. In addition to appropriate administrative and logistics support, it is important to ensure that relevant agencies are aware of the RH working group and understand that the working group meetings are open to all.

Meetings should be held in an accessible location and should occur on a regular basis – usually once per week at the onset of an emergency. It is important to ensure that meetings are time-efficient. The RH Officer should facilitate meetings based on an action-oriented agenda to ensure equitable and comprehensive coverage of MISP activities. In addition, to accommodate new agencies and the rotation of staff, it is important to review the MISP and the action plan for the working group at the start of each meeting. Different organizations could take the lead at the beginning of the meeting to distribute and review MISP cheat sheets and advocacy[27] (see Appendices E and F). Facilitation of meetings should also support equal participation, effective listening, note-taking and distribution of minutes. Minutes should also be posted on the OneResponse website (www.oneresponse.info) and the RH Officer should ensure that key points from the RH working group are included in health cluster situation reports (sitreps) and are communicated to OCHA for their sitreps as part of the health sector/cluster contribution.

How can RH coordination be sustained through protracted crises?

International RH Officers should, at the onset of their work, identify a local counterpart to establish a "twinning" partnership. This will ensure a smooth transition during any staff turnover that occurs while aiming for the MoH to assume RH coordination.

What global mechanisms provide policy and technical support for the MISP?

Global Health Cluster: On the international level, the Global Health Cluster, led by WHO, comprises of more than 30 organizations that work collaboratively to ensure predictable and accountable health action

[27] MISP-related resources are available from www.iawg.net/resources/misp.html.

including RH in crises.[28] For refugee crisis, UNHCR is the lead coordinating agency, including for reproductive health.

IAWG on RH in Crises: The IAWG is a mechanism where RH-specific collaboration occurs among UN and government agencies, donors and NGOs. The group collaborates through an open membership volunteer steering committee comprised of representatives from 14 agencies and via annual meetings where local and international partners share activities and resources, initiate collaborative efforts and analyze issues in the field to be addressed. The IAWG has also established 12 sub-working groups to tackle the most pressing RH topics based on a specific terms of reference for each of those groups, which are updated at the annual IAWG meeting. The MISP sub-working group meets regularly by teleconference to address the terms of reference, share findings, and identify areas for improvement from crisis-affected settings in countries such as Burma/Myanmar, Haiti, Kenya and Pakistan. The findings from these meetings have formed the sub-working group's terms of reference and helped support a more coordinated and effective MISP response in new emergencies. This is an example of how action at the global level can support activities in the field. For more details on joining IAWG, please go to www.iawg.net.

The Reality of Implementing the MISP in Burma/Myanmar

In May 2008, Cyclone Nargis hit the Irrawaddy Delta in Burma/Myanmar. The cyclone affected 2.4 million people and caused up to 140,000 deaths. As in many emergency settings, the RH needs were high. Two representatives from UNFPA and UNHCR, who had recently completed a training on coordinating the implementation of the MISP by the SPRINT Initiative, immediately took action to address the MISP. Despite resistance from some agencies that did not deem RH a priority, they established an RH/HIV technical working group under the health cluster and helped spearhead a women's protection technical working group under the protection cluster. UNFPA Myanmar recruited new staff to support the coordination and implementation of the MISP. UNFPA and the members of the RH/HIV and women's protection working group conducted rapid orientations on the MISP, including prevention and response to sexual violence, which helped garner the buy-in from other agencies, with some agencies recruiting new staff to implement RH services after attending the awareness-raising sessions. UNFPA and partners included the MISP in humanitarian appeals, including the Flash Appeal and CERF, and distributed RH Kits throughout the affected area. Although there were barriers and constraints in the overall response, agencies noted that RH/HIV coordination had worked exceptionally well from the onset of the crisis. One RH Program Officer from an NGO remarked: "Before I attended the RH/HIV working group, I didn't know if what we were doing was right. And I didn't realize how many other agencies were working on RH. The working group helped us work together and ensure we were on the same page. It was very encouraging for us to have them at that time." One UN representative noted, "In these meetings we could really talk." After the acute phase passed, UNFPA Myanmar and partners rolled out hundreds of trainings on the MISP, GBV, gender and psychosocial care, reaching over 3,000 people throughout the country.

[28] The Global Health Cluster website is available at http://www.who.int/hac/global_health_cluster/en/.

MISP Coordination Monitoring Checklist

Lead Agency for RH

- Lead RH agency identified and RH Officer functioning within the health sector/cluster
- RH stakeholder meetings established and meeting regularly at national/sub-national levels

Demographics

- Total population
- Number of women of reproductive age (ages 15 to 49, estimated at 25% of population)
- Number of sexually active men (estimated at 20% of population)
- Crude birth rate (estimated at 4% of the population)

Materials and Supplies

- Sufficient supplies for MISP implementation identified and procured

Which supplies are useful for coordinating the implementation of the MISP?[29]

Number	Name	Color
Kit 0:	*Administration Kit*	*Orange*

Challenges and Solutions

1. *Sometimes a lack of understanding and/or prioritization of RH by humanitarian actors, and in particular sector/cluster leads and partners, can make implementation of the MISP within the overall health response difficult. How can one counteract such apathy and dismissal of RH issues?*

   Point out that the MISP is an accepted international minimum standard reflected in the Sphere handbook, the CERF life-saving criteria, the *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings* and the *Health Cluster Guide*. Encourage all technical and managerial staff involved in humanitarian response to complete the MISP module and share relevant resources such as the MISP advocacy sheet.

2. *At the beginning of an emergency, UNFPA and other RH specialist agencies may not yet be operational in the field. Security may be poor and capacity of staff may be very weak. In such a setting, the reality of trying to adequately implement all elements of the MISP can be very challenging. In what ways can an individual, small group or agency address this problem?*

   If your agency is involved in the health response it should ensure the MISP is included in its programming. Your agency or another agency could volunteer in the health sector/cluster meetings to lead RH and to establish regular RH working group meetings to facilitate implementation of the MISP.

[29] 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.

Chapter 2 Quiz

(Answers on page 104)

1 *MISP and additional priority activities include:*

- **a.** Prevent sexual violence and respond to survivors
- **b.** Reduce HIV transmission
- **c.** Prevent excess maternal and newborn morbidity and mortality
- **d.** Ensure contraceptives, ARVs and STI care are available
- **e.** All of the above

2 *Addressing _____ is part of the MISP.*

- **a.** Emergency obstetric care
- **b.** Early age of marriage
- **c.** Antenatal care
- **d.** Clinical care for survivors of rape
- **e.** a and d

3 *RH Officers are solely responsible for ensuring that MISP priority activities are implemented.*

- True
- False

4 *The RH Officer should know the following demographic and health information:*

- **a.** The number of people with sexually transmitted infections
- **b.** The approximate number of sexually active men
- **c.** The approximate number of pregnant women
- **d.** The number of people with HIV
- **e.** b and c

5 *The RH Coordinator should:*

- **a.** Work within the health sector/cluster
- **b.** Support the coordinated procurement of RH materials and supplies
- **c.** Conduct orientation sessions on the MISP for the health sector/cluster and humanitarian workers
- **d.** Utilize the MISP checklist for monitoring RH activities
- **e.** All of the above