

# MISP Module Answers

## *Chapter 2 Coordination of the MISP*

1. **e.** All of the above

The MISP and additional priority activities include: prevent sexual violence and respond to survivors; reduce HIV transmission; prevent excess maternal and newborn morbidity and mortality; and ensure contraceptives, ARVs and STI care are available.

2. **e.** A and D

Ensuring women and girls' access to emergency obstetric care is a priority activity for preventing maternal and newborn morbidity and mortality. Ensuring clinical care for rape survivors is an essential activity to respond to sexual violence.

Antenatal care is not part of priority RH services. Antenatal care should be initiated through comprehensive RH services once all components of the MISP have been implemented. Addressing early age at marriage is not part of the MISP.

3. **b.** False

Humanitarian workers are responsible for ensuring that MISP priority activities are implemented, not just the RH staff. MISP activities are not limited to RH staff or even the general health sector. The MISP cuts across all sectors in addition to health, including protection, food security, water/sanitation and shelter.

4. **e.** B and C

The RH Officer should know the following demographic and health information: the approximate number of sexually active men and the approximate number of pregnant women.

Determining the number of people living with HIV and sexually transmitted infections is not part of the MISP.

5. **e.** All of the above

The RH Officer should: work within the health sector/cluster; support the coordinated procurement of RH materials and supplies; conduct orientation sessions on the MISP for the health sector/cluster and humanitarian workers; and, utilize the MISP checklist for monitoring RH activities.

## *Chapter 3 Prevent and Manage the Consequences of Sexual Violence*

1. **e.** A, C and D

The RH Officer should: support multi-sectoral/inter-cluster coordination of actions to prevent (and respond to) sexual violence; ensure communities are informed about the benefits of seeking clinical care for rape, as well as the location and hours of clinical care service; and identify and support the development and functioning of systems to address sexual exploitation and abuse.

A community-wide education campaign on gender-based violence (GBV) is not a component of the MISP. The focus of the MISP is the prevention of sexual violence, including sexual exploitation and abuse, provision of medical care for rape survivors and ensuring the availability of essential psychosocial services. Once a situation stabilizes and all components of the MISP have been implemented, attention can be given to preventing the wider array of GBV issues.

2. **e.** All of the above

Perpetrators can be *anyone*, including others who have been displaced by the conflict or disaster; members of the same or other clans, villages, religious groups or ethnic groups; military personnel; humanitarian workers from UN or NGO agencies; members of the host population; or family members. They can be male or female, old or young.

3. **c.** *InterAction Step by Step Guide to Addressing Sexual Exploitation and Abuse*

4. **c.** Lack of cooking fuel available in or near households

Women and girls who have to travel to gather firewood for cooking fuel are at increased risk for sexual assault.

5. **b.** Antenatal care

#### *Chapter 4 Reduce the Transmission of HIV*

1. **b.** People living with HIV participate in food distribution

The participation of people living with HIV in the distribution of food and other essential goods is not a risk factor for HIV transmission.

2. **e.** All of the above

All blood for transfusion should be safe by ensuring that it is screened for HIV and other transfusion transmissible infections such as hepatitis B, C and syphilis; avoiding unnecessary blood transfusions; ensuring there are sufficient HIV and other tests and supplies available for screening blood where needed; and ensuring that an appropriate facility, supplies and qualified staff are in place.

3. **e.** A, C and D

Requirements for infection control include: facilities for frequent hand washing; decontaminating, cleaning, disinfecting and sterilizing used instruments; and safe handling of sharp objects.

X-rays are not required for infection control.

4. **b.** False

An HIV test is not required before prescribing PEP.

5. **e.** All of the above

It is important to make condoms available in a variety of places so different segments of the population can access them comfortably.

## Chapter 5 Prevent Excess Maternal and Newborn Morbidity and Mortality

1. **c.** Distributing clean delivery kits

The distribution of clean delivery kits is not a component of emergency obstetric care.

2. **e.** Blood Transfusion

Although safe blood transfusion is important, it is not part of essential newborn care.

3. **d.** 4 percent

The proportion of displaced women who will be pregnant at a given time is based on average estimates in developing countries at 4 percent of the total displaced population. National and sub-national or other locally available crude birth rate should be used when possible.

4. **b.** False

It is essential to assess the local health facility and work with the authorities in the region to determine whether it makes sense to support the current health center or hospital. However, if the facility is too far away or cannot handle the extra patients, NGOs and UN agencies must decide with the local health authorities whether it makes more sense to invest in building a new facility.

5. **d.** Sutures

Sutures are not part of a clean delivery kit.

## Chapter 6 Planning for Comprehensive RH Services

1. **e.** A, B and C

The MISP requires establishing a referral system for EmOC immediately versus planning for it as a component of comprehensive RH services.

2. **e.** A, C and D

The MISP requires establishing medical care for survivors immediately versus planning for it as a component of comprehensive RH services.

3. **e.** All of the above

WHO, UNFPA, World Bank and Demographic and Health Surveys provide demographic and health data.

4. **b.** False

Planning for comprehensive RH service delivery should begin at the same time as the implementation of the other components of the MISP. If not, provision of comprehensive RH services may be unnecessarily delayed. The actual implementation of comprehensive RH care, however, should wait until after the priority services of the MISP are fully established.

5. **e.** All of the above

Characteristics of a suitable site for delivering comprehensive RH services include: the capacity for privacy and confidentiality during consultations; possibilities to maintain aseptic conditions; communications and transport availability for referrals; and locked storage facilities for supplies and files.

### *Chapter 7 Priority Activities in Addition to the MISP*

1. **e.** All of the above

Priority activities in addition to the MISP include ensuring: contraceptives are available; syndromic treatment of STIs is available; ARVs are available; and menstrual protection materials are provided.

2. **a.** True

The disruption of family and social support structures can further pose challenges for adolescents who, without access to adequate information and services, can be more at risk of exposure to unsafe sexual practices.

3. **e.** All of the above

Contraceptive methods that should be available at the onset of an emergency include: condoms and pills; injectables; IUDs; and emergency contraceptive pills.

4. **e.** B and C

To ensure syndromic treatment of STIs is available at health facilities, it is important to identify national STI treatment protocols and to make these protocols available at health facilities.

Although it is important to ensure a newborn is dried and warmly wrapped—keeping its head covered immediately after birth and to ensure community coordination around food distribution, these are not components of ensuring syndromic treatment of STIs at health facilities.

5. **e.** All of the above

To ensure ARVs are available, the RH Officer can contact the MOH, WHO, UNAIDS and the National Red Cross.

### *Chapter 8 Ordering RH Kits*

1. **a.** True

Female condoms are available in Kit 1, Part B.

2. **c.** Conducting focus groups with an equal number of male and females

To place an order for RH supplies, it is important to undertake the following activities: estimate kit needs based on basic demographic data; coordinate within the health sector/cluster; determine the number of health personnel and their qualifications; and prepare a plan for kit distribution.

Conducting focus groups in an emergency is not necessary because it would take too much time when it is critical to place an order to obtain supplies as soon as possible. Focus groups could be done when a stable phase is reached to better inform RH programming.

3. **b.** Three months

The RH Kits are designed for use for three months for varying levels of the population depending on which block of kits are ordered.

4. **e.** B, C and D

Block 1 is designed for the community and primary health care levels, Block 2 is for the primary health care level and Block 3 is for use at the referral hospital level.

The kits are not designed for the international level.

5. **b.** False

UNHCR does not provide Inter-agency RH Kits. The Inter-agency RH Kits are managed and supplied by UNFPA.