

Assessment of countries' readiness to provide Minimum Initial Service Package for SRH during a Humanitarian Crisis in the Eastern Europe and Central Asia Region

Findings from the analysis of 18 countries' assessments

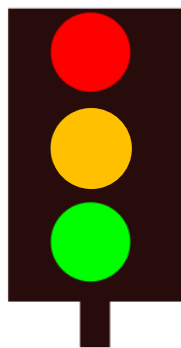
- Context
- Main results for each objective
- Key highlights on preparedness
- Key success factors

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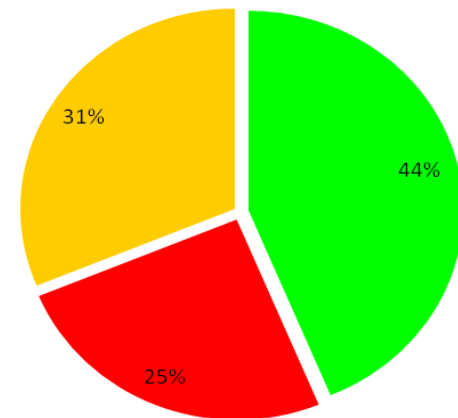
Context of the MISP Readiness Assessment

- MISP Readiness Assessment tool developed by the EECA Regional IAWG in 2013, with a pilot phase in 4 countries
- Assessment in **18 countries with 90 organizations** took place in 2014, final results presented at the EECA IAWG Forum in October 2014
- Tool's methodology similar to the Health Sector Self-Assessment for DRR, PAHO, 2010: **questions to measure indicators** describing an ideal state of preparedness to provide the MISP
- 38 indicators measured through 42 questions

For each objective:

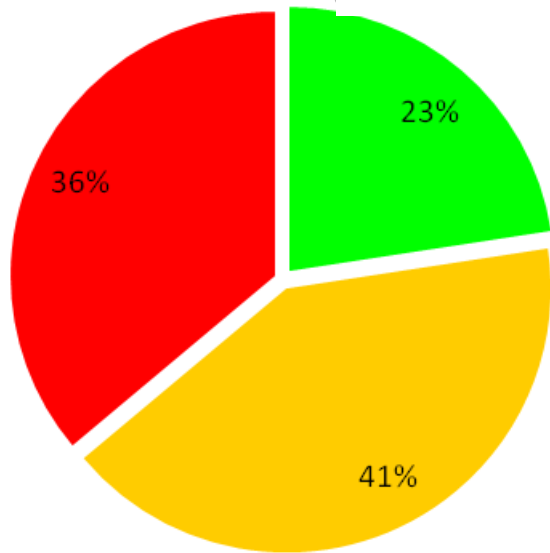


- # of indicators not fulfilled
- # of indicators partially fulfilled
- # of indicators fulfilled

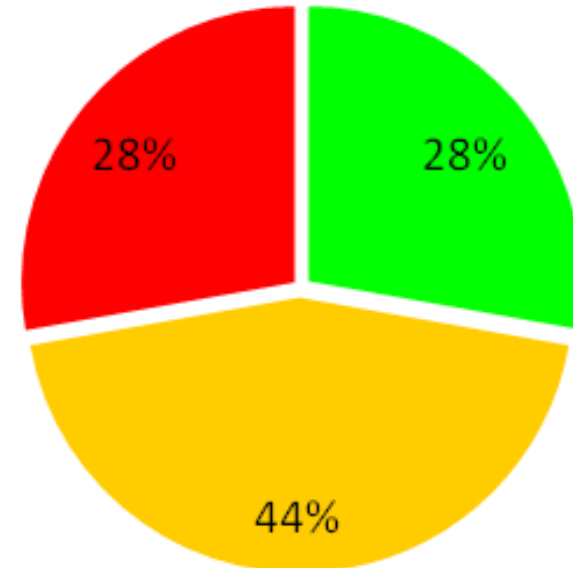


Assessment, Improvement and Monitoring

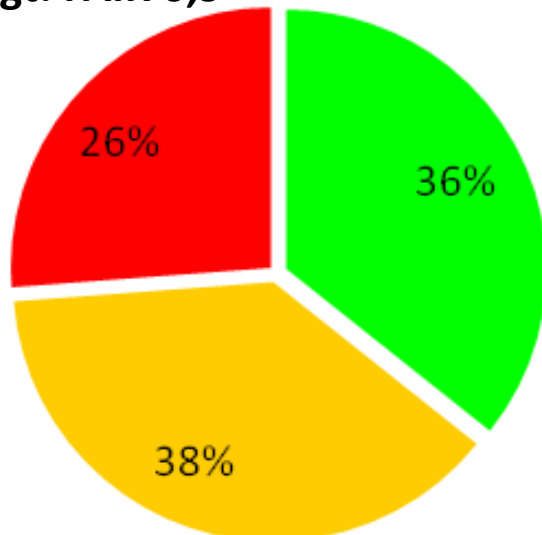
Results per obj., all indicators for the 18 countries



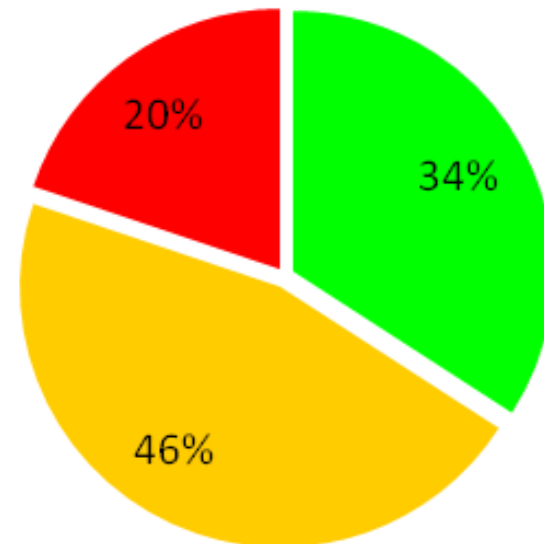
Obj Coordination + Disaster Mgt: FAIR 0,9



Average for Objective 2 SV: FAIR 1,0



Average for Obj. 3 HIV/STIs: FAIR 1,1



Average for Obj 4 MNH: FAIR 1,1

- # of indicators not fulfilled
- # of indicators partially fulfilled
- # of indicators fulfilled

Key highlights 1

MISP Objective 1 Coordination + Disaster Management System

- 13 out of 18 countries have a **Health Disaster Coordination** with roles and responsibilities shared with the Health Coordination

BUT

- 7 countries out of 18 have a working group but not formalized
- 11 countries have no SRH working group

- Poor preparedness for **safety of medical structures**: 2 countries out of 18

MISP Objective 2 Prevention and Response to Sexual Violence

- Lack of knowledge of **non medical structures and networks** involved in prevention and response to sexual violence at national and sub-national levels
- 55% of the countries have part of the services of MISP Objective 2 planned, other 45% have no such services integrated in a health disaster response plan

Key highlights 2

MISP Objective 3 Reduce HIV Transmission & Meet STI Needs

- **77%** of the countries have part of the services of MISP Objective 3 planned, other **23%** have no such services integrated in a health disaster response plan
- **under-integration of STI services:** 7 out of 18 countries have HIV services planned but no STI services planned

MISP Objective 4 Prevent excess maternal and neonatal mortality and morbidity

- 15 countries out of 18 countries plan for EmONC services
 - ≠ 10 countries include provisions for post abortion care
 - ≠ 8 countries plan for contraceptive services
- 8 access a list or mapping of existing 24/7 referral systems

MISP Objective 5 (partial) Planning for comprehensive SR, M&E

- Only 5 countries have SRH indicators in the **Health Information System**
- Provisions to use **MISP Checklists** from the onset of the response are poor
- Provisions to measure **MISP Indicators** from the onset of the response are poor

Key Success Factors

- Country Teams: Ministries, UN and NGOs
- **MoH endorsed the assessment tool**
- Inter-agency work and national ownership:
EECA IAWG is led by IPPF and UNFPA with the Steering Committee
- **Annual EECA IAWG Forum maintains the commitment of Country Teams**

Find our report on
ReliefWeb
and **UNFPA EECA Website !**





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3rd FORUM
Eastern Europe Central Asia (EECA) Inter-Agency Working
Group (IAWG) on Sexual and Reproductive Health in Crisis