

Conceptual Framework: MISP Implementation Logic Model

Activities/Inputs/Outputs		Outcomes & Impact		
Early Activities	Later Activities	Short	Medium	Long
<p>RH coordinating agency (national; subnational; local/camp) identified by the health sector/cluster and weekly/bi-weekly meetings are facilitated</p> <p>RH focal points identified within health service delivery organizations and community-based organizations</p> <p>Basic health demographics determined</p> <p>RH supplies and kits procured based on population estimates (See MISP calculator, RH kit calculator)</p> <p>Mapping, vetting and support of health facilities for MISP services conducted</p> <p>Awareness-raising efforts in place to alert community of priority needs and available services</p>	<p>Health cluster is informed of MISP implementation progress and barriers (including supplies/equipment); funding is secured to support the MISP; MISP kits/commodities and supplies are secured</p> <p>Measures are in place to protect affected populations from sexual violence; clinical care is available for survivors of rape; community is aware of the available clinical services</p> <p>Safe blood transfusion is available; respect for standard precautions is enforced; condoms are available, free and visible</p> <p>Emergency obstetric care (EmOC) and newborn care are available: referral hospitals manage 7 signal functions, skilled delivery is available at health centers, and 24/7 referral is in place from community to health center and health center to hospital; clean delivery kits are distributed to birth attendants and to visibly pregnant women</p> <p>Contraceptives are available on demand</p> <p>Syndromic treatment of STIs is established</p> <p>ARVs are available for existing users, including for prevention of mother-to-child transmission (PMTCT)</p> <p>Culturally appropriate menstrual protection materials (usually packed within "hygiene kits") are distributed to women and girls</p> <p>Community awareness raising is underway about the benefits and location for accessing MISP services</p> <p>RH focal point(s)/staff coordinate orders of 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; assess staff capacity to provide comprehensive RH services and plan for training/retraining of staff; fundraise, or secure funding for continuation of comprehensive RH</p>	<p>Lead RH organization coordinates routine meetings and communication re: MISP, within and external to RH implementers</p> <p>Vulnerable populations, specifically women and girls, are protected from incidents of sexual violence</p> <p>Functional sexual violence referral system in place and accessed</p> <p>Care for survivors of sexual violence accessed</p> <p>Affected communities have secure access to health facilities</p> <p>Safe blood supply available</p> <p>Condoms are freely accessed</p> <p>Adequate staffing and stocks available at health facilities and hospitals (supplies/equipment) to implement standard precautions, basic and comprehensive EmOC and newborn care as appropriate/500,000 population</p> <p>Contraception to meet demand accessed</p> <p>STI syndromic management accessed</p> <p>Treatment of HIV among those in care and PMTCT accessed</p> <p>RH referral system accessed by beneficiaries at all levels</p> <p>Women and girls access menstrual hygiene supplies</p>	<p>Effective coordination of MISP implementation</p> <p>Sexual violence is prevented and the consequences are managed</p> <p>HIV transmission is reduced</p> <p>Excess maternal and newborn morbidity and mortality is prevented</p> <p>Comprehensive RH services are planned for and integrated into primary health care</p>	<p>Reduced 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</p>