**Literature Review Tool**

**MISP Process Evaluation**

**Evaluation Setting**

| Questions | Background Information | Source(s) |
| --- | --- | --- |
| 1. How many people are displaced in this setting and what is their setting of origin?
 |  |  |
| 1. How many displaced women of reproductive age (ages 15-49) are in this setting? (Describe where and when they arrived.)
 |  |  |
| 1. How many sexually active displaced men, estimated at 20% of population, are in this setting? (Describe where and when they arrived.)
 |  |  |
| 1. How many displaced adolescents (males and females, ages 10-19) are in this setting? (Describe where and when they arrived.)
 |  |  |
| 1. Use the MISP Calculator\* to obtain RH statistics

(\*See link in code book) |  |  |
| 1. What are the primary reasons for displacement?

   |  |  |
| 1. What languages are spoken in this setting? (Displaced and host populations)
 |  |  |
| 1. What religion(s) are practices in this setting?

(Displaced and host populations) |  |  |
| 1. Describe the economic characteristics of displaced and host populations.
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| 1. Describe any safety and security issues.
 |  |  |
| 1. Describe any notable conditions in this setting.
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| 1. List the primary needs of displacement population.
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| 1. Which agencies (international, government, national, local) were active in RH prior to the crisis? Explore GBV, HIV, maternal health, and other RH-related agencies.
 |  |  |
| 1. Is a pre-crisis national RH coordination mechanism in place? (Identify lead and participating agencies.)
 |  |  |
| 1. Which agencies are providing RH services in the current crisis? (Mapping of who is doing what where)
 |  |  |
| 1. Is there a lead RH agency in this crisis with a dedicated RH Focal Point? If yes, find name(s) and contact information.
 |  |  |
| 1. Does the lead agency’s RH Focal Point participate in health cluster/sector meetings?
 |  |  |
| 1. Is the MISP (or components of the MISP) included in health cluster/sector situation reports? (Describe.)
 |  |  |
| 1. What percentage of health facilities were damaged or destroyed in the crisis? (Disaggregate by type – referral, PHC, etc.)
 |  |  |
| 1. What percentage of referral hospitals have skilled medical staff available for comprehensive emergency obstetric care 24 hours per day, 7 days per week?
 |  |  |

**Health Indicators**

| Questions | Country of Origin | Host Country | Source(s) |
| --- | --- | --- | --- |
| 1. What is the maternal mortality ratio?
 |  |  |  |
| 1. What is the neonatal mortality rate?
 |  |  |  |
| 1. What is the total fertility rate?
 |  |  |  |
| 1. What is the age-specific fertility rate?
 |  |  |  |
| 1. What is the contraceptive prevalence and primary methods of contraception?
 |  |  |  |
| 1. What is the unmet need for family planning?
 |  |  |  |
| 1. What percent of births are attended by trained personnel?
 |  |  |  |
| 1. What is the adult HIV prevalence?
 |  |  |  |
| 1. How many people are on ARVs?
 |  |  |  |
| 1. What is the reported number of sexual violence cases?
 |  |  |  |
| 1. What is the structure and status of the Ministry of Health (MoH)? (Is it functional during this crisis?)
 |  |  |  |
| 1. Is there a department of reproductive health within the MoH?
 |  |  |  |
| 1. What percent of the annual health budget is dedicated to RH?
 |  |  |  |

**Disaster Risk Reduction**

| Questions | Host Country | Source(s) |
| --- | --- | --- |
| 1. Is there a Disaster Risk Management Agency (DRMA) in the host country?
 |  |  |
| 1. Is a national and subnational health emergency and disaster risk management (HERM) policy in place?
 |  |  |
| 36. Note the extent to which the national and sub-national HERM policy integrates the following RH functions:36.1 Protection measures at health facilities36.2 Clinical care for survivors of sexual violence36.3 Community awarenessmechanisms (IEC) about availability and benefits of care after rape36.4 Safe blood transfusion36.5 Standard precautions36.6 Free condoms36.7 Basic emergency obstetric care36.8 Comprehensive emergency obstetric care36.9 Newborn care service36.10 Emergency newborn care36.11 24/7 referral system36.12 Community awareness (IEC) mechanisms about benefits/location of maternal and newborn services36.13 Clean delivery kits36.14 Staff capacity assessedand trainings planned36.15 Background data collected36.16 Sites identified for future delivery of services36.17 RH equipment and supplies procured36.18 Contraceptives to meet demand36.19 Emergency contraception* 1. Community awareness

(IEC) about benefits & location of family planning services36.21 ARVs for continuing users including PMTCT* 1. Syndromic management of STIs
	2. Menstrual

hygiene supplies* 1. Other (specify)
 |  |  |
| 1. How many local risk assessments have been conducted in last five years? List years.
 |  |  |
| 38 Did the risk assessment include RH? (If no, SKIP to 42) |  |  |
| 1. How many RH risks were identified? List by type.
 |  |  |
| 1. List the type and number/percent of RH risks that were addressed.
 |  |  |
| 1. List the type and number/percent of RH risks identified in the risk assessment that were not addressed.
 |  |  |
| 42. To what extent is the MISP (including RH Kits) part of emergency preparedness and DRR procedures and protocols in the host country? |  |  |
| 43a. Were funds available specifically for MISP preparedness/DRR in the host country?43b. List total amount (allocated, received, sources of funding) for MISP preparedness/DRR. |  |  |
| 44a. Are funds available specifically for MISP implementation/response in the host country?44b. List total amount (allocated, received, sources of funding) for MISP implementation/response. |  |  |
| 45. Is the MISP integrated into the curricula for Ministry of Health (MOH) health professionals (doctors, nurses, midwives)?  |  |  |
| 46. How many MISP trainings have been conducted in the host country in the past two years? List by site.  |  |  |
| 47. How many host country MOH have been staff certified in the MISP distance learning module? (\*Note this information is available from the IAWG Coordinator)  |  |  |
| 48. Do national and sub-national policies for RH incorporate health emergency risk management (HERM) or there is a specific policy on RH and emergency risk management? |  |  |
| 49. Are RH coordinators (focal points) for HERM in place at the national and sub-national levels? |  |  |
| 50. Is there a routine communication between subnational RH focal point and national RH focal point(s)? |  |  |

**Enabling and Restrictive Laws/Policies/Protocols**

| Review and describe the following: | Host Country | Source(s) |
| --- | --- | --- |
| 51. Incorporation of RH into national policies |  |  |
| 52. Law/Policy/Protocol for clinical care for survivors of sexual violence (including emergency contraception and post-exposure prophylaxis) |  |  |
| 53. Referral system for survivors of sexual violence  |  |  |
| 54. Law/Policy/Protocol for basic emergency obstetric care (EmOC) including post-abortion care according to UN Process Indicators |  |  |
| 55. Law/Policy/Protocol for comprehensive EmOC facilities/services according to the UN Process Indicators |  |  |
| 56. Law/Policy/Protocol for newborn care |  |  |
| 57. Law/Policy/Protocol for referral system for EmOC and newborn care |  |  |
| 58. Law/Policy/Protocol for safe abortion care |  |  |
| 59. Law/Policy/Protocol for emergency contraception  |  |  |
| 60. Law/Policy/Protocol for family planning |  |  |
| 61. Law/Policy/Protocol for HIV prevention  |  |  |
| 62. Law/Policy/Protocol for safe blood transfusion |  |  |
| 63. Law/Policy/Protocol for ARVs including for crisis-affected populations (continuing users) |  |  |
| 64. Law/Policy/Protocols for care for STIs (not HIV) |  |  |
| 65. Law/Policy/Protocols for comprehensive RH |  |  |

**Note:**

Information not available from this desk review should be referred to the Key Information Interview (KII) team to address with the lead agencies/MOH/Disaster Management authorities. Copy and paste the unanswered question(s), including the and question number, below and share with the KII team to complete during in-country data collection.

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