Tool for the assessment of countries' readiness to provide Minimum Initial Service Package for SRH during a Humanitarian Crisis

Final Version – December 2013 - English

Content

Introduction 2

Description 3

How to use the tool 3

Outline 5

STEP 1: Questionnaire 8

I. Disaster Management System (incl. Emergency Preparedness and Response), national health emergency management system and plans 8

II. MISP Objective 1 Coordination 13

III. MISP Objective 2 Prevention and response to sexual violence 14

IV. MISP Objective 3 Reduce HIV Transmission & Meet STI Needs 21

V. MISP Objective 4 Prevent excess maternal and neonatal mortality and morbidity 26

STEP 2: Analyze and Action Planning 33

Annex A. MISP Advocacy Sheet 2009 44

Annex B. MISP Cheat Sheet 2009 46

Annex C. Acronyms 47

Annex D. Definitions 47

Introduction

This tool is aimed at assessing the extent to which a country is ready to develop and implement an adequate response to SRH needs in emergency situations. It is designed to be used by the national SRH stakeholders, familiar or not with the concept of Minimum Initial Service Package for Reproductive Health (MISP)[1].

The expected results of the readiness assessment are both a state of countries' readiness to answer to urgent SRH needs in case of an emergency, and a practical action plan involving the essential partners involved in SRH in the country. The commitment of stakeholders participating in this readiness assessment process is key for its success.

Being used on regular intervals, the assessment tool is also meant as an internal tool for the SRH national partners to monitor the evolution of their readiness to provide MISP services.

The tool is divided in two parts:

- The questionnaire to be answered to
- The "analyze and action planning table"

Some Annexes are provided at the end with some key reminders.

[1]See Annex A the Advocacy Sheet on the MISP and Annex B the MISP Cheat Sheet available from http://iawg.net/resources2013/misp-implementation/

Description

The outline is a set of indicators describing an ideal state of SRH-related emergency preparedness. Some indicators will describe some elements of the Disaster Management System in place in the country, when some address the Health Coordination and then the SRH Coordination. Other indicators will focus on the minimum services of Sexual and Reproductive Health to be implemented from the onset of an emergency.

Each indicator is measured through one to several questions, that can be found in the questionnaire.

The questionnaire itself is organized following the structure of the MISP, around 5 objectives:

1 – Coordination,

2 - Prevent Sexual Violence & Assist Survivors,

3 - Reduce HIV Transmission & Meet STI Needs,

4 - Prevent excess maternal and neonatal mortality and morbidity,

5 - Plan for comprehensive RH services integrated into primary health care

There is no need to be familiar with the MISP to answer to the questionnaire.

Annex A is the Advocacy Sheet on the MISP written by the Inter-Agency Working Group on Reproductive Health in Crises and in **the Annex B the MISP Cheat Sheet** summarizes the 5 objectives and sub-components known as the Minimum Initial Service Package for Reproductive Health, a set of minimum life-saving services to be implemented at the onset of an emergency.

How to use the tool

The tool is designed to be used by the main partners involved in Sexual and Reproductive Health in the country to assess their readiness to respond to the needs during an emergency, plan for actions to improve their readiness and monitor the evolution of their readiness.

Step1: Gather and answer to the questionnaire

Although it is possible to one organization or institution alone to conduct this assessment, it is advisable for the main partners of SRH to gather for this purpose.

If easier, they can invite a facilitator; the tool being based on a question-answer system, the facilitator can ask the questions and ensure clear and frank answers are given. If convenient the questionnaire can be printed for each participant; answers should be kept on one single copy (the facilitator's one if relevant), ideally on a computer and shared with the participants at the end of the session.

The assessment should be conducted in a one shot session, lasting between 2 and 3 hours. For some questions, the partners will not be able to answer: "Don't know" is a valuable answer stating a gap of information to be filled in the future. Such answers are not to be avoided or the answers to be delayed. If the partners agree to do so, they can convey a second assessment after one or two weeks (focusing on part of the questions only), and in the meanwhile gather the missing information. This will show a significant increase in their readiness.

An alternative is also to share the questionnaire with the team members, one or two weeks prior to the assessment to be conducted, allowing them to start gathering information.

Step 2: Analyze your answers and Plan for action

Once the questionnaire has been completed, the partners (or the facilitator) will analyze their answers using the outline. For each indicator describing an ideal readiness, they will look at their answers and evaluate whether the indicator is satisfactory measured/filled or not.

From here, the partners will decide of actions to be undertaken: collecting information, conducting advocacy, engaging other partners, implementing preparedness activities, planning for trainings etc. – with a specific deadline for each of them. The questions with unsatisfactory answers will guide the partners on choosing their action points for each indicator. Ideally, for each question with an unsatisfactory answer, one or more partners should agree to undertake an action in a reasonable deadline.

The "analyze and action planning" step can be conducted after completion of the full questionnaire or after completion of the questions of one objective. It might be easier to conduct the action planning step after completion of each objective.

A table recalling the indicators and with dedicated space to insert activities to be undertaken can be found on page 33.

The tool being meant to be used as an internal monitoring tool, the partners shall leave the assessment session with an agreed date to meet again and monitor their improvements.

Outline

#	Disaster Management System (incl. Emergency Preparedness and Response), national health emergency management system and plans, SRH coordination (MISP Objective 1)	Questions
1	Existence of national disaster legislation and policy that has health sector related provisions	1abcde
2	Existence of national health legislation and policy corresponding with the national disaster legislation	1fgijk
3	Existence of a health sector emergency response plan which entitles SRH priority services as outlined in the MISP	1k 3abcd
4	Existence of other emergency response plans, contingency plans or action plans with provisions of SRH priority services as outlined in the MISP	4
5	Comprehensiveness of different crisis scenarios covered within the health sector emergency response plan and other response plans, incl. sub-national small scale crisis	2abcd 3efgh 5nu
6	Existence of a health coordination body in charge of health-related emergency preparedness and response	1h 5abcdefg
7	Existence of an effective SRH working group within the health coordination	5hijklnopq 6
8	Evidence of effective cooperation of the SRH working group with other relevant sectors	5rst
9	Existence of a risk assessment providing updated SRH-related information on population at national and sub-national level with sex and age-disaggregated data	7abc
10	Integration of SRH Indicators within existing health information systems (HIS)	7d
11	Availability of resources at national level and sub-national levels to implement the 5 objectives of the MISP (financial resources, human resources and supplies)for the affected population, from the onset of an emergency	9abcdefgh 10abcdefghi
12	Existence of appointed SRH Focal Points at national level and sub-national levels for emergency preparedness and response	5in
13	Evidence that existing structures providing SRH services are prepared to respond to an emergency	9abeh 16abcdef 28abcdeg 38abcdef
14	Evidence that members of the SRH working group are prepared to respond to an emergency	5lmopvwxyzaa
15	# and type of medical and non-medical personnel trained to the MISP at national and sub-national levels	8abcdefg h i
16	Mapping of stakeholders (public, non-governmental, private) involved in SRH per region	7e
	MISP Objective 2 Prevent Sexual Violence & Assist Survivors	Questions
17	Existence of national legislation and policy with provisions supporting prevention and response to sexual violence	11 12ab
18	Existence of advocacy on provisions within the national legislation and policies that restrict prevention and response to sexual violence	13

		14abc
19	#, type and capacities of existing medical and non medical structures and networks involved in prevention and response to sexual violence at national and sub-national levels	15abcdef 17abcdef 18abcde 19abcde 20ab
20	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	12ab 22bcf g
21	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector emergency response plan and planned by the SRH Working Group and other stakeholders at national and sub national level in accordance with the MISP Objective 2 (1- Protection System in place, especially for women & girls ; 2 - Medical services available for survivors ; 3 - Psychosocial support available for survivors ; 4 - Community aware of services)	21abcd 22defghij
22	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders for prevention and response to sexual violence from the onset of an emergency	22ad
23	Accessibility and availability of information for the community, including vulnerable groups from the onset of an emergency	22hi
	MISP Objective 3 Reduce HIV Transmission & Meet STI Needs	Questions
24	Existence of national legislation and policy with provisions supporting reducing HIV transmission and meeting STI needs	23 24ab
25	Existence of advocacy on provisions within the national legislation and policies that restrict reducing HIV transmission and meeting STI needs	25 26abc
26	#, type and capacities of existing medical structures providing HIV and STI services at national and sub-national levels	27abdefg 29abdefg 30a
27	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	24ab 32e
28	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector emergency response plan and planned by the SRH Working Group and other stakeholders at national and sub national level in accordance with the MISP Objective 3 (1 - Rational & safe blood transfusion in place; 2 - Standard Precautions practiced; 3 - Free condoms available and accessible; 4 - ARVs available for continuing users; 5 - PMTCT[2] in place; 6 - Needs of individuals with STIs met)	31abcdef 32abcdfghijkl
29	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders to reduce HIV transmission and meet STI needs in crises *from the onset of an emergency*	32k
30	Accessibility and availability of information for the community, including vulnerable groups *from the onset of an emergency*	32dij
	MISP Objective 4Prevent excess maternal and neonatal mortality and morbidity	Questions
31	Existence of national legislation and policy with provisions supporting providing priority maternal and newborn health services in crises	33

[2]Prevention of Mother To Child Transmission of HIV

		34ab
32	Existence of advocacy on provisions within the national legislation and policies that restrict providing priority maternal and newborn health services in crises	35 36abc
33	#, type and capacities of existing medical structures providing priority maternal and newborn health services at national and sub-national levels	37abcdef 39abcdef 40abc
34	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	34ab 42abcd
35	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector emergency response plan and planned by the SRH Working Group and other stakeholders at national and sub national level in accordance with the MISP Objective 4 (1 - Emergency Obstetric & Neonatal Care (EmONC) services available; 2 - 24/7 Referral System for obstetric & newborn emergencies established; 3 - Clean Delivery Kits provided to visibly pregnant women & girls & birth attendants; 4 - Community aware of services; 5 - Contraceptives available to meet demand)	41abcde 42efghijklmnopq
36	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders to support the implementation of priority maternal and newborn health services in crises *from the onset of an emergency*	42p
37	Accessibility and availability of information for the community, including vulnerable groups *from the onset of an emergency*	42mno
	MISP Objective 5Plan for comprehensive RH services integrated into primary health care	Questions
38	Monitoring and SRH data collection tools are prepared to be used from the onset of an emergency	7d 22jkl 32lm 42qrs

STEP 1: Questionnaire

I. Disaster Management System (incl. Emergency Preparedness and Response), national health emergency management system and plans

1. With regards to the Disaster Management System and health-related emergency management system in place in your country, which of the following are accurate?					
Specifics		Yes	No	Other	Don't know/NA [3]
a. A National Disaster Act or equivalent has been enacted					
If yes, please specify: Name of the text					
Lead entity					
Date of approval					
b. It establishes a Disaster Management Committee[4] (or equivalent)					
c. A corresponding national disaster policy (or equivalent) has been developed					
If yes, please specify: Name of the text Lead entity Date of approval					
d. Full text of the national disaster policy is available					
e. National disaster policy has health sector related provisions or refers to a national health legislation and policy					
f. A national health legislation has been enacted					
If yes, please specify: Name of the text Lead entity Date of approval					
g. National health legislation[5] contains provisions for health sector related disaster management					
h. National health legislation establishes a Health Disaster Coordination					
If yes, please specify: Exact name Lead entity Main institutions/agencies represented					

[3] Not Applicable

[4] The Disaster Management Committee (or Emergency Management Committee) or its equivalent addresses all aspects of emergencies, in particular preparedness, response and initial recovery steps. It should be active during the preparedness phase.

[5] The laws, bills, acts etc. in the country giving the legal frame for the health care sector.

i.	A corresponding national health policy has been developed				
	If yes, please specify: Name of the text Lead entity Date of approval				
j.	Full text of the national health policy is available				
k.	National health policy entails or refers to a health sector emergency response plan				
	If yes, please specify: Name of the text Lead entity Date of approval				

2.	Sub-national small scale crisis: which of the following are accurate?				
	Specifics	Yes	No	Other (explain)	Don't know/NA
a.	National Disaster Management Committee has decentralized sub-national/regional disaster committees				
b.	Regional Disaster Committees have decision-making power to declare emergency for their region				
c.	Regional Disaster Committees have their own emergency response plan				
d.	Regional Disaster Committees manage their own resources				

3.	With regards to the health sector emergency response plan, which of the following are accurate?				
	Specifics	Yes	No	Other (explain)	Don't know/NA
a.	Full text of the health sector emergency response plan is available				
b.	Health sector emergency response plan specifies linkages between the Government and external actors (international community and cluster system)				
c.	Health sector emergency response plan specifies linkages between the Government and internal actors (Red Cross/Crescent National Society, civil society organizations, private sector)				
d.	Health sector emergency response plan entails some of the elements of SRH in emergencies as outlined in the Minimum Initial Service Package for Reproductive Health (MISP)				
e.	Health sector emergency response plan addresses small-scale crisis occurring at sub-national level				
f.	Health sector emergency response plan addresses the provision of health services in temporary settlements				
g.	Health sector emergency response plan addresses the provision of health services for crisis with in-country or cross-border population movements				
h.	Health sector emergency response plan foresees a health sector sub-national leadership				

4. With regards to SRH in emergencies, are you aware of other plans with provisions of SRH priority services as outlined in the MISP? Please provide the following information						
Name of the plan	Lead entity	Approved/on process (date of approval or last revision)	Scope (national / sub-national) Please specify	Full text available		
				Yes	No	Don't know
i.						
ii.						
iii.						
iv.						
v.						
vi.						
vii.						

5. With regards to the health-sector and SRH coordination, which of the following are accurate?				
Specifics	Yes	No	Other (explain)	Don't know/NA
a. Health sector has a dedicated coordination body If so, please specify: lead entity(ies) Agencies and institutions:				
b. Health Sector Coordination is responsible for health sector related emergency preparedness				
c. Health Sector Coordination is responsible for health sector related emergency response				
d. Health Sector Coordination shares responsibility of emergency preparedness with the Health Disaster Coordination				
e. In times of emergencies, Health Sector Coordination and Health Disaster Coordination work in cooperation				
f. Roles and responsibilities with regards to emergency preparedness and response are clearly defined and summarized in a document If so, please specify the document:				
g. A dedicated budget exists for the coordination activities of the health sector				
h. An SRH working group exists within the health sector coordination				
i. One agency/institution is identified to lead the SRH Working Group				
Yes so, please specify the agency/institution:				
j. The SRH Working Group involves the key national stakeholders in SRH				
k. A ToR or equivalent describes the roles and responsibilities of the members of the SRH Working Group in preparedness				

	phase (normal setting)				
l.	A ToR or equivalent describes the roles and responsibilities of the members of the SRH Working Group in the response phase				
m.	Relevant MoUs or partnership agreements are signed bilaterally among members to prepare the response				
n.	SRH Focal Points are appointed at sub-national level to assist with emergency preparedness and response If so, please specify: the SRH Focal Points are appointed by the health sector coordination or the HDC *or* the SRH Focal Points are appointed by the SRH Working Group				
o.	SRH lead agency has a Business Continuity Plan[6]				
p.	Agencies of SRH sub-national focal points have Business Continuity Plans[6]				
q.	The SRH Working Group reports to the Health Sector Coordination and/or the HDC				
r.	The SRH Working Group has systematized linkages with national Protection "sector"[7] and GBV sub-sector if existing Please list the main stakeholders:				
s.	The SRH Working Group has systematized linkages with national HIV/AIDS coordination group if existing				
t.	The SRH Working Group has occasional linkages with other sectors				
u.	National and sub-national SRH Focal Points liaise with SRH Focal Points of neighbouring countries				
v.	SRH Focal points and members of the working group are familiar with the Inter Agency Field Manual on Reproductive Health in Humanitarian Settings				
w.	SRH Focal points and members of the working group are familiar with the IASC Guidelines for GBV Interventions in humanitarian settings				
x.	SRH Focal points and members of the working group are familiar with the "Clinical management of rape survivors"[8]				
y.	SRH Focal points and members of the working group are familiar with the WHO protocols for Emergency Obstetric and Newborn Care				
z.	SRH Focal points and members of the working group are familiar with the IASC Guidelines for Addressing HIV in				

[6] A Business Continuity Plan (BCP) – also referred to as a Contingency Plan specific to an organization - is a plan to help ensure that activities can continue during a time of emergency or disaster. A BCP defines members of the crisis response team / essential staff to be maintained, key activities and operational measures to ensure continued operations.

[7] Sector here can be a formal coordination of stakeholders involved in women and child protection activities (such as a working group, sector or cluster), or bilateral linkages with protection stakeholders if no formal coordination exists.

[8] Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons -- Revised ed.© World Health Organization/United Nations High Commissioner for Refugees, 2004

	Humanitarian Settings				
aa.	SRH Focal points and members of the working group are familiar with the Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response[9]				

6. How would you categorize the level of functionality of the SRH Working Group?		
Level	Benchmarks	Response
Very Low	Not established or established, but **does not involve** all key actors; Responsibilities **not clearly** defined**; Rarely or never** meets ; Does **not engage** in action planning.	
Low	Involves **some** key national players; Responsibilities **somewhat** defined; **Rarely** meets. Engages only in action planning but with **low implementation**.	
Adequate	Involves **most** key national players; Responsibilities **reasonably well** defined; Meets **occasionally on an ad hoc basis**; Engages in action planning but with **partial implementation.**	
High	Involves **all** key national players; Responsibilities are **clearly** defined; Meets **regularly and consistently;** Engages in action planning with **complete implementation.**	
Further comments or explanations:		

7. With regards to emergency preparedness and SRH information and data, which of the following are accurate?				
Specifics	Yes	No	Other (explain)	Don't know/NA
a. The findings of a risk assessment providing updated SRH-related information on population at national level are available				
b. The findings of a risk assessment providing updated SRH-related information on population at sub-national level are available				
c. The findings of a risk assessment providing updated SRH-related information on population with sex and age-disaggregated data are available				
d. SRH Indicators are integrated within the existing health information systems (HIS)				
e. A list of key SRH stakeholders (public, private, civil society) involved at national and sub-national level with their main areas of expertise is available per region				

[9] Sphere Handbook, Humanitarian Charter and Minimum Standards in Humanitarian Response, 2011

8. With regards to medical and non medical national professionals trained to the MISP, please provide the following:			
Profession	Number of people trained (total)	Of Which number of people working at national level	Of which number of people working at sub-national level
a. Medical Doctors			
b. Midwifes			
c. Nurses			
d. Other medical professions			
e. Psychologists, counsellors			
f. Coordinators, managers of medical or non medical structure			
g. Policy makers			
h. Volunteers			
i. Other (please specify):			

9. With regards to the medical and non medical personnel needed to allow implementation of the MISP at the onset of the emergency, which of the following are accurate?				
Specifics	Yes	No	On process	Don't know/NA
a. Agreement exists with the MoH for rapid mobilization of regular staff of public medical and non medical facilities from non-affected areas to affected areas				
b. Agreements / MoUs are signed with relevant organizations or professional associations for surge capacity from the onset of an emergency				
c. Funds are secured for employment of emergency medical and non medical personnel at the onset of an emergency				
d. Mechanisms for rapid mobilization of funds for additional medical and non medical professionals are known				
e. Policies are in place with the Government for rapid post-disaster employment of foreign medical and non-medical personnel, if needed				
f. Job descriptions/ToR of key positions are developed and ready to disseminate				
g. A roster of medical and non medical staff trained to the MISP is maintained at sub-national/national/regional level				
h. MoH training curriculum integrates health emergency management and the MISP				

II. MISP Objective 1 Coordination

10. With regards to the supply of sufficient and adequate medicines, equipment and other supplies for the implementation of the MISP, which of the following are accurate?				
Specifics	Yes	No	On process	Don't know/NA
a. Structures and organisations with existing substantial stock of adequate medical supplies are pre-identified				
b. Public and private suppliers for emergency supplies at regional, national or sub-national levels are pre-identified				
c. Transport for emergency supplies is planned at national and sub-national level				
d. Storage for emergency supplies is planned at national and sub-national level				
e. SRH Working Group members are familiar with the ordering process for interagency RH Kits and have agreed on the decision-making for ordering kits at the onset of an emergency, if needed				
f. If needed, RH Kits are prepositioned in the best locations according to risk assessment				
g. Funds are secured for purchase of emergency medical and non medical supplies at the onset of an emergency				
h. Mechanisms for rapid mobilization of funds for medical supplies are known				
i. SRH Working Group members are familiar with mechanisms for rapid mobilization of funds for MISP implementation (Flash Appeal, CAP and other national mechanisms)				

III. MISP Objective 2 Prevention and response to sexual violence

11. To your knowledge, are there national legislation and policies with provisions <u>supporting</u> the prevention and response to sexual violence? (please list the texts below) – go to the next question if you are not aware of such provisions			
Name	Applicable since / On process	Lead entity	Main provisions
i.			
ii.			
iii.			
iv.			

12. With regards to free access to basic health services for crisis-affected populations, which of the following is accurate?				
	Yes	No	Other	Not required
a. Provisions for free health care for sexual violence survivors among affected populations exist				

b. Free health care provisions for sexual violence survivors among the affected populations cover the minimum services as outlined in the MISP (medical services and psychosocial services)				

13. To your knowledge, are there national legislation and policies with provisions restricting the prevention and response to sexual violence? (please list the texts below) – go to the next question if you are not aware of such provisions

Name	Applicable since / On process	Lead entity	Main restrictions
i.			
ii.			
iii.			
iv.			

14. With respect to the restrictions listed above, which of the following are accurate?

Specifics	Yes	No	Other	Not required
a. The SRH Working Group has developed an action plan to advocate for less restrictive provisions, including free health care for sexual violence survivors among the affected populations if relevant				
b. Some of the SRH partners have been conducting advocacy for less restrictive provisions (if yes, please list the organisations below)				
i.				
ii.				
iii.				
iv.				
c. A revision of the restrictive legislation and/or policies is planned				

Further comments or explanations:

15. Prevention and response to sexual violence: Existing medical structures and services provided
Please provide with the following information

Type	Number	Activities and services provided (*tick if relevant*)	Coverage at sub-national level (list the regions or annex a map)

		Prevention /protection	Clinical care[10]	Psychosocial care	
a. Referral/level 1 hospitals					
b. Health Centres/District or Rural Hospitals or level 2 facility					
c. Level 3 facility					
d. Family planning					
e. Private clinics					
f. Other:					

16. Prevention and response to sexual violence: Safety of existing medical structures
Please provide with the following information:

Type	Number*(recall from15)*	Number of facilities assessed with Safe Hospitals Forms[11] of equivalent	Assessment conducted by	Results of assessments available for SRH national and sub-national Focal Points
a. Referral/level 1 hospitals				
b. Health Centres/District or Rural Hospitals or level 2 facility				
c. Level 3 facility				
d. Family planning				
e. Private clinics				
f. Other:				

17. Prevention and response to sexual violence: characterization of existing medical structures and services provided
Please provide with the following information (if needed, this table can be repeated for each region):

Type	Medical personnel for management of rape survivors			Equipment for management of rape survivors			Supplies for management of rape survivors			Financial resources for management of rape survivors		
	Insuffici	Minimu	Ideal	Insuffici	Minimu	Ideal	Insuffici	Minimu	Ideal	Insuffici	Minimu	Ideal

[10] Minimum services: Emergency contraception - Post exposure prophylaxis (PEP) - Antibiotics to prevent and treat STIs - Tetanus toxoid/Tetanus immunoglobulin - Hepatitis B vaccine

[11] The **Hospital Safety Index** helps health facilities assess their safety and avoid becoming a casualty of disasters..See Hospital Safety Index: Evaluation Forms for Safe Hospitals - Washington, D.C.: PAHO, © 2008, contains Form 1 ; General Information and Form 2 : Safe Hospitals Checklist
http://www.paho.org/disasters/index.php?option=com_content&task=blogcategory&id=907&Itemid=884

	ent	m needed		ent	m needed		ent	m needed		ent	m needed	
a. Referral/level 1 hospitals												
b. Health Centres/District or Rural Hospitals or level 2 facility												
c. Level 3 facility												
d. Family planning												
e. Private clinics												
f. Other:												

18. Prevention and response to sexual violence: Existing non-medical facilities, structures and networks
Please provide with the following information

Type	Number	Activities and services provided (*tick if relevant*)		Coverage at sub-national level (list the regions of presence)
		Prevention/ protection	Psychosocial care	
a. Safe homes:				
b. Public structures (explain):				
c. Women associations/groups:				
d. Other:				
e. Other:				

Further comments or explanations:

19. Prevention and response to sexual violence: Characterization of existing non-medical facilities, structures and networks
Please provide with the following information

Type	Dedicated personnel			Equipment			Supplies			Financial resources		
	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal
a. Safe homes:												
b. Public structures (explain):												
c. Women												

associations/groups:												
d. Other:												
e. Other:												

20. Prevention and response to sexual violence: for existing medical and non medical structures, which of the following are accurate?				
Specifics	Yes	No	On process /not complete	Don't know/NA
a. Sub-national (regional) lists/maps of referral hospitals, health centres/district hospitals/rural hospitals, family planning, private clinics with location, services for sexual violence survivors and medical staff are available If so, please specify the holder: SRH sub-national focal point □ Regional Health Coordinator □ Regional Disaster Management Coordinator □ National Health Coordinator □ Other (specify) □				
b. Sub-national (regional) lists/maps of Safe homes, public structure, Women associations/groups with location, services for sexual violence survivors and dedicated staff are available If so, please specify the holder: SRH sub-national focal point □ Regional Health Coordinator □ Regional Disaster Management Coordinator □ National Health Coordinator □ Other (specify) □				

21. Prevention and response to sexual violence: How would you evaluate the integration of the MISP components (listed below) in the health sector emergency response plan?					
Components	Integrated in the health response plan	Integrated in another plan (please name the plan – refer to 4)	Organisations / institutions in charge and partnerships	Involves the existing medical facilities as listed in15	Involves the existing non medical facilities, structures and networks listed in 18.
a. Protection System in	□Yes □No				

place, especially for women & girls					
b. Medical services available for survivors *Emergency contraception - Post exposure prophylaxis (PEP) - Antibiotics to prevent and treat STIs - Tetanus toxoid/Tetanus immunoglobulin - Hepatitis B vaccine*	□Yes □No				
c. Psychosocial support available for survivors	□Yes □No				
d. Community aware of services	□Yes □No				

22. With regards to planned activities and services for the prevention and response to sexual violence, which of the following are accurate?				
Specifics	Yes	No	On process	Don't know/NA
a. SRH Focal points have regular contacts with their counterparts of other sectors (food and nutrition, shelter, water and sanitation and hygiene, etc.)				
b. Planned activities and services are compliant with the IASC Guidelines for GBV Interventions in humanitarian settings or corresponding national protocols				
c. Planned activities and services are compliant with the protocols entitled in "Clinical Management of Rape Survivors[12]" or corresponding national protocols				
d. A template for coordinated Standard Operation Procedures or Protocol for the care of sexual violence survivors is developed and agreed by the different organisations and public stakeholders involved in SRH, GBV, Protection and the law enforcement authorities				
e. Specific measures to prevent sexual exploitation & abuse (SEA) perpetrated by service providers and relief workers are				

[12]Clinical management of rape survivors: developing protocols for use with refugees and internally displaced persons -- Revised ed.© World Health Organization/United Nations High Commissioner for Refugees, 2004

	ready to be implemented (a template Code of Conduct[13] for service providers and a reporting mechanism on SEA are agreed on)				
f.	All planned services follow the Guiding Principle of Confidentiality				
g.	All planned services follow the Guiding Principles of Safety, Non Discrimination and Respect				
h.	Templates of adapted IEC materials on services for sexual violence survivors are prepared for each linguistic group of the most at-risk areas according to the risk assessment				
i.	Existing communication channels at national and sub-national levels are known				
j.	Tools for monitoring the implementation of priority services to prevent and respond to sexual violence (such as the MISP Checklist) are prepared				
k.	MISP Indicators[14] are measured from the onset of the response				
l.	SRH data on affected populations are collected as situation allows				

[13] A Code of Conduct is an agreement on rules of behaviour for the service providers and all personnel of the organizations involved in the emergency response. See Inter Agency Field Manual on Reproductive Health in Humanitarian Settings- 2010, page 209 for a Sample Code of Conduct.

[14] See MISP Indicators, Annex 1A in Inter Agency Field Manual on Reproductive Health in Humanitarian Settings- 2010

IV. MISP Objective 3 Reduce HIV Transmission & Meet STI Needs

23. To your knowledge, are there national legislation and policies with provisions supporting reducing HIV transmission and meeting STI needs (1 - Rational & safe blood transfusion in place; 2 - Standard Precautions practiced; 3 - Free condoms available and accessible; 4 - ARVs available for continuing users; 5 - PMTCT[15] in place; 6 - Needs of individuals with STIs met)? (please list the texts below) – go to the next question if you are not aware of such provisions			
Name	Applicable since / On process	Lead entity	Main provisions
i.			
ii.			
iii.			
iv.			

24. With regards to free access to basic health services for crisis-affected populations, which of the following is accurate?				
	Yes	No	Other	Not required
a. Provisions for free access to priority HIV and STI services for crisis-affected populations exist				
b. Provisions for free access to priority HIV and STI services for crisis-affected populations cover the minimum services as outlined in the MISP (ARVs available for continuing users; PMTCT in place; Needs of individuals with STIs met)				

25. To your knowledge, are there national legislation and policies with provisions restricting reducing HIV transmission and meeting STI needs (1 - Rational & safe blood transfusion in place; 2 - Standard Precautions practiced; 3 - Free condoms available and accessible; 4 - ARVs available for continuing users; 5 - PMTCT in place; 6 - Needs of individuals with STIs met)? (please list the texts below) – go to the next question if you are not aware of such provisions			
Name	Applicable since / On process	Lead entity	Main restrictions
i.			
ii.			
iii.			
iv.			

26. With respect to the restrictions listed above, which of the following are accurate?				
Specifics	Yes	No	Other	Not required
a. The SRH Working Group has developed an action plan to advocate for less restrictive provisions, including free access to priority HIV and STIs services for crisis-affected populations, if relevant				
b. Some of the SRH partners have been conducting advocacy for less restrictive provisions (if yes, please list the organisations below)				
i.				

[15] Prevention of Mother To Child Transmission of HIV

ii.				
iii.				
iv.				
c. A revision of the restrictive legislation and/or policies is planned				
Further comments or explanations:				

27. Reduce HIV Transmission & Meet STI Needs: Existing medical structures and services provided Please provide with the following information:						
Type	Number	Services provided (*tick if relevant*)				Coverage at sub-national level (list the regions or annex a map)
		HIV services	STI services	PMTCT	Distribution of condoms	
a. Referral/level 1 hospitals						
b. Health Centres/District or Rural Hospitals or level 2 facility						
c. Level 3 facility						
d. Family planning						
e. Private clinics						
f. HIV Care and Treatment Centres and VCT centres						
g. Other:						

28. Reduce HIV Transmission & Meet STI Needs: Safety of existing medical structures Please provide with the following information:				
Type	Number*(recall from 27)*	Number of facilities assessed with Safe Hospitals Forms[16] of equivalent	Assessment conducted by	Results of assessments available for SRH national and sub-national Focal Points
a. Referral/level 1 hospitals				
b. Health Centres/District or Rural Hospitals or level 2 facility				
c. Level 3 facility				
d. Family planning				
e. Private clinics				
f. HIV Care and Treatment Centres and VCT centres				
g. Other:				

29. Reduce HIV Transmission & Meet STI Needs: Characterization of existing medical structures and services provided Please provide with the following information:												
Type	Medical personnel for HIV and STI management			Equipment for HIV and STI management			Supplies for HIV and STI management			Financial resources for HIV and STI management		
	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal
a. Referral/level 1 hospitals												
b. Health Centres/ District or Rural Hospitals or level 2 facility												
c. Level 3 facility												
d. Family planning												
e. Private clinics												
f. HIV Care and Treatment Centres and VCT centres												

[16] See Hospital Safety Index: Evaluation Forms for Safe Hospitals - Washington, D.C.: PAHO, © 2008, contains Form 1 ; General Information and Form 2 : Safe Hospitals Checklist

g. Other:												

30. Reduce HIV Transmission & Meet STI Needs: for existing medical structures, is the following accurate?				
Specifics	Yes	No	On process /not complete	Don't know/NA
a. Sub-national (regional) lists/maps of hospitals, health centres/district hospitals/rural hospitals with location, HIV and STI services, medical staff are available If so, please specify the holder: SRH sub-national focal point □ Regional Health Coordinator □ Regional Disaster Management Coordinator □ National Health Coordinator □ Other (specify) □				

31. Reduce HIV Transmission & Meet STI Needs: How would you evaluate the integration of the MISP components (listed below) in the health sector emergency response plan?						
Elements	Integrated in the health response plan	Integrated in another plan (please name the plan – refer to 4)	Organisations / institutions in charge and partnerships	Involves the existing medical facilities as listed in 27	Specific provisions for temporary settlements	Specific provisions for crisis with in-country or cross-border population movements
a. Rational & safe blood transfusion in place	□Yes □No			□Yes □No	□Yes □No	□Yes □No
b. Standard Precautions practiced	□Yes □No			□Yes □No	□Yes □No	□Yes □No
c. Free condoms available and accessible	□Yes □No			□Yes □No	□Yes □No	□Yes □No
d. ARVs available for continuing users	□Yes □No			□Yes □No	□Yes □No	□Yes □No
e. PMTCT in place	□Yes □No			□Yes □No	□Yes □No	□Yes □No

f. Needs of individuals with STIs met				□Yes □No	□Yes □No	□Yes □No

32. With regards to planned activities and services for priority HIV and STI services in crisis, which of the following are accurate?				
Specifics	Yes	No	On process	Don't know/NA
a. Safe and rational blood transfusion protocols *for collection and transfusion* are in place				
b. Sufficient materials for standard precautions are foreseen				
c. Checklists to control adherence to standard precautions are ready[17]				
d. Adapted information leaflets on proper condom use are ready				
e. Planned services are compliant with the IASC Guidelines for Addressing HIV in Humanitarian Settings				
f. Specific provisions for temporary settlements and/or cross-border or in-country movements are made				
g. In particular, ARVs regimens of neighbouring countries are known and drugs available				
h. Algorithms for syndromic treatment of STIs are ready and drugs supply is planned				
i. Templates of culturally-sensitive IEC materials on priority HIV and STI prevention and services are prepared for each linguistic group of the most at-risk areas according to the risk assessment				
j. Existing communication channels at national and sub-national levels are known				
k. SRH Focal points have regular contacts with their counterparts of other sectors (food and nutrition, shelter, water and sanitation and hygiene, logistics) to support implementation of priority HIV and STI health services				
l. Tools for monitoring the implementation of priority HIV and STI health services (such as the MISP Checklist) are prepared				
m. MISP Indicators[18] are measured from the onset of the response				
n. SRH data on affected populations are collected as situation allows				

V. MISP Objective 4 Prevent excess maternal and neonatal mortality and morbidity

33. To your knowledge, are there national legislation and policies with provisions supporting the provision of priority maternal and newborn health services in crises (1 - Emergency Obstetric & Neonatal Care (EmONC) services available; 2 - 24/7 Referral System for obstetric &newborn emergencies established; 3 - Clean

[17] For instance : Standard Precautions Checklist- from the Inter Agency Field Manual on Reproductive Health in Humanitarian Settings- 2010
[18] See MISP Indicators, Annex 1A in Inter Agency Field Manual on Reproductive Health in Humanitarian Settings- 2010

Delivery Kits provided to visibly pregnant women & girls & birth attendants; 4 - Community aware of services; 5 - Contraceptives available to meet demand)? (please list the texts below)			
Name	Applicable since / On process	Lead entity	Main provisions
i.			
ii.			
iii.			
iv.			

34. With regards to free access to basic health services for crisis-affected populations, which of the following is accurate?				
	Yes	No	Other	Not required
a. Arrangements for free access to priority maternal and newborn health services for crisis-affected populations are made				
b. Arrangements for free access to priority maternal and newborn health services for crisis-affected populations cover the minimum services as outlined in the MISP (Emergency Obstetric & Neonatal Care (EmONC) with 24/7 referral for obstetric &newborn emergencies)				

35. To your knowledge, are there national legislation and policies with provisions <u>restricting</u> the provision of priority maternal and newborn health services in crises? (please list the texts below)			
Name	Applicable since / On process	Lead entity	Main restrictions
i.			
ii.			
iii.			
iv.			

36. With respect to the restrictions listed above, which of the following are accurate?				
Specifics	Yes	No	Other	Not required
a. The SRH Working Group has developed an action plan to advocate for less restrictive provisions, including free access to priority maternal and newborn health services for crisis-affected populations, if relevant				
b. Some of the SRH partners have been conducting advocacy for less restrictive provisions (if yes, please list the organisations below)				
i.				
ii.				
iii.				

iv.				
c. A revision of the restrictive legislation and/or policies is planned				
Further comments or explanations:				

37. Prevention of excess maternal and neonatal mortality and morbidity: Existing medical structures and services provided Please provide with the following information:						
Type	Number	Services provided (*tick if relevant*)				Coverage at sub-national level (list the regions or annex a map)
		Basic EmONC[19]	Comprehensive EmONC	24/7 Ambulance service	Contraceptives	
a. Referral/level 1 hospitals						
b. Health Centres/District or Rural Hospitals or level 2 facility						
c. Level 3 facility						
d. Family planning						
e. Private clinics						
f. Other:						

[19]EmONC : Emergency Obstetric and Newborn Care. Basic EmONC = 1-Parenteral antibiotics, 2-Parenteral anticonvulsants, 3-Removal of placenta, 4-Removal of retained products, 5-Assisted vaginal delivery, 6-Newborn resuscitation // COMPREHENSIVE Emergency obstetric and newborn care = Basic (1-6), plus 7-blood transfusion and 8-cesarean

38. Prevention of excess maternal and neonatal mortality and morbidity: Safety of existing medical structures Please provide with the following information:				
Type	Number*(recall from 37*)	Number of facilities assessed with Safe Hospitals Forms[20] of equivalent	Assessment conducted by	Results of assessments available for SRH national and sub-national Focal Points
a. Referral/level 1 hospitals				
b. Health Centres/District or Rural Hospitals or level 2 facility				
c. Level 3 facility				
d. Family planning				
e. Private clinics				
f. Other:				

39. Prevention of excess maternal and neonatal mortality and morbidity: Characterization of existing medical structures and services provided Please provide with the following information (if needed, this table can be repeated for each region):												
Type	Medical personnel for MNH services			Equipment for MNH services			Supplies for MNH services			Financial resources for MNH services		
	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal	Insufficient	Minimum needed	Ideal
a. Referral hospitals *1 qualified service provider on duty per 20-30 inpatient beds for the obstetric wards + 1 team of doctor/nurse/midwife/ anaesthetist on duty*												
b. Health Centres/ District or Rural Hospitals												

[20] See Hospital Safety Index: Evaluation Forms for Safe Hospitals - Washington, D.C.: PAHO, © 2008, contains Form 1 ; General Information and Form 2 : Safe Hospitals Checklist

Minimum required =1qualified health worker on duty per 50 outpatient consultations per day + midwife supplies, including newborn supplies available												
c. Family planning												
d. Private clinics												
e. Other:												

40. Prevention of excess maternal and neonatal mortality and morbidity: for existing medical structures, which of the following are accurate?				
Specifics	Yes	No	On process /not complete	Don't know/NA
a. Sub-national (regional) lists/maps of referral hospitals with location, EmONC services, number of beds, additional capacity for emergencies, medical staff and equipment are available If so, please specify the holder: SRH sub-national focal point □ Regional Health Coordinator □ Regional Disaster Management Coordinator □ National Health Coordinator □ Other (specify) □				
b. Sub-national (regional) lists/maps of health centres/district hospitals/rural hospitals with location, EmONC services, number of beds, additional capacity for emergencies, medical staff and equipment are available If so, please specify the holder: SRH sub-national focal point □ Regional Health Coordinator □ Regional Disaster Management Coordinator □ National Health Coordinator □ Other (specify) □				
c. Sub-national lists of regions with existing 24/7 Referral systems for emergency and newborn complications available				

41. Prevention of excess maternal and neonatal mortality and morbidity: How would you evaluate the integration of the MISP components (listed below) in the health sector emergency response plan?						
Elements	Integrated in the health response plan	Integrated in another plan (please name the plan – refer to 4)	Organisations / institutions in charge and partnerships	Involves the existing medical facilities as listed in 37	Specific provisions for temporary settlements	Specific provisions for crisis with in-country or cross-border population movements
a. Emergency Obstetric & Neonatal Care (EmONC) services available	□Yes □No			□Yes □No	□Yes □No	□Yes □No
b. 24/7 Referral System for obstetric &newborn emergencies established	□Yes □No			□Yes □No	□Yes □No	□Yes □No
c. Clean Delivery Kits provided to visibly pregnant women & girls & birth attendants	□Yes □No			□Yes □No	□Yes □No	□Yes □No
d. Community aware of services	□Yes □No			□Yes □No	□Yes □No	□Yes □No
e. Contraceptives available to meet demand	□Yes □No			□Yes □No	□Yes □No	□Yes □No

42. With regards to planned activities and services for the prevention of excess maternal and neonatal mortality and morbidity in crisis, which of the following are accurate?				
Specifics	Yes	No	On process	Don't know/NA
a. Planned services are compliant with Maternal and Newborn Health provisions of the Inter Agency Field Manual on Reproductive Health in Humanitarian Settings				

b. Planned services are compliant with minimum standard of at least 4 health facilities with BEmONC / 500,000 people and at least 1 health facility with CEmONC / 500,000 people for affected populations				
c. Planned services at referral level respect a minimum of 1 qualified service provider on duty per 20-30 inpatient beds for the obstetric wards + 1 team of doctor/nurse/midwife/anaesthetist on duty 24/7				
d. Planned services at Health Centres/ District or Rural Hospitals level respect a minimum of 1 qualified health worker on duty per 50 outpatient consultations per day + midwife supplies, including newborn supplies available				
e. Planned services include post abortion care				
f. Planned referral system entitles means of communication (radios, mobile phones)				
g. Planned referral system entitles transport from community to health centre available 24/7				
h. Planned referral system entitles transport from health centre to hospital available 24/7				
i. Planned services entitle a functioning cold chain (for oxytocin, blood screening tests) at health centre and referral hospital level				
j. Specific logistics provisions are made to ensure uninterrupted delivery of emergency obstetric care (electricity supply, fuel storage, waste disposal)				
k. Specific provisions for temporary settlements and/or cross-border or in-country movements are made to ensure above minimum standards are respected				
l. Clean delivery kits for visibly pregnant women are prepositioned at best locations according to risk assessment, for distribution at the onset of the emergency, if relevant				
m. Templates of culturally-sensitive IEC materials on priority maternal and neonatal services for pregnant women and girls are prepared for each linguistic group of the most at-risk areas according to the risk assessment				
n. Templates of culturally-sensitive IEC materials on when to seek care (danger signs) for pregnant women and girls, birth attendants and men, are prepared for each linguistic group of the most at-risk areas according to the risk assessment				
o. Existing communication channels at national and sub-national levels are known				
p. SRH Focal points have regular contacts with their counterparts of other sectors (food and nutrition, shelter, water and sanitation and hygiene, logistics) to support implementation of priority maternal and neonatal health services				
q. Tools for monitoring the implementation of priority maternal and neonatal health services (such as the MISP Checklist) are prepared				
r. MISP Indicators[21] are measured from the onset of the response				
s. SRH data on affected populations are collected as situation allows				

[21]See MISP Indicators, Annex 1A in Inter Agency Field Manual on Reproductive Health in Humanitarian Settings- 2010

STEP 2: Analyze and Action Planning

#	Disaster Management System (incl. Emergency Preparedness and Response), national health emergency management system and plans, SRH coordination (MISP Objective 1)	Questions	Achievement of the Indicator		
1	Existence of national disaster legislation and policy that has health sector related provisions	1abcde	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
2	Existence of national health legislation and policy congruent with the national disaster legislation	1fgijk	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
3	Existence of a health sector emergency response plan which entitles SRH priority services as outlined in the MISP	1k 3abcd	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
4	Existence of other emergency response plans, contingency plans or action plans with provisions of SRH priority services as outlined in the MISP	4	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

5	Comprehensiveness of different crisis scenarios covered within the health sector emergency response plan and other response plans, incl. sub-national small scale crisis	2abcd 3efgh 5nu	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
6	Existence of a health coordination body in charge of health-related emergency preparedness and response	1h 5abcdefg	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
7	Existence of an effective SRH working group within the health coordination	5hijklnopq 6	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
8	Evidence of effective cooperation of the SRH working group with other relevant sectors	5rst	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
9	Existence of a risk assessment providing updated SRH-related information on population at national and sub-national level with sex and age-disaggregated data	7abc	□Yes	□ Partially	□No
	Actions to undertake:	**Responsible**	**Partners**	**Timeframe**	**Remarks/**

	1. **2.** **3.**	**party** **1.** **2.** **3.**	 **1.** **2.** **3.**	 **1.** **2.** **3.**	**comments**
10	Integration of SRH Indicators within existing health information systems (HIS)	7d	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
11	Availability of resources at national level and sub-national levels to implement the 5 objectives of the MISP (financial resources, human resources and supplies)for the affected population, from the onset of an emergency	9abcdefgh 10abcdefghi	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
12	Existence of appointed SRH Focal Points at national level and sub-national levels for emergency preparedness and response	5in	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
13	Evidence that existing structures providing SRH services are prepared to respond to an emergency	9abeh 16abdef 28abcdef 38abcdef	□Yes	□ Partially	□No
	Actions to undertake: **1.**	**Responsible party** **1.**	**Partners** **1.**	**Timeframe** **1.**	**Remarks/ comments**

	2. **3.**	**2.** **3.**	**2.** **3.**	**2.** **3.**	
14	Evidence that members of the SRH working group are prepared to respond to an emergency	5lmopvwxyzaa	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
15	# and type of medical and non-medical personnel trained to the MISP at national and sub-national levels	8abcdefg h i	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
16	Mapping of stakeholders (public, non-governmental, private) involved in SRH per region	7e	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

Number of indicators fully achieved : …….. over 16

Number of indicators partially achieved : ……. over 16

Number of indicators not achieved at all : …….. over 16

	MISP Objective 2 Prevent Sexual Violence & Assist Survivors	Questions	Achievement of the Indicator		
17	Existence of national legislation and policy with provisions supporting prevention and response to sexual violence	11 12ab	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
18	Existence of advocacy on provisions within the national legislation and policies that restrict prevention and response to sexual violence	13 14abc	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
19	#, type and capacities of existing medical and non medical structures and networks involved in prevention and response to sexual violence at national and sub-national levels	15abcdef 17abdef 18abcde 19abcde 20ab	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
20	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	12ab 22bcf g	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

21	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector emergency response plan and planned by the SRH Working Group and other stakeholders at national and sub national level in accordance with the MISP Objective 2 (1- Protection System in place, especially for women & girls ; 2 - Medical services available for survivors ; 3 - Psychosocial support available for survivors ; 4 - Community aware of services)	21abcd 22defghij	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
22	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders for prevention and response to sexual violence from the onset of an emergency	22ad	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
23	Accessibility and availability of information for the community, including vulnerable groups from the onset of an emergency	22hi	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

Number of indicators fully achieved : …….. over 7

Number of indicators partially achieved : ……. over 7

Number of indicators not achieved at all : …….. over 7

	MISP Objective 3 Reduce HIV Transmission & Meet STI Needs	Questions	Achievement of the Indicator		
24	Existence of national legislation and policy with provisions supporting reducing HIV transmission and meeting STI needs	23 24ab	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
25	Existence of advocacy on provisions within the national legislation and policies that restrict reducing HIV transmission and meeting STI needs	25 26abc	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
26	#, type and capacities of existing medical structures providing HIV and STI services at national and sub-national levels	27abcdefg 29abcdefg 30a	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
27	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	24ab 32e	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
28	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector emergency response plan and planned by the SRH Working Group and other stakeholders at	31abcdef 32abcdfghijkl	□Yes	□ Partially	□No

	national and sub national level in accordance with the MISP Objective 3 (1 - Rational & safe blood transfusion in place; 2 - Standard Precautions practiced; 3 - Free condoms available and accessible; 4 - ARVs available for continuing users; 5 - PMTCT[22] in place; 6 - Needs of individuals with STIs met)				
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
29	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders to reduce HIV transmission and meet STI needs in crises *from the onset of an emergency*	32k	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
30	Accessibility and availability of information for the community, including vulnerable groups *from the onset of an emergency*	32dij	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

Number of indicators fully achieved : …….. over 7
Number of indicators partially achieved : ……. over 7
Number of indicators not achieved at all : …….. over 7

[22]Prevention of Mother To Child Transmission of HIV

	MISP Objective 4Prevent excess maternal and neonatal mortality and morbidity	Questions	Achievement of the Indicator		
31	Existence of national legislation and policy with provisions supporting providing priority maternal and newborn health services in crises	33 34ab	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
32	Existence of advocacy on provisions within the national legislation and policies that restrict providing priority maternal and newborn health services in crises	35 36abc	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
33	#, type and capacities of existing medical structures providing priority maternal and newborn health services at national and sub-national levels	37abdef 39abcde 40abc	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
34	Evidence of compliance of planned services provided under this objective with national and international protocols and standards	34ab 42abcd	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
35	Comprehensiveness of the services of SRH in emergency provisioned in the national health sector	41abcde	□Yes	□ Partially	□No

	emergency response plan and planned by the SRH Working Group and other stakeholders at national and sub national level in accordance with the MISP Objective 4 (1 - Emergency Obstetric & Neonatal Care (EmONC) services available; 2 - 24/7 Referral System for obstetric & newborn emergencies established; 3 - Clean Delivery Kits provided to visibly pregnant women & girls & birth attendants; 4 - Community aware of services; 5 - Contraceptives available to meet demand)	42efghijklmnopq			
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
36	Existence of multi-sectoral coordination mechanisms between health and other sectors stakeholders to support the implementation of priority maternal and newborn health services in crises *from the onset of an emergency*	42p	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**
37	Accessibility and availability of information for the community, including vulnerable groups *from the onset of an emergency*	42mno	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

Number of indicators fully achieved : …….. over 7

Number of indicators partially achieved : …….. over 7

Number of indicators not achieved at all : …….. over 7

	MISP Objective 5Plan for comprehensive RH services integrated into primary health care	Questions	Achievement of the Indicator		
38	Monitoring and SRH data collection tools are prepared to be used from the onset of an emergency	7d 22jkl 32lm 42qrs	□Yes	□ Partially	□No
	Actions to undertake: **1.** **2.** **3.**	**Responsible party** **1.** **2.** **3.**	**Partners** **1.** **2.** **3.**	**Timeframe** **1.** **2.** **3.**	**Remarks/ comments**

Number of indicators fully achieved : …….. over 1

Number of indicators partially achieved : ……. over 1

Number of indicators not achieved at all : …….. over 1

Annex A. MISP Advocacy Sheet 2009

What is the MISP and why is it important?

1. The Minimum Initial Service Package (MISP) for Reproductive Health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for sexual and reproductive health programming and should be sustained and built upon with comprehensive sexual and reproductive health services throughout protracted crises and recovery.
2. Sexual and reproductive health problems are the leading cause of women's ill health and death world-wide.[1]
3. The MISP saves lives and prevents illness, trauma and disability, especially among women and girls. As such, the MISP meets the life-saving criteria for the Central Emergency Response Fund (CERF).[2]
4. Neglecting the MISP in humanitarian settings has serious consequences: preventable maternal and newborn deaths; sexual violence and subsequent trauma; sexually transmitted infections; unwanted pregnancies and unsafe abortions; and the possible spread of HIV.
5. Approximately 75 to 80 percent of all crisis-affected populations are women, children and youth who need and have a right to reproductive health services.[3]
6. The MISP is an international standard as outlined in the Sphere Humanitarian Charter and Minimum Standards in Disaster Response.[4]
7. The Global Health Cluster endorses the MISP as a minimum standard in health service provision in emergencies as outlined in the IASC Health Cluster Guide.[5]
8. International laws support the rapid and unobstructed implementation of the MISP by humanitarian actors.[6] Reproductive health services are also vital to realizing United Nations Security Council Resolutions 1325, 1820, 1888 and 1889 on Women, Peace and Security.
9. In addition to health, activities of the MISP must be coordinated with other sectors/clusters, including protection and early recovery.
10. As humanitarian actors become familiar with the priority activities of the MISP, they recognize that it can and should be provided within the context of other critical priorities, such as water, food, cooking fuel and shelter.

Implementing the MISP is not optional: it is an international standard of care that should be implemented at the onset of every emergency.

[1] UNFPA. State of the World Population 2005.
[2] CERF Lifesaving Criteria and Sectoral Activities (Guidelines). 2007.
[3] UNFPA. State of the World Population 2000.
[4] Sphere Project. 2004 (revised). http://www.sphereproject.org/content/view/27/84/lang,english/
[5] IASC. Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster. 2009.
[6] Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War (1948); Geneva Conventions, common art. 3; International Covenant on Civil and Political Rights, art. 6; Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, arts. 23, 55, 59, 60 (1948); Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), art. 70; Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), arts. 9-11; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the International Covenant on Economic, Social and Cultural Rights (ICESCR).

What are the objectives of the MISP?

1. ENSURE the health sector/cluster identifies an organization to lead implementation of the MISP. The lead sexual and reproductive health (SRH) organization:
   a. nominates an SRH officer to provide technical and operational support to all agencies providing health services;
   b. hosts regular stakeholder meetings to facilitate implementation of the MISP;
   c. reports back to health sector/cluster meetings on issues related to MISP implementation;
   d. shares information about the availability of SRH resources and supplies.

2. PREVENT AND MANAGE the consequences of sexual violence:
   a. Put in place measures to protect affected populations, particularly women and girls, from sexual violence.
   b. Make clinical care available for survivors of rape.
   c. Ensure community is aware of available clinical services.

3. REDUCE HIV transmission:
   a. Ensure safe blood transfusion practice.
   b. Facilitate and enforce respect for standard precautions.
   c. Make free condoms available.

The MISP can be implemented without an initial needs assessment. Data on sexual violence, HIV and other SRH issues are not required to implement the MISP.

4. PREVENT excess maternal and newborn morbidity and mortality:
   a. Ensure availability of emergency obstetric and newborn care services including:
      i. Skilled staff and supplies to facilitate skilled attendance at births in health facilities
      ii. Skilled staff and supplies to manage obstetric and newborn emergencies.
   b. Establish a referral system to facilitate transport and communication from the community to the health centre and between health centre and hospital.
   c. Provide clean delivery kits to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible.

5. PLAN for comprehensive SRH services, integrated into primary health care as the situation permits. Support the health sector/cluster partners to:
   a. coordinate ordering SRH equipment and supplies based on estimated and observed consumption;
   b. collect existing background data;
   c. identify suitable sites for future service delivery of comprehensive SRH services;
   d. assess staff capacity to provide comprehensive SRH services and plan for training of staff.

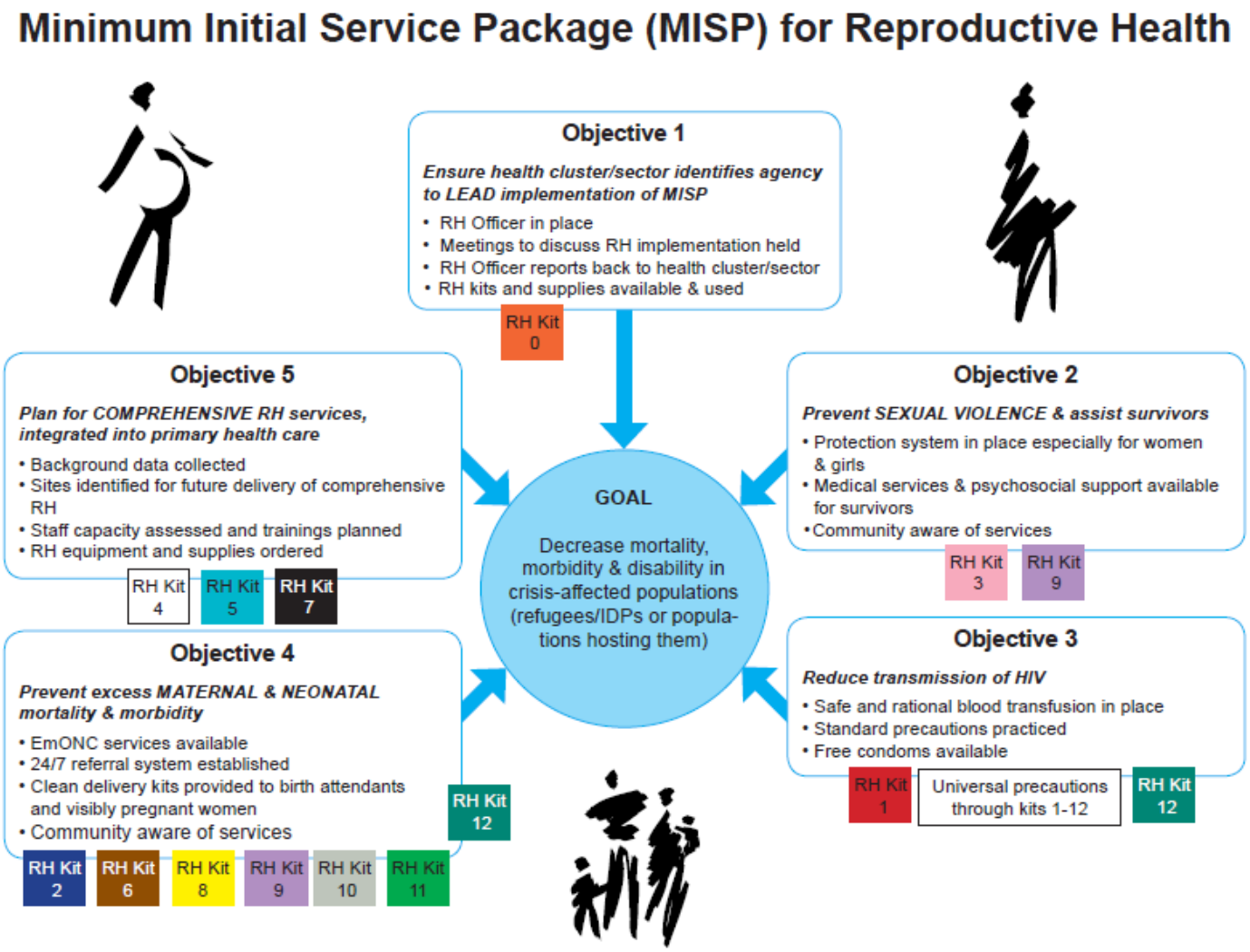
Note:
It is important to ensure common contraceptive methods such as condoms, pills, injectables and IUDs are available to meet demand, antibiotics are available to provide syndromic treatment to patients with symptoms of a sexually transmitted infection and antiretrovirals (ARVs) are available to continue treatment for people living with HIV already on ARVs, including for prevention of mother-to-child transmission.

To learn more about the MISP and to receive certification, go to the MISP Distance Learning Module: http://misp.rhrc.org.

Inter-agency Working Group on Reproductive Health in Crises

November 2009

Annex B. MISP Cheat Sheet 2009



Annex C. Acronyms

ARV	Anti Retro Viral
BEmONC	Basic Emergency Obstetric & Neonatal Care
CAP	Consolidated Appeal Process
BCP	Business Continuity Plan
CEmONC	Comprehensive Emergency Obstetric & Neonatal Care
EmONC	Emergency Obstetric & Neonatal Care
GBV	Gender Based Violence
HDC	Health Disaster Coordination
HIS	health Information Systems
HIV/AIDS	*Human* Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
IASC	Inter Agency Standing Committee
IEC	Information, Education and Communication
MISP	Minimum Initial Service Package for Reproductive Health
MNH	Maternal and Neonatal Health
MoH	Ministry of Health
MoU	Memorandum of Understanding
PEP	Post Exposure Prophylaxis
PMTCT	Prevention of Mother-To-Child Transmission of HIV
SEA	sexual exploitation & abuse
SOPs	Standard Operation Procedures
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
ToR	Terms of Reference
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

Annex D. Definitions[23]

Disaster risk management

The systematic process of using administrative directives, organizations, and operational skills and capacities to implement strategies, policies and improved coping capacities in order to lessen the adverse impacts of hazards and the possibility of disaster.

Comment: This term is an extension of the more general term “risk management” to address the

[23] Definitions from the United Nations Office for Disaster Risk Reduction
http://www.unisdr.org/we/inform/terminology

specific issue of disaster risks. Disaster risk management aims to avoid, lessen or transfer the adverse effects of hazards through activities and measures for prevention, mitigation and preparedness.

30 Aug 2007

Disaster risk reduction

The concept and practice of reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, including through reduced exposure to hazards, lessened vulnerability of people and property, wise management of land and the environment, and improved preparedness for adverse events.

Comment: A comprehensive approach to reduce disaster risks is set out in the United Nations-endorsed Hyogo Framework for Action, adopted in 2005, whose expected outcome is “The substantial reduction of disaster losses, in lives and the social, economic and environmental assets of communities and countries.” The International Strategy for Disaster Reduction (ISDR) system provides a vehicle for cooperation among Governments, organisations and civil society actors to assist in the implementation of the Framework. Note that while the term “disaster reduction” is sometimes used, the term “disaster risk reduction” provides a better recognition of the ongoing nature of disaster risks and the ongoing potential to reduce these risks.

30 Aug 2007

Disaster risk reduction plan

A document prepared by an authority, sector, organization or enterprise that sets out goals and specific objectives for reducing disaster risks together with related actions to accomplish these objectives.

Comment: Disaster risk reduction plans should be guided by the Hyogo Framework and considered and coordinated within relevant development plans, resource allocations and programme activities. National level plans needs to be specific to each level of administrative responsibility and adapted to the different social and geographical circumstances that are present. The time frame and responsibilities for implementation and the sources of funding should be specified in the plan. Linkages to climate change adaptation plans should be made where possible.

23 Jan 2009

Emergency management

The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and initial recovery steps.

Comment: A crisis or emergency is a threatening condition that requires urgent action. Effective emergency action can avoid the escalation of an event into a disaster. Emergency management involves plans and institutional arrangements to engage and guide the efforts of government, non-government, voluntary and private agencies in comprehensive and coordinated ways to respond to

the entire spectrum of emergency needs. The expression “disaster management” is sometimes used instead of emergency management.

30 Aug 2007

Preparedness

The knowledge and capacities developed by governments, professional response and recovery organizations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions.

Comment: Preparedness action is carried out within the context of disaster risk management and aims to build the capacities needed to efficiently manage all types of emergencies and achieve orderly transitions from response through to sustained recovery. Preparedness is based on a sound analysis of disaster risks and good linkages with early warning systems, and includes such activities as contingency planning, stockpiling of equipment and supplies, the development of arrangements for coordination, evacuation and public information, and associated training and field exercises. These must be supported by formal institutional, legal and budgetary capacities. The related term “readiness” describes the ability to quickly and appropriately respond when required.

30 Aug 2007

Response

The provision of emergency services and public assistance during or immediately after a disaster in order to save lives, reduce health impacts, ensure public safety and meet the basic subsistence needs of the people affected.

Comment: Disaster response is predominantly focused on immediate and short-term needs and is sometimes called “disaster relief”. The division between this response stage and the subsequent recovery stage is not clear-cut. Some response actions, such as the supply of temporary housing and water supplies, may extend well into the recovery stage.

23 Jan 2009

Risk assessment

A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.

Comment: Risk assessments (and associated risk mapping) include: a review of the technical characteristics of hazards such as their location, intensity, frequency and probability; the analysis of exposure and vulnerability including the physical social, health, economic and environmental dimensions; and the evaluation of the effectiveness of prevailing and alternative coping capacities in respect to likely risk scenarios. This series of activities is sometimes known as a risk analysis process.

30 Aug 2007