

WHAT IS THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND WHY IS IT IMPORTANT?

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The MISP for SRH is a priority set of lifesaving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for SRH programming in humanitarian emergencies and should be sustained and built upon with comprehensive SRH services throughout protracted crises and recovery.

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Two-thirds of preventable maternal deaths and 45% of newborn deaths take place in countries affected by recent conflict, natural disaster, or both.¹

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The MISP for SRH saves lives and prevents illness, disability, and death. As such, the MISP for SRH meets the lifesaving criteria for the Central Emergency Relief Fund.

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Neglecting SRH needs in humanitarian settings has serious consequences, including preventable maternal and newborn morbidity and mortality; preventable consequences of unintended pregnancy, such as unsafe abortion; and preventable cases of sexual violence and their consequences, such as unintended pregnancies, increased acquisition of sexually transmitted infections, increased transmission of human immunodeficiency virus (HIV), and ongoing mental health problems, including depression.

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The priority lifesaving SRH services in the MISP for SRH are integrated into the Sphere Minimum Health Standards in Humanitarian Response.²

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The Global Health Cluster endorses the MISP for SRH as a minimum standard in health service provision in emergencies, as outlined in the Inter-Agency Standing Committee Health Cluster Guide.³

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International laws support the rapid and unobstructed implementation of the MISP for SRH by humanitarian actors.⁴ SRH services are also vital to realizing United Nations Security Council Resolutions 1325, 1820, 1888, and 1889 on Women, Peace and Security.

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In addition to health, activities of the MISP for SRH must be coordinated with other sectors/ clusters, including protection; logistics; water, sanitation, and hygiene; and early recovery.

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As humanitarian actors become familiar with the priority activities of the MISP for SRH, they recognize that it can and should be provided within the context of other critical priorities, such as water, food, cooking fuel, and shelter.

¹ Zeid, et al., "For Every Woman, Every Child, Everywhere."

² The Sphere Handbook.

³ Health Cluster Guide: A Practical Guide for Country-Level Implementation.

⁴ Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War (Geneva, August 12, 1949); Geneva Convention (III), Relative to the Treatment of Prisoners of War, Art. 3 (Geneva, August 12, 1949); International Covenant on Civil and Political Rights, Art. 6 (UN General Assembly, December 16, 1966); Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, Arts. 23, 55, 59, and 60 (Geneva, August 12, 1949); 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 (June 8, 1977); 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 (June 8, 1977); Convention on the Elimination of All Forms of Discrimination Against Women (UN General Assembly, 1979); and the International Covenant on Economic, Social and Cultural Rights (UN General Assembly, December 16, 1966).