### Template F: Description of Health System Building Blocks

This template provides a description of each of the health system building blocks. It is available at [https://iawg.net/misp-to-csrh/templates.](https://iawg.net/misp-to-csrh/templates) Extracted from the *Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations: A Distance Learning Module* available at: www.iawg.net/ misp-dlm.

**Service delivery**

Collaborate with national and local authorities, the affected community, and, where appropriate, camp management experts to identify possible new and existing sites to deliver comprehensive sexual and reproductive health (SRH) services, such as family planning clinics, sexually transmitted infection (STI) outpatient rooms, or focused adolescent-friendly SRH services. Consider the following factors, among others, when selecting suitable sites:

* Feasibility of communications and transport for referrals
* Number, type, quality, and distance to existing health facilities, SRH services, and other health services
* Accessibility to all potential users, in all their diversity, including the affected populations and the target group
* Possible integration with other services versus standalone services
* Security at the point of use as well as while moving between home and the service delivery point

**Health workforce**

**Assess staff capacity** to undertake comprehensive SRH services, establish plans to train or retrain staff, and ensure supportive supervision. Staff capacity can be measured through supervisory activities (e.g., monitoring checklists, direct observation, client exit interviews) or through formal examinations of knowledge and skills.

**When planning for training or retraining of staff**, work with national authorities, academic institutes, and training institutes and take into consideration existing curricula. Where possible, use national trainers and plan training sessions carefully in order not to leave health facilities without in-service staff. Training health workers on patients’ rights and the provision of respectful, unbiased, equitable care is critical and should be incorporated into trainings, training schedules, and/or supportive supervision.

**Consider ongoing capacity development opportunities outside of trainings**, such as supportive supervision, mentorship programs, and opportunities to practice learned skills.

**Provide protocols and job aids** to support quality service delivery according to evidence-based best practices.

**Health Information System**

In order to move beyond the Minimum Initial Service Package (MISP) for SRH and start planning for comprehensive SRH service delivery, SRH program managers – in close collaboration with the partners in the health sector/cluster – must collect existing information or estimate data that will assist in designing such a program.

Examples of information that assists with planning for comprehensive SRH include:

* Ministry of Health policies and protocols for standardized care (e.g., STI syndromic management, family planning protocols, and laws and regulations surrounding safe abortion care).
* MISP service indicators that are monitored and evaluated. The MISP for SRH Checklist and process evaluation tools are useful for ensuring the MISP components are in place. For gathering data as part of needs assessments, *Reproductive Health Assessment Toolkit for Conflict-Affected Women* can be helpful*.*
* Services and supply consumption data at health facilities.
* SRH demographic information collected about the affected population, number of women of reproductive age, number of sexually active men, crude birth rate, age-and sex-specific mortality data, newborn mortality rate, and maternal mortality rate.
* STI and HIV prevalence, contraceptive prevalence and preferred methods, prevalence of unsafe abortion, and SRH knowledge, attitudes, and behaviors of the affected population.

**Medical commodities**

The Inter-Agency Emergency Reproductive Health (IARH) Kits are not intended as re-supply kits and, if used long-term, may result in the accumulation of items and medicines which are not needed. Although supplying medicines and medical devices in standard pre-packed kits is convenient early in an emergency, specific local needs must be assessed as soon as possible and further supplies must be ordered accordingly. This will help ensure the sustainability of the SRH program and national supply chain, reduce unnecessary costs, and avoid shortages of particular supplies, as well as the wasting of others not typically used in the specific context.

When basic services have been established, work with the SRH Coordinator and other health partners to assess SRH needs and attempt to re-order bulk medicines, devices, and equipment based on consumption of these items, in order to ensure that the SRH program can be sustained and expanded. To make this shift, the SRH Coordinator should:

* strengthen or develop a medical supplies logistics management information system as soon as possible, in coordination with the United Nations Population Fund (UNFPA), WHO, United Nations Children’s Fund (UNICEF), and other health supplies partners;
* estimate the use of SRH supplies based on consumption, services, and demographic data and conduct a forecast; assess the changing SRH needs of the population and how this may affect supply needs; and
* reorder supplies as needed based on a supply plan; this can be a mix of IARH Kits and bulk item procurement.

When ordering supplies for comprehensive SRH services, coordinate SRH commodity management with health authorities and the health and logistics sectors/clusters in order to ensure uninterrupted access to SRH services and to avoid creating multiple health supply chains.

Some suggestions to strengthen national supply chains include the following:

* Hire staff trained in supply chain management and medical logistics.
* Develop the capacity of existing staff on supply chain management.
* Establish a health-logistics coordination sub-group under the health cluster in close partnership with the logistics cluster.
* Estimate monthly consumption and utilization of SRH commodities.
* Support the creation of or reinforce an existing (if one exists) national logistics management information system.
* Identify medical supply channels. If local supply chains are inadequate (e.g., cannot confirm quality standards), obtain SRH commodities through recognized global suppliers or with support from UNFPA (through the Procurement Services Branch), UNICEF, or the WHO, which can facilitate purchasing bulk quantities of high-quality SRH supplies at lower costs.
* Place timely orders through identified supply lines.
* Store supplies as close to the target population as possible.

**Financing**

To ensure ongoing access to affordable, high-quality comprehensive SRH care, long-term financing mechanisms must be considered during the initial response to a crisis. A good health financing system is critical to sustaining comprehensive SRH care. Several financing options include, but are not limited to:

* Community financing and community-based health insurance
* Conditional and unconditional cash transfers
* Out-of-pocket payments or user fees
* Results-based financing
* Voucher subsidies to clients and reimbursements for health care workers
* Social marketing and franchising

**Governance and Leadership**

Leadership and governance for integrating SRH into health systems strengthening efforts can be driven from international, national, and community levels.

**International and national levels**: By identifying existing policies, guidelines, and protocols that do not support SRH and rights or meet international standards, international actors can advocate and support national leadership to implement a health systems strengthening plan to address excess SRH-related morbidity and mortality.

**Community level**: Communities should understand their rights and participate in the design and implementation of SRH services, creating demand and enforcing accountability (e.g., register complaints and seek remedies). They must be provided with the necessary resources to support these efforts.