WOMEN'S REFUGEE COMMISSION

Evaluation of the Minimum Initial Services Package (MISP) of Reproductive Health Services for Crisis-affected Persons in Kathmandu and Sindhupalchowk Districts, Nepal

September 2015

REPORT FOR COMMUNITY CONTRIBUTORS

WHO WE ARE

The Women's Refugee Commission improves the lives and protects the rights of women, children and youth who have been displaced by conflict and crisis. Our sexual and reproductive health program aims to ensure the Minimum Initial Services Package (MISP) (read more about the MISP below) is implemented in every new emergency.

In September 2015, the Women's Refugee Commission led an inter-agency MISP assessment in Nepal. The partners were the Department of Health Services (DoHS), Family Health Division (FHD) Nepal, Boston University School of Public Health, Johns Hopkins School of Public Health, United Nations Population Fund (UNFPA) Nepal, International Planned Parenthood Federation- South Asia-SPRINT (Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations) Initiative with the Family Planning Association in Nepal (FPAN), and the Reproductive Health Sub-cluster in Nepal.

WHAT IS THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH?

The MISP is a set of life-saving activities that should be carried out at the beginning of every humanitarian crisis. The MISP saves lives and prevents illness, trauma and disability, especially among women and girls. The MISP says these are the most important things to do in the days right after an emergency starts:

- Coordinate implementation of MISP priority reproductive health services.
- Prevent and manage the consequences of sexual violence.
- Reduce the spread of HIV and other sexually transmitted infections.
- Prevent maternal and newborn death and disability.
- Reduce unwanted pregnancies and unsafe abortion by providing contraceptives to meet demand from the community.
- Plan for a wider range of reproductive health services once the setting is more stable.

REPRODUCTIVE HEALTH

Reproductive health means that people are able to have safe and satisfying sex lives. They can decide if they want to have children. If they do want children, they can decide how many they want and when to have them.

Everyone has the right to access the information and services that they need to take care of their reproductive health. This includes:

- access to safe, effective, affordable and acceptable methods of family planning, such as condoms and pills;
- access to healthcare services that help women have safe pregnancies and deliveries;
- access to services for the survivors of sexual violence; and
- access to information on how to prevent sexually transmitted infections, such as HIV.

WHAT DID WE DO DURING OUR VISIT?

We got permission from the Nepal Health Research Council (NHRC) to do our work. We wanted to learn how well the MISP was implemented as part of emergency preparedness and response after the earthquake in two districts (Kathmandu and Sindhupalchowk). We held 32 group discussions with 249 women, youth and men. We held 25 interviews (14 in Kathmandu and 11 in Sinhupalchowk) with representatives of the government, United Nations agencies, international and local non-governmental organizations. We visited nine health facilities in Kathmandu and eight health facilities in Sindhupalchowk.

WHAT DID WE FIND DURING OUR VISIT?

- **Preparation:** Emergency preparedness for the MISP is part of Nepal's national planning. Contingency planning for the MISP was being done before the earthquake.
- **Coordination and supplies:** DoHS and lead agencies did a good job to coordinate implementation of the MISP from the beginning of the emergency in Kathmandu and several months later in Sindhupalchowk. Funding and supplies for MISP response were largely available in Kathmandu. Local nongovernmental organizations said there was not enough funding in Sindhupalchowk.
- **GBV prevention:** Protection measures at health facilities were mainly sufficient in some facilities in Kathmandu but were more of a challenge at the temporary field hospital and health facilities in Sinhupalchowk. Awareness of GBV prevention efforts were rarely reported by focus group participants.
- **GBV response:** Program staff said that health care for survivors of sexual violence was available at One Stop Crisis Management Centers (OCMC) in Kathmandu, but no OCMCs are available in Sindupalchowk. Some staff said health services were available for survivors at the district hospital and primary care facilities.

  Female-friendly spaces (FFS) were established in both districts to meet the needs of sexual violence survivors. A referral system for survivors (health, police, protection, legal, social) was established, but some program staff were concerned about the quality of services within the system. Finally, there appeared to be limited awareness of clinical or psychosocial services for sexual violence survivors among focus group participants or the health benefits of care for survivors.
- **HIV prevention:** Services were largely in place in both districts to reduce transmission of HIV (safe blood transfusion, condoms and infection prevention measures at health facilities).
- **Maternal and newborn health:** A number of activities were undertaken to prevent maternal and newborn illness and death. These included: setting up a temporary comprehensive emergency obstetric care unit at the field hospital in Sindhupalchowk; using skilled birth attendants; supporting an emergency referral system that included emergency obstetric and newborn services; using transition homes for pregnant women; and providing dignity kits. In Sinduhupalchowk, participant perceptions of low quality of services encouraged many to seek emergency obstetric and newborn care at hospitals in neighboring districts.
- **Future response:** Planning for comprehensive sexual and reproductive health services was underway. This included addressing the repair and upgrade of health facilities in Sindhupalchock. It also included plans to address the need for adequate staff, and training them as necessary.

WHAT WILL WE DO WITH THE INFORMATION?

The Women's Refugee Commission and our collaborating partners will develop and share a comprehensive report of the findings and recommendations from this assessment. The recommendations will help international and national agencies improve reproductive health services for people affected by the earthquake in Nepal. They will also help agencies that respond to future emergencies make sure that good quality priority reproductive health services are provided to communities immediately when a humanitarian emergency occurs. A more comprehensive report will be available by the end of December 2015.

WHO CAN YOU CONTACT IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THE STUDY?

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