WOMEN'S COMMISSION
for refugee women & children

Minimum Initial Service Package (MISP)

Fact Sheet

What is the MISP?

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is a set of priority activities to be implemented during the early stages of an emergency (conflict or natural disaster). When implemented at the onset of an emergency, the MISP saves lives and prevents illness, especially among women and girls. The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff at the beginning of a crisis. It can be implemented without a new needs assessment since documented evidence already justifies its use. The MISP prevents excess maternal and neonatal mortality and morbidity, reduces HIV transmission, prevents and manages the consequences of sexual violence, and includes planning for the provision of comprehensive RH services. The MISP is a standard in the 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response. The components of the MISP form a minimum requirement and comprehensive RH services should be provided as soon as the situation allows.

Goal

The goal of the MISP is to reduce mortality, morbidity and disability among populations affected by crises, particularly women and girls. These populations may be refugees, internally displaced persons (IDPs) or populations hosting refugees or IDPs.

MISP Objectives & Activities

- Identify an organization(s) and individual(s) to facilitate the coordination and implementation of the MISP by:
  - ensuring the overall RH Coordinator is in place and functioning under the health coordination team
  - ensuring RH focal points in camps and implementing agencies are in place
  - making available material for implementing the MISP and ensuring its use
- Prevent sexual violence and provide appropriate assistance to survivors by:
  - ensuring systems are in place to protect displaced populations, particularly women and girls, from sexual violence
  - ensuring medical services, including psychosocial support, are available for survivors of sexual violence
- Reduce the transmission of HIV by:
  - enforcing respect for universal precautions
  - guaranteeing the availability of free condoms
  - ensuring that blood for transfusion is safe
- Prevent excess maternal and neonatal mortality and morbidity by:
  - providing clean delivery kits to all visibly pregnant women and birth attendants to promote clean home deliveries
  - providing midwife delivery kits (UNICEF or equivalent) to facilitate clean and safe deliveries at the health facility
  - initiating the establishment of a referral system to manage obstetric emergencies

This document is based on the *Reproductive Health in Refugee Situations: An Inter-agency Field Manual* produced through a collaborative effort of United Nations agencies, governmental and nongovernmental organizations and displaced persons.

- Plan for the provision of comprehensive reproductive health services, integrated into Primary Health Care (PHC), as the situation permits by:
  - collecting basic background information identifying sites for future delivery of comprehensive RH services
  - assessing staff and identifying training protocols
  - identifying procurement channels and assessing monthly drug consumption

Broad Terms of Reference for a Reproductive Health Coordinator

- Under the auspices of the overall health coordination framework, the RH Coordinator should:
  - be the focal point for RH services and provide technical advice and assistance on RH to the displaced communities and all organizations working in health and other sectors as needed;
  - liaise with national and regional authorities when planning and implementing RH activities in camps, settlements and among the surrounding population;
  - liaise with other sectors (protection, community services, camp management, education, etc.) to ensure a multi-sectoral approach to RH;
  - assure that RH is a standard item on the health coordination meeting agenda;
  - create or adapt and introduce national and other standardized policies that support the MISP and ensure that they are integrated with primary health care, for example, policies relating to emergency obstetric care or gender-based violence;
  - initiate and coordinate audience-specific orientation sessions on the MISP (e.g., for health workers, community services officers, the beneficiary population, security personnel, etc.);
  - introduce standardized protocols for selected areas (such as medical response to survivors of sexual violence and referral of obstetric emergencies; and, when planning for comprehensive RH services: syndromic case management of STIs and family planning);
  - adapt and introduce simple forms for monitoring RH activities during the emergency phase that can become more comprehensive once the program is expanded;
  - use standard indicators to monitor MISP outcomes;
  - collect, analyze and disseminate data for use;
  - report regularly to the health coordination team.

MISP Indicators

- Monitor incidence of sexual violence:
  - Monitor the number of incidents of sexual violence anonymously reported to health and protection services and security officers
  - Monitor the number of survivors of sexual violence who seek and receive health care (anonymous reporting is of utmost importance)
- Monitor HIV coordination:
  - Supplies for universal precautions: Percentage of health facilities with sufficient supplies for universal precautions, such as disposable injection materials, gloves, protective clothing and safe disposal protocols for sharp objects
  - Safe blood transfusion: Percentage of referral level hospitals with sufficient HIV tests to screen blood and consistently using them
  - Estimate of condom coverage: Number of condoms distributed in a specified time period
- Monitor safe motherhood coordination:
  - Estimate of coverage of clean delivery kits
  - Number and type of obstetric complications treated at the PHC level and the referral level
  - Number of maternal and neonatal deaths in health facilities

- Monitor planning for comprehensive RH coordination:
  - Basic background information collected
  - Sites identified for future delivery of comprehensive RH services
  - Staff assessed, training protocols identified
  - Procurement channels identified and monthly drug consumption assessed

Material Resources

1. What is in the Interagency Reproductive Health Kit?

The RH Kit is designed for use for a 3-month period for a varying population number, depending on which block of sub-kits are ordered. The RH Kit is divided into three "blocks" as follows:

Block 1: Six sub-kits to be used at the community and primary health care level for 10,000 persons / 3 months		
Kit number	**Kit name**	**Color code**
Sub-kit 0	Administration sub-kit	Orange
Sub-kit 1	Condom sub-kit (Part A is male condoms, Part B is female condoms)	Red
Sub-kit 2	Clean Delivery sub-kit (Individual) (Part A + B)	Dark Blue
Sub-kit 3	Post-Rape sub-kit	Pink
Sub-kit 4	Oral and Injectable Contraception sub-kit	White
Sub-kit 5	STI sub-kit	Turquoise

Block 1 contains six sub-kits. Each sub-kit is designed for 10,000 persons for a 3-month period. The sub-kits contain mainly disposable items. Sub-kits 1 and 2 are subdivided into parts A and B, which can be ordered separately.

Block 2: Five sub-kits to be used at the community and primary health care level for 30,000 persons / 3 months		
Kit number	**Kit name**	**Color code**
Sub-kit 6	Delivery sub-kit (Health Facility)	Brown
Sub-kit 7	IUD sub-kit	Black
Sub-kit 8	Management of Complications of Abortion sub-kit	Yellow
Sub-kit 9	Suture of Tears (cervical and vaginal) and Vaginal Examination sub-kit	Purple
Sub-kit 10	Vacuum Extraction for Delivery (Manual) sub-kit	Grey

Block 2 is composed of five sub-kits containing disposable and reusable material. In order to prevent wastage of expensive reusable equipment, these sub-kits are designed to be used for a population of 30,000 persons over a 3-month period. However, this certainly does not exclude the sub-kits from being ordered for a setting with fewer than 30,000 persons—in this case the supplies in the kits would last longer.

Block 3: Two sub-kits to be used at referral hospital level for 150,000 persons / 3 months		
Kit number	**Kit name**	**Color code**
Sub-kit 11	Referral level sub-kit for Reprodictive Health (Part A + B)	Flourescent Green
Sub-kit 12	Blood Transfusion sub-kit	Dark Green

Block 3 is composed of 2 sub-kits containing disposable and reusable material for the referral (surgical obstetrics) level. In most countries this level normally serves a population of approximately 150,000 persons over a 3-month period. In displaced situations, patients are generally referred to the nearest hospital, which will often require support in terms of equipment and supplies to be able to provide the necessary services for this additional population.

How to Order

Reproductive Health Kits for Crisis Situations is a booklet that describes the Inter-agency RH Kit. It can be ordered from UNFPA:

UNFPA - Contact local country offices or
220 East 42nd Street
New York, NY 10017 USA
tel: +1 212 297 5245
fax: +1 212 297 4915
email: hru@unfpa.org
or downloaded directly: www.rhrc.org/pdf/rhrkit.pdf

2. What is in the Interagency Emergency Health Kit 2006 (formerly the New Emergency Health Kit (NEHK)) to implement the MISP?

(For 10,000 people for three months)

- Materials for universal precautions for infection control
- Equipment, supplies and drugs for deliveries at health centers
- Equipment, supplies and drugs for some obstetric emergencies
- Equipment, supplies and drugs for post-rape management

How to Order

A booklet describing the Interagency Emergency Health Kit 2006 is available from the World Health Organization:
Marketing and Dissemination
World Health Organization
20 Avenue Appia
1211 Geneva 27, Switzerland
tel: +41 22 791 2476
fax: +41 22 791 4857
email: bookorders@who.int
or downloaded directly: www.who.int/medicines/publications/mrhealthkit.pdf

The Women's Commission for Refugee Women and Children works to improve the lives and defend the rights of refugee and internally displaced women, children, and adolescents. We advocate for their inclusion and participation in programs of humanitarian assistance and protection. We provide technical expertise and policy advice to donors and organizations that work with refugees and the displaced. We make recommendations to policy makers based on rigorous research and information gathered on fact-finding missions. We join with refugee and internally displaced women, children, and adolescents to ensure that their voices are heard from the community level to the highest levels of governments and international organizations. We do this in the conviction that their empowerment is the surest route to the greater well-being of all forcibly displaced people.

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