Minimum Initial Service Package (MISP) for Reproductive Health

Objective 1
Ensure health cluster/sector identifies agency to LEAD implementation of MISP
- RH Officer in place
- Meetings to discuss RH implementation held
- RH Officer reports back to health cluster/sector
- RH kits and supplies available & used

Objective 2
Prevent SEXUAL VIOLENCE & assist survivors
- Protection system in place especially for women & girls
- Medical services & psychosocial support available for survivors
- Community aware of services

Objective 3
Reduce transmission of HIV
- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

Objective 4
Prevent excess MATERNAL & NEONATAL mortality & morbidity
- EmONC services available
- 24/7 referral system established
- Clean delivery kits provided to birth attendants and visibly pregnant women
- Community aware of services

Objective 5
Plan for COMPREHENSIVE RH services, integrated into primary health care
- Background data collected
- Sites identified for future delivery of comprehensive RH
- Staff capacity assessed and trainings planned
- RH equipment and supplies ordered

Goal
Decrease mortality, morbidity & disability in crisis-affected populations (refugees/IDPs or populations hosting them)

RH Kits
- RH Kit 0
- RH Kit 1
- RH Kit 2
- RH Kit 3
- RH Kit 4
- RH Kit 5
- RH Kit 6
- RH Kit 7
- RH Kit 8
- RH Kit 9
- RH Kit 10
- RH Kit 11
- RH Kit 12

Universal precautions through kits 1-12
### How to order RH Kits for Crisis Situations booklet:

UNFPA – Contact local country offices or
220 East 42nd Street
New York, NY 10017 USA
t: + 1 212 297 5245
f: +1 212 297 4915
em: hru@unfpa.org
www.rhrc.org/resources/rhrkit.pdf

### How to order RH Kits:

UNFPA Procurement Services Section
Emergency Procurement Team
Midtermolen 3
2100 Copenhagen
Denmark
tel: +45 3546 7368 / 7000
fax: +45 3546 7018
procurement@unfpa.dk

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<table>
<thead>
<tr>
<th>SUBJECT AREA</th>
<th>MINIMUM (MISP) RH SERVICES</th>
<th>COMPREHENSIVE RH SERVICES</th>
</tr>
</thead>
</table>
| FAMILY PLANNING | • Provide contraceptives, such as condoms, pills, injectables and IUDs, to meet demand | • Source and procure contraceptive supplies  
  • Provide staff training  
  • Establish comprehensive family planning programs  
  • Provide community education  
  • Expand medical, psychological, social and legal care for survivors of GBV, including domestic violence, forced/early marriage, female genital cutting,  
  • Provide community education  
  • Engage men and boys in GBV prevention and address other forms of violence,  
  • Provide the availability of emergency obstetric and newborn care (EmONC) services  
  • Establish 24/7 referral systems for obstetric and newborn emergencies  
  • Provide clean delivery packages to visibly pregnant women and birth attendants  
  • Inform community about services  
  • Establish comprehensive STI prevention and treatment services, including STI surveillance systems  
  • Collaborate in establishing comprehensive HIV services as appropriate  
  • Provide care, support and treatment for people living with HIV/AIDS  
  • Establish comprehensive EmONC | • Coordinate mechanisms to prevent sexual violence with the health and other sectors/clusters  
  • Provide clinical care for survivors of rape  
  • Inform community about services  
  • Increase access to basic and comprehensive EmONC | • Inform community about services  
  • Provide care, support and treatment of STIs  
  • Including syndromic treatment as part of routine clinical services for patients presenting for care  
  • Provide ARV treatment for patients already taking ARVs, including for PMTCT, as soon as possible  
  • Increase access to basic and comprehensive EmONC |

### RESOURCES:

- MISP Distance Learning Module: http://misp.rhrc.org
- RHRC Monitoring and Evaluation Toolkit: www.rhrc.org/resources/general_fieldtools/toolkit/
- Inter-agency Working Group on Reproductive Health in Crises: www.iawg.net

### The RH Kit is designed for use for a 3-month period for a varying population number and is divided into three “blocks” as follows:

**Block 1:** Six kits to be used at the community and primary health care level for 10,000 persons / 3 months

<table>
<thead>
<tr>
<th>KIT NUMBERS</th>
<th>KIT NAME</th>
<th>COLOR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 0</td>
<td>Administration</td>
<td>Orange</td>
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<tr>
<td>Kit 1</td>
<td>Condom (Part A is male condoms + Part B is female condoms)</td>
<td>Red</td>
</tr>
<tr>
<td>Kit 2</td>
<td>Clean Delivery (Individual) (Part A + B)</td>
<td>Dark blue</td>
</tr>
<tr>
<td>Kit 3</td>
<td>Post-Rape (Part A + B)</td>
<td>Pink</td>
</tr>
<tr>
<td>Kit 4</td>
<td>Oral and Injectable Contraception</td>
<td>White</td>
</tr>
<tr>
<td>Kit 5</td>
<td>STI</td>
<td>Turquoise</td>
</tr>
</tbody>
</table>

**Block 2:** Five kits to be used at the community and primary health care level for 30,000 persons / 3 months

<table>
<thead>
<tr>
<th>KIT NUMBERS</th>
<th>KIT NAME</th>
<th>COLOR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 6</td>
<td>Delivery (Health Facility)</td>
<td>Brown</td>
</tr>
<tr>
<td>Kit 7</td>
<td>IUD</td>
<td>Black</td>
</tr>
<tr>
<td>Kit 8</td>
<td>Management of Complications of Abortion</td>
<td>Yellow</td>
</tr>
<tr>
<td>Kit 9</td>
<td>Suture of Tears (Cervical and vaginal) and Vaginal Examination</td>
<td>Purple</td>
</tr>
<tr>
<td>Kit 10</td>
<td>Vacuum Extraction for Delivery (Manual)</td>
<td>Grey</td>
</tr>
</tbody>
</table>

**Block 3:** Two kits to be used at referral hospital level for 150,000 persons / 3 months

<table>
<thead>
<tr>
<th>KIT NUMBERS</th>
<th>KIT NAME</th>
<th>COLOR CODE</th>
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<tbody>
<tr>
<td>Kit 11</td>
<td>Referral Level for Reproductive Health (Part A + B)</td>
<td>Fluorescent Green</td>
</tr>
<tr>
<td>Kit 12</td>
<td>Blood Transfusion</td>
<td>Dark Green</td>
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</tbody>
</table>

**NOTE:** Agencies should not depend solely on the Inter-agency RH Kits and should plan to integrate the procurement of MISP/RH supplies in their routine health procurement systems.

Dec. 2009 © IAWG. Based on Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings.