**MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH**

**OBJECTIVE 1: ENSURE THE HEALTH SECTOR/CLUSTER IDENTIFIES AN ORGANIZATION TO LEAD IMPLEMENTATION OF THE MISP. THE LEAD SRH ORGANIZATION:**

- Nominates an SRH Coordinator to provide technical and operational support to all agencies providing health services
- Hosts regular meetings with all relevant stakeholders to facilitate coordinated action to ensure implementation of the MISP
- Reports back to the health cluster, GBV sub-cluster, and/or HIV national coordination meetings on any issues related to MISP implementation
- In tandem with health/GBV/HIV coordination mechanisms ensures mapping and analysis of existing SRH services and commodities
- Shares information about the availability of SRH services and commodities
- Ensures the community is aware of the availability and location of reproductive health services

**GOAL**

**PREVENT MORTALITY, MORBIDITY, AND DISABILITY IN CRISIS-AFFECTED POPULATIONS**

**OBJECTIVE 2: PREVENT SEXUAL VIOLENCE AND RESPOND TO THE NEEDS OF SURVIVORS:**

- Work with other clusters especially the protection or gender based violence sub-cluster to put in place preventative measures at community, local, and district levels including health facilities to protect affected populations, particularly women and girls, from sexual violence
- Make clinical care and referral to other supportive services available for survivors of sexual violence
- Put in place confidential and safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care and referral

**OBJECTIVE 3: PREVENT THE TRANSMISSION OF AND REDUCE MORBIDITY AND MORTALITY DUE TO HIV AND OTHER STIs:**

- Establish safe and rational use of blood transfusion
- Ensure application of standard precautions
- Guarantee the availability of free lubricated male condoms and, where applicable (e.g., already used by the population), ensure provision of female condoms
- Support the provision of antiretrovirals (ARVs) to continue treatment for people who were enrolled in an anti-retroviral therapy (ART) program prior to the emergency, including women who were enrolled in PMTCT programs
- Provide PEP to survivors of sexual violence as appropriate and for occupational exposure
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV
- Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs

**OBJECTIVE 4: PREVENT EXCESS MATERNAL AND NEWBORN MORBIDITY AND MORTALITY:**

- Ensure availability and accessibility of clean and safe delivery, essential newborn care, and lifesaving emergency obstetric and newborn care (EmONC) services including:
  - At referral hospital level: Skilled medical staff and supplies for provision of comprehensive emergency obstetric and newborn care (CEmONC) to manage
  - At health facility level: Skilled birth attendants and supplies for vaginal births and provision of basic obstetric and newborn care (BEmONC)
  - At community level: Provision of information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities. Clean delivery kits should be provided to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible
- Establish a 24 hours per day, 7 days per week referral system to facilitate transport and communication from the community to the health center and hospital
- Ensure the availability of life-saving, post-abortion care in health centers and hospitals
- Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable

**OBJECTIVE 5: PREVENT UNINTENDED PREGNANCIES:**

- Ensure availability of a range of long-acting reversible and short-acting contraceptive methods (including male and female where already used) condoms and emergency contraception at primary health care facilities to meet demand
- Provide information, including existing information, education, and communications (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and non-discrimination
- Ensure the community is aware of the availability of contraceptives for women, adolescents, and men

**OBJECTIVE 6: PLAN FOR COMPREHENSIVE SRH SERVICES, INTEGRATED INTO PRIMARY HEALTH CARE AS SOON AS POSSIBLE. WORK WITH THE HEALTH SECTOR/CLUSTER PARTNERS TO ADDRESS THE SIX HEALTH SYSTEM BUILDING BLOCKS:**

- Service Delivery
- Health Workforce
- Health Information System
- Medical Commodities
- Financing
- Governance and Leadership

**Other Priority:** It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

---

Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings
iawg.net/IAFM

IARH Kit 1
IARH Kit 3
IARH Kit 4

[Additional Standard Precautions in kits 2, 4, 6, 8, 9, 11]
SRH services and supplies throughout protracted (ideally 3-6 months) with comprehensive should be implemented in all circumstances. These and respectful quality of care must be ensured from The MISP forms the starting point for SRH programming coordinated actions with all relevant partners. need to be implemented simultaneously through mortality. All service delivery activities of the MISP are not context-specific or comprehensive, organizations should not depend solely on the IARH Kits and should plan to integrate procurement of SRH supplies in their routine health

**Community Level/Health Post: Community Level/Health Post kits are intended for use by service providers delivering SRH care at the community health care level. Each kit is designed to provide for the needs of 10,000 people over a 3-month period. The kits contain mainly medicines and disposable items.**

<table>
<thead>
<tr>
<th>IARH KIT NUMBERS</th>
<th>IARH KIT NAME</th>
<th>COLOR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 1A</td>
<td>Male Condoms</td>
<td>Red</td>
</tr>
<tr>
<td>Kit 2</td>
<td>Clean Delivery (A and B)</td>
<td>Dark blue</td>
</tr>
<tr>
<td>Kit 3</td>
<td>Post-Rape Treatment</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>Treatment of Sexually Transmitted Infections</td>
<td>Turquoise</td>
</tr>
</tbody>
</table>

**Primary Health Care Facility Level (BEmONC): Primary Health Care Facility Level (BEmONC) kits contain both disposable and reusable material, for use by trained healthcare providers with additional midwifery and selected obstetric and neonatal skills at the health center or hospital level. These kits are designed to be used for a population of 30,000 people over a 3-month period. It is possible to order these kits for a population of less than 30,000 persons, this just means that the supplies will last longer.**

<table>
<thead>
<tr>
<th>IARH KIT NUMBERS</th>
<th>IARH KIT NAME</th>
<th>COLOR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 6</td>
<td>Clinical Delivery Assistance – Midwifery Supplies (A and B)</td>
<td>Brown</td>
</tr>
<tr>
<td>Kit 8</td>
<td>Management of Complications of Miscarriage or Abortion</td>
<td>Yellow</td>
</tr>
<tr>
<td>Kit 9</td>
<td>Repair of Cervical and Vaginal Tears</td>
<td>Purple</td>
</tr>
<tr>
<td>Kit 10</td>
<td>Assisted Delivery with Vacuum Extraction</td>
<td>Grey</td>
</tr>
</tbody>
</table>

**Referred Hospital Level (CEmONC): Referred Hospital Level (CEmONC) kits contain both disposable and reusable supplies to provide comprehensive emergency obstetric and newborn care at the referral (surgical obstetrics) level. In acute humanitarian settings patients from the affected populations are referred to the nearest hospital, which may require support in terms of equipment and supplies to be able to provide the necessary services for this additional case load. It is estimated that a hospital at this level covers a population of approximately 150,000 persons. The supplies provided in these kits would serve this population over a 3-month period.**

<table>
<thead>
<tr>
<th>IARH KIT NUMBERS</th>
<th>IARH KIT NAME</th>
<th>COLOR CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kit 11</td>
<td>Obstetric Surgery and Severe Obstetric Complications Kit (A and B)</td>
<td>Fluorescent Green</td>
</tr>
<tr>
<td>Kit 12</td>
<td>Blood Transfusion</td>
<td>Dark Green</td>
</tr>
</tbody>
</table>

**NOTE:** The Inter-agency Emergency Reproductive Health (IARH) Kits are categorized into three levels targeting the three health service delivery levels. The kits are designed for use for a 3-month period for a specific target population size. Complementary commodities can be ordered according to the enabling environment and capacities of health care providers. As these kits are not context-specific or comprehensive, organizations should not depend solely on the IARH Kits and should plan to integrate procurement of SRH supplies in their routine health procurement systems as soon as possible. This will not only ensure the sustainability of supplies, but enable the expansion of services from the MISP to comprehensive SRH.

The Minimum Initial Services Package (MISP) for sexual and reproductive health (SRH) is a set of priority life-saving SRH services and activities to be implemented at the onset of every humanitarian emergency to prevent excess sexual and reproductive health-related morbidity and mortality. All service delivery activities of the MISP need to be implemented simultaneously through coordinated actions with all relevant partners.

The MISP forms the starting point for SRH programming and respect quality of care must be ensured from The MISP forms a minimum requirement and should be implemented in all circumstances. These services should be sustained and built upon as soon as possible (ideally 3-6 months) with comprehensive SRH services and supplies throughout protracted crises and recovery.

**Fundamental principles for SRH programming in humanitarian settings**

- Work in respectful partnership with people receiving care, providers, and local and international partners
- Ensure equality by meeting people’s varied sexual and reproductive health needs and ensuring that supplies and services are affordable or free, accessible to all, and of high quality
- Provide comprehensive, evidence-based, and accessible information and choice about the supplies and services available
- Ensure effective and meaningful participation of concerned persons and person-centered care that recognizes patients’ autonomous decision-making power and choice for services and commodities
- Ensure privacy and confidentiality for everyone and treat people with dignity and respect
- Promote equity, with respect to age, sex, gender and gender identity, marital status, sexual orientation, location (e.g. rural/urban), disability, race, color, language, religion, political or other opinion, national, ethnic or social origin, property, birth, or other characteristics
- Recognize and address gender and power dynamics in healthcare facilities to ensure that people do not experience coercion, discrimination, or violence/mistreatment/disrespect/abuse in receiving or providing health services
- Engage and mobilize the community, including often marginalized populations such as adolescents, in community outreach to inform the community about the availability and location of MISP services and commodities
- Monitor services and supplies, and share information and results with the aim of improving quality of care

**LEVEL**                      **COMPLEMENTS**                      **ITEM**
---                             ---                             ---
Coordination                    All Kits                          Kit 0 - Administration and Training
Community and Primary Health Care - BEmONC
- Kit 1: Kit 1B - Female Condoms
- Kit 2A: Chlorhexidine gel
- Kit 2B: Misoprostol (also complements Kits 6B and 8)
- Kit 4: Depot-methylenoxyprougesterone acetate - sub-cutaneous (DMPA-SC)
Health Center or Hospital Level - CEmONC
- Kit 4: Kit 7A - Intrauterine Device (IUD)
- Kit 4: Kit 7B - Contraceptive Implant
- Kit 6A: Non-Pneumatic Anti-Shock Garment
- Kit 6B: Oxytocin
- Kit 8: Mifepristone
- Kit 10: Hand-held Vacuum Assisted Delivery system

**Complementary commodities are a set of disposable and consumable items and/or kits that can be ordered in specific circumstances to complement existing IARH Kits:**

- where providers are trained to use the special supply;
- where the supplies were accepted and used prior to the emergency;
- after the rapid first order of SRH supplies in protracted crises or post-emergency settings, while all efforts are made to strengthen or build local sustainable medical commodity supply lines (including local and regional procurement channels); and,
- where the use of the supplies is allowed to the fullest extent of the national law.

**UNFPA Humanitarian Office**

UNFPA
Attn: Humanitarian Office
Palais des Nations
Avenue de la paix 8-14
1211, Geneva 10, Switzerland
Email: Humanitarian-SRHsupplies@unfpa.org

**UNFPA Procurement Services Branch**

UNFPA Procurement Service Branch
Marimoj 51
2100 Copenhagen, Denmark
Email: procurement@unfpa.org
Website: unfpaprocurement.org

Before placing an order, discuss with the SRH coordination group and/or the UNFPA country office to determine what is already being ordered and if orders can be combined.