



# MINIMUM INITIAL SERVICE PACKAGE

**“The impact of an earthquake, flood or war on reproductive health can be devastating. Communities in crisis are suddenly deprived of reproductive health information and services. Access is cut off, yet needs persist, even escalate.”**  
**-The United Nations Population Fund (UNFPA)<sup>2</sup>**

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is designed to address the priority RH needs of populations in the earliest phases of emergencies.

RH services are an integral component of basic health care for every population. Without access to good quality RH services, people living in emergencies are at risk of dying from reversible and treatable conditions and diseases. The consequences of poor RH are often exacerbated in the context of danger and uncertainty that characterises any emergency setting.

When priority RH services are not immediately implemented at the onset of emergencies, RH-related risks increase.

#### These risks include:

- ❖ Unsafe abortions due to unplanned and unintended pregnancies
- ❖ Increased tendency for common complications of pregnancy and childbirth to lead to death and permanent injury in the absence of emergency obstetric care (EmOC)
- ❖ Increased risk of HIV transmission due to lack of condoms, lack of enforcement of universal precautions, and contaminated blood and blood products
- ❖ Lack of multi-sectoral response to rape

Implementation of the MISP at the beginning of an emergency can reduce many of these risks by providing a set of priority RH interventions. The MISP is designed to prevent and respond

to sexual violence; prevent excess newborn and mother illness and death; reduce HIV transmission; and plan for comprehensive RH services.

The MISP was first articulated in *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*, the standard guidelines for humanitarian action for RH issues. It is endorsed by the Sphere Project's 2004 edition of the *Humanitarian Charter and Minimum Standards in Disaster Response*<sup>3</sup> as a key component of addressing RH in emergencies.

The MISP is a protocol that can be integrated into other emergency protocols, and humanitarian and global health efforts must come together to enforce the importance of doing so.

## Priorities for Action

The five objectives of the MISP are:

- ❖ As soon as emergency response begins, to identify an organisation or organisations to facilitate the coordination of MISP activities, designate a qualified and experienced person within these organisations to be responsible for RH activities and make materials available for implementation of the MISP
- ❖ To prevent sexual violence and provide medical care for survivors as well as culturally appropriate psychosocial support
- ❖ To reduce HIV transmission through enforcement of universal precautions, ensuring the availability of free condoms and that blood for transfusion is safe

## Reproductive health services are an integral component of basic health care for every population.

- ❖ To prevent maternal and newborn death, disease, and injury through:
  - » Establishing a 24-hour referral system for women with obstetric complications
  - » Distributing clean delivery kits for use at home by mothers and midwives
  - » Supplying midwife delivery kits to health facilities to ensure clean, safe deliveries

- ❖ To plan for the provision of comprehensive RH services as an integral part of primary health care through:
  - » Collecting existing background information on mother and newborn death, HIV and STI prevalence, contraceptive prevalence and preferred methods, among other relevant data
  - » Identifying safe, accessible sites for comprehensive RH service delivery
  - » Assessing RH staff capacity, planning for training and recruitment, and ordering equipment and supplies
  - » Engaging with the disaster-affected community in designing the service delivery programme

## Recommendations

- ❖ Humanitarian agencies implementing health programmes should integrate the MISP into their emergency preparedness and response
- ❖ The United Nations (UN) coordination system, including Flash Appeals<sup>4</sup> and

the Consolidated Appeals Process (CAP),<sup>5</sup> should ensure that emergency response proposals address the components of the MISP in a coordinated manner

- ❖ Donors should evaluate all proposals for activities that help to ensure MISP interventions in multiple sectors, including site-planning, community services, water and sanitation, and health sectors

## Facts and Figures

- ❖ Supplies for implementation of the MISP can be found in the World Health Organization (WHO) New Emergency Health Kit 98 (NEHK 98) and in the UNFPA Reproductive Health Kits for Emergency Situations<sup>6</sup>
- ❖ Recent evaluations of MISP usage in the field have shown that while the MISP is better used now than in the past, implementation should be improved in multiple areas, including RH coordination activities, time from ordering to service delivery and use of supplies<sup>7</sup>

## CASE STUDY: The RAISE Initiative and the MISP

Despite widely agreed upon guidelines and tools for humanitarian action for RH, including the MISP, RH care is still not addressed as an integral part of general health care - and as a basic human right - in the humanitarian context. As a result, refugees and internally displaced persons (IDPs) often find themselves with limited access to lifesaving RH care, and may suffer serious illness or die due to entirely treatable RH problems.

The MISP is intended to meet acute RH needs during the initial phases of an emergency and to lay the groundwork for comprehensive RH. The RAISE Initiative works with key humanitarian agencies to ensure that RH services are included as an integral part of their humanitarian response from the onset of an emergency through transition and development phases. The RAISE Initiative also promotes and facilitates the implementation of the MISP in the early phase of an emergency as well as the implementation of quality comprehensive RH services immediately thereafter. As the situation stabilises, RAISE offers technical assistance to help agencies make the important shift from the MISP to the provision of comprehensive RH care.

<sup>1</sup> The content of this fact sheet is largely based on the Women's Commission for Refugee Women and Children Minimum Initial Service Package Fact Sheet, with permission and editorial support from the Women's Commission. More information can be found in the Women's Commission distance learning module for the MISP: <http://www.rhrc.org/resources/misp/index.html>

<sup>2</sup> UNFPA (2001). "Reproductive Health for Communities in Crisis." [http://www.unfpa.org/upload/lib\\_pub\\_file/78\\_filename\\_crisis\\_eng.pdf](http://www.unfpa.org/upload/lib_pub_file/78_filename_crisis_eng.pdf)

<sup>3</sup> The Sphere Project (2004). "Humanitarian Charter and Minimum Standards in Disaster Response." <http://www.sphereproject.org/content/view/27/84/lang,English/>

<sup>4</sup> The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter-Agency Standing Committee organisations for the first three to six months of an emergency.

<sup>5</sup> The Consolidated Appeals Process (CAP) is a tool used by aid organisations, including the UN and other stakeholders, to plan, coordinate, fund, implement, and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.

<sup>6</sup> UNHCR (2004). "Inter-agency global evaluation of reproductive health services for refugees and internally displaced persons." <http://www.womenscommission.org/pdf/IAWGtoc.pdf>

<sup>7</sup> Ibid.