

Appendix F:

MISP Advocacy Sheet: What is the MISP and Why Is It Important?

1. The Minimum Initial Service Package (MISP) for Reproductive Health is a priority set of life-saving activities to be implemented at the onset of every humanitarian crisis. It forms the starting point for sexual and reproductive health programming and should be sustained and built upon with comprehensive sexual and reproductive health services throughout protracted crises and recovery.
2. Sexual and reproductive health problems are the leading cause of women's ill health and death worldwide.¹²³
3. The MISP saves lives and prevents illness, trauma and disability, especially among women and girls. As such, the MISP meets the life-saving criteria for the Central Emergency Response Fund (CERF).¹²⁴
4. Neglecting the MISP in humanitarian settings has serious consequences: preventable maternal and newborn deaths; sexual violence and subsequent trauma; sexually transmitted infections; unwanted pregnancies and unsafe abortions; and the possible spread of HIV.
5. Approximately 75 to 80 percent of all crisis-affected populations are women, children and youth who need and have a right to reproductive health services.¹²⁵
6. The MISP is an international standard as outlined in the Sphere Humanitarian Charter and Minimum Standards in Disaster Response.¹²⁶
7. The Global Health Cluster endorses the MISP as a minimum standard in health service provision in emergencies as outlined in the IASC Health Cluster Guide.¹²⁷
8. International laws support the rapid and unobstructed implementation of the MISP by humanitarian actors.¹²⁸ Reproductive health services are also vital to realizing United Nations Security Council Resolutions 1325, 1820, 1888 and 1889 on Women, Peace and Security.
9. In addition to health, activities of the MISP must be coordinated with other sectors/clusters, including protection, water, sanitation and hygiene (WASH) and early recovery.
10. As humanitarian actors become familiar with the priority activities of the MISP, they recognize that it can and should be provided within the context of other critical priorities, such as water, food, cooking fuel and shelter.

**Implementing the MISP is not optional:
it is an international standard of care that should be
implemented at the onset of every emergency.**

¹²³ United Nations Population Fund, *State of the World Population, 2005*.

¹²⁴ Central Emergency Response Fund, *CERF Lifesaving Criteria and Sectoral Activities, 2010*. Available from <http://ochaonline.un.org/OchaLinkClick.aspx?link=ocha&docId=1163693>.

¹²⁵ United Nations Population Fund, *State of the World Population, 2000*.

¹²⁶ The Sphere Project, *Humanitarian Charter and Minimum Standards in Disaster Response, 2011*. Available from www.sphereproject.org.

¹²⁷ Inter-agency Standing Committee, *Health Cluster Guide: A practical guide for country-level implementation of the Health Cluster, 2009*.

¹²⁸ Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War (1948); Geneva Conventions, common art. 3; International Covenant on Civil and Political Rights, art. 6; Geneva Convention (IV) Relative to the Protection of Civilian Persons in Time of War, arts. 23, 55, 59, 60 (1948); Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of International Armed Conflicts (Protocol I), art. 70; Protocol Additional to the Geneva Conventions of 12 August 1949, and relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), arts. 9-11; Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW); the International Covenant on Economic, Social and Cultural Rights (ICESCR).

What are the objectives of the MISp?

1. ENSURE the health sector/cluster identifies an organization to lead implementation of the MISp. The lead sexual and reproductive health (RH) organization:
 - a. Nominates an RH Officer to provide technical and operational support to all agencies providing health services;
 - b. Hosts regular stakeholder meetings to facilitate implementation of the MISp;
 - c. Reports back to health sector/cluster meetings on issues related to MISp implementation; and
 - d. Shares information about the availability of RH resources and supplies.

The MISp can be implemented without an initial needs assessment. Data on sexual violence, HIV and other RH issues are not required to implement the MISp.
2. PREVENT AND MANAGE the consequences of sexual violence by:
 - a. Putting in place measures to protect affected populations, particularly women and girls, from sexual violence;
 - b. Making clinical care available for survivors of rape; and
 - c. Ensuring the community is aware of available clinical services.
3. REDUCE HIV transmission by:
 - a. Ensuring safe blood transfusion practice;
 - b. Facilitating and enforcing respect for standard precautions; and
 - c. Making free condoms available.
4. PREVENT excess newborn and maternal morbidity and mortality by:
 - a. Ensuring availability of emergency obstetric care (EmOC) and newborn care services, including:
 - i. At health facilities: ensure there are skilled birth attendants and supplies for normal births and management of obstetric and newborn complications.
 - ii. At referral hospitals: ensure there are skilled medical staff and supplies for management of obstetric and newborn emergencies.
 - b. Establishing a referral system to facilitate transport and communication from the community to the health center and between health center and hospital; and
 - c. Providing clean delivery kits to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible.
5. PLAN for comprehensive RH services, integrated into primary health care as the situation permits. Support the health sector/cluster partners to:
 - a. Coordinate ordering RH equipment and supplies based on estimated and observed consumption;
 - b. Collect existing background data;
 - c. Identify suitable sites for future service delivery of comprehensive RH services; and
 - d. Assess staff capacity to provide comprehensive RH services and plan for training of staff.

Note:

It is important to ensure that common contraceptive methods, such as condoms, pills, injectables and IUDs, are available to meet demand; antibiotics are available to provide syndromic treatment to patients with symptoms of a sexually transmitted infection; and antiretrovirals (ARVs) are available to continue treatment for people living with HIV who are already on ARVs, including for prevention of mother-to-child transmission.