

Introduction

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is a set of priority activities to be implemented from the onset of a humanitarian crisis (conflict or natural disaster), and further scaled up and sustained to ensure equitable coverage throughout protracted crisis and recovery⁵ while planning is undertaken to implement comprehensive RH as soon as possible. RH problems are a leading cause of women's death and ill-health globally.⁶ The priority RH services contained within the MISP are essential services because all people, including people affected by humanitarian emergencies, have a fundamental human right to RH. To exercise their right, displaced communities need to be informed about RH and the availability of MISP services.

Good quality MISP services must be based on the needs of the population and abide by human rights and humanitarian standards with respect for the religious, ethnic and cultural backgrounds of the affected communities. When implemented in a crisis, the MISP saves lives and prevents illness, especially among women and girls. Neglecting RH in emergencies has serious consequences: preventable maternal and infant deaths; sexual violence; unwanted pregnancies and unsafe abortions; and the spread of HIV and other STIs.

The MISP is a standard for humanitarian actors. It outlines which RH components are most important in preventing death and disability—particularly among women and girls—in emergency settings while also building the foundation for the comprehensive RH services that should be initiated as soon as the situation stabilizes and all components of the MISP have been implemented and can be sustained.

Assessments undertaken by the Women's Refugee Commission in 2003, 2004 and 2005⁷ showed that the MISP was often overlooked during emergencies and few humanitarian workers were familiar with its activities and objectives. Since then, progress has been made in advancing awareness of the MISP. However, assessments in 2007 and 2010 demonstrated that while many more humanitarian actors, donors and others are increasingly aware of the priority RH services of the MISP that should be implemented in every emergency setting, the services are not yet systemically available or adequately sustained. In many settings, the minimum services in the MISP are not available prior to the humanitarian crisis, which raises implementation challenges. Beneficiaries are often unaware of the benefits of seeking these services.


A 2008 MISP assessment in Kenya following the post-election crisis in December 2007 showed that, compared to previous assessments undertaken by the Women's Refugee Commission, there was more, albeit limited, awareness among humanitarian practitioners about the MISP. Lack of RH coordination, however, was a glaring gap in the response. An inter-agency assessment of the MISP following the January 12, 2010 earthquake in Haiti demonstrated a possible "tipping point" in recognition of the MISP in greatly increased efforts by donors, humanitarian responders and others to address the MISP at the onset of a crisis. Overall, the assessment team found an unprecedented awareness of the MISP among international organizations about the need for priority RH services and stronger efforts to address them in Haiti—more so than any previous emergency assessed by

⁵ World Health Organization, *Sexual and Reproductive Health During Protracted Crises and Recovery: Report on an expert consultation held in Granada, Spain 28-30 September, 2009* Preliminary Publication, 2010.

Granada Consensus available from http://www.who.int/hac/techguidance/pht/reproductive_health_protracted_crises_and_recovery.pdf.

⁶ World Health Organization, *Women's health, Fact sheet N°334*, November 2009. Last accessed March 12, 2011. Accessible from <http://www.who.int/mediacentre/factsheets/fs334/en/index.html>.

⁷ Women's Refugee Commission, *Still in Need: Reproductive Health Care for Afghan Refugees in Pakistan*, October 2003; Marie Stopes International and Women's Refugee Commission on behalf of the RHRC Consortium, *Displaced and Desperate: Assessment of Reproductive Health for Colombia's Internally Displaced Person*, February 2003; Women's Refugee Commission and United Nations Population Fund, *Lifesaving Reproductive Health Care: Ignored and Neglected, Assessment of the Minimum Initial Service Package (MISP) of Reproductive Health for Sudanese Refugees in Chad*, August 2004; Inter-agency Working Group on Reproductive Health in Crises, *Reproductive Health Services for Refugees and Internally Displaced Persons: Report of an Inter-agency Global Evaluation*, 2004; Women's Refugee Commission, *Reproductive Health Priorities in an Emergency: Assessment of the Minimum Initial Service Package in Tsunami-affected Areas in Indonesia*, February, 2005. All reports available from <http://www.womensrefugeecommission.org/reports>.



the Women's Refugee Commission. The efforts to address the MISP were further reflected in funding appeals, with one-third of appeals addressing the MISP specifically or broader RH. Four months post-earthquake, however, the quality of RH coordination appeared to be lagging at the national level, due to rapid turnover of staff. In addition, coordination of RH was slow to start at the sub-national level and beneficiaries were unaware of the benefits of seeking medical services for rape survivors.⁸

Providing a new commitment and framework for action for RH in protracted crises and recovery, the Granada Consensus was agreed through an inter-agency consultation convened by the United Nations Population Fund (UNFPA), World Health Organization (WHO) and the Andalusian School of Public Health in September 2009. A key component of the Granada Consensus is scaling up equitable coverage of the MISP and sustaining these services in protracted crisis and recovery, while integrating comprehensive RH services through health systems strengthening.⁹

The Women's Refugee Commission has developed the *MISP for Reproductive Health in Crisis Situations: A Distance Learning Module* primarily for humanitarian workers to raise awareness about and provide guidance on addressing RH in crisis situations.

⁸ Women's Refugee Commission, *Four Months On: A Snapshot of Priority Reproductive Health Activities in Haiti: An Inter-agency MISP Assessment conducted by CRE, International Planned Parenthood Federation, Save the Children and the Women's Refugee Commission May 17-21, 2010*, October 2010. Available from http://www.rhrc.org/resources/haiti_interagency_assessment_05_2010_final.pdf.

⁹ World Health Organization, *Sexual and Reproductive Health During Protracted Crises and Recovery: Report on an expert consultation held in Granada, Spain 28-30 September, 2009* Preliminary Publication, 2010.