MISP FOR SEXUAL AND REPRODUCTIVE HEALTH IN DISASTER

Dr. SUCHITRA LISAM
MBBS (Delhi), MPH (BKK), PDCE (UCLA, USA)

Advisor Public Health- SRH/HIV) cum Focal Point for Knowledge Management Sphere India
BACKGROUND - THE U.N RESOLUTIONS

- The UN Security Council Resolutions 1820, 1888 and 1889 on Women, Peace and Security affirm the unique needs, perspectives and contributions of women and girls in conflict settings.

- Reproductive health (RH) recognized at the Security Council level, with Resolution 1889 explicitly referencing the need to ensure women and girls’ access to RH services.

BACKGROUND: IAWG ON RH IN HUMANITARIAN CRISIS

- Working Group (IAWG) on RH in Crises documented good practices in crisis settings since initial field-test version of Field Manual released in 1996, followed by the 1999 version, *Reproductive Health in Refugee Situations: An Inter-agency Field Manual*

- *Inter-agency Field Manual on RH in Humanitarian Settings was the result* of a collaborative and consultative process engaging over 100 members from U.N agencies and NGOs that make up Inter-agency WG.

2004 revised *Sphere Humanitarian Charter and Minimum Standards in Disaster Response* incorporates the *Minimum Initial Service Package* for RH --as a minimum standard of care in disaster response.
BACKGROUND: RESEARCH DRIVEN APPROACH

- Sphere Humanitarian Chapter and Minimum Standards in Disaster Response incorporate Sexual and Reproductive Health (SRH). RH is an essential component of humanitarian response.

- Core Principles of providing RH services: Driven by needs of adolescent girls/women; respect the moral, ethical and cultural values/beliefs of community; must conform to universally accepted human rights standards.
MISP Initiatives

- International community designed a package of priority SRH activities for use during a disaster: Minimum Initial Service Package (MISP)

  MISP consists of life saving interventions and designed to reduce morbidity and mortality

  MISP is actually a strategy, that includes coordination, SRH services (of which reproductive health commodities are an essential part) and planning.
GOAL OF MISP:

To reduce mortality, morbidity and disability among populations affected by crises, particularly women and girls.

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

- IAWG on RH developed MISP and countries expected to include MISP as an integral component of their Preparedness Plans

- MISP includes equipment and supplies

- Is a cluster of RH services to meet the minimum requirements in a disaster situation

- MISP can be implemented without a “Needs Assessment”, since documented evidence already justifies its use.
MISP FOR SRH

- Prevent and manage consequences for sexual violence
- Prevent excess neo-natal and maternal morbidity and mortality, including FP and safe abortion
- Address the needs of adolescents
- Reduce HIV transmission
- Plan for comprehensive SRH services in the early days and weeks of a disaster
MISP INITIATIVE IN INDIA

- RH interventions for community affected by natural disasters require special knowledge and skills

- Studies reported adverse RH outcomes following disasters, including early pregnancy loss, premature delivery, still births and delivery-related complications.

- Women and girls often confront discrimination and gender based violence in the aftermath of disasters.
GOALS OF MISP INITIATIVE

- Increasing state/district capacity to implement the MISP for SRH during disaster
- Data bank of trainers/trainings
- Strengthening coordination of SRH stakeholders for responding in a timely and effective manner to SRH needs in disaster
- Enhancing access to comprehensive SRH information and services for affected populations
- Integrating MISP in state and district disaster management plans and health plans
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 & NEWBORN morbidity & mortality
- Emergency obstetric and newborn care 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)
**MISP- RH KITS**

- The RH kit is designed for use for a 3-month period for a varying population number, depending on which block of sub-kits is ordered.

<table>
<thead>
<tr>
<th>Block 1: Six kits to be used at the community and primary health care level for 10,000 persons / 3 months</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KIT NUMBERS</strong></td>
</tr>
<tr>
<td>Kit 0</td>
</tr>
<tr>
<td>Kit 1</td>
</tr>
<tr>
<td>Kit 2</td>
</tr>
<tr>
<td>Kit 3</td>
</tr>
<tr>
<td>Kit 4</td>
</tr>
<tr>
<td>Kit 5</td>
</tr>
</tbody>
</table>
## MISP RH Kits

### 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>
</tr>
</thead>
<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>
</tr>
</tbody>
</table>
MISP MANUALS

Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: A Distance Learning Module
COORDINATION OF MISP

- Coordination of MISP activities is necessary at multiple levels
  - local/camp,
  - agency,
  - sub-regional,
  - country
  - and international levels.

Coordination ensured that efforts are not duplicated, useful data/information are shared among actors and scarce resources are used efficiently.
<table>
<thead>
<tr>
<th>Subject area</th>
<th>Minimum (MISP) RH services</th>
<th>Comprehensive RH services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY PLANNING</strong></td>
<td>None*</td>
<td>Source and procure contraceptive supplies</td>
</tr>
<tr>
<td></td>
<td>*Although family planning is not part of the MISP, make contraceptives available for any demand, if possible.</td>
<td>Offer sustainable access to a range of contraceptive methods</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide staff training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide community IEC</td>
</tr>
<tr>
<td><strong>GENDER-BASED VIOLENCE</strong></td>
<td>Coordinate systems to prevent sexual violence</td>
<td>Expand medical and psychological and legal care for survivors</td>
</tr>
<tr>
<td></td>
<td>Ensure health services available to survivors of sexual violence</td>
<td>Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc.</td>
</tr>
<tr>
<td></td>
<td>Assure staff trained (retrained) in sexual violence prevention and response systems</td>
<td>Provide community IEC</td>
</tr>
<tr>
<td><strong>SAFE MOTHERHOOD</strong></td>
<td>Provide clean delivery kits</td>
<td>Provide antenatal care</td>
</tr>
<tr>
<td></td>
<td>Provide midwife delivery kits</td>
<td>Provide postnatal care</td>
</tr>
<tr>
<td></td>
<td>Establish referral system for obstetric emergencies</td>
<td>Train TBAs and midwives</td>
</tr>
<tr>
<td><strong>STIs, INCLUDING HIV, PREVENTION AND TREATMENT</strong></td>
<td>Provide access to free condoms*</td>
<td>Identify and manage STIs</td>
</tr>
<tr>
<td></td>
<td>Ensure adherence to universal precautions</td>
<td>Raise awareness of prevention and treatment services for STIs/HIV</td>
</tr>
<tr>
<td></td>
<td>Assure safe blood transfusions</td>
<td>Source and procure antibiotics and other relevant drugs as appropriate</td>
</tr>
<tr>
<td></td>
<td>* Although STI programming is not part of the MISP, it is important to make treatment available for patients presenting for care as part of routine clinical services.</td>
<td>Provide care, support and treatment for people living with HIV/AIDS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Collaborate in setting up comprehensive HIV/AIDS services as appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide community IEC</td>
</tr>
</tbody>
</table>
ROLL OUT OF MISP TRAININGS

- Regional and State ToTs (Training of Trainers) on MISP for NGOs and Government Officials organized

  - MISP ToT Chennai, 14-19 Oct 2013
  - MISP ToT Patna, 21-26 Oct 2013
  - MISP ToT Bhubaneshwar, 28Oct-1 Nov 2013
  - MISP ToT Calcutta, 18-24 Nov 2013
  - MISP ToT Odisha, 28th April to 3rd May 2014

Nearly 200 national/state trained on MISP
DISTRICT LEVEL ROLL OUT OF MISP

- District trainings conducted in 12 districts from July-August, 2014
- Integration workshop on Action Plan planned in September, 2014
- Plan to incorporate MISP in Disaster Health Policy and in PIPs
- Nearly 400 people received training
WAY FORWARD

- Advocacy to take MISP distance learning module

- Advocacy for integration of MISP in National/State and district Health action plans / into National disaster preparedness and contingency plan of respective agencies /departments

- To build technical capacity in disaster preparedness and response through a mechanism of MISP training programmes
Thank you!