

# MISP FOR SEXUAL AND REPRODUCTIVE HEALTH IN DISASTER



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# 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
- In 1994, International Conference on Population and Development recognized RH as a human right



# 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.



# BACKGROUND: EVOLVE OF SPHERE STANDARDS /GUIDELINES

- Since 1999, humanitarian community developed standards /guidelines for RH, including gender, gender-based violence and HIV/AIDS in humanitarian settings.
- 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 MISIP 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 MISIP INITIATIVE

- Increasing state /district capacity to implement the MISIP 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 MISIP 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

RH Kit 0

## 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

RH Kit 4

RH Kit 5

RH Kit 7

## 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

RH Kit 3

RH Kit 9

## GOAL

Decrease mortality, morbidity & disability in crisis-affected populations (refugees/IDPs or populations hosting them)

## 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

RH Kit 12

RH Kit 2

RH Kit 6

RH Kit 8

RH Kit 9

RH Kit 10

RH Kit 11

## Objective 3

**Reduce transmission of HIV**

- Safe and rational blood transfusion in place
- Standard precautions practiced
- Free condoms available

RH Kit 1

Standard precautions through kits 1-12

RH Kit 12



# 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

Block 1: Six kits to be used at the community and primary health care level for 10,000 persons / 3 months

KIT NUMBERS	KIT NAME	COLOR CODE
Kit 0	Administration	Orange
Kit 1	Condom (Part A is male condoms + Part B is female condoms)	Red
Kit 2	Clean Delivery (Individual) (Part A + B)	Dark blue
Kit 3	Post-Rape (Part A + B)	Pink
Kit 4	Oral and Injectable Contraception	White
Kit 5	STI	Turquoise

# MISP RH KITS

Block 2: Five kits to be used at the community and primary health care level for 30,000 persons / 3 months

KIT NUMBERS	KIT NAME	COLOR CODE
Kit 6	Delivery (Health Facility)	Brown
Kit 7	IUD	Black
Kit 8	Management of Complications of Abortion	Yellow
Kit 9	Suture of Tears (Cervical and vaginal) and Vaginal Examination	Purple
Kit 10	Vacuum Extraction for Delivery (Manual)	Grey

Block 3: Two kits to be used at referral hospital level for 150,000 persons / 3 months

KIT NUMBERS	KIT NAME	COLOR CODE
Kit 11	Referral level for Reproductive health (Part A + B)	Fluorescent Green
Kit 12	Blood Transfusion	Dark Green

# MISP MANUALS



Minimum Initial Service Package (MISP)  
for Reproductive Health in Crisis Situations:



A Distance Learning Module



# COORDINATION OF MISIP

- Coordination of MISIP 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.





Subject area	Minimum (MISP) RH services	Comprehensive RH services
<b>FAMILY PLANNING<sup>27</sup></b>	<p>None*</p> <p><i>*Although family planning is not part of the MISP, make contraceptives available for any demand, if possible.</i></p>	<ul style="list-style-type: none"> <li>✦ Source and procure contraceptive supplies</li> <li>✦ Offer sustainable access to a range of contraceptive methods</li> <li>✦ Provide staff training</li> <li>✦ Provide community IEC</li> </ul>
<b>GENDER-BASED VIOLENCE<sup>28</sup></b>	<ul style="list-style-type: none"> <li>✦ Coordinate systems to prevent sexual violence</li> <li>✦ Ensure health services available to survivors of sexual violence</li> <li>✦ Assure staff trained (retrained) in sexual violence prevention and response systems</li> </ul>	<ul style="list-style-type: none"> <li>✦ Expand medical and psychological and legal care for survivors</li> <li>✦ Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc.</li> <li>✦ Provide community IEC</li> </ul>
<b>SAFE MOTHERHOOD<sup>29</sup></b>	<ul style="list-style-type: none"> <li>✦ Provide clean delivery kits</li> <li>✦ Provide midwife delivery kits</li> <li>✦ Establish referral system for obstetric emergencies</li> </ul>	<ul style="list-style-type: none"> <li>✦ Provide antenatal care</li> <li>✦ Provide postnatal care</li> <li>✦ Train TBAs and midwives</li> </ul>
<b>STIs, INCLUDING HIV, PREVENTION AND TREATMENT<sup>30</sup></b>	<ul style="list-style-type: none"> <li>✦ Provide access to free condoms*</li> <li>✦ Ensure adherence to universal precautions</li> <li>✦ Assure safe blood transfusions</li> </ul> <p><i>* 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.</i></p>	<ul style="list-style-type: none"> <li>✦ Identify and manage STIs</li> <li>✦ Raise awareness of prevention and treatment services for STIs/HIV</li> <li>✦ Source and procure antibiotics and other relevant drugs as appropriate</li> <li>✦ Provide care, support and treatment for people living with HIV/AIDS</li> <li>✦ Collaborate in setting up comprehensive HIV/AIDS services as appropriate</li> <li>✦ Provide community IEC</li> </ul>

# 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 Bhubaneswar, 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 in July -August, 2014
- ❑ Integration workshop on Action Plan planned in September, 2014
- ❑ Plan to incorporate MISIP 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!

Thank you!

