



WOMEN'S  
REFUGEE  
COMMISSION



INTER-AGENCY WORKING GROUP  
ON REPRODUCTIVE HEALTH IN CRISES

# MINIMUM INITIAL SERVICE PACKAGE **MISP**

## FOR SEXUAL AND REPRODUCTIVE HEALTH (SRH) IN CRISIS SITUATIONS: **A DISTANCE LEARNING MODULE**



## Acknowledgements

The current Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) module is based on the 2018 revision of the Inter-Agency Working Group (IAWG) on Reproductive Health (RH) in Crises' *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, "Chapter 3: Minimum Initial Service Package." This version of the distance learning module, as led by the Women's Refugee Commission and IAWG on RH in Crises, was revised by Heather Lorenzen, an independent consultant, and designed by Little Man Project. A volunteer task team also provided overall direction and guidance. Task team members include Raya Alchukr (United Nations Population Fund [UNFPA]), Melissa Garcia (International Consortium for Emergency Contraception/Management Sciences for Health), Alison Greer (IAWG on RH in Crises Secretariat/Women's Refugee Commission), Virginie Jouanicot (Save the Children), Sandra Krause (Women's Refugee Commission), and Chelsea L. Ricker (independent consultant). The task team thanks Luna Mehraïn from the International Planned Parenthood Federation (IPPF), Danielle Jurman and Nadine Cornier from UNFPA, and Sarah Rich, Hilary Wartinger, and Lily Jacobi from the Women's Refugee Commission for their contributions. The following IAWG on RH in Crises Sub-Working Groups also contributed to the review and finalization of this module: Adolescent SRH, Gender-Based Violence, Supplies, Maternal and Newborn Health, MISP for SRH, Safe Abortion Care, and Voluntary Contraception.

The original 2007 MISP for SRH distance learning module was principally developed by Julia Matthews, formerly of the Women's Refugee Commission; Sandra Krause of the Women's Refugee Commission; and Sarah Chynoweth of IPPF. Diana Quick of the Women's Refugee Commission provided project and editorial oversight. The 2011 revision of the module was updated to reflect the 2010 revised *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings* by Sandra Krause and Sarah Chynoweth and was edited by Diana Quick with thanks to the following IAWG on RH in Crises colleagues: Ribka Amsalu, Wilma Doedens, Brad Kerner, Cecile Mazzacurati, Chen Reis, Marian Schilperoord, and Mihoko Tanabe.

The original MISP for SRH distance learning module was made possible by the generous support of the Bill & Melinda Gates Foundation. The 2011 revision was made possible by the generous support of UNFPA, the Reproductive Health Access Information Services in Emergencies (RAISE) Initiative, and the Australian government's Overseas Aid Program. The current revision was made possible by the generous support of an anonymous donor.

## **About the Women’s Refugee Commission and IAWG on Reproductive Health in Crises**

The Women’s Refugee Commission improves the lives and protects the rights of women, children, and youth displaced by conflict and crisis. We research their needs, identify solutions, and advocate for programs and policies to strengthen their resilience and drive change in humanitarian practice. Since our founding in 1989, we have been a leading expert on addressing the needs of refugee women and children and the policies that can protect and empower them. The Women’s Refugee Commission is the host of the IAWG on RH in Crises.

The IAWG on RH in Crises is a broad-based, highly collaborative coalition that works to expand and strengthen access to quality SRH services for people affected by conflict and natural disasters. Formed in 1995 as the Inter-Agency Working Group on RH in Refugee Situations, the coalition works to document gaps, accomplishments, and lessons learned; evaluate the state of SRH in the field; establish technical standards for the delivery of SRH services; build and disseminate evidence to policy makers, managers, and practitioners; and advocate for the inclusion of crisis-affected persons in global development and humanitarian agendas. The IAWG on RH in Crises is led by a 19-member Steering Committee that includes United Nations agencies and nongovernmental humanitarian, development, research, and advocacy organizations and had over 2,800 individual members from 450 agencies in 2018.

Publication Date September 2006

Revised November 2007

Revised February 2011

Revised June 2019

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# ACRONYM LIST

|                |   |
|----------------|---|
| <b>AIDS</b>    | Acquired immunodeficiency syndrome                                |
| <b>BEmONC</b>  | Basic emergency obstetric and newborn care                        |
| <b>CBR</b>     | Crude birth rate  |
| <b>CEmONC</b>  | Comprehensive emergency obstetric and newborn care                |
| <b>CERF</b>    | Central Emergency Response Fund                                   |
| <b>EC</b>      | Emergency contraception   |
| <b>EmONC</b>   | Emergency obstetric and newborn care                              |
| <b>GBV</b>     | Gender-based violence   |
| <b>HeRAMS</b>  | Health Resources Availability Monitoring System                   |
| <b>HIV</b>     | Human immunodeficiency virus                                      |
| <b>HPV</b>     | Human papillomavirus  |
| <b>IAFM</b>    | Inter-Agency Field Manual   |
| <b>IARH</b>    | Inter-Agency Emergency Reproductive Health (Kits)                 |
| <b>IASC</b>    | Inter-Agency Standing Committee                                   |
| <b>IAWG</b>    | Inter-Agency Working Group (on Reproductive Health in Crises)     |
| <b>IEHK</b>    | Inter-Agency Emergency Health Kit                                 |
| <b>IPPF</b>    | International Planned Parenthood Federation                       |
| <b>IUD</b>     | Intrauterine device   |
| <b>LGBTQIA</b> | Lesbian, gay, bisexual, transgender, queer, intersex, and asexual |

|               |   |
|---------------|---|
| <b>MISP</b>   | Minimum Initial Service Package (for Sexual and Reproductive Health)          |
| <b>NGO</b>    | Nongovernmental organization  |
| <b>PAC</b>    | Post-abortion care  |
| <b>PEP</b>    | Post-exposure prophylaxis   |
| <b>PMTCT</b>  | Prevention of mother-to-child transmission (of HIV)                           |
| <b>RH</b>     | Reproductive health   |
| <b>SAC</b>    | Safe abortion care  |
| <b>SitRep</b> | Situation report  |
| <b>SPRINT</b> | Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations |
| <b>SRH</b>    | Sexual and reproductive health  |
| <b>STI</b>    | Sexually transmitted infection  |
| <b>UNAIDS</b> | Joint United Nations Programme on HIV/AIDS                                    |
| <b>UNFPA</b>  | United Nations Population Fund  |
| <b>UNHCR</b>  | United Nations High Commissioner for Refugees                                 |
| <b>UNICEF</b> | United Nations Children's Fund  |
| <b>UNOCHA</b> | United Nations Office for the Coordination of Humanitarian Affairs            |
| <b>WHO</b>    | World Health Organization   |
| <b>WFP</b>    | World Food Programme  |

# ABOUT THE MISP FOR SRH DISTANCE LEARNING MODULE

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) distance learning module aims to increase humanitarian actors' and stakeholders' knowledge of the priority SRH services that must be initiated at the onset of a humanitarian crisis and scaled up for equitable coverage throughout protracted crises and recovery. This includes planning for and implementing comprehensive SRH services as soon as possible following a crisis.

The MISP for SRH was first articulated in 1996 in the field-test version of the *Reproductive Health in Refugee Situations: An Inter-Agency Field Manual*, a resource developed by the Inter-Agency Working Group (IAWG) on Reproductive Health (RH) in Crises. *The Inter-Agency Field Manual (IAFM)* was finalized in 1999 and widely disseminated.<sup>1</sup> The MISP for SRH was then updated and revised in the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings: 2010 Revision for Field Review* and again in *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, 2018*. The 2018 version of the *IAFM* represents the consensus of representatives from agencies working on SRH in the humanitarian sector and reflects the best available evidence on clinical practice and program implementation at the end of 2017. The revision process was led by the *IAFM* Revision Taskforce, a body comprising more than 50 individuals from 21 United Nations agencies, international nongovernmental organizations, and academic institutions and guided by a consultant with subject matter expertise.

Unless a specific reference is given, the information provided in this learning module is based on the 2018 revision of the *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*.

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<sup>1</sup> *Reproductive Health in Refugee Situations: An Inter-Agency Field Manual* (Inter-Agency Working Group on Reproductive Health in Crises, 1999).

## What is new in the 2018 version of the MISP for SRH?

In the latest revision of the MISP for SRH, a new objective on prevention of unintended pregnancy was added, which includes the following priority activities:

- ▶ Ensuring availability of a range of long-acting, reversible and short-acting contraceptive methods (including male and female [where already used before the crisis] condoms and emergency contraception) at primary health care facilities to meet demand
- ▶ Providing information, including existing information, education, and communications materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and nondiscrimination
- ▶ Ensuring the community is aware of the availability of contraceptives for women, adolescents, and men

Another change to the MISP for SRH chapter involves explicit references to safe abortion care to the full extent of the law. In addition to incorporating pregnancy options counseling and the provision of or referral for abortion services to the full extent of the law into clinical care for survivors of sexual violence, safe abortion care to the full extent of the law is now included in the MISP for SRH chapter as a standalone “other priority activity.” Lastly, guidance has been strengthened on maternal and newborn care, prevention and treatment of human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs), clinical care for survivors of sexual violence, and planning for comprehensive SRH services.

## Who is the MISP for SRH distance learning module designed for?

The module incorporates a multisectoral set of activities to be implemented by humanitarian workers operating in health, camp design and management, logistics, community services, protection, and other sectors. The module is most relevant to members of emergency response teams and other humanitarian first responders as it focuses on populations affected by crises, such as armed conflicts and natural disasters. However, it can also be referenced as part of emergency preparedness efforts and when scaling up services to ensure more comprehensive and equitable coverage in protracted crises and throughout recovery.

## How long will it take to complete the module?

The module will take approximately 5 to 7 hours to complete.

## At the end of the MISP for SRH distance learning module, learners should be able to:

- ▶ define and understand each component of the MISP for SRH;
- ▶ explain the importance and lifesaving aspects of implementing the MISP for SRH in humanitarian settings;
- ▶ explain the importance of addressing SRH as a core part of the overall health response, health sector/cluster coordination, and coordination with other sectors, such as the protection sector/cluster;
- ▶ list the role and functions of the SRH lead agency/coordinator within the health sector/cluster;
- ▶ explain the most important actions for the health sector/cluster to do in a humanitarian crisis to prevent sexual violence and respond to the needs of survivors;
- ▶ describe the priority interventions for preventing the transmission of, and reducing the morbidity and mortality due to HIV and other STIs in the earliest phase of crisis situations;
- ▶ explain the priority interventions to reduce preventable maternal and newborn morbidity and mortality at the onset of an emergency;
- ▶ list priority interventions to prevent unintended pregnancies;
- ▶ describe how to plan for comprehensive SRH programming services integrated into primary health care as soon as the situation permits;
- ▶ explain how to ensure access to safe abortion care to the full extent of the law; and
- ▶ describe how to order MISP for SRH supplies internationally or obtain them locally.

## How should the MISP for SRH distance learning module be taken?

The module is a self-instructional learning module. It should be read in order of the learning units and can later be used as a reference. The learner reads through each unit, completes the unit quizzes, and takes the post-test that includes questions from all units. **The online version of the distance learning module is interactive; it includes e-learning exercises to reinforce the material in the units and links to additional web-based resources.**<sup>2</sup> Case studies and lessons learned from previous humanitarian responses undertaken by members of the IAWG on RH in Crises are incorporated throughout this version of the module.

### i

**Further guidance and information:** Learners should refer to the complete 2018 *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, which can be accessed at [www.iawg.net/iafm](http://www.iawg.net/iafm).

<sup>2</sup> The website for the Inter-Agency Working Group on Reproductive Health in Crises is available from <http://www.iawg.net>.



## Please Keep in Mind...

Throughout the training you will see references to the Interagency Emergency Reproductive Health (IARH) Kits. The revised 2019 IARH Kits will be available for procurement in early 2020. If you are taking this distance learning module **before the 2019 IARH Kits are available** please see information on the currently available IARH Kits at the *Inter-Agency Reproductive Health Kits for Crisis Situations* (5th ed., 2011).<sup>3</sup>

## In what format and languages is the MISP for SRH module available?

The module is available online on the IAWG on RH in Crises' website ([www.iawg.net](http://www.iawg.net)) and the Women's Refugee Commission's website ([www.womensrefugeecommission.org](http://www.womensrefugeecommission.org)). Print copies can be ordered by emailing [info@wrcommission.org](mailto:info@wrcommission.org) or [info.iawg@wrcommission.org](mailto:info.iawg@wrcommission.org). This version of the MISP for SRH module is currently available in English and will be available in French, Arabic, and Spanish in 2020.



**Disclaimer:** Please note that the MISP for SRH distance learning module is available free of charge. There is no guarantee of employment with any humanitarian agency upon completion of the MISP for SRH module.

## Are there ways to provide feedback for improving or asking questions about the MISP for SRH module?

Yes, please send an email to [info.iawg@wrcommission.org](mailto:info.iawg@wrcommission.org).

## Is there a way to certify completion the MISP for SRH module?

Learners who have completed the online post-test with a score of at least 80% will automatically receive a certificate of completion that can be printed and saved.

<sup>3</sup> An online version of this resource can be accessed by visiting [iawg.net/resource/inter-agency-reproductive-health-kits-2011](http://iawg.net/resource/inter-agency-reproductive-health-kits-2011).

# INTRODUCTION

The Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH) is a set of lifesaving priority activities to be implemented from the onset of a crisis. These services are to be scaled up and sustained to ensure equitable coverage throughout protracted crises and recovery while planning to integrate comprehensive SRH into primary health care as soon as possible.

Morbidity and mortality related to SRH are significant issues, and women and girls in humanitarian emergencies suffer disproportionately from life threatening conditions due to increased barriers to health services.<sup>4</sup> Neglecting SRH needs in humanitarian settings has serious consequences, including preventable maternal and newborn morbidity and mortality; preventable consequences of unintended pregnancy, such as unsafe abortion; and preventable cases of sexual violence and their consequences, including unintended pregnancies, increased acquisition of sexually transmitted infections (STIs), increased transmission of human immunodeficiency virus (HIV), and ongoing mental health problems, including depression.

The MISP defines which SRH services are most important in preventing morbidity and mortality, while protecting the right to life with dignity in humanitarian settings. It is a standard for humanitarian actors and is supported by the international legal obligations of states to respect and ensure basic human rights, including SRH. All people, including those affected by crises, have a fundamental human right to SRH. To exercise this right, affected populations must have an enabling environment and access to SRH information and services so that they can make free and informed choices. The MISP for SRH services provided during a humanitarian emergency must be based on the needs of the crisis-affected populations, must respect their religious and ethical values and cultural backgrounds, and must conform to international human rights and humanitarian standards.

Despite being an internationally recognized standard, assessments undertaken by the Women's Refugee Commission and partners in 2003<sup>5,6</sup>, 2004<sup>7</sup>, and 2005<sup>8</sup> showed that

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4 *Maternal Mortality in Humanitarian Crises and Fragile Settings* (United Nations Population Fund, November 2015), <https://www.unfpa.org/resources/maternal-mortality-humanitarian-crises-and-fragile-settings>.

5 *Still in Need: Reproductive Health Care for Afghan Refugees in Pakistan* (Women's Refugee Commission, October 2003), <https://www.womensrefugeecommission.org/resources/document/359-still-in-need-reproductive-health-care-for-afghan-refugees-in-pakistan>.

6 *Displaced and Desperate: Assessment of Reproductive Health for Colombia's Internally Displaced Persons*, Marie Stopes International and Women's Refugee Commission, (Reproductive Health Response in Crises Consortium, February 2003), <https://www.womensrefugeecommission.org/srh-2016/resources/72-displaced-and-desperate-assessment-of-reproductive-health-for-colombia-s-internally-displaced>.

7 *Lifesaving Reproductive Health Care: Ignored and Neglected, Assessment of the Minimum Initial Service Package (MISP) for Reproductive Health for Sudanese Refugees in Chad* (Women's Refugee Commission and United Nations Population Fund, August 2004), <https://www.womensrefugeecommission.org/resources/photo-essays/60-our-fuel-and-firewood-team-in-kenya>;

8 *Reproductive Health Priorities in an Emergency: Assessment of the Minimum Initial Service Package in Tsunami-Affected Areas in Indonesia* (Women's Refugee Commission, February, 2005) [https://www.womensrefugeecommission.org/images/zdocs/id\\_misp\\_eng.pdf](https://www.womensrefugeecommission.org/images/zdocs/id_misp_eng.pdf).

implementation of the MISP for SRH was often overlooked during emergencies and few humanitarian workers were familiar with its objectives and activities. Since then, progress has been made in advancing awareness of the MISP for SRH. In September 2009, the Granada Consensus was agreed upon through an inter-agency consultation convened by the United Nations Population Fund, World Health Organization, and the Andalusian School of Public Health, providing a new commitment and framework for action. A key component of the Granada Consensus was scaling up equitable coverage of the MISP for SRH and sustaining these services in protracted crises and throughout recovery while integrating comprehensive SRH services through health systems strengthening.<sup>9</sup> Inter-agency assessments in 2007 and 2010 demonstrated an increased awareness of the priority SRH services of the MISP for SRH that should be implemented; however, the services were not systemically available.<sup>10</sup>

In 2013 and 2015, inter-agency assessments of crisis settings found consistent availability of MISP for SRH services and high awareness of the MISP for SRH as a standard among responders.<sup>11</sup> An inter-agency MISP for SRH assessment in Jordan in 2013, following the influx of Syrian refugees, demonstrated increased recognition and support of the MISP for SRH through strong leadership by the Ministry of Health, United Nations agencies, and nongovernmental organizations. Coordination was appropriate at the national and camp levels but insufficient in urban areas where beneficiary participation and knowledge of services was lacking.<sup>12</sup> Two years later, in the 2015 assessment in Nepal following the earthquake, sizeable advances had occurred; the SRH working group (SRH sub-cluster) was established within days of the earthquake, funding and supplies were sufficient, and there was strong awareness of the MISP for SRH among humanitarian practitioners. Commitments and investments in SRH before the crisis, the existence of the MISP for SRH in preparedness activities, and the pre-positioning of Inter-Agency Emergency Reproductive Health Kits were key factors to the success. The main limitations of the Nepal MISP for SRH response included a slower activation of district-level coordination and a lack of community knowledge about SRH issues, including the benefits of seeking care and the locations of services for sexual violence, STIs, and HIV. Following the assessment, the Nepal National Family Planning Costed Implementation Plan (2015–2020) was established, and central- and district-level MISP for SRH trainings were held to mainstream the MISP for SRH into district disaster preparedness and response plans.<sup>13</sup>

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9 *Sexual and Reproductive Health During Protracted Crises and Recovery: Report on an Expert Consultation Held in Granada, Spain, 28–30 September 2009*, Preliminary Publication (World Health Organization, 2010).

10 *Four Months On: A Snapshot of Priority Reproductive Health Activities in Haiti: An Inter-Agency MISP Assessment Conducted by CARE, International Planned Parenthood Federation, Save the Children and the Women's Refugee Commission May 17–21, 2010* (Women's Refugee Commission, October 2010).; *Reproductive Health Coordination Gap, Services Ad Hoc: Minimum Initial Service Package (MISP) Assessment in Kenya* (Women's Commission for Refugee Women and Children, September 2008), [https://www.womensrefugeecommission.org/images/zdocs/ken\\_misp.pdf](https://www.womensrefugeecommission.org/images/zdocs/ken_misp.pdf).

11 Sandra K. Krause, Sarah K. Chynoweth, and Mihoko Tanabe, "Sea-Change in Reproductive Health in Emergencies: How Systemic Improvements to Address the MISP Were Achieved," *Reproductive Health Matters*, 25, no. 51, (December 13, 2017): 7–17, DOI: 10.1080/09688080.2017.1401894.

12 Sandra Krause, Holly Williams, Monica A Onyango, Samira Sami, Wilma Doedens, Noreen Giga, Erin Stone and Barbara Tomczyk, "Reproductive Health Services for Syrian Refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: An Evaluation of the Minimum Initial Services Package," *Conflict and Health* 9, Suppl 1 (February 2, 2015): S4, <http://www.conflictandhealth.com/content/9/S1/S4>.

13 Anna Myers, Samira Sami, Monica Adhiambo Onyango, Hari Karki, Rosilawati Anggraini, and Sandra Krause "Facilitators and Barriers in Implementing the Minimum Initial Services Package (MISP) For Reproductive Health in Nepal Post-Earthquake," *Conflict and Health* 12, no. 35 (August 15, 2018), <https://doi.org/10.1186/s13031-018-0170-0>.

These are some examples of the achievements made over the years in ensuring the availability of the MISP for SRH at the onset of humanitarian responses. Although much progress has been made, more effort is required to guarantee its universal implementation in acute crises. The Women's Refugee Commission and the IAWG on RH in Crises' *Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations: A Distance Learning Module* is a resource and tool that provides guidance on the implementation of quality MISP for SRH services and raises awareness about the importance of addressing priority SRH services in crisis settings.

