



Minimum Initial Service Package (MISP)

Fact Sheet

What is the MISP?

The Minimum Initial Service Package (MISP) is a series of actions needed to respond to the reproductive health needs of populations in the early phase of a refugee situation (which may or may not be an emergency). The MISP is not just kits of equipment and supplies; it is a set of activities that must be implemented in a coordinated manner by appropriately trained staff. It can be implemented without any new needs assessment since documented evidence already justifies its use. The MISP prevents excess neonatal and maternal morbidity and mortality, reduces HIV transmission, prevents and manages the consequences of sexual violence, and includes planning for the provision of comprehensive reproductive health services integrated into the primary health program in place.

MISP Objectives

- ❖ **Identify** an organization(s) and individual(s) to facilitate the coordination and implementation of the MISP
- ❖ **Prevent** and manage the consequences of sexual violence
- ❖ **Reduce** HIV transmission by:
 - enforcing respect for universal precautions against HIV/AIDS
 - guaranteeing the availability of free condoms
- ❖ **Prevent** excess neonatal and maternal morbidity and mortality by:
 - providing clean delivery kits for use by mothers or birth attendants to promote clean home deliveries
 - providing midwife delivery kits (UNICEF or equivalent) to facilitate clean and safe deliveries at the health facility
 - initiating the establishment of a referral system to manage obstetric emergencies
- ❖ **Plan** for the provision of comprehensive reproductive health (RH) services, integrated into Primary Health Care (PHC), as the situation permits. This would include:
 - the collection of background data on maternal, infant and child mortality, HIV/AIDS prevalence if available, and contraceptive prevalence if possible
 - the identification of suitable sites for future services delivery of comprehensive RH services by addressing security problems, accessibility for all potential users, privacy and confidentiality during visits, easy access to water and sanitation, appropriate space for users' waiting time, and aseptic conditions
 - an assessment of the staff capacity to provide comprehensive RH services and a plan put in place for train/retraining of staff. Equipment and supplies also should be ordered accordingly.

Broad Terms of Reference for a Reproductive Health Coordinator/Focal Point

Under the auspices of the overall health coordination framework, the RH Coordinator/Focal Point should:

- ❖ be the **focal point** for RH services and provide technical advice and assistance on RH to refugees and all organizations working in health and other sectors as needed.
- ❖ **liaise** with national and regional authorities of the host country when planning and implementing RH activities in refugee camps and among the surrounding population.
- ❖ **liaise** with other sectors (protection, community services, camp management, education, etc.) to ensure a multi-sectoral approach to RH.
- ❖ **create or adapt** and **introduce** standardized strategies for RH which are fully integrated with PHC.
- ❖ **initiate and coordinate** various audience-specific training sessions on RH (for audiences such as health workers, community services officers, the refugee population, security personnel, etc.).
- ❖ **introduce** standardized protocols for selected areas (such as syndromic case management of sexually transmitted infections (STIs), referral of obstetric emergencies, medical response to survivors of sexual violence, counseling and family planning services, etc.).
- ❖ **develop or adapt and introduce** simple forms for monitoring RH activities during the emergency phase that can become more comprehensive once the program is consolidated.
- ❖ **report** regularly to the health coordination team.



MISP Indicators

- ❖ **Incidence of sexual violence:** Monitor the number of cases of sexual violence reported to health services, protection and security officers.
- ❖ **Supplies for universal precautions:** Monitor the availability of supplies for universal precautions, such as gloves, protective clothing and disposal of sharp objects.
- ❖ **Estimate condom coverage:** Calculate the number of condoms available for distribution to the population.
- ❖ **Estimate of coverage of clean delivery kits:** Calculate the number of clean delivery kits available to cover the estimated births in a given period of time.



Material Resources

I. What is in the UNFPA Reproductive Health Kits for Emergency Situations?

The **Reproductive Health Kit** is divided into three “blocks” as follows:

Block 1		
Six sub-kits to be used at the community and primary health care level for 10,000 persons / 3 months		
		Color code
Sub-kit 0	Administration sub-kit	Orange
Sub-kit 1	Condom sub-kit (Part A + B)	Red
Sub-kit 2	Clean Delivery sub-kit (Individual) (Part A + B)	Dark Blue
Sub-kit 3	Post Rape sub-kit	Pink
Sub-kit 4	Oral and Injectable Contraception sub-kit	White
Sub-kit 5	STI sub-kit	Turquoise

Block 1 contains 6 sub-kits. Each sub-kit is designed for 10,000 persons for a 3-month period. The sub-kits contain mainly disposable items. Sub-kits 1 and 2 are subdivided into parts A and B, which can be ordered separately.

Block 2		
Five sub-kits to be used at primary health care or referral hospital level for 30,000 persons / 3 months		
		Color code
Sub-kit 6	Delivery sub-kit (Health Facility)	Brown
Sub-kit 7	IUD sub-kit	Black
Sub-kit 8	Management of Complications of Abortion sub-kit	Yellow
Sub-kit 9	Suture of Tears (cervical and vaginal) and Vaginal Examination sub-kit	Purple
Sub-kit 10	Vacuum Extraction for Delivery (Manual) sub-kit	Grey

Block 2 is composed of 5 sub-kits containing disposable and reusable material. In order to prevent wastage of expensive reusable equipment, these sub-kits are designed to be used for a population of 30,000 persons over a 3-month period. However, this certainly does not exclude the sub-kits from being ordered for a setting with less than 30,000 persons — in this case the supplies in the kits would last longer.

Block 3		
Two sub-kits to be used at referral hospital level for 150,000 persons / 3 months		
		Color code
Sub-kit 11	Referral level sub-kit for Reproductive Health (Part A + B)	Fluorescent green
Sub-kit 12	Blood Transfusion sub-kit	Dark green

Block 3 is composed of 2 sub-kits containing disposable and reusable material for the referral (surgical obstetrics) level. In most countries this level normally serves a population of approximately 150,000 persons over a 3-month period. In refugee situations, patients are generally referred to the nearest hospital, which will often require support in terms of equipment and supplies to be able to provide the necessary services for this additional population.

How to Order:

A booklet describing the RH Kits and how it can be ordered is available from UNFPA:

UNFPA — Contact local country offices or
220 East 42nd Street
New York, NY 10017 USA
Fax: 212 297 4915
Website: www.unfpa.org

2. What is in the New Emergency Health Kit-98 (NEHK-98) to Implement the MISP?

(For 10,000 people for three months)

- ❖ Materials for universal precautions for infection control
- ❖ Equipment, supplies and drugs for deliveries at health centers
- ❖ Equipment, supplies and drugs for some obstetric emergencies
- ❖ Equipment, supplies and drugs for post-rape management

How to Order:

A booklet describing the NEHK-98 and how it can be ordered is available from the International Dispensary Association (IDA) Foundation:

IDA Foundation
P.O. Box 37098
1030 AB Amsterdam
The Netherlands
Phone: (+31) 20 403 30 51; Fax: (+31) 20 403 1854
E-mail: info@ida.nl



website: <http://www.ida.nl/engels/ida.html?6>

The **Women's Commission for Refugee Women and Children** works to improve the lives and defend the rights of refugee and internally displaced women, children, and adolescents. We advocate for their inclusion and participation in programs of humanitarian assistance and protection. We provide technical expertise and policy advice to donors and organizations that work with refugees and the displaced. We make recommendations to policy makers based on rigorous research and information gathered on fact-finding missions. We join with refugee women, children, and adolescents to ensure that their voices are heard from the community level to the highest levels of governments and international organizations. We do this in the conviction that their empowerment is the surest route to the greater well-being of all forcibly displaced people.



Women's Commission for Refugee Women and Children
122 East 42nd Street
New York, NY 10168
Tel: 212.551.3112
Fax: 212.551.3180
Email: juliam@womenscommission.org
www.womenscommission.org

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