

The background of the slide is a photograph of a woman wearing a bright pink headscarf and a matching pink patterned garment. She is looking slightly to the right with a gentle smile. The background behind her is a brick wall and a dark, possibly damaged, structure. A large, semi-transparent orange banner with a faint globe icon and concentric circles is overlaid across the middle of the image.

# Day 2: The Minimum Initial Service Package (MISP)

Training for Program Managers



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# Day 1 Review

Introduction, MISP Objective 1 & Inclusion



## MINIMUM INITIAL SERVICE PACKAGE FOR SEXUAL AND REPRODUCTIVE HEALTH (MISP for SRH)

PREVENT MORTALITY, MORBIDITY AND  
DISABILITY IN CRISIS-AFFECTED  
POPULATIONS

1

Ensure the health cluster identifies an organisation to lead the MISP for SRH

2

Prevent sexual violence and respond to the needs of survivors

3

Prevent and reduce morbidity and mortality due to HIV and other STIs

4

Prevent excess maternal and newborn morbidity and mortality

5

Prevent unintended pregnancies

6

Plan for comprehensive SRH services integrated into primary health care as soon as possible

NOTE

Ensure that safe abortion care is available, to the full extent of the law, in health centres and hospitals.



A woman wearing a pink headscarf and a pink patterned shawl is looking towards the camera. She is standing in front of a brick wall. To her left is a dark, open doorway or window showing some debris inside. The image has a semi-transparent orange banner across the middle with white text.

# Session 2.1: MISPP Objective 2: Prevent Sexual Violence & Respond to the Needs of Survivors

Training for Program Managers



# Learning objectives

After this session, participants should be able to:

1. Explain why it is important to prevent sexual violence & respond to the needs of survivors in emergencies.
2. Define key terminology & concepts to prevent sexual violence & respond to the needs of survivors in emergencies.
3. Understand the roles all sectors must play to prevent sexual violence & respond to the needs of survivors in emergencies.
4. Demonstrate an understanding of the activities prescribed by the MISP to prevent sexual violence & respond to the needs of survivors during the acute phase of a crisis.
5. Demonstrate skills in coordinating or supporting the coordination of activities under Objective 2 of the MISP.
6. Identify the role they have in preventing sexual violence and responding to the needs of survivors in emergencies.



# MISP Objective 2:

**Prevent** sexual violence and  
**respond** to the needs of  
survivors.







# Gender Based Violence

**GBV** is an umbrella term for any **harmful act** that is perpetrated against a person's will and is based on socially ascribed (i.e. gender) differences between males and females.

It includes acts that inflict **physical**, **sexual** or **mental** harm or suffering, threats of such actions, coercion and other deprivations of liberty.

IASC 2015



# Gender Based Violence in Emergencies

- In Liberia, 32.6% of male combatants & 55% of displaced women experienced sexual violence
- Intimate partner violence increases after natural disasters (e.g. United States, Canada, Australia, New Zealand, after 2004 tsunami)
- 1/3 of women with disabilities interviewed in post-conflict Northern Uganda experienced GBV and several had children as a result of rape
- 40,000 Burmese women are trafficked into brothels, factories & domestic work each year



# Local SGBV Statistics



# Unseen, unheard report (2015)

## Lack of data on the prevalence of GBV in disasters

- Contributes to lack of awareness
- Reflects shame and stigma, dynamics which impede data collection
- Disrupt law enforcement and monitoring



**Unseen, unheard:  
Gender-based violence  
in disasters**  
Global study

***Assume that GBV is taking place,  
even if no reliable data are available***



# Gender Based Violence in Emergencies

- New threats/forms of GBV related to conflict
- Increased vulnerability and dependence; exploitation
- Lack of privacy; overcrowding; lack of safe access to basic needs
- Separation from family members; lack of documentation; registration discrimination
- Break down of protective social mechanisms and norms regulating behaviour



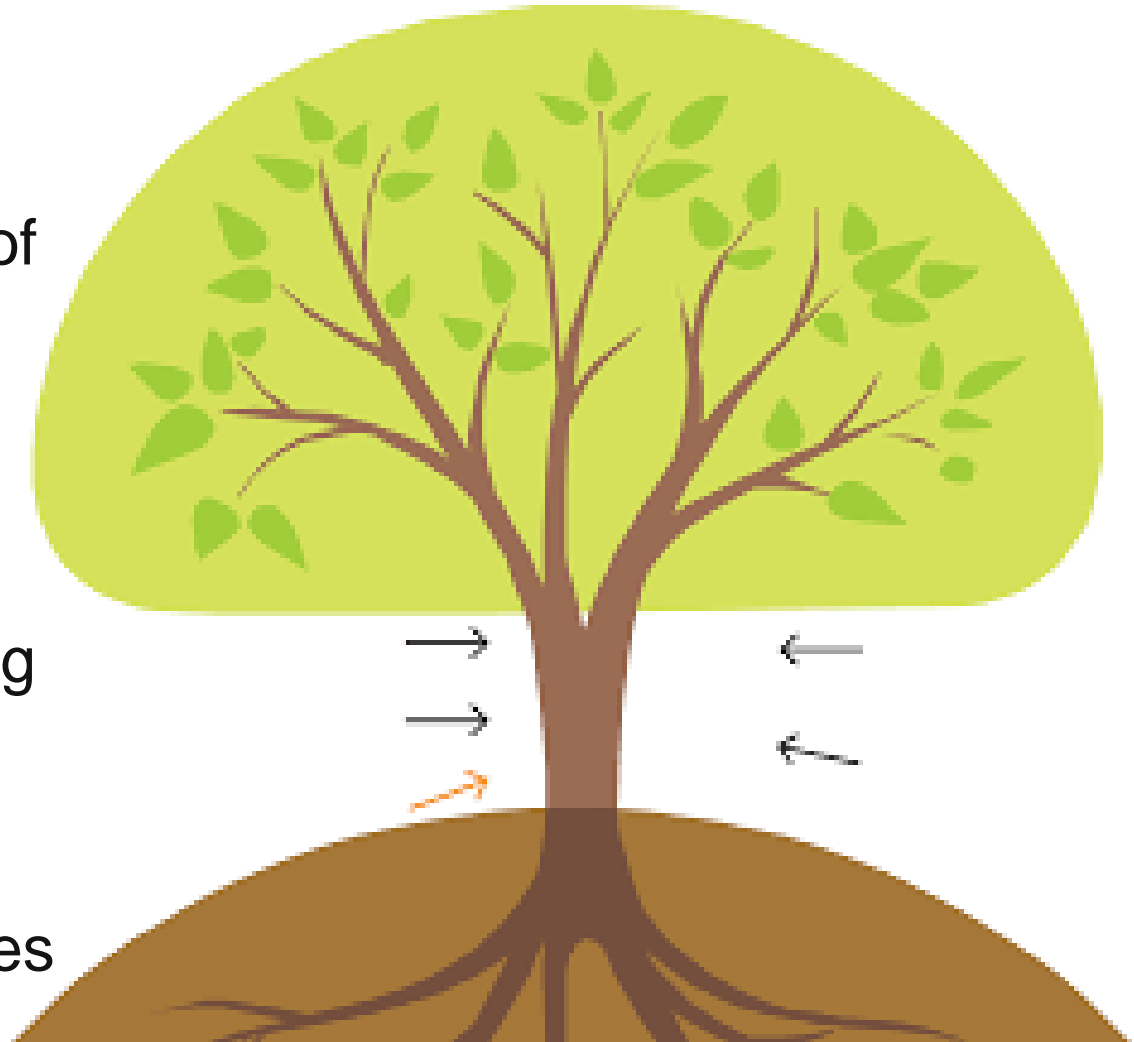
# Causes of Gender Based Violence

## GBV Tree

Examples of  
GBV

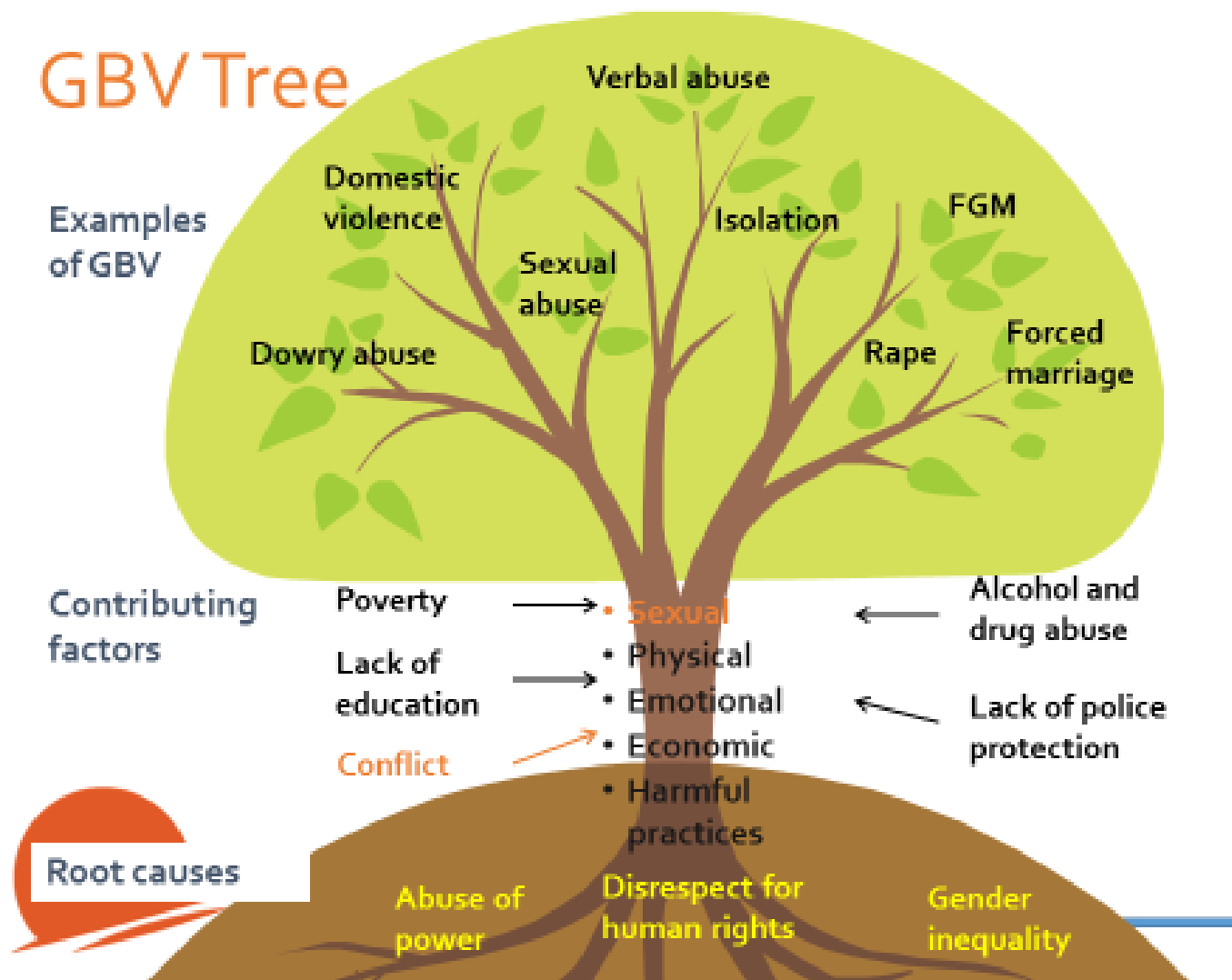
Contributing  
Factors

Root Causes





# Causes of Gender Based Violence





## MISP Objective 2: Prevent sexual violence & respond to the needs of survivors

### **Priority Activities:**

- Work with other clusters to put in place preventative measures to protect affected populations particularly women and girls from sexual violence
- Make clinical care and referral to other supportive services available to survivors of sexual violence
- Put in place confidential and safe spaces within the health facilities to receive & provide survivors with clinical care and referral



# Sexual Violence:

## Immediately Life-threatening

### MISP: Minimum Response



**Crisis**

**Transitioning to  
Comprehensive**

1. Put in place preventative measures at community, local & district levels to protect affected populations
2. Make clinical care & referral available for survivors
3. Put in place confidential & safe spaces to receive & provide clinical care & referral

**Restore comprehensive services  
AS SOON AS POSSIBLE**



# MISP: Preventing Sexual Violence

## Identifying Populations at Risk

- Any sex, gender or age
- Adolescents
- Elderly women
- Woman & child heads of households
- Indigenous people & ethnic/ religious minority groups
- LGBTQIA people
- Separated or unaccompanied girls, boys & orphans
- People with disabilities

Women & girls at particular risk



# Identifying Points of Risk for Sexual Violence

Group Work



# MISP Objective 2: Prevent Sexual Violence

1. Work with other clusters/sectors to put in place **preventive** measures at **community**, **local**, and **district** levels including health facilities to **protect** affected populations from sexual violence





## MISP Objective 2: Prevent Sexual Violence

The role of program managers:

- Ensure **safe access** to health services including sexual & reproductive health services:
  - Carefully consider access for adolescents
  - At risk groups have less possibility of access



## MISP Objective 2: Prevent Sexual Violence

The role of program managers:

- Ensure **safe design & location** of health facilities:
  - to enhance physical security
  - within walking distance on safe access roads
  - male and female latrines & washing areas are located separately in the health facility
    - ✓ In a secure location
    - ✓ With adequate lighting
    - ✓ With doors which lock from the inside
  - consult with service providers and patients about security in health facilities



## MISP Objective 2: Prevention Sexual Violence

The role of program managers:

- Hire & train **female:**
  - Service providers
  - Community health workers
  - Program staff
  - Interpreters



# MISP Objective 2: Prevent Sexual Violence

The role of program managers:

- Ensure all **ethnic subgroups** are represented
- Ensure **confidentiality** is maintained





# MISP Objective 2: Prevent Sexual Violence

## Protection against Sexual Exploitation & Abuse (PSEA):

The role of program managers:

- Enforce Code of Conduct against Sexual Exploitation & Abuse (SEA):
  - Code of Conduct signed by health workers and all other staff & volunteers
  - Reporting and investigation mechanisms in place including protection for whistle blowers
  - Punitive measures in place



# Code of Conduct against SEA

Using Guidelines



## MISP Objective 2: Prevent Sexual Violence

The role of program managers:

- Ensure **sexual violence** is discussed in **health** and **inter-sectoral** coordination meetings
- Work in close consultation with **representatives** of the **displaced** and **host** communities



# MISP Objective 2: Prevent Sexual Violence

**Prevention & Risk Mitigation by Program Managers:  
Inter-sectoral Coordination**



**Global Protection Cluster**

- Child Protection: UNICEF
- **GBV: UNFPA**
- Mine Action: UNMAS
- Land Housing & Property: NRC/ IFRC



## MISP Objective 2: Prevent Sexual Violence

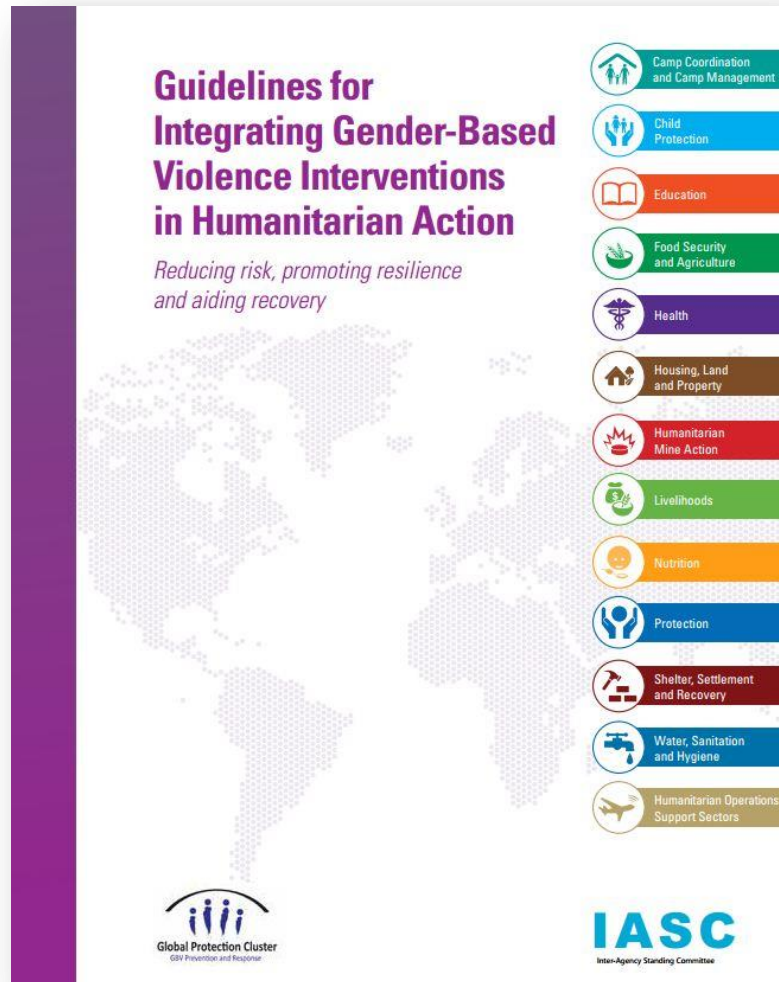
### **Involves all sectors:**

- Protection
- Water & sanitation
- Food security and nutrition
- Shelter & site planning, & non-food items
- Education
- Health & community services



# MISP Objective 2: Prevent Sexual Violence

## Inter-sectoral Coordination



Guidelines for Integrating  
Gender-Based Violence  
Interventions in Humanitarian  
Action  
2015



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# Coordination with Other Humanitarian Sectors

Group Work



# MISP Objective 2: Prevent Sexual Violence

## IASC Pocket Guide

- For **non-GBV specialists**
- Concrete information on how to **support a survivor** who discloses sexual violence





## MISP Objective 2: Respond to the Needs of Survivors

2. Make clinical care and referral to other supportive services available for survivors of sexual violence
3. Put in place confidential & safe spaces within the health facilities to receive and provide survivors of sexual violence with appropriate clinical care & referral



## MISP Objective 2: Respond to needs of survivors

### Survivor Centred Approach

#### Guiding Principles:

Safety

Confidentiality

Respect

Non-discrimination



# Responding to the needs of survivors: Guiding Principles

Discussion



## MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Ensure clinical services for survivors adhere to the **guiding principles & protection measures**:
  - Provide 24/ 7 services
  - Establish private, non-stigmatizing consultation areas
  - Provide staff with lockable filing cabinets
  - Make sure protocols & patients' rights lists are visible or available to survivors
  - Involve women, adolescent girls & boys & other at-risk groups in decision-making



## MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Have sufficient **supplies & equipment** available:
  - Local supply & pre-positioned goods
  - Reproductive Health Kits:
    - Kit 3:** Post-rape treatment kit
    - Kit 8:** Management of complications of miscarriage or abortion
    - Kit 9:** Repair of cervical & vaginal tears



## MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Ensure **appropriate staff** are in place:
  - Hire male and female staff fluent in local languages
  - Train male and female chaperones and interpreters
  - Ensure service providers are skilled
  - Enforce adherence to guiding principles



## MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Understand the **medico-legal** system:
  - Share information with health and protection sectors/ clusters during coordination meetings
  - Where possible & requested support justice for survivors
  - Where possible develop protocols for forensic evidence collection



# Protocols for Survivor Referral

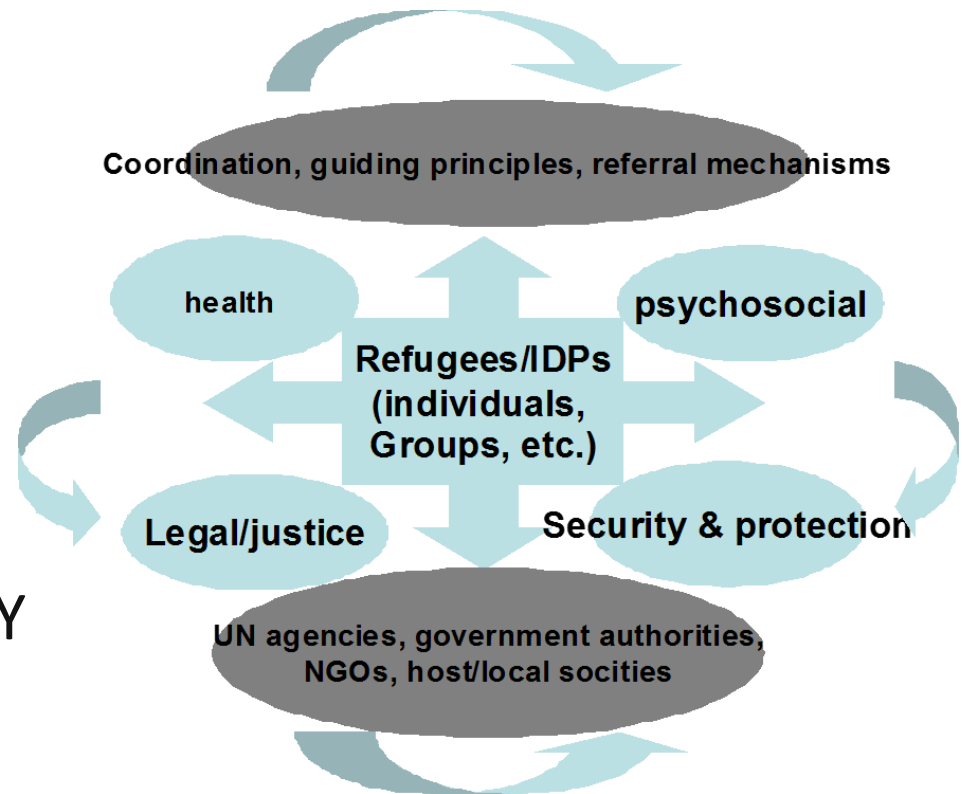
Group Work



# MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Establish inter-agency **standard operating procedures**:
  - Outline **roles** and **responsibilities** when responding to sexual violence
  - **Inter-agency coordination** at the CAMP or COMMUNITY level





## MISP Objective 2: Respond to needs of survivors

### Content of Standard Operating Procedures

- Definition of GBV, its categories and key concepts
- **Guiding Principles**
- Roles and responsibilities in terms of prevention and response
- Health, legal/justice, community, women's groups, implementing and operational partners, police, the government
- Co-ordination, monitoring, and evaluation mechanisms
- Reporting and referral mechanism



## MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Ensure clinic level **protocols** for the care of survivors are in place:
  - Supportive communication
  - Clinical examination
  - Prevention and treatment timelines:
    - Wound treatment
    - STI prevention
    - PEP
    - Emergency contraception
  - Referral for higher level care/ protection where needed
  - Psychosocial support



# Timelines for the care of survivors

Group Work



# MISP Objective 2: Respond to needs of survivors

## The role of program managers:

- Provide **special consideration** for:
  - Children
  - Adolescents
  - People living with disability & their carers
  - Male survivors
  - LGBTQIA persons
  - Safety of health care workers
- **Added barriers include lack of sensitised access points and service provider attitudes**



# MISP Objective 2: Respond to needs of survivors

The role of program managers:

- Ensure **community is aware** of services:
  - Communication channels targeted to **vulnerable** groups
  - Inform population of **confidential** services
  - Emphasize the importance of survivors **attending as soon as possible** after the incident
  - Include information on services available to those who are **unable to seek immediate** care



# IEC materials for survivors

Group Work



# Monitoring & Evaluation

## MISP Checklist key questions for sexual violence:

3. Prevent sexual violence and respond to the needs of survivors			
		YES	NO
3.1	Multi-sectoral coordinated mechanisms to prevent sexual violence are in place		
3.2	Safe access to health facilities		
	Percentage of health facilities with safety measures (Sex segregated latrines with locks inside, lighting around health facility, system to control who is entering or leaving facility, i.e., guards or reception)	%	
3.3	Confidential health services to manage survivors of sexual violence	YES	NO
	Percentage of health facilities providing clinical management of survivors of sexual violence (Number of health facilities offering care/all health facilities) x 100%)	%	
	Emergency contraception		
	Pregnancy test		
	Pregnancy		
	PEP		
	Antibiotics to prevent and treat STIs		
	Tetanus toxoid/Tetanus immunoglobulin		
	Hep B vaccine		
	Safe abortion care		
	Referral to health services		
	Referral to safe abortion services		
	Referral to psychological, social support services		
3.4	Number of incidents of sexual violence reported to health services		
	Percent of eligible survivors of sexual violence who receive PEP within 72 hours of an incident (Number of eligible survivors who receive PEP within 72 hours of an incident/total number of survivors eligible to receive PEP) x 100%	%	
		YES	NO
3.5	Information on the benefits and location of care for survivors of sexual violence		



# Moving from MISp to Comprehensive



Crisis

Transitioning to  
Comprehensive

**MISp**


- **Expand** medical, psychological, social and legal care for survivors
- **Prevent** and address other forms of GBV
- Provide **community education**
- Engage **men and boys**



# Concluding thoughts

- Always assume GBV is occurring.
- Sexual violence is the most immediately life threatening form of gender based violence and is therefore the focus of the MISP for SRH.
- Preventing sexual violence & responding to the needs of survivors is objective 2 of the MISP.
- Coordination within the health sector and other sectors is vital for implementation of the services outlined by MISP objective 2.



A woman wearing a bright pink headscarf and a matching patterned shawl is looking towards the camera. She is standing in front of a brick wall. To her left, there is a dark, open structure that appears to be a charcoal stove or a similar traditional cooking device. The background is slightly out of focus, emphasizing the woman.

# **Session 2.2: MISP Objective 3:** **Prevent the Transmission of & Reduce Morbidity & Mortality Due to HIV & other STIs**

## **Training for Program Managers**



# Learning objectives

After this session, participants should be able to:

1. Explain why it is important to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
2. Define key terminology & concepts to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.
3. Demonstrate an understanding of the activities prescribed by the MISP for SRH to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs during the acute phase of a crisis.
4. Demonstrate skills in coordinating or supporting the coordination of activities under Objective 3 of the MISP.
5. Identify the role they have to prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs in emergencies.



# MISP Objective 3:

**Prevent** the transmission of and  
**reduce** morbidity and mortality  
due to **HIV** & other **STIs**



# HIV & STIs in Humanitarian Emergencies

- Humanitarian emergencies **exacerbate vulnerabilities & increase risk** of HIV
- Refugees & displaced people **are not usually included** in national HIV programs

## Factors affecting HIV transmission among displaced populations

### Increasing risk

Breakdown in social structures leading to risky behaviour and increased vulnerability

Lack of health, education and social services

Gender-based violence

Transactional sex

### Decreasing risk

Reduced mobility

Reduced accessibility to conflict-affected areas

Increased access to health, education and social services in host area

### Cross-cutting factors



HIV prevalence at origin



HIV prevalence in host area



Length of time camp is in existence



Length of conflict



# Prevent transmission of & reduce morbidity & mortality due to HIV & other STIs

## **Priority Activities:**

- Establish safe and rational use of blood transfusion
- Ensure application of standard precautions
- Guarantee the availability of free lubricated male condoms and, where applicable ensure provision of female condoms
- Support the provision of anti-retrovirals to continue treatment for people who were enrolled in an anti-retroviral therapy program prior to the emergency, including prevention of mother to child transmission programs
- Provide post-exposure prophylaxis to survivors of sexual violence and for occupational exposure
- Support the provision of co-trimoxazole prophylaxis for opportunistic infections
- Ensure the availability of syndromic diagnosis and treatment of STIs



# Prevent the Transmission of & Reduce Morbidity & Mortality Due to HIV & other STIs

## MISP: Minimum Response

### Crisis

1. Safe & rational **blood transfusion**
2. **Standard Precautions**
3. **Condoms**
4. **ARVs**
5. **PEP**
6. **Co-trimoxazole** prophylaxis
7. Syndromic diagnosis & treatment of **STIs**

### Transitioning to Comprehensive

**Restore comprehensive services  
AS SOON AS POSSIBLE**

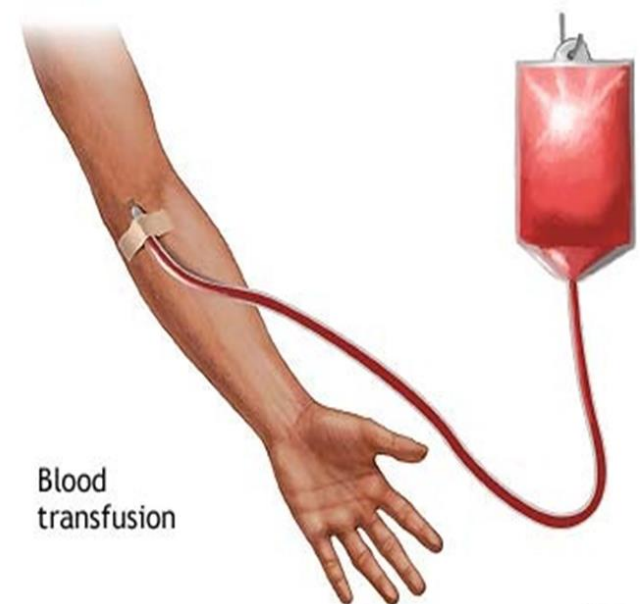


## MISP: Objective 3

### 1. Establish safe & rational use of blood transfusion

#### What is safe blood transfusion?

- Blood donor selection criteria
- Voluntary **unpaid** donors
- Testing for transfusion transmissible infections
- Safe transfusion practice





## MISP: Objective 3

### What is rational blood transfusion?

- Transfusion only in life-threatening circumstances
- Appropriate clinical use of blood
- Use of alternatives & medicines to minimise unnecessary transfusions





## MISP: Objective 3

The role of program managers:

What is needed for safe & rational blood transfusion?

- Facilities
- Supplies
- Qualified staff
- Protocols
- Enforcement of protocols



## MISP: Objective 3

### 2. Ensure application of standard precautions

#### What are standard precautions?

- Infection Control measures
- Blood & body fluids from all persons considered as infected with HIV





## MISP: Objective 3

- Handwashing
- Wearing gloves
- Wearing protective clothing
- Handling sharp objects safely
- Disposing of waste materials
- Processing instruments





## MISP: Objective 3

### The role of program managers:

#### What is needed for standard precautions?

- Facilities
- Qualified staff
- Protocols in place
- Enforcement of protocols
- Supplies:
  - soap & water
  - antiseptics
  - gloves
  - waterproof dressings
  - protective clothing
  - sharps disposal containers
  - incinerator
  - autoclave & fuel





# Standard Precautions

Group Work



## MISP: Objective 3

### 3. Guarantee availability of free condoms

- Lubricated male condoms
- Female condoms if already used by population





## MISP: Objective 3

The role of program managers:

What is needed to guarantee availability of free condoms?

- Supply of condoms
- Condoms accessible to population (including adolescents)
- Population aware of availability of condoms
- Information on correct condom use available
- Uptake monitored
- Reordering systems in place



# Condoms: Ordering & Distribution

Group Work



## MISP: Objective 3

### 4. Provision of antiretrovirals

The role of program managers:

What is needed to provide ART to continuing users & for Prevention of Mother to Child Transmission?

- Understand national HIV coordination system
- Inform national HIV program of need to include crisis-affected population
- Quantify needs
- Support supply chain
- Partner with local actors to reach PLWHIV
- Ensure community is informed



# MISP: Objective 3

## 5. Provide PEP

- Occupational Exposure
- After Sexual Violence





# MISP: Objective 3

The role of program managers:

What is needed to provide PEP?

- Supply of PEP
- First aid for occupational exposure protocol
- PEP protocol
- Enforcement of protocols
- Confidentiality for exposed health worker
- Psychosocial support for exposed health worker
- Reporting mechanisms
- Incident reports



## MISP: Objective 3

### 6. Provision of co-trimoxazole prophylaxis

- Prevents opportunistic infections in PLWHIV
- Life-saving, simple, well-tolerated & cost-effective



Image from: <http://www.who.int/hiv/topics/cotrimoxazole/en/>



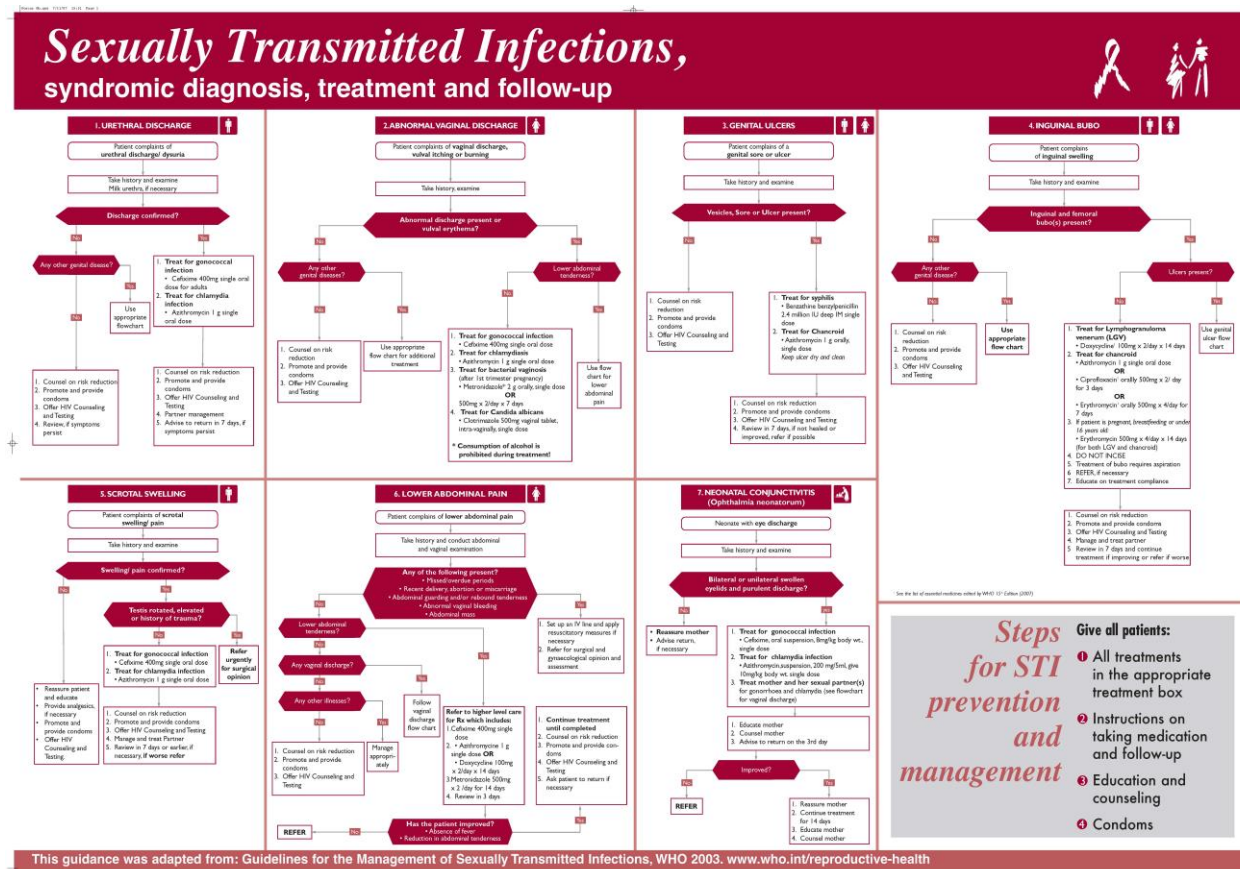
# MISP: Objective 3

## 7. Syndromic diagnosis & treatment of STIs

The role of program managers:

What is needed to provide syndromic diagnosis & treatment of STIs?

- Algorithms for syndromic approach available to service providers
- Supplies to support the syndromic treatment of STIs





## MISP Objective 3: Supplies

- Local supply & pre-positioned goods
- Reproductive Health Kits:

Kit 1: Condoms

Kit 3: Post-rape treatment kit

Kit 5: Treatment of STIs

Kit 12: Blood Transfusion

+ additional Standard Precautions in kits 2, 4, 6, 8, 9 and 11.



# Monitoring & Evaluation

4. Prevent and respond to HIV			
4.1	Safe and rational blood transfusion protocols in place		
4.2	Units of blood screened/all units of blood donated x 100		
4.3	Health facilities have sufficient materials to ensure standard precautions in place		
4.4	Lubricated condoms available free of charge:		
	Health facilities		
	Community level		
	Adolescents		
	LGBTQIA		
	People with disabilities		
	Sex workers		
4.5	Approximate number of condoms taken this period		
4.6	Number of condoms replenished in distribution sites this period (specify locations)		
4.7	ARVs available to continue treatment for people who were enrolled in ART prior to the emergency including PMTCT		
4.8	PEP available for survivors of sexual violence?		
	PEP available for occupational exposure?		
4.9	Co-trimoxazole prophylaxis for opportunistic infections		
4.10	Syndromic diagnosis and treatment for STIs available at health facilities		



# Moving from MISP to Comprehensive

Crisis

MISP

Transitioning to  
Comprehensive

- Comprehensive **STI prevention & management** services including partner tracking & STI surveillance systems
- Comprehensive **HIV** services
- Provide **care, support & treatment** for **PLWHIV**
- Restart **HIV prevention** programs
- Provide **community education**



# Concluding thoughts

- Preventing the transmission of and reducing morbidity and mortality due to HIV and other STIs is Objective 3 of the MISP.
- The MISP outlines 7 components to meet this objective:
  1. Safe & rational blood transfusion
  2. Standard precautions
  3. Condoms
  4. ARVs
  5. PEP
  6. Co-trimoxazole
  7. Syndromic diagnosis & treatment of STIs
- Program managers have a key role to play in ensuring skilled staff, supplies, protocols and other facilities are in place to support these activities.