

Day 3: The Minimum Initial Service Package (MISP)

Training for Program Managers

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Day 2 Review

MISP Objectives 2 & 3

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 wooden structure and debris inside. The image has a semi-transparent orange banner across the middle with white text.

Session 3.1: MISP Objective 4: Prevent Excess Maternal & Newborn Morbidity & Mortality

Training for Program Managers

Learning objectives

After this session, participants should be able to:

1. Explain why it is important to prevent excess maternal & newborn morbidity & mortality in emergencies
2. Define key terminology & concepts for preventing excess maternal & newborn morbidity & mortality in emergencies
3. Demonstrate an understanding of the activities prescribed by the MISP to prevent excess maternal & newborn morbidity & mortality in emergencies
4. Demonstrate skills in coordinating or supporting the coordination of activities under Objective 4 of the MISP
5. Identify the role they have in preventing excess maternal & newborn morbidity & mortality in emergencies

MISP Objective 4:

Prevent excess **maternal** and **newborn** morbidity and mortality.

Maternal & Newborn Health in Emergencies

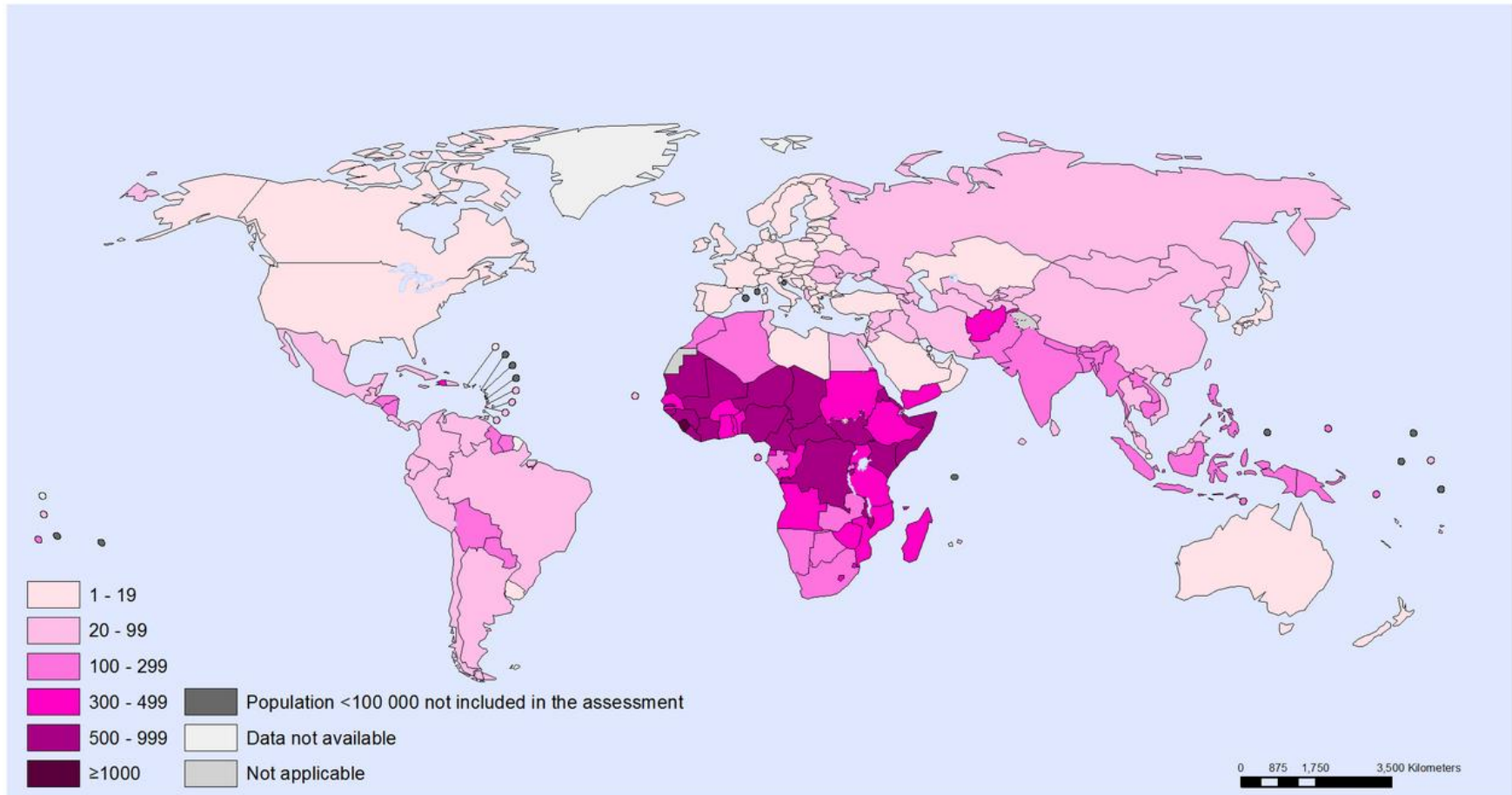
More than **500 women & girls die**
in emergency settings every day due to
complications arising from
pregnancy & childbirth

UNFPA 2018



Maternal & Newborn Health in Emergencies

Maternal mortality ratio (per 100 000 live births), 2015



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization



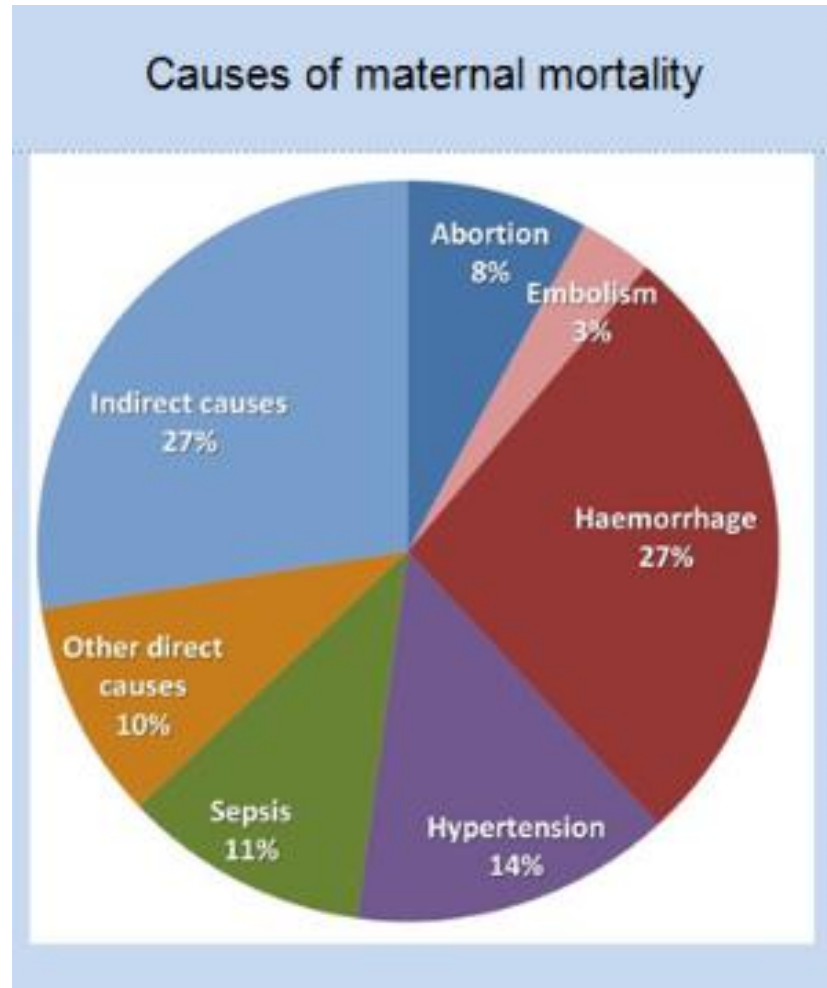
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https://www.who.int/gho/maternal_health/mortality/maternal/en/

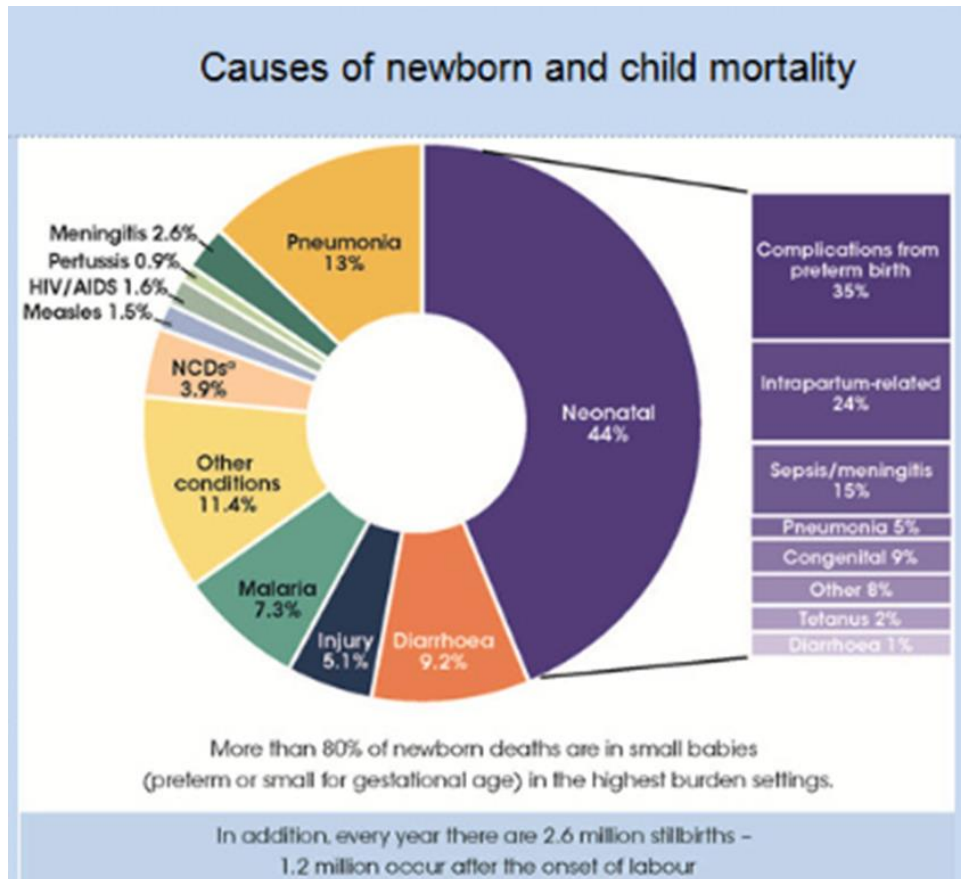
Maternal & Newborn Health in Emergencies

- Existing health services **disrupted** or **destroyed**
- **Unsafe deliveries** increase
- 15% of pregnant women & girls will experience **obstetric complication**
- Women & girls at greater risk of **unintended pregnancies & unsafe abortion**
- **Child/ early marriage** rates increase
- Humanitarian settings affect early pregnancy **loss**, **birth defects**, **Low Birth Weight** & **pre-term** births
- **Under 5 mortality** increasingly concentrated in **fragile contexts**

Major Causes of Maternal Death



Major Causes of Newborn Death



- The three main causes of neonatal death are:
- complications from pre-term birth
 - intra-partum related complications
 - infections

Major Causes of Maternal & Newborn Morbidity & Mortality in this Context

The 3 delays

1. In decision to seek care
2. In reaching health facility
3. In receiving appropriate treatment

Can't predict or prevent complications...
... but can prevent deaths by reducing DELAYS



How long does it take women & girls to die?

Complications	Hours	Days
■ Hemorrhage <ul style="list-style-type: none">• Postpartum• Antepartum	2 12	
■ Ruptured Uterus		1
■ Eclampsia		2
■ Obstructed labor		3
■ Infection		6

Estimated average interval from onset to death for major obstetric complications, in the absence of medical intervention

Prevent Excess Maternal and Newborn Morbidity and Mortality

Priority Activities:

- Ensure availability of clean and safe delivery, essential newborn care, and emergency obstetric and newborn care (EmONC) services
- Establish a 24 hour per day 7 days per week referral system to facilitate transport and communication from the community to the health centre and hospital
- Ensure the availability of life-saving post-abortion care in health centers and hospitals
- Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or is unreliable

Prevent Excess Maternal & Newborn Morbidity & Mortality

MISP: Minimum Response



Crisis

**Transitioning to
Comprehensive**

1. Availability & accessibility of EmONC
2. 24/7 referral system
3. Post-Abortion Care
4. Supplies for clean delivery & immediate newborn care

**Restore comprehensive services
AS SOON AS POSSIBLE**

MISP: Objective 4: EmONC

1. Ensure availability & accessibility of:

- clean & safe delivery
- essential newborn care
- emergency obstetric & newborn care services



MISP: Objective 4

At health centres:

- BEmONC:
 1. Administer parenteral antibiotics for sepsis
 2. Administer uterotonic drugs (oxytocin or misoprostol) for haemorrhage
 3. Administer parenteral anticonvulsants for pre-eclampsia & eclampsia
 4. Perform assisted vaginal delivery
 5. Manually remove placenta
 6. Remove retained products of conception
 7. Perform basic newborn resuscitation

Kits 6A & B
Kit 10
Kit 8

MISP: Objective 4

At health centres:

- **Essential Newborn Care:**
 - Labour monitoring using partograph
 - Newborn resuscitation
 - Manage signs of infection
 - Skin to skin contact
 - Support immediate breastfeeding
 - Provide basic prematurity & LBW care
 - Recognise danger signs & refer to hospital

MISP: Objective 4

The role of program managers:

- Ensure **staff skilled** in **BEmONC** & **Essential Newborn Care** are available **24/7**
- Ensure adequate & sustainable supply of **medicines** & **equipment** to support **BEmONC**
- Provide a functioning cold **chain**



MISP: Objective 4

At referral hospitals:

- CEmONC:

BEmONC +

8. Perform Surgery
9. Perform Safe Blood Transfusion

**Kits 11 A & B
Kit 12**

MISP: Objective 4

At referral hospitals:

- Newborn Care:

- Essential Newborn Care +

- Space for newborn resuscitation in labour ward
 - Provide newborn resuscitation & continue to manage newborns with respiratory distress
 - Establish Kangaroo Mother Care

MISP: Objective 4

The role of program managers:

- Ensure **staff skilled** in **CEmONC** & **Newborn Care** are available **24/7**
- Ensure adequate & sustainable supply of **medicines** & **equipment** to support CEmONC
- Provide a functioning **cold chain**



BEmONC & CEmONC Facilities & Roles

MISP: Objective 4: Referral System

2. Establish a 24 hour per day 7 days per week referral system to facilitate transport & communication from the community to the health centre & hospital



MISP: Objective 4

Community  health centre

Community  referral level hospital

Health centre  referral level hospital

Transport + Communication

MISP: Objective 4

The role of program managers:

- **Coordinate** with health sector/ cluster & host-country authorities
- Develop **policies**, **procedures** & **practices** for efficient referral
- Determine **distances** & **transport options**
- Post protocols specifying **when**, **where** & **how** to transfer patients

MISP: Objective 4

The role of program managers:

- **Inform communities:**
 - When & where to seek emergency care
 - Messages in multiple formats & languages
 - Distribute messages through multiple channels
 - Use illustrative brochures & IEC materials



MISP: Objective 4: Post-Abortion Care

3. Ensure the availability of life-saving post-abortion care in health centres & hospitals
 - Rapid assessment of all women presenting for care
 - Stabilisation for haemorrhagic or septic shock
 - Stabilisation for heavy vaginal bleeding
 - Directed physical exam & concurrent treatment
 - Tetanus prophylaxis
 - Referral to higher level service

MISP: Objective 4

The role of program managers:

- Ensure **staff skilled** in **Post-Abortion Care** are available **24/7**
- Ensure adequate & sustainable supply of **medicines & equipment** to support **Post-Abortion Care**

Providing Post-Abortion Care

Discussion

MISP: Objective 4

4. Ensure availability of supplies and commodities for clean delivery and immediate newborn care where access to a health facility is not possible or unreliable

At community level:

- Promote skilled attendance where possible
- Provide clean delivery kits & newborn kits to visibly pregnant women & birth attendants

CLEAN DELIVERY KIT (2A + 2B)



Contextual only: Misoprostol tablets (600 mcg) and CHX for cord care

NEWBORN KIT

- Baby blanket, 50x75 cm,
- Polyester fleece
- Newborn cap, cotton
- Newborn romper suit, cotton
- Baby socks, size extra small
- Small, cotton towel

Contextual only: Chlorhexidine digluconate gel, 7.1% (delivering 4% base), 10cc; Tetracycline hydrochloride 1% (for eye care)

MISP: Objective 4

The role of program managers:

- Ensure adequate & sustainable **supplies** of clean delivery & newborn kits
- Ensure clean delivery and newborn kits are **distributed** to ALL visibly pregnant women & girls
- Distribute **birth attendant kits** if appropriate & **link** birth attendants to **health facilities**

Quality & Respectful Maternal & Newborn Care in Humanitarian Settings

Respectful Maternity Care: a right not a luxury

- Right to be free from harm & ill-treatment
- Right to information, informed consent & refusal
- Right to privacy & confidentiality
- Right to be treated with dignity & respect
- Right to equality & equitable care
- Right to health care
- Right to liberty, autonomy, self-determination & freedom from coercion



5. Prevent excess maternal and newborn morbidity and mortality			
5.1	Availability of emergency obstetric and newborn care (EmONC) basic and comprehensive per 500,000 population	YES	NO
	Health center with basic EmONC five per 500,000 population		
	Hospital with comprehensive EmONC one per 500,000 population		
5.2	Health center (to ensure basic EmONC 24/7)	YES	NO
	One qualified health worker on duty per 50 outpatient consultations per day		
	Adequate supplies, including newborn supplies to support basic EmONC available		
	Hospital (to ensure comprehensive EmONC 24/7)	YES	NO
	One qualified service provider on duty per 20-30 inpatient beds for the obstetric wards		
	One team of doctor/nurse/midwife/anesthetist on duty		
	Adequate drugs and supplies to support comprehensive EmONC 24/7		
	Post-abortion care		
	Coverage of post-abortion care (PAC) (number of health facilities where PAC is available/number of health facilities) x 100%		
	Number of women and girls receiving PAC		
5.3	Referral system for obstetric and newborn emergencies functioning 24/7 means of communication (radios, mobile phones)	YES	NO
	Transport from community to health center available 24/7		
	Transport from health center to hospital available 24/7		
5.4	Functioning cold chain (for oxytocin, blood screening tests) in place		
5.5	Proportion of all births in health facilities (Number of women giving birth in health facilities in specified period/expected number of births in the same period)		%
5.6	Need for EmONC met (Number of women with major direct obstetric complications treated in EmONC facilities in specified period/Expected number of women with severe direct obstetric complications in the same area in the same period)		%
5.7	Number of caesarean deliveries/number of live births at health facilities x 100%		%
5.8	Supplies and commodities for clean delivery and newborn care		
5.9	Clean delivery kit coverage (Number of clean delivery kits distributed where access to health facilities is not possible/estimated number of pregnant women) x 100%		%
5.10	Number of newborn kits distributed including clinics and hospitals		
5.11	Community informed about the danger of signs of pregnancy and childbirth complications and where to seek care		

Moving from MISP to Comprehensive

Crisis

Transitioning to
Comprehensive

MISP

- Antenatal Care
- Postnatal Care
- Expanded childbirth care
- Train on EmONC & newborn care
- Increase access by addressing the 3 delays

Concluding thoughts

- Preventing excess maternal & newborn morbidity & mortality is objective 4 of the MISP.
- The MISP outlines activities at community, health centre & referral hospital level to meet this objective.
- Program managers have a crucial role to play in ensuring trained staff, policies and supplies are in place to support service providers.

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 is a dark, open doorway or window that reveals a pile of dark, irregular stones or debris inside. The overall scene suggests a rural or construction-related setting.

Session 3.2: MISP Objective 5: Prevent Unintended Pregnancies

Training for Program Managers

Learning objectives

After this session, participants should be able to:

1. Explain why it is important to prevent unintended pregnancies in emergencies
2. Define key terminology & concepts for preventing unintended pregnancies in emergencies
3. Demonstrate an understanding of the activities prescribed by the MISP to prevent unintended pregnancies in emergencies
4. Demonstrate skills in coordinating or supporting the coordination of activities under Objective 5 of the MISP
5. Identify the role they have in preventing unintended pregnancies in emergencies

MISP Objective 5:

Prevent unintended pregnancies

Contraception in Humanitarian Emergencies

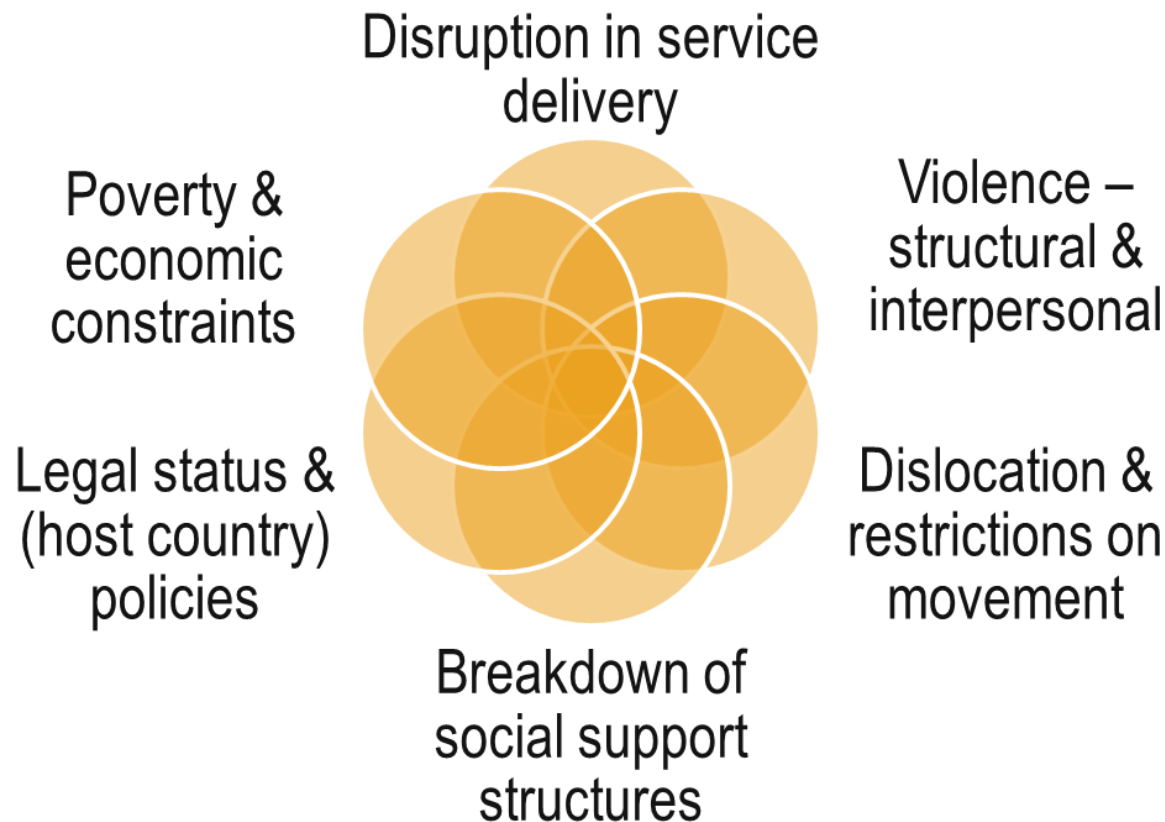
Case Studies



Preventing Unintended Pregnancies in Humanitarian Emergencies

- Making contraception available is a **life-saving** humanitarian intervention
- Contraception is one of the most effective ways to **prevent maternal death**
- Access to contraception improves women's **economic, educational & employment** outcomes
- It is possible to provide contraceptive services in even the most challenging of settings
- Demand **is strong**

Factors influencing the risk of unintended pregnancy in emergencies



Prevent Unintended Pregnancies

Priority activities:

- Ensure availability of a range of long-acting reversible and short-acting contraceptive methods at primary health care facilities to meet demand
- Provide information through IEC materials and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination
- Ensure community is aware of the availability of contraceptives for women, adolescents, and men
- Share information about the availability of SRH services and commodities
- Ensure the community is aware of the availability and location of reproductive health services

Prevent Unintended Pregnancies

MISP: Minimum Response



Crisis

**Transitioning to
Comprehensive**

1. Ensure availability of a range of long-acting reversible & short-acting contraceptive methods at primary health care facilities to meet demand
2. Provide information & contraceptive counselling
3. Ensure community is aware of availability of contraceptives
4. Share information about availability of SRH services
5. Ensure community is aware of availability & location of RH services















**Restore comprehensive services
AS SOON AS POSSIBLE**

MISP: Objective 5

1. Ensure availability of a range of long-acting reversible & short-acting contraceptive methods at primary health care facilities to meet demand
 - Oral contraceptives (Kit 4)
 - Hormonal injectables & implants (Kit 4 & complementary)
 - IUDs (complementary)
 - Male & female condoms (Kits 1A & 1B)
 - Emergency Contraceptive pills (Kits 3 & 4)

Kits 1A (&1B)
Kit 3
Kit 4

Contraceptive methods

Description	Method examples	Pregnancy per 100 woman years
Most effective	    <p>Implants IUD Female sterilization Vasectomy</p>	<2
Very effective	     <p>Injectables LAM Pills Patch Vaginal ring</p>	3-9
Effective	    <p>Male condom Diaphragm Female condom Fertility awareness methods</p>	10-20
Least effective	 <p>Spermicides</p>	21-30

MISP: Objective 5

The role of program managers:

- Ensure providers with competency begin providing **all methods immediately**
- Ensure adequate & sustainable **supply**



MISP: Objective 5

The role of program managers:

- Develop & enforce **protocols** which include:
 - ✓ **Confidential** provision of contraception **without consent of partner or parent required**
 - ✓ Availability of **emergency contraception** irrespective of age, marital status, religion, race/ethnicity, whether sex was consensual

MISP: Objective 5

2. Provide information, including existing information, education, and communication materials and contraceptive counselling

The role of program managers:

- Provide **information**/ IEC materials
- Ensure contraceptive **counselling**
- Emphasises informed choice and consent, effectiveness, client privacy and confidentiality, equity and non-discrimination

MISP: Objective 5

- Program managers must also:
 3. Ensure community is aware of the availability of contraceptives for women, adolescents, and men
 4. Share information about the availability of SRH services and commodities (inclusive & of different formats)
 5. Ensure the community is aware of the availability and location of reproductive health services



Contraceptive supplies & commodities at the onset of an emergency

- In-country supplies and commodities
- Inter-Agency Reproductive Health Kits (RH Kits)

RH Kits through 2018

Block 1

RH Kit 1A: Male condoms

RH Kit 1B: Female condoms

RH Kit 3: Post-rape

RH Kit 4: Oral and injectable
contraception

Block 2

RH Kit 7: IUD

RH Kits beginning 2019

Community health post

Kit 1A: Male condoms

Kit 3: Post-rape

Kit 4: Oral and injectable contraceptives

Complementary commodities

Kit 1B: Female condoms

Kit 4: DPMA-SC

Kit 7A: IUD

Kit 7B: Contraceptive implant

Monitoring & Evaluation

6. Prevent unintended pregnancies			
6.1	Short-acting methods available in at least one facility	YES	NO
6.2	Condoms		
6.3	Emergency contraception (progestin-only pills)		
6.4	Oral contraceptive pills		
6.5	Injectables		
6.6	Implants		
6.7	Intrauterine device		
6.8	Number of health facilities which maintain a minimum of 3 month's supply of each	NUMBER	
	Condoms		
	Emergency contraception (progestin-only pills)		
	Combined oral contraceptive pills		
	Progestin only contraceptive pills		
	Injectables		
	Implants		
	Intrauterine device		

Moving from MISP to Comprehensive

Crisis

MISP

Transitioning to
Comprehensive

- Assessing **needs**
- Managing **supply chain**
- Ensuring availability of **providers & facilities**
- **Social** behaviour change
- **Community** outreach & involvement
- **IEC**
- Working with **specific populations**
- **Advocacy**

Concluding thoughts

- Making contraception available saves lives in humanitarian emergencies.
- It is feasible to provide contraceptive services in humanitarian settings and demand is fierce.
- Program managers have a crucial role to play in ensuring trained staff, policies and supplies are in place to support the prevention of unintended pregnancies through the provision of contraceptive services.

A woman wearing a bright pink shawl with a white geometric pattern is looking towards the camera. She is standing in front of a brick wall. To her left is a dark, open doorway or window that reveals a pile of dark, irregular stones or rubble inside. The overall scene suggests a rural or developing area.

Session 3.3: MISP Objective 6: Plan for Comprehensive SRH Services, Integrated into Primary Health Care as Soon as Possible

Training for Program Managers

Learning objectives

After this session, participants should be able to:

1. Explain why it is important to plan for comprehensive SRH services integrated into primary health care as soon as possible.
2. Define key terminology & concepts for planning for comprehensive SRH services and working with the health sector/ cluster to address the six health systems building blocks.
3. Identify the role they have in planning for comprehensive SRH services and working with the health sector/ cluster to address the six health systems building blocks.

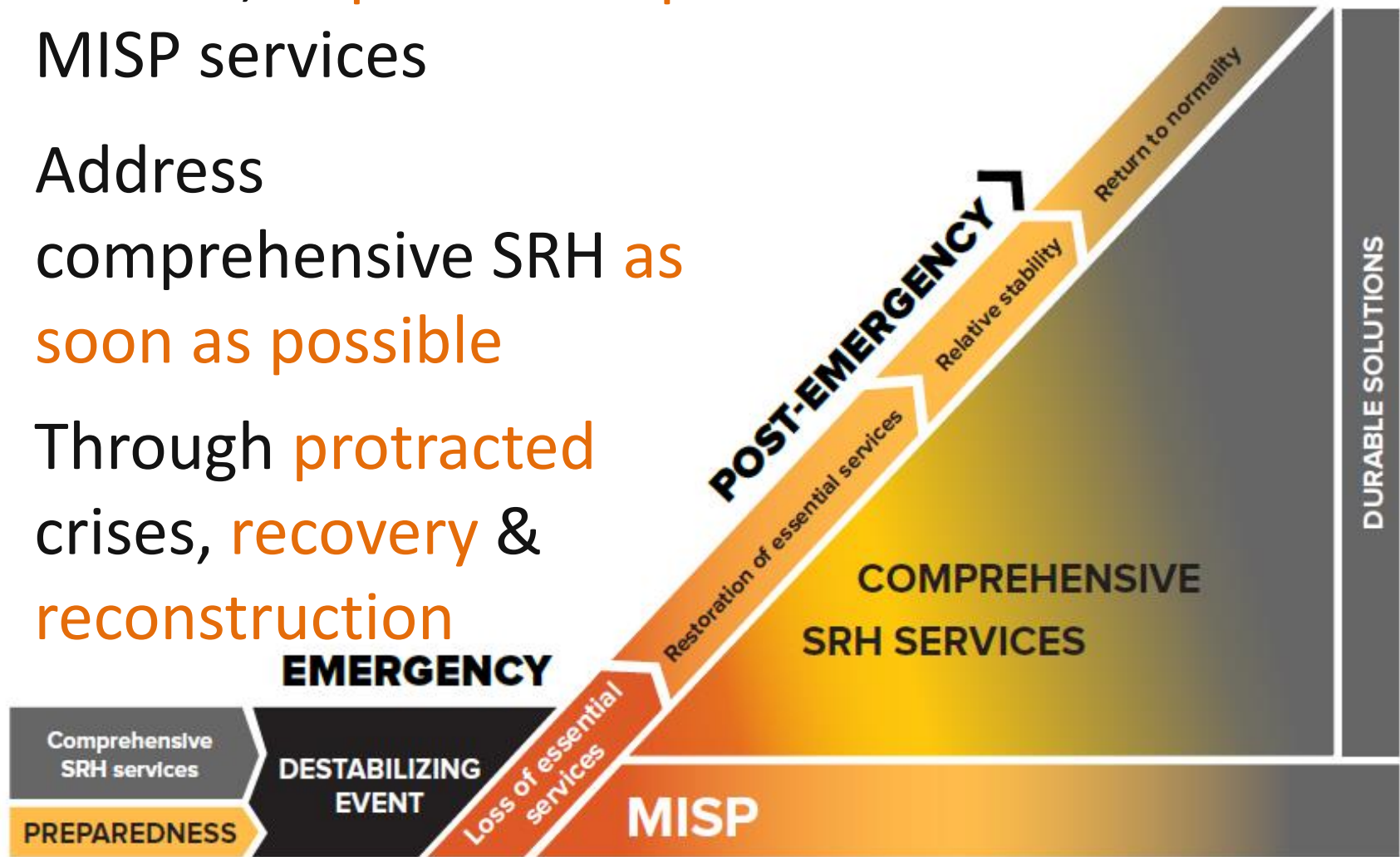
MISP Objective 6:

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

Work with the health sector/ cluster to address the six health systems building blocks

Comprehensive SRH services

- Sustain, improve & expand MISP services
- Address comprehensive SRH as soon as possible
- Through protracted crises, recovery & reconstruction



Plan for Comprehensive SRH Services

MISP: Minimum Response

Durable solutions: Comprehensive SRH

Crisis

1. Ensure the health sector/cluster identifies an organisation to lead implementation of the MISP
2. Prevent sexual violence & respond to needs of survivors
3. Prevent the transmission & reduce morbidity & mortality due to HIV & other STIs
4. Prevent excess maternal and newborn morbidity & mortality
5. Prevent unintended pregnancies
6. Plan for comprehensive SRH services integrated into primary health care

Note: Ensure that safe abortion care is available to the full extent of the law

Transitioning to Comprehensive

**Restore comprehensive
services AS SOON AS
POSSIBLE**

Plan for Comprehensive SRH Services

TABLE 3.6: HEALTH SYSTEM BUILDING BLOCKS

HEALTH SYSTEMS BUILDING BLOCK	WHEN PLANNING FOR COMPREHENSIVE SRH SERVICES, COLLABORATE WITH ALL STAKEHOLDERS TO
Service delivery	<ul style="list-style-type: none"> • Identify SRH needs in the community • Identify suitable sites for SRH service delivery
Health workforce	<ul style="list-style-type: none"> • Assess staff capacity • Identify staffing needs and levels • Design and plan staff training
Health information system	<ul style="list-style-type: none"> • Include SRH information in the health information system
Medical commodities	<ul style="list-style-type: none"> • Identify SRH commodity needs • Strengthen SRH commodity supply lines
Financing	<ul style="list-style-type: none"> • Identify SRH financing possibilities
Governance and leadership	<ul style="list-style-type: none"> • Review SRH-related laws, policies, protocols • Coordinate with MOH • Engage communities in accountability

Transitioning to Comprehensive SRH

Group Work

Concluding thoughts

- It is important to plan for comprehensive SRH services to be integrated into primary health care as soon as possible.
- Plan for comprehensive SRH services with all stakeholders.
- The health systems building blocks provide a useful framework for transitioning to comprehensive SRH services.

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 is a dark, open doorway or window that reveals a pile of dark, irregular stones or rubble inside. The overall scene suggests a context of reconstruction or a community in need of support.

Session 3.4: Other SRH Priority Activity: Safe Abortion Care to the Full Extent of the Law in Emergencies

Training for Program Managers

Learning objectives

After this session, participants should be able to:

1. Explain why it is important to ensure that safe abortion care is available, to the full extent of the law, in health centres and hospital facilities.
2. Define key terminology, context-specific laws & concepts for ensuring safe abortion care in humanitarian emergencies.
3. Demonstrate skills in supporting the availability of safe abortion care, to the full extent of the law.
4. Identify the role they have in supporting the availability of safe abortion care, to the full extent of the law in emergencies.

Other SRH Priority Activity:

It is important to ensure that **safe abortion care** is available, to the **full extent of the law**, in health centres & hospital facilities

Safe Abortion Care in Humanitarian Emergencies



8–18% OF MATERNAL DEATHS
WORLDWIDE ARE DUE TO UNSAFE ABORTION

Safe Abortion Care in Humanitarian Emergencies

- Safe Abortion Care **saves lives**
- There **IS a need** for Safe Abortion Care in humanitarian settings
- Medical care for abortion is **not a difficult procedure**
- Many donors do **fund** abortion care
- Abortion is illegal only in **very few countries**

Local Data & Laws

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Safe Abortion Care in Humanitarian Emergencies

Values Clarification Exercise

Safe Abortion Care in Humanitarian Emergencies

The role of program managers:

- Analyse **relevant laws** & identify **entry points**
- Promote **health & human rights** by providing safe abortion care in the many places & circumstances in which it is permitted
- Ensure staff are adequately **trained & equipped**
- Ensure **referral systems** are in place

Other SRH Priority Activity: Supplies

The role of program managers:

- Ensure supplies available
- Local supply & pre-positioned goods
- Reproductive Health Kit:

Kit 8: Management of Complications of
Miscarriage or Abortion

Complementary commodities

Concluding thoughts

- The MISPP lists access to safe abortion care to the full extent of the law as an 'other priority' in emergencies.
- Safe Abortion Care saves lives.
- It is feasible and necessary to ensure that Safe Abortion care is available, to the full extent of the law, in health centres and hospital facilities.