

# Introduction

The Minimum Initial Service Package (MISP) for Reproductive Health (RH) is a set of priority activities to be implemented during the onset of an emergency (conflict or natural disaster). When implemented in the early days of an emergency, the MISP saves lives and prevents illness, especially among women and girls. Neglecting RH in emergencies has serious consequences: preventable maternal and infant deaths; sexual violence and subsequent unwanted pregnancies and unsafe abortions; and the spread of HIV.

The MISP is a standard for humanitarian actors, outlining which RH components are most important in preventing death and disability, particularly among women and girls, in emergency settings. Although comprehensive RH services should be available to the entire population once the situation stabilizes, reducing the transmission of HIV, preventing sexual violence, providing care for survivors of sexual violence, ensuring clean deliveries and access to emergency obstetric care in the first days of a crisis are a priority because these actions will save lives and prevent illness.

Yet, assessments undertaken by the Women's Commission during 2004 and 2005 demonstrated that many humanitarian actors working in emergencies did not know the priority RH services of the MISP that should be implemented in every emergency setting. A 2004 MISP assessment of Sudanese refugees in Chad revealed that most humanitarian actors were not familiar with the MISP and consequently did not know the MISP's overall goal, key objectives and priority activities. There was no overall RH coordinator and only one agency had an identified RH focal point.<sup>3</sup> In 2005, the Women's Commission MISP assessment during the tsunami crisis in Indonesia showed that while half the humanitarian staff interviewed were aware of the MISP, only one of 25 humanitarian workers could define its priority objectives and activities.<sup>4</sup>

The MISP also builds the foundation for comprehensive RH services as the situation stabilizes and all components of the MISP have been implemented. However, assessment findings in the post-crisis phase demonstrate that the MISP is not a priority in humanitarian settings, even once a situation reaches a relatively stable phase. For instance, an assessment of reproductive health care services undertaken in 2003 among Afghan refugees in Pakistan found that only six of the 18 refugee camps surveyed had an RH focal point.<sup>5</sup> Although women and girls represent 55 percent of the 2 million people displaced in Colombia, RH focal points were non-existent and agencies were not planning to implement the MISP.<sup>6</sup> Based on these findings, the Women's Commission has developed the *MISP for Reproductive Health in Crisis Situations: A Distance Learning Module* to raise awareness about and provide guidance on addressing RH in crisis situations.

<sup>3</sup> Women's Commission for Refugee Women and Children and United Nations Population Fund, *Lifesaving Reproductive Health Care: Ignored and Neglected, Assessment of the Minimum Initial Service Package (MISP) of Reproductive Health for Sudanese Refugees in Chad*, August 2004.

<sup>4</sup> Women's Commission for Refugee Women and Children, *Reproductive Health Priorities in an Emergency: Assessment of the Minimum Initial Service Package in Tsunami-affected Areas in Indonesia*, February/March 2005.

<sup>5</sup> Women's Commission for Refugee Women and Children, *Still in Need: Reproductive Health Care for Afghan Refugees in Pakistan*, October 2003.

<sup>6</sup> Marie Stopes International and Women's Commission on behalf of the RHRC Consortium, *Displaced and Desperate: Assessment of Reproductive Health for Colombia's Internally Displaced Person*, February 2003.