

**Table 1. Breaking down the Minimum Initial Service Package (MISP) for SRH in Crisis-Settings. Actions for acute SRH response in the first 3 months of a crisis. Items in bold include CORE SRHRIE actions for acute responses. It is highly recommended that ALL CARE responses include at least the actions in BOLD. However, efforts should be made to implement all other actions as feasible based on capacity and funding.**

MISP OBJECTIVE	CARE OPERATIONAL /MANAGEMENT	COMMUNITY	BASIC HEALTH FACILITY	REFERRAL
MISP Objective 1: Coordination	<ul style="list-style-type: none"> <li>• <b>Coordinate/ also have 1:1 discussions with UNFPA</b></li> <li>• <b>Attend regular meetings of SRH sub-working and/or health cluster (esp if SWG SWG not activated) at all levels where it has been established; ideally done by ERT SRH focal point (if not available, Gender/GIE/GBV focal point)</b></li> <li>• Where this does not exist, collaborate with MOH and other actors on the ground (IPPF, local partners, CBOs, Save, IRC, etc)</li> <li>• Advocate with Health Cluster/WHO &amp; UNFPA and other partners to establish SRH SWG if not activated</li> <li>• <b>Ensure SRH is included in CARE’s rapid needs assessment and RGA;</b> where possible, participate in inter-agency rapid assessments</li> <li>• Adapt/share and disseminate information on availability of SRH services (and operational health facilities) in affected communities along with SRH awareness topics; contribute to 4Ws</li> <li>• Coordinate with UNFPA and other UN agencies (UNHCR, UNICEF, etc) as appropriate to obtain and distribute standardized emergency health kits and materials for implementing the MISP in CARE’s operational area. If such kits are not available in-country, contact the global SRHiE team to request assistance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Disseminate IEC materials and awareness messages on SRHRIE (including GBV) to promote healthy behaviors and facilitate access to health and support services</b></li> <li>• SRH response team to liaise with GBV teams on an ongoing basis to establish/ strengthen safe spaces that INTEGRATE SRH SERVICES (such as FP, CMR, information on SRH and referrals for other services). <i>See GBViE framework</i></li> </ul>	<ul style="list-style-type: none"> <li>• Secure and distribute relevant RH kits</li> </ul>	<ul style="list-style-type: none"> <li>• Secure and distribute relevant RH kits</li> </ul>

	<ul style="list-style-type: none"> <li>• Activate CARE Emergency Protocols + CO ERT (general; not specific to SRHR only) + Collaborate with Global SRHRIE team</li> </ul>			
MISP Objective 2: Prevent sexual violence and respond to needs of survivors	<ul style="list-style-type: none"> <li>• <b>Ensure standard operating procedures (SOP) and referral pathway is established at all levels; this should include CMR PSS, case management, etc)</b></li> <li>• Engage in GBV coordination mechanism (e.g. GBV sub-cluster) and SRH SWG</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Raise awareness on GBV, including how to prevent and how to access GBV services and support including CMR services</b></li> </ul>	<ul style="list-style-type: none"> <li>• Liaise with UNFPA or find alternative solutions to provide RH kit (RH kit 3 at PHC and RH kit 8, 10 at referral)/ supplies to ensure availability of services</li> <li>• Ensure staff are trained on GBV SOP and CMR protocols</li> <li>• Create confidential safe spaces within health facilities to receive and providers survivors with clinical care and referral</li> </ul>	
MISP Objective 3: Prevent transmission of and reduce morbidity and mortality of HIV/STIs	<ul style="list-style-type: none"> <li>• Work with SRH SWG to identify facilities and/or organizations that support HIV programming, specifically provision of ARVs for those previously on ART prior to the crisis</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Raise awareness on STIs including HIV and availability of relevant services</b></li> <li>• <b>Community distribution of condoms</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Standard precautions/ infection prevention control measures are operationalized</b></li> <li>• <b>Ensure syndromic management of STI services are available</b></li> <li>• <b>Condoms are made available to men, women, adolescent boys and girls</b></li> <li>• Provide Antiretrovirals to those HIV positive individuals who were previously on ART prior to the crisis. Where CARE does not have these supplies, <b>ensure referrals to facilities/ organizations where ART is available</b></li> <li>• <b>Provide PEP to survivors of sexual violence as appropriate and for occupational exposure</b></li> <li>• Secure and distribute RH kits 1,3,5, 12 or relevant supplies from local vendors</li> </ul>	

				<ul style="list-style-type: none"> <li>safe and rational use of blood transfusion</li> </ul>
<b>MISP Objective 4: Prevent excess maternal and newborn morbidity and mortality</b>	<p>Coordinate with SRH SWG group to ensure</p> <ul style="list-style-type: none"> <li>(i) at least 4 BEmONC sites and 1 CEmONC site are available for every 500,000; If not, advocate and collaborate with other agencies (resource mobilization, advocacy efforts at local and global levels, etc) to ensure that members of the SWG are working towards this</li> <li>(ii) <b>a 24/7 referral mechanism for EmONC is available</b></li> <li>(iii) secure RH kits including clean delivery kits</li> </ul>	<ul style="list-style-type: none"> <li><b>Awareness creation (danger signs in pregnancy, availability of SRH services including EmONC, healthy timing and spacing of preg, etc)</b></li> <li><b>Strengthen community-based referral system for 24/7 EmONC access (hotline, transportation, etc + cash-based approaches such as community-savings boxes or vouchers or VSLA that can be leveraged to ensure access)</b></li> <li><b>Distribute clean delivery kits to visibly pregnant women and birth attendants to promote clean home deliveries if access to a health facility is not possible (RH Kit 2a)</b></li> </ul>	<ul style="list-style-type: none"> <li>Provide Post-Abortion Care services</li> <li>Provide 24/7 BEmONC services</li> <li>Liaise with UNFPA or find alternative solutions to provide RH kits/ supplies to ensure availability of life-saving services (2b, 6, 8, 9, 10)</li> </ul>	<ul style="list-style-type: none"> <li>Support 24/7 CEmONC services (caesarean section + blood transfusion in addition to BEmONC)</li> <li>Provide RH kits to ensure availability of life-saving services (11, 12)</li> </ul>
	<ul style="list-style-type: none"> <li><b>At minimum, support a 24/7 referral system from community level to health center and hospital</b></li> </ul>			

<p><b>MISP Objective 5: Prevent unintended pregnancies</b></p>	<p>(as above, linked to cross-cutting actions on coordination including i. liaising with UNFPA and others on ensuring supplies/ RH kits for family planning supplies are available ii. Coordinate across actors to share IEC materials and develop strategies for awareness raising on family planning and availability of services)</p>	<ul style="list-style-type: none"> <li>• <b>Raise awareness &amp; share IEC materials on FP</b></li> <li>• <b>Share information on AVAILABILITY and LOCATION of SRH services and commodities (for women, adolescent girls, men and adol boys)</b></li> <li>• <b>Mobilize CHWs and other community resources to support these efforts</b></li> <li>• <b>Community-based distribution of short acting methods of family planning (condoms, pills) and referrals for LARCs</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Ensure all methods of family planning are available (method mix: emergency contraception, short acting, long acting reversible contraceptives) for women, adolescent girls &amp; men/ boys (where only short-acting methods are feasible such as in mobile clinics or health posts, ensure referrals for LARCs are available. However, EVERY effort must be made to ensure access to LARCs as well)</b></li> <li>• <b>Ensure RH kit 3 and 4 and/or supplies for all methods of family planning are available</b></li> <li>• <b>Provide rights-based family planning counseling</b></li> </ul>
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**Table 2. Preparedness on SRHRiE – Review as part of your overall EPP process and workshop and consider including at a minimum the bold actions as part of your CO Minimum Preparedness Actions (MPAs) if not all of them if SRH is one of your emergency response sectors**

MISP OBJECTIVE	CARE OPERATIONAL/MANAGEMENT	COMMUNITY	BASIC HEALTH FACILITY	REFERRAL
<b>MISP Objective 1: Coordination</b>	<ul style="list-style-type: none"> <li>• <b>Integration of SRHRiE (including Adolescent SRH) into EPP</b></li> <li>• <b>Identify an SRH focal point on CARE ERT</b></li> <li>• <b>MOU with UNFPA (and ideally some kind of relationship and/or program)</b></li> <li>• Participation in SRH SWG/Technical Working Group (encourage mapping of health facilities and human resource capacity if not available)</li> <li>• Supplies:               <ul style="list-style-type: none"> <li>○ <b>Ensure suppliers/vendors of SRH items are on the approved vendor list</b></li> <li>○ Pre-positioning of RH kits</li> <li>○ Train all staff on supply chain management</li> </ul> </li> <li>• <b>Ensure SRH is included in standard rapid assessment tools</b></li> <li>• <b>Gain buy-in of SMT/ERT on SRHRiE</b></li> <li>• <b>Capacity building of team on MISP and CARE SRHRiE Minimum Commitments to gender and diversity</b></li> <li>• Capacity building of team Adolescent SRHRiE</li> <li>• Map and develop MOUs with local partners (including youth organizations, women’s groups, etc)</li> <li>• Identify/map potential donors and develop in-country relationships:               <ul style="list-style-type: none"> <li>○ Emergency SRHRiE donors</li> <li>○ Have conversations with/include contractual language with development donors on SRHRiE</li> </ul> </li> <li>• Ensure understanding and awareness of government SRH policies</li> <li>• Liaise with multi-sectoral/disaster management unit to advocate for SRH integration and contingency planning</li> <li>• <b>Build ERT capacity on emergency proposals</b></li> <li>• <b>Maintain rosters of potential/previous staff</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Capacity building and sensitization of CHWs</b></li> <li>• Community-preparedness on SRH &amp; gender:               <ul style="list-style-type: none"> <li>○ Mapping risks &amp; capacities</li> <li>○ Awareness on SRH/MISP</li> <li>○ Strengthening on community-based referral system for SRH (including 24/7 access to EmONC)</li> </ul> </li> <li>• Develop relationships with and train community structures/leaders on SRH/MISP</li> <li>• <b>Develop/utilize/adapt /pre-position IEC materials</b></li> </ul>	<ul style="list-style-type: none"> <li>• Capacity building on service delivery components of the MISP</li> <li>• RH kit pre-positioning</li> <li>• Referral system strengthening</li> <li>• <b>Training of providers on adolescent SRH responsive programming</b></li> <li>• Strengthening M&amp;E/data management systems</li> <li>• Supportive supervision and quality strengthening</li> <li>• Mentoring of health facility staff on competencies</li> </ul>	

MISP Objective 2: Prevent sexual violence and respond to needs of survivors	<ul style="list-style-type: none"> <li>Establish referral pathways and SOPs</li> <li>Engage with GBV sub-cluster</li> </ul>		Training on CMR	
			Pre-position of RH Kit 3	Pre-position of RH Kit 3, 8, 10
MISP Objective 3: Prevent transmission of and reduce morbidity and mortality of HIV/STIs	<ul style="list-style-type: none"> <li>Liaise with MOH and technical working groups to identify facilities/organizations supporting HIV programming including provisions of antiretrovirals</li> </ul>			
MISP Objective 4: Prevent excess maternal and newborn morbidity and mortality	<ul style="list-style-type: none"> <li>Liaise with MOH and technical working groups on strengthening of referral systems (communication, transport, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>Build capacity of CHWs on SRH/MNCH</li> <li>Engage with local community structures</li> <li>Map their risks and capacities</li> </ul>	Capacity building of human resource capacity on EmONC including PAC	
			<ul style="list-style-type: none"> <li>Supply chain strengthening</li> <li>RH kit pre-positioning</li> </ul>	
MISP Objective 5: Prevent unintended pregnancies	<ul style="list-style-type: none"> <li>Mapping of facilities and human resource capacity on FP services provision (including LARCs)</li> <li>If relevant – advocacy on task-shifting so midwives can provide LARCs</li> </ul>	<ul style="list-style-type: none"> <li>Cross-cutting: engaging with community leaders, building capacity of CHWs etc, awareness raising of family planning healthy timing and spacing of pregnancies</li> </ul>	Training of providers of family planning counseling and FP service provision including for LARCs	

## List of Acronyms

4Ws – Who, What, When, and Where

ART – Antiretroviral Therapy

ARV – Antiretroviral drugs

BEmONC – Basic Emergency Obstetric and Newborn Care

CBO – Community-Based Organization

CEmONC – Comprehensive Emergency Obstetric and Newborn Care

CHWs – Community Health Workers

CMR – Clinical Management of Rape

EmONC – Emergency Obstetric and Newborn Care

ERT – Emergency Response Team

FP – Family Planning

GBV – Gender-Based Violence

GBViE – Gender-Based Violence in Emergencies

GiE – Gender in Emergencies

IEC – Information, Education, and Communication

LARCs – Long-Acting Reversible Contraceptives

MISP – Minimum Initial Service Package

MNCH – Maternal, Newborn and Child Health

MOU – Memorandum of Understanding

PAC – Post-Abortion Care

PEP – Post-Exposure Prophylaxis

PSS – Psycho-Social Services

RGA - Rapid Gender Analysis

RH – Reproductive Health

SMT – Senior Management Team

SOP – Standard Operating Procedures

SRH – Sexual and Reproductive Health

SRHRiE – Sexual and Reproductive Health in Emergencies

STI – Sexually Transmitted Infections

SWG – Sub- Working Group

VSLA – Village Savings and Loans Associations