

OPERATIONAL GUIDELINE ON THE MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH IMPLEMENTATION IN HEALTH CRISIS



613.94
Ind
p

Publication catalogue. Ministry of Health, Republic of Indonesia

Indonesia. Ministry of Health, Republic of Indonesia.
Community Health Directorate Genera

**Minimum Initial Service Package (MISP) reproductive health in health
crisis situation. - Jakarta:
Ministry of Health RI. 2017**

ISBN 978-602-416-345-7

1. Judul I. REPRODUCTION
 II. ORGANIZATION AND ADMINISTRATION
 III. DELIVERY OF HEALTH CARE

OPERATIONAL GUIDELINE ON MINIMUM INITIAL SERVICE PACKAGE (MISP) FOR REPRODUCTIVE HEALTH IMPLEMENTATION IN HEALTH CRISIS

FOREWORD

DIRECTOR FOR FAMILY HEALTH

Praises be to God for His blessings and grace that **“The Operational Guideline on the Implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Health Crisis”** can be completed. This guideline is produced to update the one published in 2015.

This Guideline on the Implementation of the Minimum Initial Service Package (MISP) for Reproductive Health in Health Crisis details operational steps for the implementation of MISP for use by humanitarian relief providers in disaster/crisis situations, specifically in the reproductive health (RH) sector. This guideline is practical and easy to apply that it can be used as a reference for the provision of RH services in times of disasters, which is often neglected.

This guideline provides basic knowledge on health crisis, basic understanding of Minimum Initial Service Package (MISP) for RH and RH logistics as well as the role of RH subcluster coordinator in the implementation of MISP for RH. This guideline also contains measures for the prevention and management of sexual violence, HIV transmission prevention, prevention of excess maternal and neonatal morbidity and mortality as well as planning for integrated comprehensive RH care into primary health services in post crisis situations. In addition, this guideline also details additional priority activities for MISP, how to conduct MISP assessment and monitoring and evaluation.

To all parties who have contributed to the development of this guideline, we express our thanks and highest appreciation. We welcome feedbacks and comments to continuously improve this guideline. Hopefully, this guideline is useful in the collective effort to improve RH services in health crisis.

Jakarta, October 2017
Director for Family Health,



dr. Eni Gustina, MPH

FOREWORD

MINISTRY OF HEALTH – THE REPUBLIC OF INDONESIA

In normal situations, reproductive health issue remains a health challenge to address in Indonesia, let alone in disaster situations where availability and accessibility of RH services are disrupted. The need for RH services is often neglected and is not considered a priority in disaster management effort, when in reality, RH services in times of disasters/health crisis are still needed, and the needs likely increases due to the unstable social situations.

In an effort to provide reproductive health services in disaster/health crisis, since 2008 the Ministry of Health has been working with the United Nations Population Fund (UNFPA) to develop the Minimum Initial Service Package (MISP) for RH, which was adapted from *the Inter Agency Working Group (IAWG) on Reproductive Health in Crisis* guideline. Although it has been developed for almost ten years now, however, MISP for RH has not yet been properly understood or implemented in health crisis.

Since 2014, disaster management effort in Indonesia has adopted the cluster system approach from the international disaster management and response. This cluster approach aims to improve coordination, harmonization as well as effectiveness and efficiency in disaster response. The Ministry of Health acts as the health sector coordinator and coordinates the subclusters under the health, one of which is RH subcluster whose function is to provide RH services.

I welcome the publication of this **Operational Guideline on the Minimum Initial Service Packages (MISP) Implementation in Health Crisis** which can be used as a reference in ensuring the availability of RH services in disaster situations through the cluster approach. With the development of this guideline, all organizations, agencies and partners, RH services providers can work in coordination that is more effective, integrated and comprehensive within the RH subcluster.

My highest appreciation to all who have contributed to the development of this guideline. Hopefully, efforts to fulfill RH rights can be continuously improved, especially to assist vulnerable groups, such as women in pregnancy, childbirth and postpartum; children, adolescents and women at reproductive-age in health crisis.

Jakarta, October 2017
Director General for Public Health



dr. Anung Sugihantono, M.Kes

FOREWORD

UNFPA REPRESENTATIVE IN INDONESIA

Indonesia is one of the most disaster-prone countries in the world. Located on the Pacific Ring of Fire, Indonesia frequently faces natural disasters – including earthquakes, tsunamis, volcanic eruptions, floods, landslides, droughts, and forest fires – and often with devastating effects. Indonesia's vulnerability to disaster requires preparedness at all levels.

Disasters have great potential to impact general health, including reproductive health. The need for RH services remains and may increase during a disaster with an increased risk of sexual violence and HIV transmission. Childbirth can occur during evacuation and displacement and a lack of access to emergency obstetric care can increase the risk of maternal death. Furthermore, a lack of access to family planning services can increase unwanted pregnancies during times of disaster.

Since 2008, UNFPA has worked with the Ministry of Health (MoH) to integrate the Minimum Initial Service Package (MISP) for reproductive health in emergencies into the existing National Health Emergency Preparedness and Response System, under the coordination of the Health Crisis Center. As part of the programme in 2014, with support from UNFPA, the MoH developed a technical guideline on the MISP in health crises. The guideline describes the rationale why the MISP is very important, objectives and components of the MISP, logistics to support the MISP, and monitoring and evaluation related to the MISP. After two years of guideline implementation and feedback from several emergency responses in Indonesia, an MISP operational guideline is developed to support the Provincial and District Health Offices (PHO and DHO) in responding to disasters. Developed through a consultative process, including field consultative meetings conducted in disaster affected areas, this guideline focuses on the programme management aspect complementing the MISP technical guideline developed in 2014. It provides very detailed guidance and step-by-step actions with a clear timeframe to implement each component of the MISP in the acute phase of a disaster.

I hope that this operational guideline will be used to assist affected provinces and districts for timely and quality implementation of the MISP to meet the reproductive health needs of people affected by disasters in Indonesia, and particularly to save the lives of women and girls.

Jakarta, October 2017



Dr. Annette Sachs Robertson
UNFPA Representative in Indonesia

预览已结束，完整报告链接和二维码如下：

https://www.yunbaogao.cn/report/index/report?reportId=5_19595

