**Literature Review - Indicator List**

**MISP Process Evaluation**

The objectives of the literature review are to:

1. Provide background information essential to the MISP, including
	1. Existing reproductive health (RH) infrastructure of country
	2. Host country RH policies
	3. Disaster risk reduction policies and procedures
	4. Demographic information
	5. Population-based indicators on RH
	6. Status of the humanitarian RH response
2. Facilitate the identification of cultural sensitivities, especially related to RH
3. Identify barriers and facilitating factors to implementing the MISP in previous assessments

| **Question** | **Source(s)** | **Lit Review Objective(s)** | **MISP Objective(s)** | **Indicator(s)** | **Comments** |
| --- | --- | --- | --- | --- | --- |
| **Demographic, social, economic background information & context of the emergency** |
| 1. How many people are displaced in this setting and what is their setting of origin?
 | UNHCRRelief Web | 1)d | Background data/ information | # of displaced and setting of origin |  |
| 1. How many displaced women of reproductive age (WRA) (ages 15-49) are there? (Describe where and when they arrived.)
 | UNHCRUNFPA | 1)d | Background data/ information | # of displaced WRA, where and when described |  |
| 1. How many sexually active displaced men, estimated at 20% of population, are in this setting? (Describe where and when they arrived.)
 | UNHCRUNFPA | 1)d | Background data/ information | # of sexually active displaced men, where and when described |  |
| 1. How many displaced adolescents (males and females, ages 10-19) are in this setting? (Describe where and when they arrived.)
 | UNHCR | 1)d  | Background data/ information | # of displaced adolescents, where and when described |  |
| 1. Use the MISP Calculator to obtain RH statistics.
 | IAWG website: <http://iawg.net/resource/misp-rh-kit-calculators/> | 1)e | Background data/ information | RH statistics, based on MISP Calculator, collected  |  |
| 1. What are the primary reasons for displacement?
 | OCHAUNHCRRelief WebINGOs | 2 | Background data/ information | Context of disaster or conflict described |  |
| 1. What languages are spoken in this setting? (Displaced and host populations)
 | Various | 2, 3 | Background data/ information | Demographic, social and economic characteristics of the crisis-affected population documented |  |
| 1. What religion(s) are practices in this setting?

(Displaced and host populations) | Various  | 2, 3 | Background data/ information | Demographic, social and economic characteristics of the crisis-affected population documented |  |
| 1. Describe the economic characteristics of displaced and host populations.
 | Various | 2,3 | Background data/ information | Demographic, social and economic characteristics of the crisis-affected population documented |  |
| 1. Describe any safety and security issues.
 | UNHCR,IRIN,U.S. State Department  | 3 | Background data/ information | Safety and security issues documented |  |
| 1. Describe any notable conditions in this setting.
 | UNHCR | 3 | Background data/ information | Notable conditions of evaluation setting described |  |
| 1. List the primary needs of displacement population.
 | UNHCR | 3 | Background data/ information | Priority needs of displaced population documented |  |
| 1. Which agencies (international, government, national, local) were active in RH prior to the crisis? (Explore agencies addressing GBV, HIV, maternal health, and other MISP-related issues.)
 | Various | 1)a | Background data/ information | Agencies active in RH prior to the crisis identified | This question is included in the KII tools as well |
| 1. Is a pre-crisis national RH coordination mechanism in place? (Identify lead and participating agencies.)
 | UNFPAMOH | 1)b | DRR and emergency preparedness | Presence of pre-crisis national RH coordination mechanism  |  |
| 1. Which agencies are providing RH services in the current crisis? (Mapping of who is doing what where)
 | UNHCRAgency websites | 1)f | MISP Objective 1 | Mapping of who is doing what where on RH in response to the crisis | Determine this to the extent possible; additional information will be collected during in-country data collection. Include additional notes on services provided, if available. |
| 1. Is there a lead RH agency in this crisis with a dedicated RH Focal Point? If yes, find name(s) and contact information.
 | Health Cluster | 1)f | MISP Objective 1 | Presence of designated RH Focal Point for emergencies within the lead agency  |  |
| 1. Does the lead agency’s RH Focal Point participate in health cluster/sector meetings?
 | Health Cluster/ Sector meeting minutes reviewRH meeting minutes within Health Sector  | 1)f | MISP Objective 1 | Participation of RH Focal Point in health cluster/ sector meetings |  |
| 1. Is the MISP (or components of the MISP) included in health cluster/sector situation reports? (Describe.)
 | Health sector situation reports | 1)f | MISP Objective 1 | Inclusion of MISP or components of the MISP in health sector situation reports |  |
| 1. What percentage of health facilities were damaged or destroyed in the crisis? (Disaggregate by type – referral, PHC, etc.)
 | MOHWHO | 1)a | Background data/ information | % health facilities damaged or destroyed by type |  |
| 1. What percentage of referral hospitals have skilled medical staff available for comprehensive emergency obstetric care 24 hours per day, 7 days per week?
 | WHO | 1)a | Background data/ information | % referral hospitals with skilled medical staff for comprehensive EmOC 24 hours per day, 7 days per week |  |
| **Health indicators for both host country and country of origin** |
| 1. What is the maternal mortality ratio?
 | UNFPAWHO | 1)e | Background data/ information | Maternal mortality ratio |  |
| 1. What is the neonatal mortality rate?
 | UNFPAWHOSAVE | 1)e | Background data/ information | Neonatal mortality rate |  |
| 1. What is the total fertility rate?
 | UNFPAWHO | 1)e | Background data/ information | Total fertility rate |  |
| 1. What is the age-specific fertility rate?
 | UNFPAWHOWorld Bank | 1)e | Background data/ information | Age-specific fertility rate |  |
| 1. What is the contraceptive prevalence and primary methods of contraception?
 | UNPFAWorld Bank | 1)e | Background data/ information | Contraceptive prevalence and primary methods documented |  |
| 1. What is the unmet need for family planning?
 | UNFPA | 1)e | Background data/ information | Unmet need for family planning |  |
| 1. What percent of births are attended by trained personnel?
 | UNFPA | 1)e | Background data/ information | % births attended by trained personnel |  |
| 1. What is the adult HIV prevalence?
 | UNAIDS | 1)e | Background data/ information | Adult HIV prevalence |  |
| 1. How many people are on ARVs?
 | UNAIDS | 1)e | Background data/ information | # of people on ARVs |  |
| 1. What is the number of reported sexual violence cases?
 | MOH or Ministries of Social WelfareWHO | 1)e2 | Background data/ information | # of reported cases of sexual violence |  |
| 1. What is the structure and status of the Ministry of Health (MoH)? (Is it functional during this crisis?)
 | WHOMOH  | 1)a | Background data/ information | MOH structure and status described |  |
| 1. Is there a department of reproductive health within the MoH?
 | MOHWHO | 1)a | Background data/ information | Existence of RH department within MOH |  |
| 1. What percent of the annual health budget is dedicated to RH?
 | MOH | 1)a | Background data/ information | % of annual health budget dedicated to RH |  |
| **Disaster risk reduction** |
| 1. Is there a Disaster Risk Management Agency (DRMA) in the host country?
 | UNISDRMOH | 1)c | DRR and emergency preparedness | Existence of DRMA in host country | Government disaster mgmt/ response agency or department  |
| 1. Is a national and subnational health emergency and disaster risk management (HERM) policy in place?
 | DRMHMOHUNFPA | 1)c | DRR and emergency preparedness | Existence of national and subnational HERM policy  |  |
| 1. Note the extent to which the national and sub-national HERM policies integrate the following RH functions:

36.1 Protection measures at health facilities36.2 Clinical care for survivors of sexual violence36.3 Community awarenessmechanisms (IEC) about availability and benefits of care after rape36.4 Safe blood transfusion36.5 Standard precautions36.6 Free condoms36.7 Basic emergency obstetric care36.8 Comprehensive emergency obstetric care36.9 Newborn care36.10 Emergency newborn care36.11 24/7 referral system36.12 Community awareness (IEC) mechanisms about benefits/location of maternal and newborn services36.13 Clean delivery kits36.14 Staff capacity assessedand trainings planned36.15 Background data collected36.16 Sites identified for future delivery of services36.17 RH equipment and supplies procured36.18 Contraceptives to meet demand36.19 Emergency contraception* 1. Community awareness (IEC) about benefits & location of family planning services

36.21 ARVs for continuing users including PMTCT* 1. Syndromic management of STIs
	2. Menstrual

hygiene supplies* 1. Other (specify)
 | DRMHMOHUNFPA | 1)c | DRR and emergency preparedness | Integration of protection measures at health facilities (into national and sub-national HERM policies)Integration of clinical management for survivors of sexual violenceIntegration of community awareness mechanisms (IEC) about availability and benefits of care after rapeIntegration of safe blood transfusion Integration of standard precautions Integration of free condoms Integration of basic emergency obstetric care Integration of comprehensive emergency obstetric care Integration of newborn care Integration of 24/7 referral system Integration of community awareness (IEC) about benefits/ location of maternal and newborn services Integration of clean delivery kits Integration of planning of staff capacity assessment and trainings Integration of background data collection Integration of identification of sites for future delivery of services Integration of procurement of RH equipment and supplies Integration of contraceptives to meet demand Integration of emergency contraception Integration of community awareness (IEC) about benefits & location of family planning services Integration of ARVs for continuing users including PMTCT Integration of syndromic management of STIsIntegration of menstrual hygiene supplies |  |
| 1. How many local risk assessments have been conducted in last five years? List year(s).
 | Local DRR agency | 1)c  | DRR and emergency preparedness | Number and year(s) of local and national risk assessment conducted in past five years | If this information cannot be found in the literature review, include the question at the section at the end of the Lit Review Tool (for questions for KIIs with lead agencies.) |
| 1. Did the risk assessment include RH? (If no, **SKIP** to 42)
 | Local DRR agency | 1)c | DRR and emergency preparedness | Inclusion of RH in national/local risk assessments  | Same as above |
| 1. How many RH risks were identified? List by type.
 | Local DRR agency | 1)c | DRR and emergency preparedness | Number of RH risks listed by type  | Same as above |
| 1. List the type and number/percent of RH risks that were addressed.
 | Local DRR agency | 1)c | DRR and emergency preparedness | Number or percent of RH risks addressed by type | Same as above |
| 1. List the type and number/percent of RH risks identified in the risk assessment that were not addressed.
 | Local DRR agency | 1)c | DRR and emergency preparedness | Number or percent of RH risks not addressed by type | Same as above |
| 1. To what extent is the MISP (including RH Kits) part of emergency preparedness and DRR procedures and protocols in the host country?
 | National DRR Agency | 1)c | DRR and emergency preparedness | Extent of integration of MISP (including RH kits) into emergency preparedness procedures and protocols in host country |  |
| 1. A. Were funds available specifically for MISP preparedness /DRR in the host country?

B. List total amount (allocated, received, sources of funding) for MISP preparedness/ DRR. | National DRR Agency | 1)c | DRR and emergency preparedness | Availability of funding dedicated to MISP preparedness/ DRRAmount of funding dedicated Total amount allocatedTotal amount receivedSources of funding | This information will likely be found through KII interviews |
| 1. A. Are funds available specifically for the MISP implementation/ response in the host country?

 B. List total amount  (allocated,  received, sources of funding) for MISP implementation/ response.  | National DRR Agency | 1)c | Background data/ information | Availability of funding dedicated to MISP implementation/ responseAmount of funding dedicated Total amount allocatedTotal amount receivedSources of funding | This information will likely be found through KII interviews |
| 1. Is the MISP integrated into curricula for MoH health professionals (doctors, nurses, midwives)?
 | MOH | 1)a | DRR and emergency preparedness | Integration of MISP into curricula for MOH health professionals (midwives, nurses, doctors) |  |
| 1. How many MISP trainings have been conducted in the host country in the past two years? List by site.
 | RH SWGMOHUNFPAWHODRMH | 1)c | DRR and emergency preparedness | Number of MISP trainings conducted in country in past two years, listed by site |  |
| 1. How many host country staff have been certified in the MISP distance learning module? (\*Note this information is available from the IAWG Coordinator: http://iawg.net/contact-us/ )
 | WRC | 1)c | DRR and emergency preparedness | Number of host country staff certified in MISP distance learning module |  |
| 1. Do national and sub-national policies for RH incorporate health emergency risk management (HERM) or is there a specific policy on RH and emergency risk management?
 | DRMH | 1)c | DRR and emergency preparedness | Incorporation of RH into national and sub-national policies on emergency risk management |  |
| 1. Are RH coordinator**s** (focal points) for HERM in place at the national and sub-national levels?
 | DRMH | 1)c | DRR and emergency preparedness | Presence of RH coordinators (focal points) for HERM at national and sub-national levels |  |
| 1. Is there routine communication between subnational RH focal points and national RH focal point(s)?
 | DRMH | 1)c | DRR and emergency preparedness | Existence of routine communication between subnational and national RH focal points |  |
| **Enabling and restrictive laws/policies/protocols** |
| 1. Incorporation of RH into national policies
 | Various | 1)b | Background data/ information | Extent of incorporation of RH into national policies  |  |
| 1. Law/Policy/ Protocol for clinical care for survivors of sexual violence (including emergency contraception and post-exposure prophylaxis)
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – clinical care for rape survivors |  |
| 1. Referral system for survivors of sexual violence
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – referral system for rape survivors |  |
| 1. Law/Policy/ Protocol for basic emergency obstetric care (EmOC) including post-abortion care (PAC) according to UN Process Indicators
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – basic EmOC including PAC |  |
| 1. Law/Policy/ Protocol for comprehensive EmOC facilities/ services according to the UN Process Indicators
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – comprehensive EmOC |  |
| 1. Law/Policy/ Protocol for newborn care
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – newborn care |  |
| 1. Law/Policy/ Protocol for referral system for EmOC and newborn care
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – EmOC referral system |  |
| 1. Law/Policy/ Protocols for safe abortion care (SAC)
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components identified – SAC |  |
| 1. Law/Policy/ Protocols for emergency contraception (EC)
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – EC |  |
| 1. Law/Policy/ Protocol for family planning
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – family planning |  |
| 1. Law/Policy/ Protocols for HIV prevention
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – HIV  |  |
| 1. Law/Policy/ Protocols for safe blood transfusion
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – safe blood transfusion |  |
| 1. Law/Policy/ Protocol for ARVs including for crisis-affected populations (continuing users)
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – ARVs |  |
| 1. Law/Policy/ Protocols for care for other STIs
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – STIs |  |
| 1. Law/Policy/ Protocols for comprehensive RH
 | Various | 1)b | Background data/ information | Identification of enabling and restrictive laws and policies on MISP components – comprehensive RH |  |