Inter-Agency Working Group on Reproductive Health in Crises

Introduction: MISP Process Evaluation

Background

The Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) is a set of priority lifesaving sexual and reproductive health (SRH) services and activities to be implemented at the onset of every humanitarian emergency to prevent excess SRH-related morbidity and mortality. All MISP services must be implemented simultaneously through coordinated actions with all relevant partners. (See the *MISP Reference* ["cheat sheet"] for the detailed objectives and activities of the MISP.)

The MISP was developed by the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises and articulated in the *Inter-Agency Field Manual (IAFM) on Reproductive Health in Humanitarian Settings* in 1999, which was revised in 2010 and 2018. The Women's Refugee Commission (WRC) has continuously advocated for MISP implementation and led multiple inter-agency MISP process evaluations in humanitarian crises in Chad (2004), Indonesia (2005), Kenya (2008), Haiti (2011), Jordan (2013), and Nepal (2015). To facilitate a standardized approach to assessing the MISP, WRC led a three-year, inter-agency initiative to develop comprehensive tools for undertaking a MISP process evaluation, ideally within the first three months following the onset of a humanitarian emergency. The *MISP Process Evaluation Tools* – including key informant questionnaires, focus group discussion tools, and health facility assessment tools – were first informed by the Reproductive Health for Refugees Consortium's (RHRC) Refugee Reproductive Health Needs Assessment Field Tools (1998). They were later revised by the Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative after an inter-agency MISP assessment following the 2010 Haiti earthquake. These process evaluation tools were piloted, revised, and finalized after MISP assessments in Jordan (2013) and Nepal (2015).

The initiative to develop the tools was led by representatives from Boston University School of Public Health, the Centers for Disease Control and Prevention, Johns Hopkins University, the United Nations Population Fund (UNFPA), and WRC, with support from the International Planned Parenthood Foundation's Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations (SPRINT) Initiative. The tools were finalized in 2017 and updated in 2021 in accordance with the revisions to the *IAFM* and MISP in 2018.

Objective

The purpose of the MISP process evaluation is to facilitate a standardized approach toward measuring the extent to which the MISP has been implemented from the onset of an emergency, ideally at three months following the onset of the emergency. This timing is recommended to allow for both:

- sufficient time to implement the MISP response from the onset of the emergency, and
- to gather information from all relevant stakeholders before emergency response stakeholders and personnel exit their intense positions, as they often do following large-scale complex humanitarian emergencies.

Guidance

These tools are intended to evaluate the extent of MISP implementation across all organizations and in as many settings as necessary. Ideally, several agencies will collaborate for an inter-agency evaluation initiative. However, if one agency is undertaking the evaluation, it should evaluate the response across all agencies. This evaluation can and should be done in collaboration with the lead SRH agency in the health sector/cluster response. The lead SRH agency may be the relevant SRH person from the Ministry of Health (MoH) and, likely, UNFPA or a nongovernmental organization (NGO) leading the SRH response, as well as the in-country SRH working group. It is recommended that planning start with the lead agency(ies) for SRH and the SRH working group at the national level.

That said, where resources are limited for a comprehensive MISP process evaluation, individual agencies interested in evaluating the extent of MISP implementation in a health facility or learning about a community's understanding of MISP services available post-crisis could use the health facility or focus group discussion tools.

Institutional Review Board

Prior to undertaking the MISP process evaluation, it is recommended that the research plan for the assessment be submitted for ethical review to an Institutional Review Board (IRB). The IRB – also known as an Ethics Review Board or Research Ethics Committee in some contexts – will help determine the level of review required as well as assess the plan for ethical and regulatory integrity relevant to the context. Before beginning assessment activities, it is recommended that the IRB approve or determine the assessment to be exempt. Any ethical or regulatory concerns raised by the IRB should be addressed promptly to ensure protection of participants recruited to participate in the assessment. Some settings may not have an IRB or similar committee already established and/or accountable to the best interest of crisis-affected populations. In this case, local experts and stakeholders may be able to review the planned MISP evaluation assessment and provide inputs on cultural, political, and ethical issues. This local engagement with community advisory boards is a recommended approach even with IRB approval or exemption. Please find resources below for guidance on submitting an application for IRB determination:

- U.S. Department of Health & Human Services, Office of Research Integrity (2020). https://ori.hhs.gov
- International Compilation of Human Research Standards 2021 Edition. Office for Human Research Protections, Office of the Assistant Secretary for Health, U.S. Department of Health & Human Services. https://www.hhs.gov/ohrp/international/compilation-human-research-standards/index.html

The tools include:

A. Acronym List
B. Description of Tools and Analysis Guide
C. MISP Reference (Cheat Sheet)
D. Conceptual Framework, MISP Implementation Logical Model
E. Desk Review Guidance
F. Key Informant (KI) Questionnaire Tools specific to:
    a. General Sexual and Reproductive Health (SRH)
    b. Gender-Based Violence (GBV)
    c. HIV
G. Health Facility Assessment (HFA) Tool
H. Focus Group Discussion (FGD) Tools specific to:
    a. Women and Adolescent Girls
    b. Men and Adolescent Boys
I. MISP Evaluation FGD Team Training Sample Presentation

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