

<Title>

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**An Evaluation of the Minimum Initial Service Package for Sexual and Reproductive Health in Emergencies**

# <Date>

Associated Organizations:

**Guidance on using the MISP Process Evaluation Report Template**

This is a template to support writing a final report for the Minimum Initial Service Package (MISP) Process Evaluation once the data has been analyzed. The report is designed to be about 30 pages in length, with an unlimited/undetermined number of appendices to capture more detailed findings. Evaluators should use this template to standardize reporting on methodology, organize key findings, and document recommendations from the data analysis of the desk review, key informant (KIs) questionnaires, focus group discussions (FGDs), and health facility assessments (HFAs). This template is organized to present findings based on MISP objectives and contains guidance on types of information and related tools under each section and topic area.

While the template has outlined headings and some standardized text already written, guidance on types of information to include in each section can also be found as gray highlighted, italicized text. This highlighted text should be replaced with appropriate text and should NOT be included in the final report.

 e.g. **1.1 Overview of the Sexual and Reproductive Health in *<Country>***

e.g. ***4.3.1 Policies and services provided for survivors of sexual violence***

*<Information related to policies and services provided for survivors of sexual violence can be found in the desk review, KI questionnaires, and HFA data. Information may include:*

*- GBV focal points, funding, and policies in setting*

*- Knowledge of those policies*

*- Services provided by agencies*

*- Referral services provided*

*- Gaps in services provided*

*Specific information on services provided by organizations or health facilities on services or numbers of survivors can be formatted as a table and included as appendices.>*

This reporting template is meant to be a comprehensive report of MISP assessment findings. For additional guidance on analyzing MISP assessment data or using findings to create a policy brief, please visit the updated *MISP Process Evaluation Tools* and resources [website](https://iawg.net/resources/minimum-initial-service-package-misp-process-evaluation-tools-revised-2022).

##### <Title>

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##### An Evaluation of the Minimum Initial Service Package for Sexual and Reproductive Health in Emergencies

#####  <Date>

Report authors:

A collaboration among:

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Table of Contents

[Executive Summary 1](#_Toc95470051)

[Introduction 1](#_Toc95470052)

[Evaluation purpose 1](#_Toc95470053)

[Methods 1](#_Toc95470054)

[Key Findings 1](#_Toc95470055)

[Key Recommendations 1](#_Toc95470056)

[Conclusion 1](#_Toc95470057)

[1. Introduction 2](#_Toc95470058)

[1.1 Overview of sexual and reproductive health in <Country> 2](#_Toc95470059)

[1.2 <Insert> population in <Country> 2](#_Toc95470060)

[1.3 Minimum Initial Service Package for Sexual and Reproductive Health 2](#_Toc95470061)

[1.4 Purpose of the evaluation 2](#_Toc95470062)

[2. Objectives 3](#_Toc95470063)

[3. Methods 3](#_Toc95470064)

[3.1 Study design 3](#_Toc95470065)

[3.2 Data collection procedures 3](#_Toc95470066)

[3.2.1 Key informant questionnaires 3](#_Toc95470067)

[3.2.2 Health facility assessments 3](#_Toc95470068)

[3.2.3 Focus group discussions 3](#_Toc95470069)

[3.3 Data analysis procedures 3](#_Toc95470070)

[3.4 Ethical considerations 3](#_Toc95470071)

[3.4.1 Informed consent and assent 3](#_Toc95470072)

[3.4.2 Confidentiality 4](#_Toc95470073)

[4. Results ……………………………………………………………………………………………………………………………………………………..4](#_Toc95470074)

[4.1 MISP awareness and knowledge 4](#_Toc95470075)

[4.2 Coordination of the MISP and related activities 4](#_Toc95470076)

[4.2.1 IARH Kits and other supplies available and used 4](#_Toc95470077)

[4.2.2 Community participation in service delivery 5](#_Toc95470078)

[4.2.3 Access to SRH services 5](#_Toc95470079)

[4.3 Prevent sexual violence and respond to the needs of survivors 5](#_Toc95470080)

[4.3.1 Policies and services provided for survivors of sexual violence 5](#_Toc95470081)

[4.3.2 Contextual factors around sexual violence and accessing related services 5](#_Toc95470082)

[4.4 Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs 6](#_Toc95470083)

[4.4.1 HIV/AIDS knowledge, protocols, and related services 6](#_Toc95470084)

[4.4.2 STI community knowledge and services 6](#_Toc95470085)

[4.5 Prevent excess maternal and newborn morbidity and mortality 6](#_Toc95470086)

[4.6 Prevent unintended pregnancies 6](#_Toc95470087)

[4.7 Plan to integrate comprehensive SRH services into primary health care 6](#_Toc95470088)

[4.8 Other priority of MISP 7](#_Toc95470089)

[4.8.1 Provide safe abortion care to the full extent of the law 7](#_Toc95470090)

[4.9 Facilitating factors and barriers to the implementation of the MISP 7](#_Toc95470091)

[4.9.1 Facilitating factors 7](#_Toc95470092)

[4.9.2 Barriers 7](#_Toc95470093)

[4.9.3 Suggestions for improving the MISP in <Country> 7](#_Toc95470094)

[4.10 General concerns among target population. 7](#_Toc95470095)

[5. Discussion 8](#_Toc95470096)

[5.1 Coordination of the MISP 8](#_Toc95470097)

[5.2 Prevent and manage the consequences of sexual violence 8](#_Toc95470098)

[5.3 Prevent the transmission of HIV and other STIs 8](#_Toc95470099)

[5.4 Prevent excess maternal and newborn mortality 8](#_Toc95470100)

[5.5 Prevent unintended pregnancies 8](#_Toc95470101)

[5.6 Plan for comprehensive sexual and reproductive health services 8](#_Toc95470102)

[5.7 SAC to the full extent of the law 8](#_Toc95470103)

[5.8 Limitations 8](#_Toc95470104)

[6. Conclusions 8](#_Toc95470105)

[7. Recommendations 8](#_Toc95470106)

[7.1 Immediate 8](#_Toc95470107)

[7.2 Medium-term 8](#_Toc95470108)

[7.3 Long-term 8](#_Toc95470109)

[8. References 9](#_Toc95470110)

[Appendices 10](#_Toc95470111)

**List of Tables**

## Abbreviations and Acronyms

|  |  |
| --- | --- |
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|  |  |
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## Executive Summary

##### Introduction

##### Evaluation purpose

##### Methods

##### Key Findings

##### Key Recommendations

##### Conclusion

## Introduction

*<May contain an overview of evaluators, MISP Process Evaluation timeline, locations, and purpose>*

#### Overview of sexual and reproductive health in <Country>

*<May contain statistics on sexual and reproductive health service coverage/accessibility in crisis-affected country of origin and for host populations, as well as overarching guidance, and relevant statistics and policies on GBV, HIV/STIs, maternal and newborn health, contraception, abortion, etc.>*

#### <Insert> population in <Country>

*<May contain information on:*

* *The history and context of the affected population, crisis, locations, etc.*
* *High-level demographic information, including number of women of reproductive age, rate of pregnancies, deliveries, etc.>*

#### Minimum Initial Service Package for Sexual and Reproductive Health

In order to provide effective sexual and reproductive health (SRH) services to populations in crises, the MISP was established by the Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis as a set of priority activities to be undertaken in a coordinated manner by trained staff at the onset of an emergency.When implemented in the early days of an emergency, the MISP is intended to save lives and prevent illness, especially among women, newborns, and girls. The MISP includes priority actions and guidelines to: 1) ensure SRH coordination; 2) prevent and respond to sexual violence; 3) prevent transmission of HIV and other STIs; 4) prevent excess maternal and newborn morbidity and mortality; 5) prevent unintended pregnancies; 6) plan for comprehensive SRH to be integrated into primary health care; and 7) ensure safe abortion care to the full extent of the law (see [MISP Reference](https://iawg.net/resources/misp-reference) for more information).

To support implementation of the MISP, UNFPA designed a pre-packaged set of Inter-Agency Emergency RH (IARH) Kits that contain essential medicines, supplies, and equipment.The IARH Kits are intended for the early stage of an emergency as the contents of the kits are designed for three months and for a particular number of people. The IARH Kits have been formulated so that each kit responds to the priority activities of the MISP, such as rape medical treatment kits, blood transfusion kits, clean delivery kits, and midwife delivery kits.

#### Purpose of the evaluation

*<Insert contextual information about why the MISP Process Evaluation was conducted at this timepoint during the crisis progression and any additional background information on previous assessments/MISP implementation.>*

## Objectives

The objectives of this evaluation of the MISP were to:

* assess the extent to which the MISP has been implemented.
* identify the availability, accessibility, and use of MISP services.
* describe the facilitating factors and barriers to the implementation of MISP activities and services.
* describe demographic characteristics of the population and collect existing data on SRH indicators collected at health facilities.

## Methods

#### Study design

The evaluation was a multi-method approach consisting of a desk review, key informant (KI) questionnaires, health facility assessments (HFAs), and focus group discussions (FGDs). The evaluation was conducted from *<Insert timeframe>.* Members of the study team included *<Insert>.* Evaluation sites included *<Insert>*. Findings from the study were used for *<Insert>.*

#### Data collection procedures

###### Key informant questionnaires

*<This section should contain a high-level description of selection of participants for general, GBV, and HIV KI questionnaires and data collection procedures in KI questionnaires. Additional/detailed information about KI respondents can be included as an appendix.>*

###### Health facility assessments

*<This section should contain a high-level description of health facilities selected and procedure for assessments. Additional/detailed information about health facilities for programmatic use that was gathered during assessments can be included as an appendix.>*

###### Focus group discussions

*<This section should contain a high-level description of participant selection and data collection procedures in FGDs. Additional/detailed information about FGD respondents can be included as an appendix.>*

#### Data analysis procedures

*<This section should contain a description of qualitative and quantitative analysis procedures for data collected.>*

#### Ethical considerations

###### Informed consent and assent

*<This section should contain a description of informed consent and assent procedures.>*

###### Confidentiality

*<This section should contain a description of data management procedures, removal of personal identifying information, data security, etc.>*

## Results

The MISP Process Evaluation findings are presented in the following sections:

* 1. MISP awareness and knowledge
	2. Coordination of the MISP
	3. Prevent and manage the consequences of sexual violence
	4. Prevent the transmission of HIV and other STIs
	5. Prevent excess maternal and newborn morbidity and mortality
	6. Prevent unintended pregnancies
	7. Plan to integrate comprehensive sexual and reproductive health into primary health care
	8. Other priority of the MISP: Safe abortion care to the full extent of the law
	9. Integration of sexual and reproductive health into disaster risk reduction and emergency preparedness
	10. Facilitating factors and barriers to the implementation of the MISP
	11. General concerns among *<Target population>*

#### MISP awareness and knowledge

*<Information pertaining to overall MISP awareness and knowledge pulled from KI questionnaires. Information can include:*

* *Number/percent of respondents who were aware of the MISP and its objectives and activities*
* *High level summaries of the well-known /most overlooked MISP objectives and activities*
* *Timing of agencies’ responses in relation to the timing of the crisis*
* *Organizational activities (maternal and newborn health, family planning, etc.)*

*If applicable, organizational/ KI questionnaires findings may be formatted as a table>*

#### Coordination of the MISP and related activities

*<The majority of information on coordination of the MISP can be found in KI questionnaires s.*

*Information in this section can include:*

* *Organization responsible for coordinating sexual and reproductive health services*
* *Role(s) of the lead sexual and reproductive health organization*
* *Frequency of coordination of meetings, attendees, and general topics discussed*
* *Coordination between lead organization and larger health cluster/GBV sub-cluster or HIV sub-cluster*
* *SRH focal points, availability of financial resources, protocols for MISP services, service availability and the extent of use*

*If additional detail is provided, findings may be formatted as a table**.>*

###### Inter-Agency Emergency RH (IARH) Kits and other SRH supplies available and used

*<Information related to IARH kits and SRH supplies can be found in KI questionnaires, HFAs, and FGD data. Information in this section can include:*

* *IARH Kit availability and appropriateness for response*
* *Issues with supply/distribution*
* *Ability of organizations to forecast/report needs for kit distribution*
* *Community perspectives on SRH commodities/supplies, including unmet need>*

###### Community participation in service delivery

*<Information related to community perspectives/participation in SRH service delivery can be found in the KI questionnaires, HFA, and FGD data. Topics in this section may include:*

* *Agency communication with crisis-affected populations*
* *Inclusion of the crisis-affected populations in service design/delivery design*
* *Historical context of interactions between agencies and crisis-affected populations, separation by waves of crisis-affected populations, if applicable*
* *Gender distribution with service design and delivery*
* *Extent of inclusion of special/marginalized/under-served populations in coordination>*

###### Access to SRH services

*<Information related to SRH service access can be found in HFA and FGD data. Information in this section can include:*

* *Facility availability/accessibility, general distances between population and health facilities*
* *Major barriers to service provision, including issues with power, communications, staffing, supplies, etc.*
* *Protocols, practice, and supplies for prevention of infectious diseases*
* *SRH outreach services offered and availability (high-level summaries, formatted as a table if applicable)*
* *Issues the target population faced when trying to access SRH services and supplies*
* *Quality of SRH services*
* *Special/marginalized/underserved populations’ access to services*
* *Additional considerations that should be made when providing SRH services (e.g., discretion of care for survivors, adolescents, contraceptive delivery, etc.)*

*Detailed information from KI questionnaires and HFAs on services provided, issues, barriers, etc., should be added to appendices.>*

#### Prevent sexual violence and respond to the needs of survivors

###### Policies and services provided for survivors of sexual violence

*<Information related to policies and services provided for survivors of sexual violence can be found in KI questionnaires and HFA data. Information may include:*

* *GBV focal points, funding, and policies in setting*
* *Knowledge of those policies*
* *Services provided by agencies*
* *Referral services provided*
* *Gaps in services provided*

*Specific information on services provided by organizations or health facilities on services or numbers of survivors can be formatted as a table and included as appendices.>*

###### Contextual factors around sexual violence and accessing related services

*<Information related to community perspectives on sexual violence and related services can be found primarily in FGD data. Information may include:*

* *Factors related to GBV, including age at marriage*
* *Barriers to accessing GBV services*
* *Community knowledge and perspectives of GBV occurrences and services>*

#### Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs

###### HIV/AIDS knowledge, protocols, and related services

*<Information on HIV transmission can be found in KI questionnaires, FGD, and HFA data. Information may include:*

* *HIV coordination, funding, policy, and focal point information*
* *Blood transfusion practices*
* *HIV/AIDS perceived prevalence, availability of testing and treatment services, related barriers to access*
* *Knowledge of HIV/AIDS among community members>*

###### STI community knowledge and services

*<Information on STI services and community perspectives can be found in the HFA, KI questionnaires, and FGD data. Information may include:*

* *STI services offered, including syndromic treatment protocols, provider job aids, and community information, education, and communication resources*
* *Community knowledge of STIs*
* *Barriers to accessing STI care>*

#### Prevent excess maternal and newborn morbidity and mortality

*<Information on maternal and newborn health services can be found in KI questionnaires, FGD, and HFA data. Information may include:*

* *Clean and safe delivery, newborn care service availability, and emergency obstetric and newborn care (EmONC) (formatted as a table if appropriate)*
* *Use of traditional birth attendants, community-based midwifery, home delivery kits, additional related services*
* *Barriers to accessing EmONC and newborn care (formatted around the three-delay model)*
* *Availability of post-abortion care in health centers and hospitals*
* *Community/agency perspectives on maternal and newborn mortality*

*Specific information collected on hospital or health facility personnel and supplies related to emergency maternal and newborn care may be formatted as tables and included as appendices.>*

#### 4.6 Prevent unintended pregnancies

*<Information on contraceptive services can be found in FGD and HFA data. Information may include:*

* *Availability/accessibility of contraceptives, including for adolescents*
* *Types of contraceptives available and used*
* *Availability of information, education, and communication materials on contraceptive services*
* *Community/agency perspectives on unintended pregnancies*
* *Perceived knowledge of services and contraceptive use of contraceptives from facility and community members>*

#### 4.7 Plan to integrate comprehensive SRH services into primary health care

*<Information related to data collection, data reporting, and knowledge of plans for transition to comprehensive SRH services in primary health care can be found in KI questionnaires and HFAs. Information may include:*

* *Knowledge of activities to plan for a shift to comprehensive SRH services*
* *Activities in place to support the implementation of comprehensive SRH services that align with six health systems building blocks (service delivery, health workforce, health information systems, medical commodities, financing, governance, and leadership)*
* *Current MISP indicator assessment efforts*

#### 4.8 Other priority of the MISP

###### Provide safe abortion care to the full extent of the law

*<Information related to safe abortion care can be found in HFA, KI questionnaires, and FGD data. Information may include:*

* *Abortion legal framework, policies, and protocols, including referral*
* *Access to safe abortion care to the full extent of the law at health facilities*
* *Community perspectives on unsafe abortion and accessing safe abortion care>*
	+ 1. ***Integration of sexual and reproductive health into disaster risk reduction (DRR) and emergency preparedness***

*<Information on integration of SRH into DRR and emergency preparedness may be found in KI questionnaires. Information may include:*

* *Pre-crisis preparations for SRH services, if applicable*
* *National DRR agency/unit, relationship with agencies to DRR agency/unit*
* *Policies, guidelines, and protocols behind trainings for MISP services in setting promoted by DRR agency/unit*
* *DRR support for MISP at national, subnational, and local levels>*

#### Facilitating factors and barriers to the implementation of the MISP

###### 4.9.1 Facilitating factors

*<Information in this section may come primarily from KI questionnaires, HFAs, and FGDs and existing capacity to support the MISP for SRH.>*

###### Barriers

*<Information in this section may come primarily from KI questionnaires, HFAs, and FGDs and lack of capacity to support the MISP for SRH.**>*

###### Suggestions for improving the MISP in <Country>

*<Information in this section may come primarily from KI questionnaires, FGDs, and health service providers.>*

#### 4.10 General concerns among target population.

*<This section may include any additional relevant findings that were not discussed above, including additional findings from FGD data.>*

## Discussion

#### Coordination of the MISP

#### Prevent and manage the consequences of sexual violence

#### Prevent the transmission of HIV and other STIs

#### Prevent excess maternal and newborn mortality

#### 5.5 Prevent unintended pregnancies

#### 5.6 Plan for comprehensive sexual and reproductive health services

#### 5.7 Safe abortion care to the full extent of the law

#### 5.8 Limitations

## Conclusions

## Recommendations

From the MISP Process Evaluation, the following recommendations were made to key audiences within the following timeframes:

####

#### Immediate

#### Medium-term

#### Long-term

## References

## Appendices*<Appendices may include more detailed information on MISP objectives assessed with the HFAs, FGDs, and KI questionnaires to supplement study design sectio**n or respondent information that is not already included in above sections.>*