



Conceptual Framework, MISP Implementation Logical Model: MISP Process Evaluation

Description

This document describes a conceptual framework for the MISP process evaluation. This proposed logic model aligns the MISP objectives and activities with their targeted short- and medium-term outcomes and impacts. Reference this tool and the [“MISP Reference \(Cheat Sheet\)”](#) when planning for and implementing a MISP process evaluation.

MISP Implementation Logical Model

Impact	Reduced mortality, morbidity, and disability, particularly among women and girls in crisis-affected populations.	
Activities/Inputs/Outputs	Outcomes	
	Short-term	Medium-term
Objective 1: Ensure the health sector/cluster identifies an organization to lead implementation of the MISP		
Health sector / cluster identifies SRH coordinating agency/ies and focal points (national, subnational, local, camp), and hosts weekly/biweekly meetings to facilitate coordinated actions to ensure implementation of the MISP. SRH is a standing agenda item on the health sector/cluster meetings. Secure funding to support the MISP.	Lead SRH organization(s) coordinates routine meetings and communications regarding MISP implementation and participates in gender-based violence (GBV), HIV, and Global Health Cluster/sector coordination mechanisms. Funding secured to implement the MISP.	Effective coordination and communication of MISP implementation with all relevant stakeholders.

<p>SRH focal points identified within the Ministry of Health (MoH) and international and local NGOs and community-based organizations (CBOs), inclusive of marginalized populations (e.g., adolescents, people living with disabilities, people living with HIV, people with diverse sexual orientations and gender identities and expressions (SOGIE).</p> <p>In tandem with health/GBV/HIV coordination mechanisms, ensure a mapping, vetting, and analysis of existing SRH services.</p> <p>Determine basic health and SRH demographics.</p> <p>SRH supplies and kits procured based on population estimates. (See the “MISP Calculator” https://iawg.net/resources/misp-calculator.)</p> <p>Ensure the community is made aware of the danger signs of pregnancy and childbirth, and services for sexual violence survivors, STIs including HIV, contraceptives, and safe abortion care. (See the “Universal and Adaptable IEC templates on the MISP” https://iawg.net/resources/iec-templates-misp.)</p>	<p>SRH coordination implemented with all relevant stakeholders (e.g., MoH, international and local NGOs, CBOs, inclusive of representatives of marginalized populations).</p> <p>Mapping/analysis of existing SRH services is completed.</p> <p>Assessment of basic health and demographics conducted.</p> <p>Adequate SRH supplies and kits ordered and available.</p> <p>Communities, including those which are marginalized, are aware of the danger signs of pregnancy and childbirth, and services for sexual violence survivors, STIs including HIV, contraceptives, and safe abortion care.</p>	
<p>Objective 2: Prevent sexual violence and respond to the needs of survivors of sexual violence</p>		
<p>Work with other clusters/sectors, especially the protection cluster and GBV Area of Responsibility, to put in place preventive measures at community, local, and district levels.</p> <p>Ensure there is safe access to health facilities, including lighting on pathways, separate latrines that lock from the inside, and guards as needed to enter health facilities.</p> <p>Ensure clinical care for survivors of sexual violence is available. Establish confidential and safe spaces within health facilities to receive survivors and to provide clinical services, including first-line psychosocial support.</p>	<p>Crisis-affected populations, particularly women and girls, are protected from incidents of sexual violence.</p> <p>Affected communities have safe access to and use of health facilities. Adequately lit pathways, separate latrines that lock from the inside, and guards are available.</p> <p>Clinical care for survivors of sexual violence is accessed.</p>	<p>Sexual violence is prevented, and the consequences are responded to and mitigated.</p> <p>Communities are aware of GBV services and access them.</p>

<p>Ensure clinical care for survivors is integrated into a standardized GBV referral protocol and all providers are aware of the referral protocol.</p> <p>Inform communities where survivors can access care.</p>	<p>A functional referral system is accessed by survivors.</p> <p>Communities are informed about where they can access care and survivors seek care at facilities.</p>	
<p>Objective 3: Prevent the transmission of and reduce morbidity and mortality due to HIV and other sexually transmitted infections (STIs)</p>		
<p>Establish safe and rational use of blood transfusion.</p> <p>Ensure the application of standard precautions, including ensuring adequate supplies/equipment to implement standard precautions.</p> <p>Guarantee the availability of free lubricated male and female (where already used) condoms.</p> <p>Support the provision of antiretrovirals (ARVs) to continue treatment for people who were enrolled in antiretroviral therapy (ART) programs prior to the emergency, including those enrolled in prevention of mother-to-child transmission programs.</p> <p>Provide post-exposure prophylaxis (PEP) to survivors of sexual violence and for occupational exposure.</p> <p>Support the provision of co-trimoxazole prophylaxis for opportunistic infections for patients found to have HIV or already diagnosed with HIV.</p> <p>Ensure the availability in health facilities of syndromic diagnosis and treatment of STIs.</p>	<p>Safe blood supply is available.</p> <p>Standard precautions are consistently practiced at all health facilities.</p> <p>Male and female (where already used) condoms are widely accessible and freely and routinely accessed.</p> <p>People already taking ARVs continue with uninterrupted treatment.</p> <p>PEP is accessed by survivors of sexual violence and by providers for occupational exposure to HIV.</p> <p>Co-trimoxazole is accessed by people living with HIV for opportunistic infections.</p> <p>Crisis-affected populations with STIs access syndromic treatment.</p>	<p>Transmission of HIV and other STIs is prevented and morbidity and mortality from HIV and STIs are reduced.</p>
<p>Objective 4: Prevent excess maternal and newborn morbidity and mortality</p>		
<p>Ensure availability and accessibility of clean and safe deliveries, essential newborn care, and lifesaving emergency obstetric and newborn care (EmONC) services including:</p>	<p>Adequate and skilled staff and supplies/stocks are available at health facilities and hospitals to support clean and safe deliveries, essential newborn care, and BEmONC and CEmONC.</p>	<p>Excess maternal and newborn mortality and morbidity are prevented.</p>

<ul style="list-style-type: none"> • At referral hospital level: Skilled medical staff and supplies for the provision of comprehensive emergency obstetric and newborn care (CEmONC). • At health facility level: Skilled birth attendants and supplies for vaginal births and provision of basic emergency obstetric and newborn care (BEmONC). • At community level: Provision of information to the community about the availability of safe delivery and EmONC services and the importance of seeking care from health facilities. Clean delivery kits should be provided to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible. <p>Establish a 24 hours per day, 7 days per week (24/7) referral system to facilitate transport and communication from the community to the health centers and hospitals.</p> <p>Ensure the availability of lifesaving postabortion care in health centers and hospitals.</p> <p>Ensure availability of supplies and commodities for clean deliveries and immediate newborn care where access to a health facility is not possible or unreliable.</p>	<p>Community is informed about the importance of skilled attendance at health facilities for normal deliveries and the danger signs of pregnancy.</p> <p>Referral system transporting patients as needed is available 24/7.</p> <p>Women and girls access postabortion care at health facilities and hospitals.</p> <p>Visibly pregnant women and birth attendants access clean delivery kits.</p>	
<p>Objective 5: Prevent unintended pregnancy</p>		
<p>Ensure the availability of a range of long-acting reversible and short-acting contraceptive methods – including male and female (where already used) condoms – and emergency contraception at primary health care facilities to meet demand.</p> <p>Provide information, including existing information, education, and communications (IEC) materials, and contraceptive counseling that emphasizes informed choice and consent, effectiveness, client privacy and confidentiality, equity, and non-discrimination.</p>	<p>Women and girls access a range of long-acting reversible and short-acting contraceptive methods – including male and female (where already used) condoms – and emergency contraception available at primary health care facilities.</p> <p>Communities access IEC materials on the availability, benefits, side effects, and locations of contraceptive methods/services.</p>	<p>Unintended pregnancy prevented.</p>

Ensure the community is aware of the availability of contraceptives for women, adolescents, and men.	Communities informed and can access contraceptives for women, adolescents, and men.	
Objective 6: Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/cluster partners to address the six health system building blocks:		
<p>Plan for comprehensive SRH services using the six health system building blocks as a framework:</p> <ul style="list-style-type: none"> Service Delivery Health Workforce Health Information System Medical Commodities Financing Governance and Leadership 	<p>A shared plan for comprehensive SRH services is developed and implemented.</p> <p>Location/sites identified for comprehensive SRH services.</p> <p>Health provider training needs identified and plans co-developed to address training needs.</p> <p>SRH integrated to Health Information Systems in recovery.</p> <p>Strategies to support sustainable SRH supplies identified and implemented.</p> <p>Long-term financing for SRH identified and secured.</p> <p>Local to national governance and leadership strategies identified and established.</p>	<p>Comprehensive SRH services established and integrated with primary health care as soon as possible and ideally within 3-6 months following the onset of an emergency.</p>
Other Priority: It is also important to ensure that safe abortion care (SAC) is available, to the full extent of the law, in health centers and hospital facilities		

<p>Identify the conditions under which national policies, signed international agreements, and international and human rights law permit the provision of SAC.</p> <p>Provide direct SAC services to the full extent of the law or identify existing providers of SAC and provide referrals.</p>	<p>Medically accurate information shared about abortion services in a form women can understand and recall.</p> <p>Information shared with women about legal requirements for obtaining safe abortion care.</p> <p>Information shared with women about where and how to obtain safe, legal abortion services and their cost.</p> <p>Provision of medication abortion, with mifepristone/misoprostol if available or misoprostol-alone if mifepristone is unavailable, vacuum aspiration, dilatation and evacuation, or induction procedures as recommended by WHO.</p> <p>Information and counseling provided to women on post-abortion contraceptive use and contraception to women who accept a method.</p>	<p>Women and girls access SAC.</p> <p>Morbidity and mortality from unsafe abortions prevented.</p>
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