



Safe Abortion Care

in the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings

Background:

Safe abortion care (SAC) is a proven and life-saving intervention to prevent maternal death and morbidity and to manage the consequences of sexual violence in emergencies. Evidence suggests that there is demand for SAC in humanitarian settings due to disrupted health systems, decreased access to contraception, increased numbers of unintended pregnancies and increased incidence of sexual violence. Despite this, women and girls who become pregnant during emergencies often lack access to SAC, leaving many to undergo risky procedures. The recently revised [2018 Inter-agency Field Manual \(IAFM\) on Sexual and Reproductive Health in Humanitarian Settings](#) recognized the importance of integrating SAC into humanitarian efforts aimed at providing women and girls with life-saving services.



IRC staff member provides counseling on available sexual and reproductive health services

What is the MISP?

The Minimum Initial Service Package (MISP) is a set of evidence-based, life-saving activities that should be put in place at the onset of a humanitarian crisis - it is not a political document. Its sole purpose is to offer guidance based on evidence and expert technical opinion. The MISP acknowledges that humanitarian actors will need to navigate legal barriers to abortion in some contexts. The MISP is meant to be implemented in a consortium of many actors in crises. Not all actors need to provide SAC. This is true of all MISP interventions.



Reflecting the reality in the field

Experience within the humanitarian community reveals that providing SAC in emergencies is feasible. It is a misconception that SAC implementation requires too much investment and training. In fact, even before the MISP revision, many implementers had started providing these services in humanitarian settings based on observed need. Now, implementers are seeking guidance on how to effectively offer SAC in acute emergencies.

The inclusion of SAC in the manual reflects the needs and asks from the field and provides guidance for SAC counseling and services.

Updates to SAC in the MISP

The [MISP chapter of the 2018 IAFM on Sexual and Reproductive Health in Humanitarian Settings](#) features updates on the provision of safe abortion care at the onset of a crisis:



Objective 2: Prevent sexual violence and respond to the needs of survivors

includes compassionate and confidential counseling on, provision of, and referral for SAC, to the full extent of the law.



As was true of the 2010 version, provision of post-abortion care in health centers and hospitals is a priority activity under **Objective 3: Prevent excess maternal and newborn mortality and morbidity.**



Other sexual and reproductive health priorities, includes the provision of SAC to the full extent of the law at the onset of a crisis when capacity already exists and once implementation of the MISP begins

The significance of this update

The inclusion of SAC within the MISP increases the chances of safe abortion care being funded and provided, ultimately saving women's lives. Donors have also increasingly prioritized SAC in their funding calls, recognizing the importance of providing SAC at the onset of an emergency. The humanitarian community has an opportunity – and an obligation – to build on the changes in the MISP and move toward a more evidence and rights-based approach to meet the needs of women and girls affected by crises.