

Introduction to SRH in humanitarian settings

Each group post their answers in one of the columns.

Group 1

ANONYMOUS 12/7/23 9:57AM

Diffa-NIGER

IMPLEMENTATION OF MISP FUND IN AN ACUTE HUMANITARIAN SETTINGS:

- 1- Introduction of SRH service units in an existing facilities of humanitarian settings.
- 2- Establishment of new facilities that will offer SRH services in an acute humanitarian settings.
- 3- Recruitment of qualified, certified and trained-health personnels/community health workers or volunteers to carry out the services.
- 4- Supply of quality drugs, equipments and materials for SRH, FP, GBV and safe abortion program.
- 5- Advocacy, education/public enlightment campaign in collaboration with stakeholders, adolescents in an acute settings towards perceptions and acceptance of the services to be operated.

CHALLENGES TOWARDS THE IMPLEMENTATION OF MISP IN ACUTE SETTINGS:

- 1- Over population in the acute humanitarian settings.
- 2- Corruption in the host government/agencies and community stakeholders.
- 3- Fund/package mis-management.
- 4- Lack of interest, awareness on the impact of GVB, FPP, and ASRH in the acute settings.

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Anonymous 12/12/23 4:01PM

Hello Diffa - thank you for your work submission.

Q.1.a: Implementing MISP:

You have noted some important points to consider in rolling out the Minimum Initial Services Package for SRH in an acute conflict setting.

The first objective that needs to be mentioned is to make sure there is an agency nominated to lead the **COORDINATION OF MISP**, including with the local authorities.

After coordination, the health partners should jointly plan to **provide the clinical services** covered under MISP, which is where you then need the qualified staff that you mention and medical and pharmaceutical supplies (which are provided in pre-packaged kits through the UN Health coordination system).

You have done well to mention the importance of communicating with the community and especially adolescents.

Other vulnerable groups should also be targeted for awareness campaigns, e.g. people with disabilities and others who may be socially marginalised.

As soon as possible, the MISP implementors need to start planning to provide **comprehensive SRH services**, including and clinical care and services for sexual and reproductive health, including provision of safe abortion care to the full extent of the law in recognised health facilities.

Please note that MISP is not a fund, and the implementing organisations and government would need to find money (funds) to roll out MISP to purchase equipment and provide personnel to implement it.

Anonymous 12/12/23 4:10PM

Q1.b. Challenges in rolling out MISP in acute settings:

You have identified some issues, and others commonly faced in acute settings relate to how health services can be disrupted because of an emergency or crisis. For example:

- **Access to facilities:** people even pregnant women, cannot reach health facilities due to insecurity; roads and emergency vehicles for patient transportation may be damaged.
- **Supply chains interrupted:** medical supplies and medicines may not be able to reach clinics or may be stolen along the way
- **Health workers** themselves may be displaced or injured or personally affected (eg. by COVID-19 during the pandemic) and
- **Facilities may be damaged or looted** with limited or disrupted electricity and internet.
- **Funding:** money and other resources may take time to reaching an area when there is a conflict – it can take time to raise money and other resources.

Anonymous 12/12/23 4:20PM

Q.2. Challenges anticipated in implementing the full range of comprehensive SRH services

It looks as though you missed this question. MISP aims to prevent loss of life and ill health during an acute conflict phase. **Comprehensive SRH services should be planned for** and introduced as soon as possible, including during protracted conflicts. The biggest challenge is often that these **broader comprehensive SRH services need to be provided with fewer resources.**

Comprehensive SRH covers a broader range of SRH services, and also include working towards stronger and sustainable health interventions. It includes integrating SRH into primary health care, and includes for example addressing female genital mutilation prevention, care and prevention of reproductive cancers.

Well done and thank you! Sara Nam

Group 2

↔ **ANONYMOUS** 12/7/23 1:57PM

Ezekiel Luka Angalo (Inzone Kakuma)

1. How can the Minimum Initial Service Package (MISP) be effectively rolled out in acute conflict settings?

Rolling out the Minimum Initial Service Package (MISP) in acute conflict settings requires a strategic and adaptable approach.

Here are some key considerations:

Assessment and Contextual Understanding:

- Conduct thorough needs assessments to understand the specific health challenges and population needs in each conflict setting.
- Consider cultural, religious, and social factors that may influence the acceptance and uptake of SRH services.

Partnerships and Coordination:

- Collaborate with local NGOs, international organizations, and community leaders to build trust and ensure a coordinated response.
- Establish clear communication channels with all stakeholders to facilitate efficient information flow.

Training and Capacity Building:

- Train local healthcare workers in the provision of essential SRH services, ensuring cultural competence.
- Build the capacity of existing healthcare infrastructure to manage increased demand and ensure sustainability.

Security Measures:

- Develop security protocols to safeguard healthcare workers and facilities, considering the volatile nature of conflict settings.
- Coordinate with peacekeeping forces or security agencies to create safe zones for healthcare delivery.

2. What challenges do you anticipate in this process (thinking about different settings, populations, etc.)?

There may be a number of difficulties when employing MISP in situations involving severe conflict, such as:

Security Concerns:

- The possibility of violence and unrest could make it more difficult to provide services and put medical personnel in danger.
- There is a serious security concern, for instance, in Sudan, where I am originally from.

Infrastructure Damage:

- Conflict often leads to the destruction of healthcare infrastructure, making it challenging to establish and maintain service delivery points.

Cultural Sensitivity:

- Adapting SRH services to respect cultural norms and religious beliefs is crucial but may pose challenges in understanding and incorporating diverse perspectives.

Challenges in Implementing**Comprehensive SRH Services:**

Various challenges in contrast to MISP, implementing comprehensive services for sexual and reproductive health (SRH) goes beyond MISP's quick fix. Other difficulties could be:

Prolonged Dedication:

- Because of uncertainty and shifting priorities, providing comprehensive SRH services requires a sustained, long-term commitment, which can be difficult in conflict situations.

Limited resources:

- Compared to MISP's targeted approach, providing a broad range of SRH services requires more resources, including funding, qualified staff, and medical supplies.

Discrimination and Cultural Divides:

- In some contexts, addressing topics like family planning, gender-based violence, and sexual health may encounter increased stigma and cultural resistance.

Complexity of Coordination:

- Compared to MISP, managing a comprehensive SRH program involving multiple stakeholders and services demands a higher level of organizational capacity.

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Anonymous 12/12/23 4:41PM

Thank you for your thoughtful and well presented work submission, Ezekiel Luka Angalo. See below for some feedback.

Q.1.a: Implementing MISP:

You have noted important points to consider in establishing SRH services in a conflict setting. You have done well to highlight the importance of **coordination, which is the FIRST OBJECTIVE of MISP.**

Note that MISP is based on a great deal of implementation experience and evidence in humanitarian settings, and can therefore be implemented in an acute setting **without initial needs assessments.**

However, as the situation becomes more stable or protracted, needs assessments would be wise as you have outlined.

Training may well be needed, and doing this in a way to sustain and institutionalise skills, knowledge and competencies can facilitate the move **towards sustainability and implementation of comprehensive SRH services**, which should also be planned for during the acute phase.

Anonymous 12/12/23 4:48PM

Q1.b. Challenges in rolling out MISP in acute settings:

You have first-hand experience of the key challenge, that affects all others – insecurity. This leads to a collapse of the health service and availability of services, and ability of communities to reach those facilities that do exist. Please read my response to Group 1 on Q2.b to describe how this affects SRH care, which you have summarised well as 'infrastructure damage'.

Cultural sensitivity is a very good point to raise – when health providers are from a different region or culture, there may be a lack of understanding of the needs and usual expectations from health workers, and this needs to be addressed. When the acute situation is calmer, health workers and agencies would do well to create opportunities for communities to meet with health workers and help design health services to take account of their cultural needs (as long as these are safe and do no harm).

Anonymous 12/12/23 4:53PM

Q.2. Challenges anticipated in implementing the full range of comprehensive services

You have answered this question very well, in particular noting the most important challenge – limited resources for the wider range of services needed. You have raised some pertinent points, and I have the impression this comes from reflections from personal experience or observations.

Another important challenge is **addressing unintended pregnancies and the provision of safe abortion care.** There is a widespread belief that abortions are illegal. However, abortion is permitted for certain circumstances in the vast majority of countries. For countries covering 99 % of the world's population, abortion is permitted under some circumstances.

E.g. among 196 states or countries:

190 permitted abortion to save a woman's life;

132 to preserve her health;

126 to preserve her mental health;

99 in cases of rape or incest,

69 for social or economic reasons and

58 permitted abortion on request.

Thank you for your good work!

Sara Nam

Group 3

↩ ANONYMOUS 12/28/23 10:59AM

Group members: Marwa Al-salamah, Bahega Almotlaq ,Qasem Al-Ali , Mohammad Alsaadi , Muneeb Al eid

Answers

Q1: Applying

the Minimum Initial Service Package (MISP) effectively in acute conflict situations requires organization and careful planning. This can be achieved by:

1. *Assessment of Needs*: Identify the needs of the conflict-affected community and the available resources.
2. *Prioritization*: Determine essential services and prioritize them based on the most urgent needs.
3. *Building Partnerships*: Establish partnerships with relevant organizations to ensure the provision of integrated services.
4. *Resource Integration*: Define how available resources, including human and logistical resources, will be integrated.
5. *Training Programs Implementation*: Train medical teams and humanitarian workers to ensure the delivery of effective services.
6. *Continuous Monitoring and Evaluation*: Establish mechanisms for monitoring and evaluating the effectiveness of the package, adapting it to changes in the humanitarian context.
7. *Effective Communication*: Maintain effective communication with the local community and partners to ensure accurate responsiveness to their needs.
8. *Continuous Adaptation*: Respond flexibly to challenges and changes in the local environment.
9. *Security Standardization*: Allocate sufficient resources to maintain operational safety and protect humanitarian teams.

Remember to be flexible and adaptive in implementing the initial service package, focusing on addressing the most urgent needs in the context of the conflict.

Q2: The expected challenges in implementing sexual and reproductive health services include funding issues, providing training for medical personnel, and enhancing health awareness. These differ from challenges in implementing the Minimum Initial Service Package (MISP), which focuses on delivering emergency services such as distributing contraceptives and providing sexual healthcare for pregnant women in emergency situations.

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Anonymous 1/2/24 2:40PM

Hello, Group 3 Sara Nam here - thank you for submitting your group work. Some feedback to follow.

Anonymous 1/2/24 2:54PM

Feedback on Q1.a. Implementing MISP:

You have noted important points to consider in establishing SRH services in a conflict setting. You have done well to highlight the importance of building partnerships (point 3) and effective coordination (point 7); these fall under the first objective of MISP, which is **coordination**. During an acute emergency, under the first objective, there is a need to identify an organisation that can coordinate all other agencies (this does not mean they do everything). Usually, the UN put in place a system called the Health Cluster, and there would be sub-working groups including one on SRH.

Note that MISP is based on a great deal of implementation experience and evidence in humanitarian settings, and can therefore be implemented in an acute setting **without initial needs assessments** (point 1 in your answer). This is because through research, we know that all the activities included under the Minimum Initial Service Package are essential under any circumstances. However, as the situation becomes more stable or protracted, needs assessments would be wise as you have outlined.

Training (point 5) may well be needed, and doing this in a way to sustain and institutionalise skills, knowledge and competencies can facilitate the move **towards sustainability and implementation of comprehensive SRH services**, which should also be planned for during the acute phase.

I agree that security standardization (point 9) and continuous M&E are vital (point 6) to guide adaptation (point 8), responding to changes in the context.

Anonymous 1/2/24 2:56PM

For Q1.b (not included in your response)- see responses to groups 1 & 2 for thoughts on what **challenges to implementing MISP there might be**.

Anonymous 1/2/24 3:06PM

Feedback on Q2: Challenges anticipated in implementing the full range of comprehensive services.

You have identified the most important challenge, limited resources for the wider range of services needed. More comprehensive SRH services need to be made available, but there are **fewer resources usually available**. However, many 'acute' crises are protracted, lasting many years.

You have also correctly identified a need for **capacity strengthening**, including training and supply chain staff and systems that need to be strengthened in preparation for a move to providing more **comprehensive SRH services**, including integrating SRH into primary health care, care and prevention of reproductive cancers.

Additionally, the move towards more comprehensive care should ensure that **community partnership** should be institutionalised to involve and hear from community members.

Well done! From Sara Nam

Group 4

⇒ **ANONYMOUS** 1/4/24 4:57PM

Group members: Maysoon Alkhateeb, Aya Alzoubi, Heba Debo and Ahmad Alobidat.

Introduction:

In the midst of acute conflicts, delivering essential healthcare services poses significant challenges. The effective implementation of the Minimum Initial Service Package (MISP) emerges as a fundamental pillar in such contexts. Activating MISP in these complex scenarios necessitates organizational effort and integration that aligns with the diverse contexts and needs of the populations.

Expansion:

1. Training and Coordination:

- Special attention must be directed towards training healthcare personnel and ensuring effective coordination to achieve a rapid implementation of MISP.

2. Security and Adaptation:

- Addressing security challenges and adapting strategies to suit conditions and population needs are imperative.

3. Challenges in Sexual and

Reproductive Health (SRH) Services:

- Resource and Infrastructure Constraints:
 - Innovation is required to overcome resource and infrastructure limitations.
- Cultural Sensitivity:
 - Cultural aspects must be considered in delivering SRH services appropriately.
- Access and Stigma Challenges:
 - Tackling unequal access issues and overcoming challenges related to customs and traditions are crucial.
- Long-Term Sustainability:
 - Planning for the long-term sustainability of SRH services is essential.

Differences:

1. Scope and Time:

- MISP focuses on immediate and narrowly defined intervention, while SRH services require a broader and longer-term approach.

2. Complexity and Community Engagement:

- Providing SRH services involves greater complexity and the necessity for comprehensive community engagement.

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Anonymous 1/23/24 1:45PM

Hi everyone in Group 4 - the notification of your submission came through only this week, so please accept my apologies for taking this long to reply. I have prepared the feedback but just awaiting final inputs before I can share here. Sorry for further delay,
Sara Nam.

Group 5

⇒ **ANONYMOUS** 1/8/24 8:50AM

Noor Al -Sharifi

Q 1) Effective delivery of the Minimum Initial Service Package (MISP) in high-conflict situations requires careful planning and consideration of the various challenges. First, coordination between humanitarian agencies is essential to ensure an integrated approach. Establishing secure communication channels and a collaborative framework can meet this challenge.

Security concerns are an important obstacle in conflict zones. Ensuring the safety of healthcare providers and beneficiaries is paramount. MISP implementation may require engagement and cooperation with local authorities, armed groups, or peacekeepers to ensure a safe environment for service delivery

Accessibility is another challenge, especially in infrastructure-constrained areas. Other solutions such as mobile clinics or community engagement programs may need to be provided to deliver reproductive health services. Tailoring MISPs to the unique needs and cultural contexts of different populations is important to overcome potential resistance or cultural barriers.

The lack of health care professionals may hinder the implementation of MISP. Training community health

professionals, including community health workers, can help address this challenge. Additionally, areas of conflict may require incentive programs and ongoing support to recruit and retain qualified personnel.

Obtaining funding for MISP in conflict zones can be difficult due to competing humanitarian priorities. Advocacy efforts and partnerships with donors and international organizations are critical to ensuring sustainable financial support.

Finally, monitoring and evaluation methods are critical for assessing the impact of MISPs and making necessary adjustments. Continued assessment of needs, risks and vulnerabilities is essential in order to tailor interventions to the evolving situation in conflict zones.

In summary, effective implementation of MISP in areas of intense conflict requires planning, security measures, adaptation to local conditions, addressing access issues, overcome health care shortages, secure funding, and implement robust monitoring and evaluation methods.

Q2)The implementation of comprehensive sexual and reproductive health (SRH) services presents many challenges, which are different from those faced in implementing the Minimum Initial Service Package (MISP) for reproductive health in crisis settings. Challenges which are involved in implementing comprehensive SRH services include:

1. Diversity of stakeholders: Coordinating multiple stakeholders, including government agencies, NGOs, and community-based organizations can be challenging. Each workgroup can have priorities, perspectives, and different approaches to SRH, which require collaboration and effective communication.
2. Cultural Sensitivity: Addressing SRH in general requires respect for cultural values and beliefs. Ensuring that projects are culturally sensitive and relevant to the local context is important for community acceptance and engagement.
3. Resource allocation: Comprehensive SRH interventions cover a wide range of areas, including family planning, maternal health, HIV/AIDS prevention, and gender-based violence and appropriate resource allocation is required. It is important for all parties to get the necessary attention and funding.
4. Strengthening health systems: The implementation of comprehensive SRH interventions often requires the strengthening of all health systems. This includes improving infrastructure, training health professionals, and ensuring access to essential supplies and medicines.
5. Education and awareness: Promoting SRH education and awareness is important but can be difficult due to cultural taboos or resistance. Effective communication strategies are necessary to provide accurate information, combat misinformation, and promote best practices.

Hi Noor Al-Sharif – I've just been alerted to your responses - please accept my apologies for replying so late.

Your text covers most of the main points, but could I ask that you add a bit more detail – around 50 words or so per additional question, below:

- i) taking a reproductive health rights perspective, what other important service should be provided as far as possible, even in an acute emergency?
- ii) Thinking about the first objective of MISp, what are your reflections on how coordination should be organised ?
- iii) In moving towards more comprehensive care, can you give examples of what additional services this would include?

Group 6

⇒ ANONYMOUS 1/8/24 7:57AM

Azraq: Bahaa Mohammad, Ayham Al-Ghali, Fatima Al-Mousa, Fatima Al-Ali

1.

Applying the Minimum Initial Service Package (MISP) for reproductive health in situations of acute conflict poses particular challenges given the harsh conditions and impacts of conflict on environments and populations.

Here are some potential steps and challenges:

Application of the minimum primary service package for reproductive health:

Providing family planning services:

Ensure access to contraceptives and provide guidance on their use.

Maternal health care:

Providing the necessary health care to pregnant women, from routine examinations until childbirth.

Management of obstetric cases:

Providing safe obstetric services and medical monitoring for mothers.

Combating sexual and gender violence:

Providing psychological and legal support services to women victims to deal with the effects of sexual violence.

Providing post-abortion and childbirth services:

Ensure provision of post-abortion or post-partum care for women.

Expected challenges:

Lack of funding and resources:

Severe conflicts may lead to a lack of funding and resources, hindering the effective provision of health services.

Access difficulties:

Conflicts may lead to difficulties in accessing affected areas, hindering the provision of health services to pregnant women and mothers.

Security challenges:

Unstable security conditions may hinder safe and effective access to health services.

Cultural and social challenges:

Some communities may present cultural challenges that affect the provision of reproductive health services.

Health education:

The necessity of providing awareness and health education about basic reproductive services in light of emergency situations.

Achieving the minimum primary service package for reproductive health in acute conflict situations requires collaboration with local actors and humanitarian organizations, with a focus on balancing health needs and the unique circumstances in these environments under the significant impact of conflict.

2.

Implementing comprehensive sexual and reproductive health services faces multiple challenges due to the comprehensive nature of these services and their interaction with diverse factors. Here are some of the challenges expected in implementing comprehensive sexual and reproductive health services and how they differ from those of MISP implementation:

Challenges of implementing comprehensive sexual and reproductive health services:

Complexity of services:

Comprehensive sexual and reproductive health services include a wide range of services such as diagnosis, prevention, sexual entertainment and family planning services. The diversity of these services means that a large allocation of resources and good organization is necessary.

Cultural and religious challenges:

You may face challenges in dealing with diverse cultural and religious considerations, requiring the provision of services that are appropriate and respectful of diverse cultures and beliefs.

Lack of funding:

There may be a lack of funding that hinders the adequate delivery of comprehensive sexual and reproductive health services, especially in areas where the financial situation is unstable.

Awareness and education:

It requires improving awareness and education about the importance of comprehensive sexual and reproductive health services, overcoming conservatism and little knowledge.

Difference from MISP implementation:

Scope of services:

MISP mainly focuses on providing immediate services in emergency situations such as displacement and conflict, while comprehensive SRH services are broader in scope and target the maintenance of SRH in the long term.

Interact with daily life:

Comprehensive sexual and reproductive health services directly interact with individuals' daily lives and include multiple services such as early diagnosis, education, and routine care.

Sustainability of services:

Comprehensive sexual and reproductive health services target long-term sustainability and impact, while MISP focuses on providing immediate services in emergency settings.

Cultural and social challenges:

Implementing comprehensive sexual and reproductive health services requires engagement with more complex cultural and social challenges due to the diversity of services and target groups.

Anonymous 1/23/24 1:46PM

Hi everyone in Group 6 - the notice of your submission on this work was delayed - please accept my apologies for replying so late. I have prepared the feedback but just awaiting final inputs before I can share here. Sorry for further delay,
Sara Nam.



Group 7

Group 8

Group 9

Group 10

Group 11

Group 12

Group 13

Group 14

Group 15

