

5 Monitoring

The RH officer implements the MISP checklist to monitor service provision in each humanitarian setting. In some cases, this may be done by verbal reporting from RH managers and/or through observation visits. At the onset of the humanitar-

ian response weekly monitoring is done. Once services are fully established, monthly monitoring is sufficient. Discuss gaps and overlaps in service coverage within the RH stakeholder meetings and at health sector/cluster coordination mechanisms to find and implement solutions.

Example MISP Checklist			
Geographic area:	Reporting time period: _/_/20__ to _/_/20__	Start date of health response: _/_/20__	Reported by:
1. RH lead agency and RH officer			
		YES	NO
1.1	Lead RH agency identified and RH officer functioning within the health sector/cluster: Lead agency _____ RH officer _____	<input type="checkbox"/>	<input type="checkbox"/>
1.2	RH stakeholder meetings established and meeting regularly: • National MONTHLY • Sub-national/District BIMONTHLY • Local WEEKLY	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2. Demographics			
2.1	Total population	_____	
2.2	Number of women of reproductive age (ages 15 to 49, estimated at 25% of population)	_____	
2.3	Number of sexually active men (estimated at 20% of population)	_____	
2.4	Crude birth rate (estimated at 4% of the population)	_____	

3. Prevent sexual violence and respond to the needs of survivors			
		YES	NO
3.1	Multisectoral coordinated mechanisms to prevent sexual violence are in place	<input type="checkbox"/>	<input type="checkbox"/>
	Confidential health services to manage survivors of rape		
	• Emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>
	• PEP	<input type="checkbox"/>	<input type="checkbox"/>
	• Antibiotics to prevent and treat STIs	<input type="checkbox"/>	<input type="checkbox"/>
	• Tetanus toxoid/Tetanus immunoglobulin	<input type="checkbox"/>	<input type="checkbox"/>
	• Hep B vaccine	<input type="checkbox"/>	<input type="checkbox"/>
	• Referral to health, psychological, social support services	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Number of incidents of sexual violence reported to health services	_____	
3.3	Information on post-rape care and access to services disseminated to community	<input type="checkbox"/>	<input type="checkbox"/>
4. Reduce the transmission of HIV			
4.1	Safe and rational blood transfusion protocols in place	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Units of blood screened/all units of blood donated x 100	_____	
4.3	Sufficient materials and checklists to ensure standard precautions in place	<input type="checkbox"/>	<input type="checkbox"/>
4.4	Condoms available free of charge:		
	• Health facilities	<input type="checkbox"/>	<input type="checkbox"/>
	• Community level	<input type="checkbox"/>	<input type="checkbox"/>
4.5	Approximate number of condoms taken this period	_____	
4.6	Number of condoms replenished in distribution sites this period (specify locations)		
	_____	_____	
	_____	_____	
	_____	_____	
	_____	_____	

7. Special notes			
		YES	NO
7.1	Basic contraceptive methods available to meet demand	<input type="checkbox"/>	<input type="checkbox"/>
7.2	ARV available for patients on ART, including PMTCT	<input type="checkbox"/>	<input type="checkbox"/>
7.3	STI treatment available at health facilities	<input type="checkbox"/>	<input type="checkbox"/>
7.4	Hygiene kits have been distributed	<input type="checkbox"/>	<input type="checkbox"/>
8. Further comments			
Explain how this information was obtained (direct observation, report back from partner (name), etc.) and provide any other comments.			
9. Actions (For the "No" checks, explain barriers and proposed activities to resolve them.)			
Number	Barrier	Proposed solution	

6 Further reading

Essential reading

MISP

Minimum Initial Service Package (MISP) for Reproductive Health: A Distance Learning Module. Women's Commission for Refugee Women and Children (Women's Refugee Commission), 2006. <http://misp.rhrc.org/content/view/23/37/lang.english/>

MISP Cheat Sheet. International Planned Parenthood Federation, August 2007. <http://misp.rhrc.org/pdf/cheat%20sheet/MISP%20diag%20eng.pdf>

Inter-Agency Reproductive Health Kits for Crisis

Situations, 4th Edition. UNFPA/IAWG, 2008. <http://www.rhrc.org/resources/rhrkit.pdf>

Prevention of and response to sexual violence

Clinical Management of Rape Survivors: Developing Protocols for use with Refugees and Internally Displaced Persons, revised edition. WHO/ UNHCR, 2004. http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf

Guidelines for Gender-based Violence Interventions in Humanitarian Settings, Focusing on Prevention of and Response to Sexual Violence in Emergencies. Inter-agency Standing Committee, 2006. http://www.humanitarianinfo.org/iasc/pagelader.aspx?page=content-subsidi-tf_gender-gbv

If have URL, add Clinical Management of Rape e-learning. WHO, UNHCR, UNFPA, 2009.