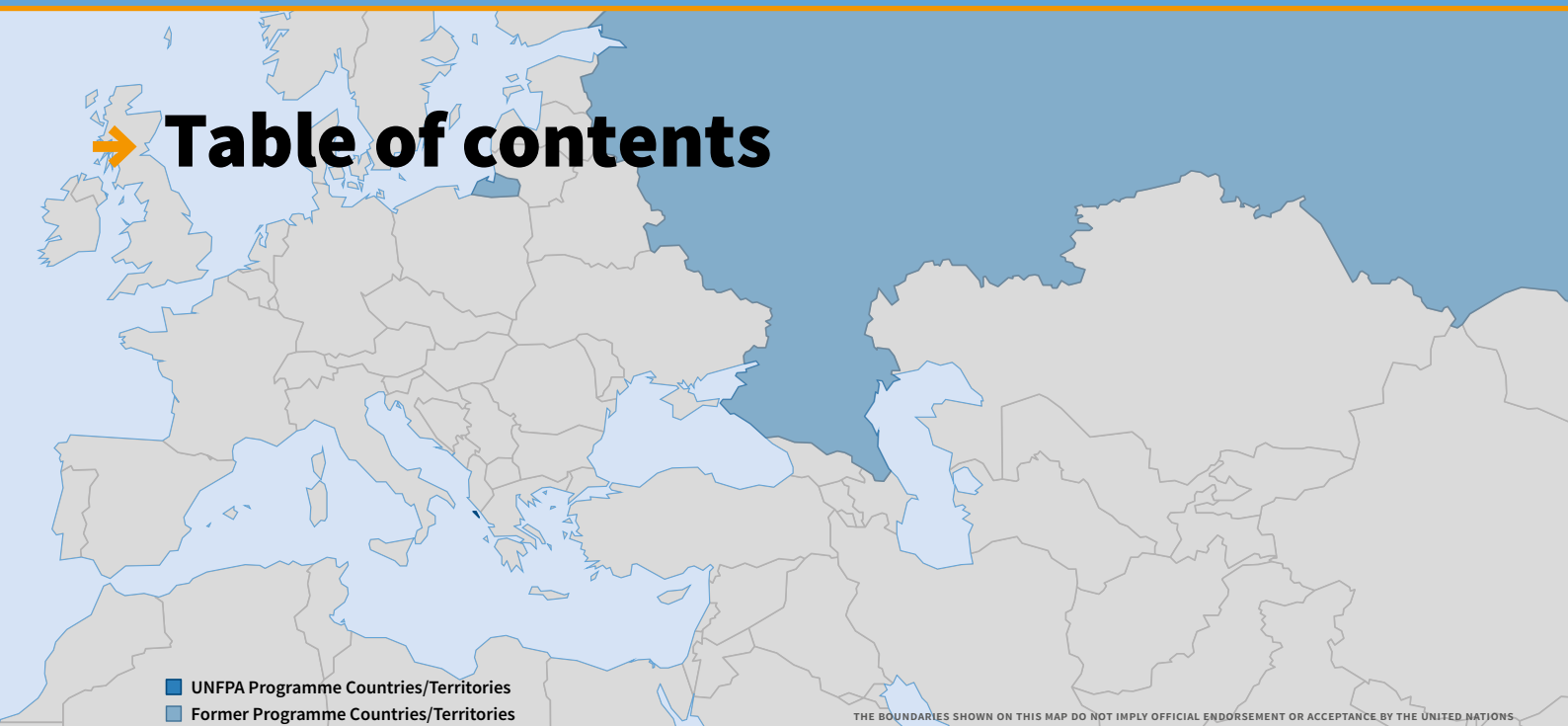




# Addressing the Needs of Women and Girls in Humanitarian Emergencies in Eastern Europe and Central Asia

**A regional overview supplementing  
UNFPA's State of World Population Report 2015**

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This regional overview and the accompanying country factsheets were prepared to supplement UNFPA's 2015 State of World Population Report, published in December 2015. It provides a snapshot of current humanitarian emergencies in Eastern Europe and Central Asia, from a sexual and reproductive health perspective, and includes analyses on the level of preparedness in the region to respond to disasters, to the extent information was available.

**TABLE 1**  
**INFORM Risk Index 2015**

COUNTRY	RISK 0-10	RANK 1-192
Ukraine	5.4	29
Turkey	4.8	43
Azerbaijan	4.5	56
Tajikistan	4.5	57
Georgia	4.3	67
Russian Federation	4.2	72
Serbia	4.0	78
Kyrgyzstan	3.6	90
Bosnia and Herzegovina	3.6	91
Republic of Moldova	3.5	93
Turkmenistan	3.4	94
Uzbekistan	3.4	97
Armenia	3.3	102
Romania	2.9	114
Albania	2.6	127
Bulgaria	2.5	133
Former Yugoslav Republic of Macedonia	2.4	138
Kazakhstan	2.3	144
Belarus	1.7	165

Note: The INFORM Risk Index measures the risk of humanitarian crises and disasters. A lower value (closer to 0) represents a lower risk and a higher value (closer to 10) represents a higher risk. INFORM is a collaboration of the Inter-Agency Standing Committee Task Team for Preparedness and Resilience and the European Commission.

## Introduction

Countries in the Eastern Europe and Central Asia region are vulnerable to humanitarian emergencies sparked by conflict both within the region itself and in neighbouring countries, and to those created by natural disasters. The largest-scale emergency currently affecting the region is the refugee crisis created by the on-going violence in Syria, which has driven more than 4 million people out of that country.

More than 2 million of those fleeing Syria have crossed the border into Turkey, which now holds the world's largest refugee population. This year saw increasing numbers of refugees and migrants from Syria and other conflict-torn countries make a dangerous voyage by sea in hopes of seeking asylum in Europe. In October 2015 alone, more than 218,000 migrants and refugees entered Europe by sea – roughly the same total as for all of 2014, according to figures from the United Nations refugee agency, UNHCR. Tens of thousands are now making their way through South-Eastern European countries such as Greece, the Former Yugoslav Republic of Macedonia, and Serbia.

Meanwhile, the armed conflict that began in eastern Ukraine in early 2014 has been de-escalated notably with a renewed ceasefire agreement that went into effect in September 2015, but the general situation remains tense. The needs of millions of people affected by the conflict on both sides of the contact line, including large numbers of internally displaced persons (IDPs), remain urgent.

Natural disasters also tested the readiness of humanitarian response efforts in the region this year, with intensive rainfalls flooding vast swaths of the Former Yugoslav Republic of Macedonia in late January and early February, affecting more than 78,000 people, and ice melts in July creating deadly floods and mudslides in Tajikistan. Many countries in Central Asia and the South Caucasus, as well as Turkey, are also prone to earthquakes. Table 1 shows the risk of humanitarian crises for 17 countries in the region, as indicated by the INFORM Risk Index, which measures the risk of humanitarian crises and disasters in 192 countries around the world.

## How humanitarian crises affect sexual and reproductive health

Women and girls are often among those most affected by both natural and manmade disasters. Displaced women and girls are particularly vulnerable to high-risk and unwanted pregnancies, miscarriages, newborn complications, unsafe abortions, unsafe deliveries and resulting deaths, sexual and gender-based violence and exploitation, early and forced marriage, and HIV and other sexually transmitted infections. These issues, however, are often not sufficiently addressed in traditional humanitarian responses, which tend to focus primarily on ensuring basic services for provision of food and water, shelter, sanitation, and first aid.

The need is vast. Among the IDPs across Ukraine, many are women of reproductive age, including thousands who are pregnant. Women and adolescent girls comprise an estimated 25 per cent of the population of refugees from Syria and Iraq in Turkey, more than 625,000 in total, and nearly 65,000 of them are likely to be pregnant. Overall estimates from the Balkans transit route between Greece and Northern Europe indicate that some 14 per cent of those who have entered Europe since the beginning of 2015 are women. Many require basic reproductive health care, including obstetrics care for those who are pregnant. An estimated 4,200 of the total number of women entering the Balkans route between fall 2015 and spring 2016 are likely to be pregnant, and another 1,400 at risk of sexual violence.

Though sexual violence typically escalates in times of conflict, refugee camps are often not prepared to prevent sexual and gender-based violence, and the provision of psychosocial support to survivors is not always considered as a significant concern by many health providers.

When women and adolescent girls can obtain sexual and reproductive health services, along with a variety of humanitarian programmes that deliberately tackle inequalities, the benefits of interventions grow exponentially and carry over from the acute phase of a crisis well into the future, as countries rebuild and people reclaim their lives, increasing the resilience of both communities and individuals.

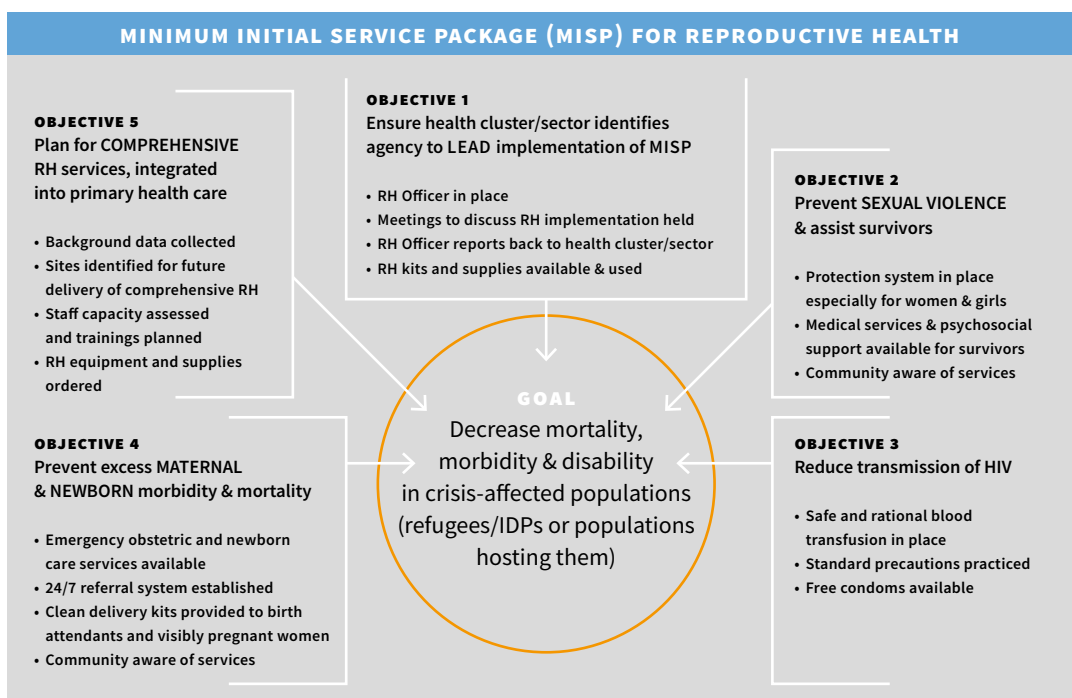
The surfeit of crisis and upheaval around the world today demands better economic and social development, better humanitarian action, better risk management, better attention to prevention, preparedness and resilience, and better connections among all of these. It is crucial for governments across this vast region to urgently get their preparedness systems up to speed, so that lives do not end up at even greater risk, with the most basic needs left unmet.

### UNFPA's response to crises in the region

UNFPA has long underscored the need to provide sexual and reproductive health services in crisis settings. The Minimum Initial Service Package (MISP) for Reproductive Health in crisis situations is a series of crucial actions required to respond to sexual and reproductive health needs at the onset of every humanitarian crisis (see Figure 1). This coordinated set of priority activities aims to prevent and respond to sexual violence, reduce HIV transmission and meet STI needs, and minimise maternal and new-born illnesses and deaths, as well as plan for the provision of comprehensive sexual and reproductive health services.

UNFPA is working to ensure that the MISP is systematically implemented in all new emergencies and as a minimum standard in on-going emergency settings. In collaboration with its partners, UNFPA encourages humanitarian actors, policymakers and donors to become more aware of the life-saving minimum standards defined by the MISP and to be responsible for implementing this critical tool to ensure that the sexual and reproductive health of women and young people is effectively integrated in preparedness and contingency plans, and addressed once humanitarian emergencies erupt.

FIG. 1



Specifically, in the current crises in Eastern Europe and Central Asia, UNFPA has been working with implementing partners across the region and coordinating with relevant ministries, other UN agencies, and civil society organisations to improve access to sexual and reproductive health by:

- Operating ‘safe spaces’ for refugee women and adolescent girls where sexual and reproductive health and psychosocial support services are provided and empowerment activities related to skills-building are conducted
- Running mobile clinics that offer free check-ups to pregnant refugee women and referrals to medical facilities as needed; providing reproductive health kits and commodities to health facilities and mobile clinics; and supporting mobile teams that provide psychosocial support, including to survivors of sexual and gender-based violence, in conflict-affected areas
- Working with partners to ensure that sexual and gender-based violence among refugees and migrants is prevented wherever possible and, when it does occur, that the needs of its survivors are adequately addressed through continuous monitoring, identification and service delivery
- Supporting free-of-charge, life-saving sexual and reproductive health services – including C-sections, clinical deliveries, post-rape treatment, and treatment for the management of miscarriage – by providing essential medicines and medical equipment and consumables to local healthcare facilities
- Distributing dignity kits, and reproductive health commodities to refugee, migrant and internally displaced women and adolescent girls
- Increasing awareness among refugee and migrant women and men on antenatal care, danger signs in pregnancy, and STIs through distribution of informational materials and social-media messages
- Leading trainings on SRH, SGBV, clinical management of rape, MISP, emergency response, and emergency obstetric care for healthcare providers in key crisis areas

## **Improving preparedness for future emergencies**

Disaster preparedness is one of the keys to reducing the impact of emergency situations on populations<sup>1</sup>, and to ensuring a better response to future crises. It is a component of Disaster Risk Reduction, as reaffirmed in the recently adopted Sendai Framework for Disaster Risk Reduction 2015-2030.

In line with this global mobilisation, countries in Eastern Europe and Central Asia are committed to strengthening disaster risk reduction and emergency preparedness, as shown in regular reporting on their progress to implement the Hyogo Framework for Action on DRR and in the establishment of National Platforms for Disaster Risk Reduction<sup>3</sup> and ad-hoc regional frameworks of cooperation<sup>4,5</sup>.

Within this framework, key national SRH actors in 18 countries and territories in the region<sup>6</sup>, including national governments, have been taking action to enhance their preparedness to meet the SRH needs of women and girls affected by disasters. In a unique step, they formed the Eastern Europe and Central Asia Inter-Agency Working Group on Reproductive Health in Crises<sup>7</sup> and agreed on a tool to assist them in assessing their level of readiness related to SRH.

## **Assessing national capacity to respond to the sexual and reproductive health needs of women and girls**

### **Enabling environment**

A key aspect of preparedness related to SRH is ensuring that policies are in place in normal settings to support the provision of SRH services, thus creating an enabling environment for the implementation of life-saving SRH services once a disaster strikes. A region-wide assessment conducted in 2014<sup>8</sup> revealed a strong enabling environment for life-saving SRH services, with well-developed legislative and policy frameworks in most countries<sup>9</sup>.

### **Efficient response coordination**

Coordination is a cornerstone for efficient humanitarian response. Coordination mechanisms with roles and responsibilities to be activated from the onset of a crisis should thus be agreed upon among the key actors, and the organisation in charge of coordinating the SRH response should be chosen in advance. The main area in need of improvement as revealed in the 2014 assessment was related to SRH coordination, with more than half of the country teams indicating that they did not have a dedicated working group in charge of sexual and reproductive health in humanitarian settings, and the groups set up in the other countries not yet formalised or fully functional.

### **Integration of minimum SRH services in emergency response plans**

The health sector emergency response plan contains the services to be put in place from the onset of a humanitarian crisis and the mechanisms needed to enable this; therefore, it is crucial to ensure the complete integration of priority SRH services, as described in the MISP, in the response plan relevant for the health sector, so that SRH needs are not overlooked in a crisis.

The regional assessment stressed that the integration of priority SRH services in countries' health emergency response plans was fair on average<sup>10</sup>; it was best for maternal and neonatal health priority services and lowest for services related to sexually transmitted infections.

It also showed that crisis scenarios involving temporary settlements or population movements (whether in-country or cross-border), scenarios which require specific measures to be taken, were often not sufficiently addressed in the health emergency response plans and other preparedness measures.

### **Capacities and resources**

Various factors should be considered in the preparedness phase in order to assess the capacities of existing medical and non-medical structures and improve the availability of resources (e.g. human resources, financial resources, equipment and medicines) to provide timely, life-saving SRH services. These include the number of medical staff trained on SRH in humanitarian settings, a list of hospitals providing emergency obstetric care and an assessment of the safety of these medical facilities, and provisions for additional resources in the event of a crisis exceeding the national response capacity.

The assessment showed room for improvement on the resources available or foreseen, particularly regarding human resources: few countries had the concept of SRH in humanitarian settings integrated into their medical curricula, and very few had policies in place to plan for international surge capacity in the event of a crisis exceeding the national response capacity.

### **Preparedness in action: Highlights of 2015 achievements**

Based on the results of the region-wide assessment conducted in 2014, key national SRH stakeholders involved in the country teams designed action plans for 2015 onwards that would address the most urgent gaps, prioritising the improvement of SRH coordination. As presented during the 2015 Eastern Europe and Central Asia Inter-Agency Working Group Forum in Istanbul<sup>11</sup>, 14 of the region's countries now report having an SRH Working Group, whose formalisation through the development of Terms of Reference is advanced or finalised.



In Albania, for example, the working group for the implementation of SRH in crisis has been established and is coordinated by the Emergency Department of the Ministry of Health. In Romania, a subgroup for reproductive health was added to the Working Group for Mother and Child Health, while in Tajikistan, the National RH Centre was appointed the lead coordinating structure for addressing SRH needs in emergencies. In Azerbaijan, draft Terms of Reference for the SRH Working Group were developed and shared with the Ministries. Capacity building of the focal points from the key organisations was undertaken in different countries, for instance in Turkmenistan where the international guidelines for SRH in crisis<sup>12</sup> were introduced.

Targeting systemic changes, countries of the region have started implementing activities to improve the integration of all priority SRH services in their health emergency response plans and other key policies and plans. High-level advocacy meetings were held with that goal in Georgia and Bulgaria.

In Uzbekistan, the national protocols on sexually transmitted infections have been included in the SRH in crisis training curriculum and the integration of STI services in the health response plan is pending approval by the Ministry of Health. In the Former Yugoslav Republic of Macedonia, an SRH Chapter within the health sector's revised national preparedness plan was developed by the SRH coordination group; it was also agreed that the new National HIV Strategy will integrate the prevention of HIV in crisis situations. In both Serbia and Armenia, SRH in crisis was integrated into the national health emergency plans foreseen in each country's National Plan of Action for Disaster Risk Reduction<sup>13</sup>. In Kosovo (UNSCR 1244), advocacy was conducted to include SRH indicators in the health facilities where the new Health Information System is being piloted. In Kazakhstan, revised regulations were drafted on the protection system for the prevention of sexual violence in refugee camps. In Bosnia and Herzegovina, the country team has been working to adapt information, education and communication materials on priority services to the local context.

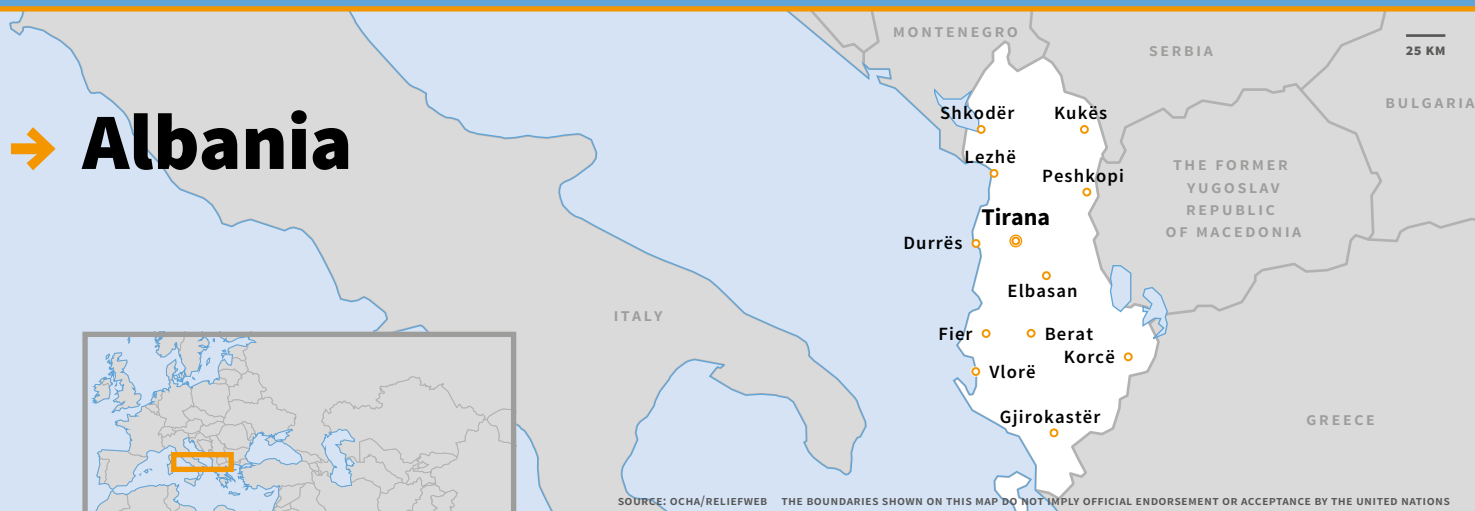
Most countries in the region have been targeting the issue of human resources trained on SRH in crisis and available from the onset of an emergency situation. In Kyrgyzstan, the topic of SRH in crisis will be integrated from 2016 in the curriculum of the Kyrgyz Medical Continuous Post-Graduate Training Institute for all healthcare providers. Similarly in Armenia, an online course on SRH in crisis for healthcare providers is being developed within the new mandatory credit system for the professional development of medical staff. In Turkey, training efforts led to more than 250 service providers being trained on SRH in crisis in 2015.

Countries in the region are working to ensure continuous improvement in their preparedness to provide life-saving sexual and reproductive health services to crisis-affected people. While all countries are expected to have set up a formalised and fully functional SRH working group by the end of 2016, challenges remain in integrating all sexual and reproductive health services in humanitarian settings into countries' health sector emergency response plans. Beyond the national level, country teams should consider increasing their cooperation, particularly with neighbouring countries, in the preparedness phase and in assistance when a disaster strikes. Regional actors have initiated activities relevant to that goal, including the finalisation of standard Terms of References for SRH working groups, the creation of a regional pool of technical experts and trainers to support all countries in their preparedness efforts, the establishment of regional surge rosters that can be drawn upon in the event of an emergency, and the strengthening of partnerships between UNFPA regional offices, other UN agencies, the International Planned Parenthood Federation and other relevant stakeholders.

## Notes

- 1 This is defined by the United Nations Office for Disaster Risk Reduction as 'the knowledge and capacities developed by governments, professional response and recovery organisations, communities and individuals to effectively anticipate, respond to, and recover from, the impacts of likely, imminent or current hazard events or conditions'. <http://www.unisdr.org/we/inform/terminology>
- 2 'Priority 4: Enhancing disaster preparedness for effective response and to "Build Back Better" in recovery, rehabilitation and reconstruction', Sendai Framework for Disaster Risk Reduction 2015–2030, adopted at the Third UN World Conference in Sendai, Japan, on 18 March 2015. <http://www.preventionweb.net/drr-framework/sendai-framework>
- 3 Eleven out of 17 countries reported in 2013 and/or in 2015 on their progress implementing the Hyogo Framework for Action. Four countries in the region have established a formal National Platform for DRR; among the others, all except one have HFA Focal Points.
- 4 'Regional ministerial meeting: Framework of cooperation - On strengthening regional cooperation of disaster management authorities of Central Asian and South Caucasus region in the area of disaster risk reduction, 2015'. Participating countries included Azerbaijan, Armenia, Georgia, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. <http://preventionweb.net/go/42374>
- 5 Disaster Preparedness and Prevention Initiative for South-Eastern Europe, whose members are Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovenia and Turkey. <http://www.dppi.info/>
- 6 Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kosovo (UNSCR 1244), Kyrgyzstan, the Former Yugoslav Republic of Macedonia, Moldova, Romania, Serbia, Turkey, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.
- 7 Coordinated by the International Planned Parenthood Federation European Network and UNFPA Eastern Europe and Central Asia Regional Office.
- 8 The MISP Readiness assessment was undertaken in 2014 by 18 countries comprising more than 90 organisations. See 'Assessment of Countries' Readiness to Provide Minimum Initial Service Package for SRH During a Humanitarian Crisis in the Eastern Europe and Central Asia Region (Report)', UNFPA, IPPF, 2014. <http://eeca.unfpa.org/publications/assessment-countries%E2%80%99-readiness-provide-minimum-initial-service-package-srh-during>
- 9 For instance the 'Recommendations on Health System Response to Intimate Partner Violence and Sexual Violence against Women and Children' in Georgia, the 'National Action Plan for Equal Opportunities Between Women and Men' in Romania, or the 'National Law on Essential Health Services' in Turkey.
- 10 Three countries have no minimum SRH services as described in the MISP integrated in a health response plan, while a third of them have an explicit reference to the MISP in their response plan.
- 11 EECA IAWG 2015 – 14–16 October 2015, Istanbul, Turkey.
- 12 'Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings - 2010 / Clinical management of rape survivors', Revised ed., World Health Organization/United Nations High Commissioner for Refugees, 2004 / Sphere Handbook, 'Humanitarian Charter and Minimum Standards in Humanitarian Response', 2011.
- 13 The National Plan of Action for Capacity Development in Disaster Risk Reduction of the Republic of Serbia 2015–2019 Draft was designed following the capacity assessment conducted by the Government of Serbia with the support of CADRI: <http://www.cadri.net/en/where-we-work/serbia>.

## → Albania



**The risk of disasters or conflict** Albania is located in a major seismic area and is regularly struck by minor earthquakes. The country is prone to a wide variety of natural hazards - including floods, forest fires, earthquakes and snowstorms. In recent years, the country has experienced medium- and large-scale disaster events, including floods in February 2015 in the southern areas of Albania that caused significant damage to infrastructure and agricultural livelihood<sup>1</sup>.

### **Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services**

Albania is equipped with a legal framework for disaster management, with the lead role played by the Ministry of Interior's Directorate General of Civil Emergencies (GDCE). For the health sector, the General Platform on Risk Management and Disaster Preparedness under the Ministry of Health is coordinating disaster-management activities.

An informal working group comprising government agencies, United Nations agencies and civil society has been established and completed the MISP Readiness Assessment<sup>2</sup> in 2014.

### **MISP Readiness Assessment 2014: Highlights**

**Albania could enhance its preparedness to provide SRH priority services, building upon the commitment of key national SRH partners and the network of medical and non-medical actors involved in SRH in normal settings, in order to ensure implementation of priority SRH services from the onset of a crisis.**

**Achievements noted** include the existence of health-related disaster coordination structures and policies. The assessment also stressed the integration of priority maternal and neonatal health services in the emergency response plan, and the existence of a National Strategy for prevention and control of HIV/AIDS that creates an enabling environment for providing services related to HIV and sexually transmitted infections in crisis settings.

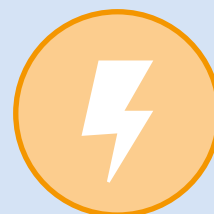
**Gaps that still needed to be addressed** include the lack of integration of other priority services for sexual and reproductive health that are part of the MISP (e.g. prevention and treatment of HIV and STIs; prevention of sexual violence and care for survivors); the need to enhance compliance of planned services with international guidelines and protocols; and the absence of a formalised SRH Working Group to interact with the structures that deal with health and disaster coordination

## **MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES**

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT



DISTRIBUTION OF INDICATORS



19% FULFILLED  
19% PARTIALLY FULFILLED  
62% NOT FULFILLED

→ Disaster management system and health disaster coordination in place;  
→ Good decentralisation.

→ No formalisation of an SRH Working Group;  
→ Limited integration of priority sexual and reproductive health services <sup>4</sup> in the health emergency response plan <sup>5</sup>.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT



DISTRIBUTION OF INDICATORS



14% PARTIALLY FULFILLED  
86% NOT FULFILLED

→ Good knowledge among key actors of existing medical structures involved in providing services to survivors of sexual violence.

→ No services for survivors of sexual violence integrated into health response plan;  
→ No information provided on non-medical actors involved in prevention of sexual violence and psychosocial support.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT



DISTRIBUTION OF INDICATORS



14% FULFILLED  
57% PARTIALLY FULFILLED  
29% NOT FULFILLED

→ Good knowledge of medical structures providing services related to HIV and sexually transmitted infections (excluding prevention of mother-to-child transmission of HIV);  
→ Information leaflets on condoms are available.

→ Priority HIV and STI services are not integrated into the health emergency response plan / Ministry of Health Platform on Risk and Disaster Management.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT



DISTRIBUTION OF INDICATORS



43% FULFILLED  
57% PARTIALLY FULFILLED

→ Good comprehensiveness of planned services in the health emergency response plan;  
→ Advanced knowledge among key actors of existing structures providing maternal and neonatal services.

→ Moderate compliance of planned services with internationally agreed minimum standards;  
→ Insufficient monitoring tools.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group for emergency preparedness and response (SRH Working Group established); focuses on strengthening capacities of national SRH Working Group and technical experts (MISP training targeting a wide audience undertaken).

**Recommendations for Action Plan 2016 onwards**

- Continue the efforts initiated in 2015 to fully establish the SRH Working Group, develop the Terms of Reference and clarify its links with both the health coordination and the disaster coordination structures;
- Address the gaps in MISP preparedness highlighted in the assessment results through the revision of the health emergency response plan to fully integrate all priority SRH services described in the MISP;
- Reinforce the SRH workforce through MISP trainings and advocacy for the integration of the MISP in academic curriculums;
- Improve preparedness in monitoring and data collection (MISP Checklist, review of the SRH indicators integrated into the Health Information System).

1. Albania Disaster Risk Mitigation Adaptation Project <sup>1</sup>  
2. Assessment performed in 2014 by: Ministry of Health, Health Insurance Fund, Institute of Public Health, Ministry of Internal Affairs, Albanian Red Cross, Albanian Caritas, Albanian Centre for Population and Development (IPPF member association) and UNFPA <sup>2</sup>  
3. Results of MISP Readiness Assessment (2014) <sup>3</sup>  
4. Priority services in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in Humanitarian Settings (MISP)  
5. Namely the health sector national civil emergency plan

FOR FULL REFERENCES, PLEASE VISIT THE ONLINE VERSION AT [WWW.BIT.LY/1X8NBTM](http://WWW.BIT.LY/1X8NBTM)



## → Armenia



**The risk of disasters or conflict** A land-locked country in the Caucasus region, Armenia is at high risk of natural disasters, especially earthquakes<sup>1</sup>. The last serious earthquake, in 1988, occurred in the north of the country and killed between 25,000 and 50,000 people, injured thousands and left several cities in ruins. Armenia is also regularly affected by droughts, early spring frostbites, hail, flooding, landslides, strong winds and forest fires<sup>2</sup>. According to the national strategy for disaster risk reduction, one third of the country's land area is in danger of landslides. The unresolved conflict over Nagorno-Karabakh remains a source of instability in relations with neighbouring Azerbaijan.

### **Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services**

Armenia adopted a National Strategy for Disaster Risk Reduction in 2012. Health disaster coordination is led by the National Interagency Coordination Committee on Disaster Management under the Ministry of Emergency Situations, in cooperation with the Ministry of Health and other stakeholders<sup>3</sup>. The National Platform for DRR created in 2010, and comprising all the above-mentioned actors, has had a Thematic Group on Health and Safety and First Aid since 2013. An informal working group comprising government agencies, UN and civil society completed the MISP Readiness Assessment<sup>4</sup> in 2014.

### **MISP Readiness Assessment 2014: Highlights**

**Armenia could build upon its extensive medical network and the commitment of the key national SRH partners to significantly improve its national preparedness to provide SRH services starting from the onset of any crisis.**

**Achievements noted** include the existence of disaster coordination structures related to health, as well as SRH coordination within the Ministry of Health. The assessment also showed good knowledge among key actors of the medical structures providing maternal and neonatal health services and those working with sexual violence survivors throughout the country.

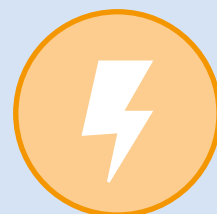
**Gaps that still needed to be addressed** include the lack of a formal mandate of the SRH committee for addressing MISP preparedness and response, and the absence of appropriate provisions in the relevant response plan to ensure the implementation of priority sexual and reproductive health services from the onset of a crisis.

## **MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES**

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

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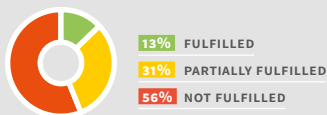




**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



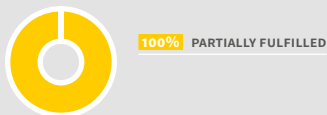
- Robust disaster management system with a National Platform for Disaster Risk Reduction and Thematic Group on Health;
- Advanced decentralisation.

- No formalised SRH Working Group;
- Lack of measures to strengthen the workforce available in the event of an emergency (surge capacity, training of staff, etc.).

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



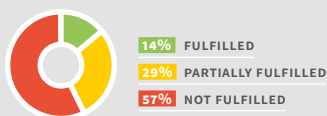
- Good knowledge among key actors of existing medical structures providing services to sexual violence survivors.

- No provision for priority sexual violence services<sup>6</sup> in the health emergency response plan;
- Lack of knowledge among key actors of non-medical structures providing protection and psychosocial support to survivors.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



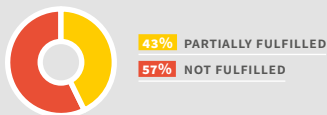
- Good enabling environment provided by policies and plans for normal settings;
- Good knowledge of existing structures providing services related to HIV and other sexually transmitted infections.

- No provision of priority HIV and STI services in the health emergency response plan.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



- Mapping and description available of existing medical structures providing priority maternal and neonatal health services.

- No provision for priority maternal and neonatal health services in the health emergency response plan.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Prioritises the inclusion of MISP preparedness and response into the Terms of Reference of the SRH Coordination Committee of the Ministry of Health (achieved); foresees a series of activities to increase the preparedness of the health workforce to respond to priority SRH needs in case of an emergency (development of distance learning course and online certification on MISP for healthcare providers initiated); addresses the compliance of services with international protocols and guidelines.

**Recommendations for Action Plan 2016 onwards**

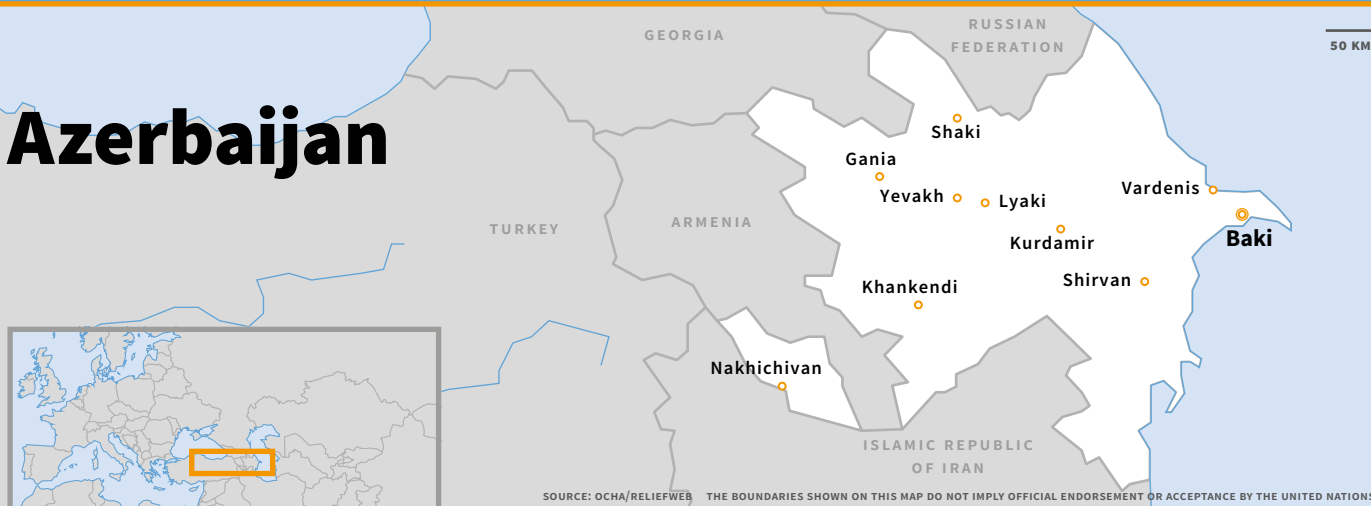
- Prioritise the revision of the existing health emergency response plan or the creation of a dedicated reproductive health response plan, notably to ensure the comprehensiveness of planned services in maternal and neonatal health, HIV and sexually transmitted infection services, and prevention of sexual violence and care of survivors as described in the MISP;
- Ensure the efficient linkage of the SRH Coordination Committee under the Ministry of Health with the Thematic Group on Health of the National Platform for Disaster Risk Reduction;
- Continue efforts on compliance with international protocols and guidelines for priority services implemented from the onset of the response.

1. Armenia risk profile <sup>2</sup>  
 2. OCHA Armenia profile <sup>2</sup>  
 3. International organisations, international and local NGOs  
 4. Assessment performed in 2014 by: the Ministry of Health, Ministry of Emergency Situations DRR Platform, UNDP, OXFAM, Support to Communities NGO and UNFPA <sup>2</sup>  
 5. Results of MISP Readiness Assessment (2014) <sup>2</sup>  
 6. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in Humanitarian Settings (MISP)

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## → Azerbaijan



**The risk of disasters or conflict** Located in the seismically active region of the Caucasus, Azerbaijan is prone to earthquakes. The country also regularly experiences floods and drought, which seriously affect its agricultural resources. The conflict with neighbouring Armenia over Nagorno-Karabakh, which led to massive internal displacement in the 1990s, remains unresolved and continues to be a source of instability.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Azerbaijan has recently been improving its capacities for disaster preparedness, an effort led by the Ministry of Emergency Situations in cooperation with intergovernmental organisations, United Nations agencies and NGOs.<sup>1</sup>

A group comprising government agencies and UNFPA has worked together in some aspects of SRH disaster preparedness and completed the MISP Readiness Assessment<sup>2</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

**Azerbaijan could upgrade its level of preparedness by building on the work already done by key national SRH partners and the significant network of structures providing SRH services in normal times, in order to ensure that priority life-saving SRH services are available in emergencies.**

**Achievements noted** include the good cooperation of the Ministry of Emergency Situations and the Ministry of Health with other stakeholders, and the activities of the Public Health and Reforms Centre and the Republic Centre for HIV/AIDS which create an enabling environment for ensuring priority services from the onset of a crisis.

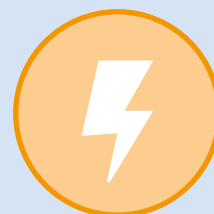
**Gaps that still needed to be addressed** include the lack of an SRH Working Group in charge of both preparedness and response, with shared roles and responsibilities and identified leadership; and the absence of an SRH emergency response plan allowing priority life-saving SRH services to be implemented from the onset of a disaster and the mobilising of necessary medical and non-medical structures and personnel.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

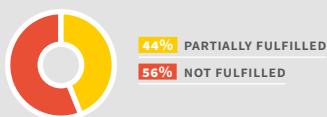




**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



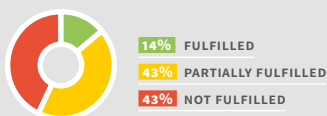
→ Ministry of Emergency Situations established and policies related to disaster management and the health sector in place.

→ No SRH Working Group or decentralised response management in the event of a massive emergency;  
 → Lack of identified health emergency response plan.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



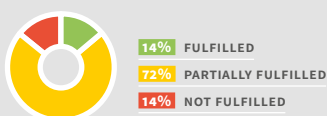
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→ Assessment could not identify a plan with priority services to prevent sexual violence and assist survivors;  
 → No information was provided on existing medical and non-medical actors involved in sexual and gender-based violence in normal settings.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



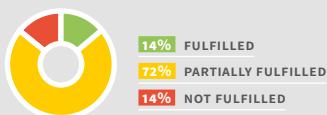
→ Existence of a network of medical structures at national and district level that provide services related to HIV and sexually transmitted infections;  
 → Policies and activities of the Republic Centre for HIV/AIDS prevention create an enabling environment for providing services during a humanitarian crisis.

→ Lack of specific provisions integrated in the emergency response plan, including those related to population movements.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



→ Description provided of existing maternal and neonatal health services providers at national and district level.

→ No specific provisions for priority life-saving maternal and neonatal health services to be implemented from the onset of a crisis.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the creation and formalisation of the SRH Working Group under the leadership of the Ministry of Health's Public Health and Reforms Centre (Draft Terms of Reference developed and shared with relevant ministries); aims at reinforcing knowledge among key stakeholders of existing structures involved in providing services to sexual violence survivors (joint project initiated on gender-based violence with conflict and post-conflict components); foresees building capacities of existing medical structures providing maternal and neonatal health.

**Recommendations for Action Plan 2016 onwards**

- Urgently address the lack of a sexual and reproductive health emergency response plan comprising the priority services described in the MISP for SRH in crisis, relying on existing actors and structures throughout the country and foreseeing additional emergency measures to address potential gaps of structures, personnel, medicines and equipment;
- Prioritise the training of medical personnel on the MISP and advocate for the integration of the MISP in academic training curricula.

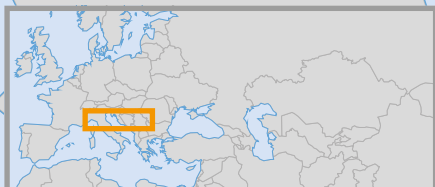
1. See for instance, *Preparing for disasters and reducing risk in Azerbaijan* <sup>2</sup>  
 2. Assessment performed in 2014 by: Ministry of Health, Ministry of Emergency Situations, Republic Centre to Combat HIV/AIDS, Institute of Obstetrics and Gynaecology, UNFPA <sup>3</sup>  
 3. Results of MISP Readiness Assessment <sup>4</sup>

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## → **Bosnia and Herzegovina**



SOURCE: OCHA/RELIEFWEB THE BOUNDARIES SHOWN ON THIS MAP DO NOT IMPLY OFFICIAL ENDORSEMENT OR ACCEPTANCE BY THE UNITED NATIONS

**The risk of disasters or conflict** Bosnia and Herzegovina's territory is included in the Mediterranean-trans-Asian seismic belt and represents 'one of the most active parts of the Balkan Peninsula in terms of seismology'<sup>1</sup>. The country also regularly faces severe weather conditions, including floods and droughts, as well as landslides. The last significant earthquakes occurred in the area of Sarajevo in 2009; in 2014, BiH was hit by the 'worst flooding in [the country's] recorded history'.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Bosnia and Herzegovina is equipped with advanced disaster risk reduction structures and policies, with the Ministry of Security of Bosnia and Herzegovina hosting the National Platform for Disaster Risk Reduction since 2012<sup>2</sup>. The Ministry of Health and Social Welfare of the Republika Srpska and the Ministry of Health for the Federation of Bosnia and Herzegovina are responsible for administering, organising and funding their own health system. The Health Department at the Ministry of Civil Affairs of Bosnia and Herzegovina has a coordinating role, defining basic principles, coordinating activities and harmonising plans of the entity's authorities, and interacting with international counterparts. An informal working group comprising key national partners has been working to improve emergency preparedness for sexual and reproductive health. The working group completed the MISP Readiness Assessment<sup>3</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

**Bosnia and Herzegovina could improve its level of preparedness by building upon the work undertaken by key national SRH partners to allow timely and full implementation of priority lifesaving SRH services from the onset of a crisis.**

**Achievements noted** included the existence of disaster coordination structures related to health. Moreover, comprehensive services are foreseen in emergency response plans for preventing sexual violence and assisting survivors, and advanced but incomplete provisions exist for priority services for HIV and sexually transmitted infections as well as priority maternal and neonatal health services as described in the MISP.

**Gaps that still needed to be addressed** include the lack of formalisation of the working group; the lack of information materials prepared for different linguistic groups; and the lack of specific measures to address crises with population movements or temporary settlements.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

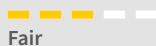
preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.



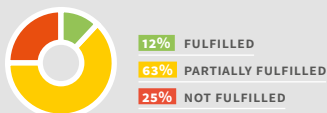


**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Disaster management system with national platform in place;
- Partial integration of SRH priority services in health emergency response plans.

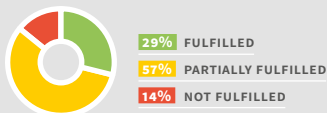
- No formalisation of the SRH Working Group;
- Clarification needed on the integration of priority SRH services in the response plan for each entity (Federation of Bosnia and Herzegovina and Republika Srpska).

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Advanced provision for priority services related to sexual violence;
- Availability of Standard Operating Procedures and measures to prevent sexual exploitation and abuse.

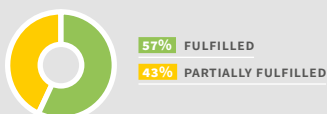
- Insufficient information provided on existing medical and non-medical structures;
- No availability of information and education materials to potentially affected communities in the languages spoken.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Moderate comprehensiveness of planned services;
- Mapping available of existing structures providing services related to HIV and sexually transmitted infections.

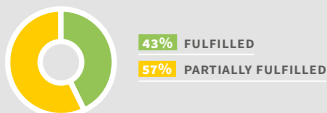
- No planned provisions of antiretroviral drugs to continuous users or for the availability of condoms;
- Lack of specific provisions in crises for temporary settlements and population movements.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Moderate comprehensiveness of planned services and good compliance with internationally agreed standards;
- Specific provision for post-abortion care.

- Lack of provision to make contraceptives available to meet demand;
- No information or education materials prepared;
- Monitoring tools not ready.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group (Working Group created and Focal Points appointed); focuses on preparing relevant information, education and communication materials adapted to each linguistic group of potentially affected areas.

**Recommendations for Action Plan 2016 onwards**

- Continue efforts to formalise the SRH Working Group, and ensure the SRH Working Group is recognised for its lead role in SRH preparedness and response by the different bodies coordinating the emergency response in each entity of the country;
- Address the gaps in MISP preparedness highlighted in the assessment's results through revision of the health emergency response plan applicable in each entity, prioritising the comprehensiveness of planned services in maternal and neonatal health, services related to HIV and sexually transmitted infections, and prevention and care of sexual violence;
- Reinforce the SRH workforce through MISP trainings and advocacy for the integration of the MISP in academic curricula;
- Consider specific measures to address crises with in-country or cross-border movements;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System).

1. Prevention of natural disasters in Bosnia and Herzegovina <sup>2</sup>  
 2. National Platform for Disaster Risk Reduction <sup>2</sup>  
 3. Assessment performed in 2014 by: Federal Ministry of Health, Ministry of Health and Social Welfare Republika Srpska, Ministry of Civil Affairs BiH, Y-PEER Network, Red Cross and UNFPA. <sup>2</sup>  
 4. Results of MISP Readiness Assessment (2014) <sup>2</sup>

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## → Bulgaria

**The risk of disasters or conflict** Bulgaria is prone to natural disasters such as floods and landslides, and is also seismically active. The last significant earthquake occurred in 2012. In May 2014 the country experienced major floods caused by torrential rains. Although such events are rare, certain areas of the country experience higher vulnerability, particularly places with marginalised populations.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Bulgaria is equipped with a robust national disaster risk reduction framework. The Consultative Council, created in 2012, supports the Council of Ministers for Disaster Risk Reduction and is chaired by the Minister of Interior; the Deputy Minister of Health sits on the Consultative Council's board.

A team of key national SRH partners has been involved in SRH preparedness, and completed the MISP Readiness Assessment in 2014<sup>1</sup>.

### MISP Readiness Assessment 2014: Highlights

**Bulgaria could perfect its SRH preparedness by building on the work undertaken by the national SRH partners in order to ensure timely provision of priority life-saving SRH services in emergencies.**

**Achievements noted** include the existence of advanced disaster coordination structures and a set of policies addressing different crisis-and-response scenarios. The assessment stressed the good comprehensiveness of services foreseen in the emergency response plan for preventing sexual violence and assisting survivors; reducing HIV transmission and meeting needs related to sexually transmitted infections; and preventing excess maternal and neonatal mortality and morbidity.

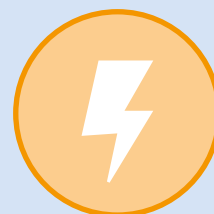
**Gaps that still needed to be addressed** include the lack of formalisation of an SRH Working Group in charge of preparedness and response; the need to make sure that the co-existence of different plans does not jeopardise the timely implementation of priority SRH services from the onset of the response; and the lack of specific measures to address crises affecting temporary settlements and population movements (in-country or cross-border).

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT



Fair

DISTRIBUTION OF INDICATORS



19% FULFILLED  
31% PARTIALLY FULFILLED  
50% NOT FULFILLED

- Robust disaster management system;
- Existing SRH coordination;
- Advanced decentralisation;
- Partial integration of SRH priority services <sup>3</sup> in the different health emergency response plans;
- Surge capacities in place.

- No formalised SRH Working Group;
- Clarification needed on coherence of different response plans with regard to priority SRH services (under the law on disaster protection; the law on the Bulgarian Red Cross; and the law on Refugees and Asylum)

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



71% FULFILLED  
29% PARTIALLY FULFILLED

- Advanced provision for priority services on sexual violence;
- Good knowledge among key actors of existing medical structures;
- Information available to affected communities.

- Lack of information on non-medical actors regularly involved in prevention of sexual violence and psychosocial services;
- Insufficient measures to prevent sexual exploitation and abuse;
- Limited provisions for monitoring the implementation of services related to sexual violence from the onset of a crisis.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



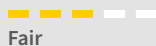
86% FULFILLED  
14% PARTIALLY FULFILLED

- Good comprehensiveness of planned services on HIV;
- Mapping available of existing actors and advanced information provided;
- Good compliance with international guidelines.

- Insufficient provisions for priority services related to STIs;
- No information on provisions for temporary settlements and population movements.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT



Fair

DISTRIBUTION OF INDICATORS



29% FULFILLED  
71% PARTIALLY FULFILLED

- Good knowledge among key actors of structures providing maternal and neonatal health services;
- Mapping of structures available;
- Moderately comprehensive planned services.

- Lack of provisions in disaster response plans for contraceptives and for post-abortion care;
- No availability of information or education materials on priority services and on signs of danger.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Aims at raising awareness of key management staff in government and among partners on the concept of the MISP in emergencies to increase consideration of SRH in the different preparedness plans (high-level meetings held with Ministry of Health).

**Recommendations for Action Plan 2016 onwards**

- Continue the efforts initiated in 2015 to create an SRH Working Group and place SRH in emergencies on the agenda of the relevant existing coordination forums in charge of preparedness and response;
- Synchronise the national legislation, policies and plans relevant to SRH in emergency settings;
- Address the gaps in planned services as highlighted in the assessment's results; focus on enhancing the provisions for crises affecting population movements and temporary settlements;
- Continue the cooperation and mapping exercise on existing non-medical structures involved on a regular basis in providing services for sexual violence survivors;
- Address need for a sufficient workforce trained on the MISP to be mobilised from the onset of the response;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System).

1. Assessment performed in 2014 by: Ministry of Health, Bulgarian Red Cross, Bulgarian Family Planning and Sexual Health Association (IPPF member association), IOM and UNFPA <sup>2</sup>

3. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

2. Results of MISP Readiness Assessment (2014) <sup>2</sup>

FOR FULL REFERENCES, PLEASE VISIT THE ONLINE VERSION AT [WWW.BIT.LY/1X8NBTM](http://WWW.BIT.LY/1X8NBTM)



## → Georgia



**The risk of disasters or conflict** Located in a 'highly disaster-prone region', Georgia frequently experiences earthquakes, floods, debris flows, landslides and avalanches. Such incidents occur mostly in mountainous parts of the country and along its major rivers, and can severely affect local communities <sup>1</sup>. The development of the country was affected by civil unrest and armed conflict in the 1990s; about 1 million people left Georgia and more than 250,000 became internally displaced from the conflict-affected regions.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** The Government of Georgia has taken a series of steps to address disaster risk in the country, aimed at strengthening the institutional and legislative framework of the national disaster risk reduction (DRR) system. A series of related laws and strategies have been adopted over the last 10 years, including the National Response Plan for Natural and Man-Made Emergency Situations, led by the Ministry of Internal Affairs. Health aspects of the plan fall under the Ministry of Labour, Health and Social Affairs.

A team of national stakeholders has been working to ensure sexual and reproductive health is integrated in disaster risk management, including emergency preparedness. This group completed the MISP Readiness Assessment <sup>2</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

**Georgia could enhance its level of preparedness by building on the work undertaken by the SRH national partners in order to ensure comprehensive implementation of priority life-saving SRH services from the onset of a crisis.**

**Achievements noted** include the existence of a complete system for disaster management, and a health disaster coordination mechanism under the Ministry of Labour, Health and Social Affairs that addresses maternal and neonatal health issues. Moreover, the health emergency response plan includes some of the priority services related to maternal and neonatal health.

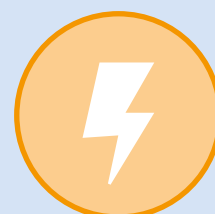
**Gaps that still needed to be addressed** include the lack of complete integration of priority SRH services in the health emergency response plan; the need to strengthen the workforce available to implement priority SRH services from the onset of a crisis; and the lack of monitoring and data collection tools to be used from the onset of a crisis.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

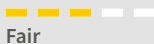
preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.



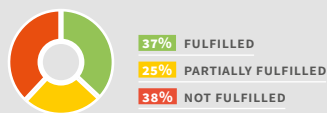


**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Complete disaster management system with advanced decentralisation and integration of all actors;
- Partial integration of SRH priority services in the health emergency response plan <sup>4</sup>;
- Coordination of response activities by the Committee on Safe Motherhood and Childhood at the Ministry of Labour, Health and Social Affairs.

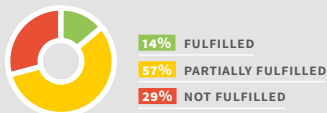
- No formalisation of an SRH Working Group involving key partners;
- Insufficient medical staff trained on sexual and reproductive health in emergencies and no roster available for surge capacity.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT



DISTRIBUTION OF INDICATORS



- State Fund in charge of sexual violence and human trafficking has mandate for protection in crisis situations;
- Services provided compliant with international guidelines and protocols.

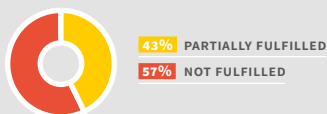
- Limited information provided on existing medical and non-medical structures involved in sexual violence prevention and care;
- No provision for medical services to survivors in the health response plan;
- Lack of Standard Operating Procedures for the care of survivors and measures to prevent sexual exploitation and abuse.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Existence of a 2010-2016 HIV/AIDS Strategic Plan of Action <sup>5</sup> that creates an enabling environment for providing services related to HIV and sexually transmitted infections in humanitarian settings as well as normal ones.

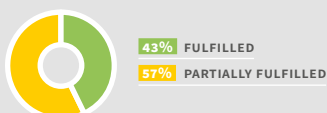
- No provisions for priority services related to HIV and STIs in the health emergency response plan (a revision of the plan was foreseen).

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Moderate comprehensiveness of planned services (emergency obstetric care and referral) and compliance with internationally agreed standards.

- Pre- and post-abortion care and contraceptives not foreseen in the response plan;
- Quality of care must be enhanced to meet minimum standards for maternal and neonatal health care at district level.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the creation of a multi-partner SRH Working Group under the Ministry of Labour, Health and Social Affairs (Ministry's Focal Point appointed and draft Terms of Reference developed); focuses on advocacy for the integration of priority SRH services into the health emergency response plan (first advocacy meeting held and action plan drafted).

**Recommendations for Action Plan 2016 onwards**

- Ensure that the SRH Working Group involves key partners from government, UN and civil society, with shared leadership and clear roles and responsibilities for preparedness and response, and is fully functioning;
- Advocate for the SRH Working Group to address all the components of the MISP beyond maternal and neonatal health, including sexual violence and HIV and sexually transmitted infections;
- Address the gaps in MISP preparedness highlighted in the assessment's results through revision of the health emergency response plan, prioritising the comprehensiveness and compliance of planned services for the prevention of HIV and treatment of sexually transmitted infections;
- Advocate for improved safety of the hospitals providing SRH services using the Hospital Safety Assessment undertaken between 2009 and 2012 with WHO.

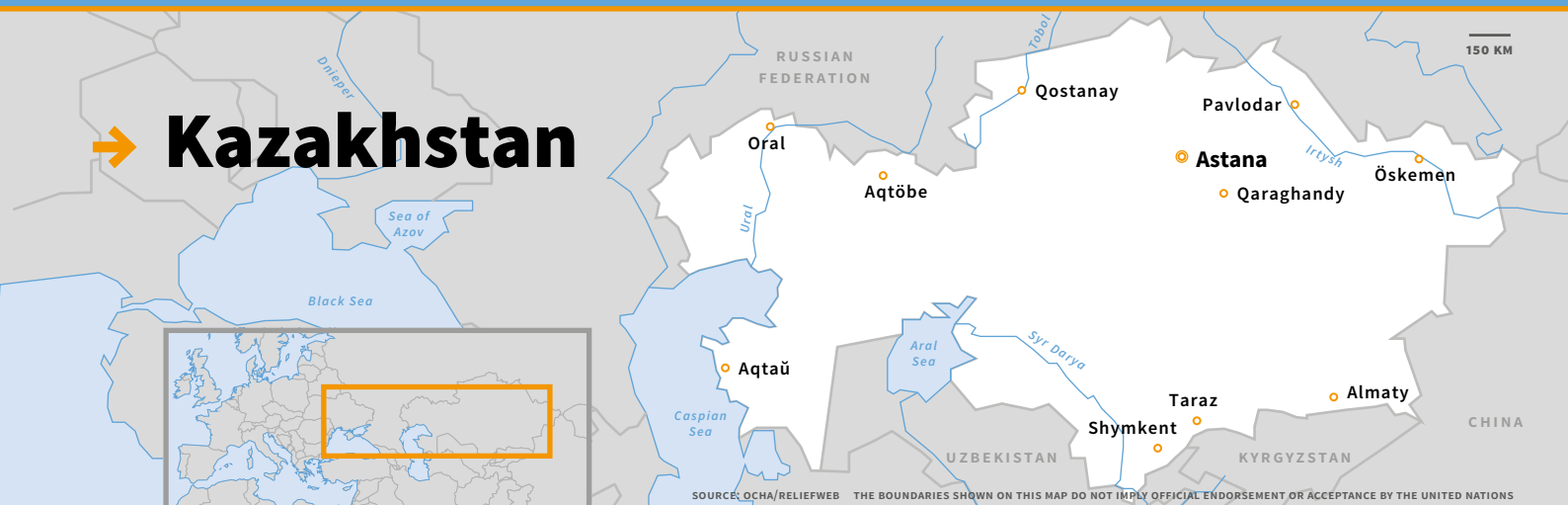
1. OCHA <sup>1</sup>  
2. Assessment performed in 2014 by: Ministry of Labour, Health and Social Affairs (MoLSHA), Department of Emergency Coordination and Regime of the MoLSHA and its Regional Representatives, Ministry of Internal Affairs, Red Cross, Hera XXI (IPPF Member Association), UNDP, UNICEF, UN Women, UNFPA <sup>2</sup>

3. Results of MISP Readiness Assessment (2014) <sup>3</sup>  
4. Sectoral National Plan for Natural and Technological Emergency Situations function 6, for healthcare service provision, decree 415  
5. Ministry of Labour, Health and Social Affairs and UNAIDS - plan updated for the period 2016-2018

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## → Kazakhstan



**The risk of disasters or conflict** Kazakhstan is prone to natural disasters such as landslides, floods, extreme temperatures, earthquakes, and forest fires <sup>1</sup>. The country has been recently affected by serious floods which impacted its agricultural resources and the living conditions of populations in rural areas. <sup>2</sup>

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Kazakhstan is equipped with a limited framework for disaster management, although the government ‘increasingly recognises the threats posed by natural and environmental hazards’ and acknowledges the ‘special role that humanitarian stakeholders [...] may have in a disaster’. <sup>3</sup> The Committee of Emergency Situations within the Ministry of Internal Affairs is in charge of disaster management, and health issues are handled by the Centre of the Medicine of Catastrophes and the Ministry of Health.

Key national SRH partners (comprising government agencies, United Nations agencies and civil society) worked together to complete the MISP Readiness Assessment <sup>4</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

**Kazakhstan could significantly upgrade its preparedness to provide priority life-saving SRH services in emergencies by building upon its extensive network of structures providing SRH services in normal times and on the work already undertaken by SRH partners.**

**Achievements noted** include the presence of developed existing structures providing medical services to sexual violence survivors, services related to HIV and sexually transmitted infections, and maternal and neonatal health services, as well as the network of family planning centres in the country. Moreover, the assessment demonstrated the commitment of key SRH partners to improve MISP preparedness at a regional and national level in cooperation with key disaster management bodies such as the Committee of Emergency Situations and the Ministry of Health.

**Gaps that still needed to be addressed** include the lack of a working group at the national level addressing SRH emergency preparedness and response, and the absence of a health emergency response plan foreseeing the implementation of priority life-saving sexual and reproductive health services from the onset of a crisis.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

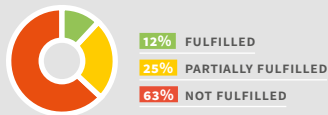




**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



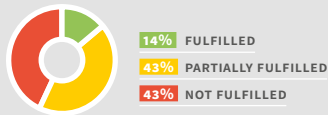
→ A normative framework is in place for disaster management and health coordination;  
 → Key SRH partners are committed to working together.

→ The existing emergency response plan does not sufficiently foresee strategic actions in the event of an emergency;  
 → The health coordination does not address SRH and there is no stand-alone SRH Working Group.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



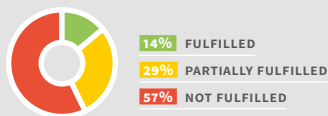
→ Good knowledge among key actors of existing structures providing services to sexual violence survivors, including family planning centres.

→ No provisions for priority services related to sexual violence in the emergency response plan.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



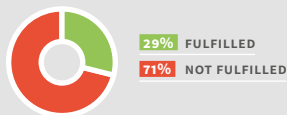
→ Good knowledge among key actors of existing structures providing services related to HIV and sexually transmitted infections;  
 → Enabling policies and laws.

→ No provisions for priority services related to HIV and STIs in the emergency response plan.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



→ Good knowledge among key actors of existing structures providing priority maternal and neonatal health services.

→ No provisions for priority maternal and neonatal health services in the emergency response plan;  
 → No information on family planning services.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Foresees the creation and formalisation of a pilot SRH sub-working group in the Almaty region (sub-working group established); prioritises the revision of the sub-national emergency response plan (Almaty region) and other regulations to include priority life-saving services as described in the MISP (revision of the regulations on protection system for prevention of sexual violence in refugee camps drafted and recommendations developed for Action Plan on Provision of Obstetric & Neonatal Care in Emergencies).

**Recommendations for Action Plan 2016 onwards**

- Continue the revision of Almaty region's emergency response plan to integrate MISP services;
- Prioritise other activities to strengthen available resources (staff, equipment, medicines) in the Almaty region to allow MISP implementation from the onset of a crisis ;
- Advocate for an extension of the Almaty region's achievements to the national level, in particular prioritising the existence of a national SRH Working Group in charge of preparedness and response (within or outside of the existing health coordination).

1. Kazakhstan Information on Disaster Risk Reduction <sup>2</sup>  
 2. Kazakhstan Basic Country Statistics and Indicators (2014) <sup>2</sup>  
 3. OCHA report <sup>2</sup>  
 4. Assessment performed in 2014 by: Ministry of Health, Ministry of Emergency Situations, Centre of Disaster Medicine, Republican Scientific-Practical Centre of Psychiatry, Psychotherapy and Narcology, Republican Centre of Healthcare Development Kazakhstan, Association on Sexual and Reproductive Health (KMPA, IPPF member association), UNFPA <sup>2</sup>  
 5. Results of MISP Readiness Assessment (2014) <sup>2</sup>

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## → Kyrgyzstan



**The risk of disasters or conflict** Kyrgyzstan has been classified as the ‘most seismically dangerous country in Central Asia’, and is also exposed to landslides, floods and mudflows. Moreover, the country is at risk of conflict-related emergencies: the ‘Ferghana Valley is under high risk of intra- and inter-state conflicts. In June 2010, the extended political crisis in Kyrgyzstan led to civil unrest and displacement [...] Volatile areas still exist, and [...] could trigger violent conflicts and complex emergencies. The regional political stability is further threatened by region-wide, inter-state disputes over land, water, energy and other vital resources.’<sup>1</sup>

### **Emergency preparedness: readiness to provide priority SEXual and reproductive health (SRH) services**

Kyrgyzstan is equipped with a complete system of disaster risk reduction, with the lead role played by the National Platform for DRR under the Ministry of Emergency Situations and a relevant decentralised set-up at the regional and district level. The participation is diverse and involves civil society<sup>2</sup>.

The SRH Working Group led by the Blood Centre under the Ministry of Health is a large group addressing both preparedness and response. The members completed the MISP Readiness Assessment in 2014.

### **MISP Readiness Assessment 2014: Highlights**

**Kyrgyzstan could continue upgrading its level of preparedness, including by building on the advanced health disaster preparedness set-up in place and the work undertaken by the SRH Working Group, in order to ensure timely implementation of all priority life-saving SRH services from the onset of a crisis.**

**Achievements noted** include the existence of a disaster coordination structure related to health, effective at the central and local level, including an SRH Working Group involving key national partners. Moreover, the assessment highlighted the comprehensiveness of services foreseen in the emergency response plan for reducing HIV transmission and meeting needs related to sexually transmitted infections, and for preventing excess maternal and neonatal mortality and morbidity.

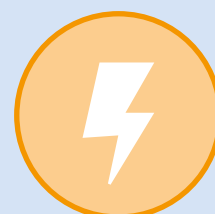
**Gaps that still needed to be addressed** include the need to complete the planned services for sexual violence survivors in the disaster response plan; the lack of mapping of existing structures involved in sexual violence prevention and care; and the absence of a comprehensive hospital safety assessment following the Hospital Safety Index established by the World Health Organization.

## **MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES**

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





**MISP OBJECTIVE 1  
Disaster Management System  
and SRH Coordination**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



44% FULFILLED  
56% PARTIALLY FULFILLED

- Strong disaster management system at central and local level;
- >Efficient SRH coordination and advanced decentralisation;
- Partial integration of SRH priority services <sup>8</sup> in the health emergency response plan.

- Lack of measures to plan for surge capacity with national or international staff;
- Limited number of hospitals assessed with the Hospital Safety Index <sup>4</sup>

**MISP OBJECTIVE 2  
Prevent Sexual Violence  
& Assist Survivors**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



71% FULFILLED  
29% PARTIALLY FULFILLED

- Advanced compliance of planned services with internationally agreed protocols and guiding principles;
- Standard Operating Procedures for the care of survivors and measures to prevent sexual exploitation and abuse available.

- Incomplete description of existing medical and non-medical structures along with their capacities;
- Psychosocial services not included in health disaster response plan.

**MISP OBJECTIVE 3  
Reduce HIV Transmission  
& Meet STI Needs**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



57% FULFILLED  
43% PARTIALLY FULFILLED

- Good comprehensiveness of planned services and compliance with international guidelines.

- Provision not foreseen for antiretroviral treatments of different regimens in the event of cross-border movements;
- Gaps in availability of information for communities and culturally sensitive materials.

**MISP OBJECTIVE 4  
Prevent Excess Maternal and  
Neonatal Mortality & Morbidity**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



71% FULFILLED  
29% PARTIALLY FULFILLED

- Priority services for maternal and neonatal health integrated into the health disaster response plan;
- Good compliance with internationally agreed minimum standards;
- Information ready to be made available to communities.

- No complete description of existing medical structures providing priority maternal and neonatal health services at the referral and local level.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Reinforces the status of the SRH Working Group within the Disaster Response Coordination and puts the MISP on the agenda of contingency planning and action planning for 2016 (achieved); expands the network of partners involved in prevention of sexual and gender-based violence and care for its survivors (draft Standard Operation Procedures to prevent and respond to gender-based violence in humanitarian settings developed); builds the capacity of health staff on SRH in humanitarian settings (trainings of trainers on MISP and clinical management of rape carried out with a wide audience).

**Recommendations  
for Action Plan 2016 onwards**

- Continue the efforts initiated in 2015 to reinforce the workforce trained on the MISP through additional trainings and inclusion of the MISP in academic curriculums, notably the Kyrgyz Medical Postgraduate training institute; prepare for surge capacity of national and international staff;
- Fill the remaining gaps highlighted in the assessment to allow full comprehensiveness of the planned SRH services in contingency plans and response plans, according to the MISP;
- Ensure the SRH Working Group is recognised and integrated in the emergency relief set-up involving international actors within the Disaster Response Coordination Unit supported by the Office for Coordination of Humanitarian Affairs <sup>1</sup>;
- Advocate for and participate in the completion of the Hospital Safety Assessment initiated in 2009.

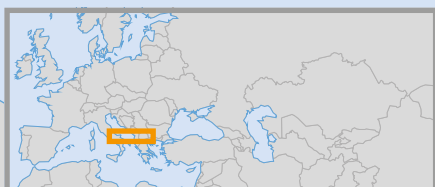
1. OCHA Caucasus and Central Asia <sup>2</sup>  
2. See National progress report on the implementation of the HFA (2013-2015) - Interim <sup>2</sup>  
3. Assessment performed in 2014 by: Ministry of Health, of Emergency Situation and International Development, Counterpart International, Red Cross, UNDP, WHO, Disaster Response Coordination Unit under RC office, UNFPA <sup>2</sup>

4. Three hospitals assessed in 2009, see *In-depth review of disaster risk reduction in the Kyrgyz Republic* <sup>2</sup>  
5. Full report <sup>2</sup>  
6. Priority services in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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## → The Former Yugoslav Republic of Macedonia



SOURCE: OCHA/RELIEFWEB THE BOUNDARIES SHOWN ON THIS MAP DO NOT IMPLY OFFICIAL ENDORSEMENT OR ACCEPTANCE BY THE UNITED NATIONS

**The risk of disasters or conflict** Two major crises tested the readiness of humanitarian response efforts in the Former Yugoslav Republic of Macedonia in 2015: intensive rainfalls that flooded vast swathes of the country in late January and early February, and an on-going influx of migrants and asylum-seekers – mostly from Syria, Afghanistan, and Somalia – entering the country via Greece. More than 78,000 people were affected by the winter deluge, with over 2,400 family homes inundated or isolated by the floodwaters, and thousands of acres of agricultural land destroyed. Many parts of the country were left without electricity and/or water supply. Following the floods, UNFPA worked with the Red Cross and the Ministry of Health to provide humanitarian support to the most vulnerable populations in the region, including women, children, the elderly, and persons with disabilities. This year, the country also emerged as an important transit point for refugees and migrants en route to Western and Northern Europe, with a daily average of 7,745 people crossing the border as of late October. Women comprise around one-fifth of the migrant population in the country, and approximately 6 per cent of them are pregnant. Many require basic reproductive health care, as well as obstetrics care for those who are pregnant. Meeting these needs puts serious strains on the country's health system.

**Emergency response and preparedness** A total of 2,800 UNFPA-provided dignity kits were distributed following the January/February floods, each containing two months' worth of supplies for recipients selected from among the most marginalised

and isolated groups in the areas where flooding was the heaviest. In order to improve future flood response, the UNFPA Country Office has already implemented a workshop on population data collection in humanitarian settings to establish linkages between the health sector and the crises management structure so that reproductive-health needs will be systematically included in the process of data collection.

In the refugee crisis, UNFPA is working to procure Reproductive Health kits and basic medical devices (e.g. delivery beds, CTGs, ultra-sound) to be distributed to medical centres and maternity hospitals along the migrants' transit route. It has also procured warm underwear and sanitary items to be distributed to migrants through the Red Cross and local NGO partner H.E.R.A., which has also been working with the Ministry of Health to increase outreach to refugees and migrant communities so they can be informed about the health services the Ministry has made available free-of-charge through mobile health clinics. In order to meet the needs of an increasing flow of refugees and migrants, UNFPA is supporting and monitoring the implementation of information-sharing and coordination between NGOs, CSOs, and different levels of care in the health system to better serve people in transit.

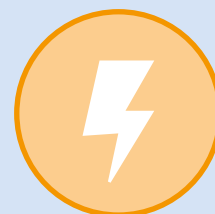
To prepare for future emergencies, a team comprising key governmental, UN and non-governmental sexual and reproductive health (SRH) partners performed the MISP Readiness Assessment<sup>1</sup> in 2014 and has been continuing preparedness efforts based on the assessment's results.

### MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

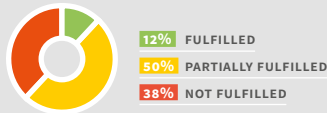




**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



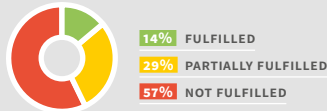
→ Robust disaster management framework and policies, including for the health sector.

→ Absence of formalised SRH Working Group in charge of preparedness and response.

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



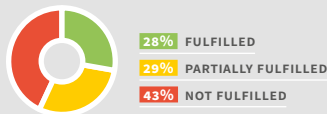
→ Good enabling environment in normal settings for prevention of sexual violence.

→ No services or Standard Operating Procedures integrated in the health emergency response plan.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



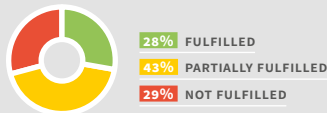
→ Some priority services, particularly those related to HIV/AIDS <sup>3</sup>, are available in normal settings.

→ No specific measures to implement priority services related to HIV and sexually transmitted infections in crisis integrated in the health emergency response plan.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



→ Good network of medical structures providing priority maternal and neonatal health services.

→ Lack of full integration of the maternal and neonatal health services in the health emergency response plan.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the establishment of a multi-sectorial SRH coordination group dealing with crisis situation (achieved; SRH Focal Point appointed); focuses on integrating an SRH Chapter in the health sector's revised national preparedness plan to respond to crisis situations (chapter developed with notable inclusion of priority services on HIV and sexually transmitted infections; integration in national plan initiated); addresses workforce gaps (MISP trainings conducted).

**Recommendations for Action Plan 2016 onwards**

- Continue efforts to update national health preparedness plan to address gaps highlighted in the assessment and with particular consideration of the migrant/refugee crisis;
- Further strengthen capacities for provision of MISP, with particular focus on GBV and integration of the MISP in academic curriculums;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System and Crisis Management System).

1. Assessment performed in 2014 by: Institute of Public Health of the Republic of Macedonia, Ministry of Labour and Social Affairs, Red Cross of the Republic of Macedonia, Ministry of Health, UNFPA, WHO, Health Education and Research Association (HERA, IPPF member association) <sup>1</sup>

2. Results of MISP Readiness Assessment (2014) <sup>2</sup>

3. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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## → Moldova



**The risk of disasters or conflict** Moldova is located close to a seismically active area and is thus prone to earthquakes, as well as to other disasters such as floods, droughts, landslides and extreme weather conditions. The unresolved conflict over the status of Transnistria continues to be a source of instability. Poverty is an aggravating factor to the vulnerability of populations facing disasters<sup>1</sup>.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Moldova is equipped with a set of laws and policies addressing both disaster preparedness and response. The health disaster coordination is led by the Republican Centre for Disaster Medicine, which is also a key member of the Sexual and Reproductive Health Working Group. The members of the SRH Working Group performed the MISP Readiness Assessment in 2014<sup>2</sup>.

### MISP Readiness Assessment 2014: Highlights

**Moldova could consolidate its current level of preparedness by involving a larger number of stakeholders in preparedness and response planning, in order to be ready to provide priority life-saving SRH services when a disaster strikes.**

**Achievements noted** include the existence of disaster coordination structures related to health, including an SRH Working Group. Moreover, the assessment stressed the comprehensiveness of services foreseen in the emergency response plan for reducing HIV transmission, meeting needs related to sexually transmitted infections, and preventing excess maternal and neonatal mortality and morbidity;

**Gaps that still needed to be addressed** include the lack of provisions for the SRH Working Group to coordinate the implementation of the MISP from the onset of a crisis; the need to enhance the comprehensiveness of planned services to prevent sexual violence and assist its survivors; and the need to better take into account crises involving temporary settlements and population movement (in-country and cross-border).

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.



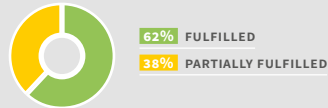


**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT



DISTRIBUTION OF INDICATORS

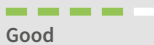


- Complete disaster management system and health disaster coordination in place;
- Advanced SRH coordination;
- Hospital Safety Assessment done in 2011 <sup>4</sup>.

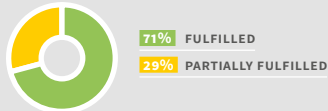
- SRH Working Group mandate limited to preparedness;
- Lack of provisions for surge capacity in the event of a massive disaster.

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Good capacities of existing medical structures at referral level;
- Planned measures for coordinated care of survivors and prevention of sexual exploitation and abuse.

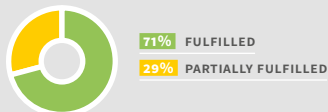
- No priority medical services for sexual violence survivors (including post-exposure prophylaxis and emergency contraception) in the response plan;
- Limited capacities (staff and equipment) of medical facilities at the district level.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Comprehensiveness of priority services for HIV and sexually transmitted infections <sup>5</sup> in the health response plan;
- Good compliance with international guidelines;
- Templates for culturally sensitive information, education and communication materials available.

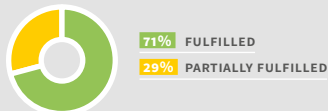
- Integration of specific provisions for crisis involving temporary settlements and population movements, including planned provision of antiretroviral treatments of different regimens needs to be clarified.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Good comprehensiveness of planned services and compliance with internationally agreed-upon standards;
- Information ready to be made available on priority maternal and neonatal health services.

- Insufficient integration of specific provisions for crises with temporary settlements and population movements, including the provision of clean delivery kits if relevant to the context.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

**Recommendations for Action Plan 2016 onwards**

- Increase the number of partners involved in the SRH Working Group;
- Plan for a revision of the health emergency response plan to include all priority medical services for sexual violence survivors;
- Prioritise the extension of the scope of the SRH Working Group to the response phase in order to better ensure prompt implementation of priority services from the onset of the response, including by:
  - describing roles and responsibilities of the partners in the response phase, including leadership and coordination mechanisms at the national level
  - agreeing on funding mechanisms and other logistical and operational aspects to avoid gaps in the acute response phase
  - ensuring the recognition and cooperation of the SRH Working Group with the Emergency Command Centre <sup>6</sup>
- Continue advocating for better equipment and staffing to reinforce the medical facilities providing SRH services at district level.

1. International Federation of Red Cross and Red Crescent Societies: Moldova, Annual Report 2014  
 2. Assessment performed in 2014 by the Republican Centre for Disaster Medicine and the Family Planning Association of Moldova (IPPF member association) <sup>2</sup>  
 3. Results of MISP Readiness Assessment (2014) <sup>3</sup>

4. Evaluation of Hospital Safety in the Republic of Moldova, Republican Centre for Disaster Medicine and WHO, 2010-2011  
 5. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)  
 6. Disaster and Climate Risk Management Project, World Bank and the Republic of Moldova

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## → Kosovo (UNSCR 1244)

**The risk of disasters or conflict** Kosovo is located in a seismically active area and consequently at risk of earthquakes. The last significant earthquake occurred in 2010 but the territory has also suffered severe levels of destruction on several occasions due to earthquakes in neighbouring countries. The territory is also exposed to other natural hazards, including both heavy snowfall and drought, and faces frequent floods leading to population displacements. Poverty has been an aggravating factor for populations in the affected areas.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** In 2011, Kosovo adopted legislation on protection against natural and other disasters. Disaster management is led by the Agency for Emergency Management under the Ministry of Internal Affairs. The Ministry of Health is involved in managing the health sector response.

A team of key SRH and emergency response stakeholders, comprising government agencies, UNFPA and the Red Cross, completed the MISP Readiness Assessment<sup>1</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

**Kosovo could build upon the work undertaken by key SRH national partners to significantly enhance its level of preparedness to provide priority life-saving SRH services from the onset of each crisis.**

**Achievements noted** include the existence of disaster coordination structures related to health, and the commitment of key national SRH partners to improve national preparedness. Moreover, the assessment stressed the extensive knowledge among key actors of the existing medical structures providing priority maternal and neonatal health services;

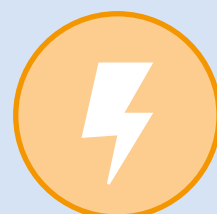
**Gaps that still needed to be addressed** include the lack of complete integration of priority SRH services in the health emergency response plan; the need to strengthen the workforce available to implement priority SRH services from the onset of a crisis; and the lack of monitoring and data collection tools to be used from the onset of a crisis.

### MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.



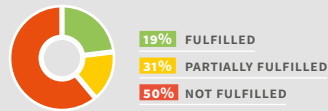


**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Disaster management system in place;
- Good decentralisation;
- Interest shown by governmental emergency management department in SRH preparedness;
- New Health Information System being developed;
- Partial assessment of medical facilities with the Safe Hospital Index.

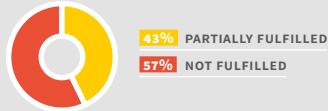
- No formalisation of the SRH Working Group;
- Limited resources (personnel, medicines, equipment) to implement priority SRH services<sup>3</sup>.

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Services for survivors of sexual violence integrated into the national response plan;
- Mapping in progress of medical actors involved in services related to sexual violence.

- Lack of compliance of services with internationally agreed protocols and guiding principles;
- Lack of information on non-medical structures involved in prevention and in providing psychosocial services.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT



DISTRIBUTION OF INDICATORS



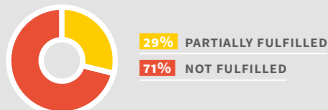
The assessment did not provide sufficient information on this objective.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Good knowledge among key actors of existing medical structures providing priority maternal and neonatal health services in normal settings.

- Insufficient comprehensiveness of services foreseen in the emergency response plan.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group under the leadership of the Ministry of Health, with appointment of SRH Focal Points (advocacy meetings held); focuses on adapting existing information materials on priority services to the local context.

**Recommendations for Action Plan 2016 onwards**

- Address the gaps in MISP preparedness highlighted in the assessment's results through the revision of the health emergency response plan to ensure the comprehensiveness of planned services related to maternal and neonatal health, HIV and sexually transmitted infections, and prevention of sexual violence and care of survivors;
- Complete the mapping of existing service providers, medical and non-medical, regularly involved in work on HIV and sexually transmitted infections, as well as prevention of sexual violence and care of survivors;
- Continue the efforts initiated in 2015 to improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the newly developed Health Information System);
- Reinforce the SRH workforce through MISP trainings and advocacy for the integration of the MISP in academic curriculums.

1. Assessment performed in 2014 by: Ministry of Health, Institute of Public Health, Kosovo Red Cross, Agency for Management of Emergencies and UNFPA<sup>2</sup>  
2. Results of MISP Readiness Assessment (2014)<sup>2</sup>

3. 'Priority services' in this document refer to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

FOR FULL REFERENCES, PLEASE VISIT THE ONLINE VERSION AT [WWW.BIT.LY/1X8NBTM](http://WWW.BIT.LY/1X8NBTM)







**The risk of disasters or conflict** Romania is situated in a seismically active region and has a history of devastating and deadly earthquakes. The Bucharest area has experienced a number of tremors of varying intensities, and the probability that a severe and damaging earthquake will occur is high. Romania is also exposed to severe floods and droughts.

**Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services** Romania is equipped with emergency management legislation, the coordination of which is being led by the General Inspectorate for Emergency Situations (IGSU). Health disaster management is in the hands of the Ministry of Health in cooperation with the Ministry of Internal Affairs.

A team comprising government agencies working in sexual and reproductive health and disaster management, UN agencies and civil society has been established to address the issue of emergency preparedness for SRH. The working group completed the MISP Readiness Assessment in 2014<sup>1</sup>.

## MISP Readiness Assessment 2014: Highlights

**Romania could continue efforts to improve its preparedness to provide SRH priority services, building upon the results of the MISP assessment, the commitment of key national SRH partners and the cooperation of disaster management stakeholders.**

**Achievements noted** include the existence of a disaster coordination body, as well as an enabling environment for providing services related to sexual violence, HIV and sexually transmitted infections, and maternal and neonatal health in normal settings.

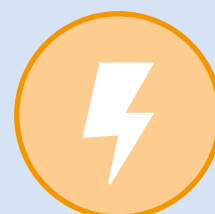
**Gaps that still needed to be addressed** include the lack of an SRH Working Group dedicated to emergency preparedness and response, and the absence of a health sector emergency response plan that would integrate priority SRH services as described in the MISP.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

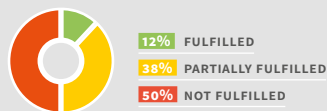




**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



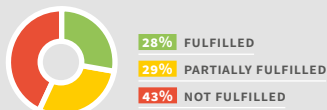
→ Structure for disaster management in place;  
 → Decentralisation foreseen in emergency response.

→ No formalisation of the SRH Working Group;  
 → Absence of a health disaster response plan;  
 → Limited number of medical personnel trained on the MISP.

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



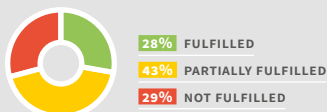
→ Policies and laws create enabling environment for prevention of sexual violence and care of survivors;  
 → Existing network of Family Planning Centres.

→ Lack of priority services for sexual violence prevention and care<sup>3</sup> in health disaster response plan.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



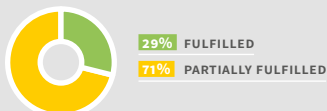
→ Good enabling environment and available services for HIV and sexually transmitted infections in normal settings (including prevention of mother-to-child transmission of HIV).

→ Lack of provisions for priority services related to HIV and sexually transmitted infections in health disaster response plan.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT  
 Fair

DISTRIBUTION OF INDICATORS



→ Some information available on medical structures providing maternal and neonatal health services, including family planning.

→ Lack of provisions for priority maternal and neonatal health services in health disaster response plan.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group under the existing Mother and Child Health coordination at the Ministry of Health (initiated).

**Recommendations for Action Plan 2016 onwards**

- Continue efforts to create and formalise an SRH Working Group in charge of preparedness and response;
- Prioritise the creation and adoption of provisions for SRH in emergencies in the relevant response plan, and consider advocacy towards the General Inspectorate for Emergency Situations with that aim;
- Reinforce the SRH workforce through MISP trainings and advocacy for the integration of the MISP in academic curriculums.

1. Assessment performed in 2014 by: Ministry of Health, Ministry of Internal Affairs, General Inspectorate for Emergency Situations, Societatea de Educatie Contraceptiva si Sexuala (SECS, IPPF member association), East European Institute for Reproductive Health (EEIRH)<sup>2</sup>  
 2. Results of MISP Readiness Assessment (2014)<sup>2</sup>  
 3. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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**The risk of disasters or conflict** Authorities and civil society in southern Serbia have been challenged this year to provide basic humanitarian aid, registration, and accommodation to the approximately 7,000 refugees and migrants passing through Serbian territory each day en route to Western and Northern Europe. To date in 2015, approximately 450,000 persons have expressed their intention to seek asylum in Serbia. This status grants the recipient permission to move freely through Serbia for 72 hours; in practice, it is only used as a way to legally pass through the country. Most of the people transiting through Serbia lack access to basic hygiene and health services, while the women and girls amid their ranks have little protection from violence or access to life-saving sexual and reproductive health care. Overall estimates from the Balkans transit route between Greece and Western/Northern Europe indicate that approximately 13 per cent of the refugees and migrants entering Europe are women – and that 4,200 of those entering the Balkans route between fall 2015 and spring 2016 are likely to be pregnant, and another 1,400 at risk of sexual violence. As of the end of August 2015, an estimated 23 per cent of registered asylum-seekers in Serbia were minors, including 4,112 unaccompanied minors, and an increasing number of pregnant and lactating women were observed along the route. Representatives of healthcare institutions in Serbia reported that traffic accidents, intestinal diseases due to poor hygiene,

exhaustion, high blood pressure, and diabetes were the most frequent reasons that people sought medical services.

**Emergency response and preparedness** The Government of Serbia, together with UNHCR and other UN agencies and NGOs, is currently providing emergency assistance to the refugees and migrants. UNFPA is involved in joint UN efforts to respond to the crisis and is poised to meet the urgent need to procure dignity kits, especially for refugees in southern Serbia. Though significant progress has been made in Serbia with regard to the overall management of the influx of refugees, preparations still need to be made to provide support during the harsher weather ahead. Significantly, many of the facilities set up to assist refugees and migrants lack the ability to cover the basic hygiene, dignity, and support needs particular to women and children. UNFPA is actively participating in the UN coordination and follow-up activities in order to draw attention to the special needs of migrant women and girls so that more child-friendly and women-friendly spaces can be established, and so that better identification and reporting of sexual and gender-based violence can ensure that survivors' needs are met. To prepare for future emergencies, a team comprising key sexual and reproductive health (SRH) partners completed the MISP Readiness Assessment<sup>1</sup> in 2014 and has been continuing the preparedness efforts based on the assessment's results.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

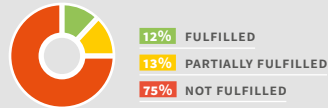




**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



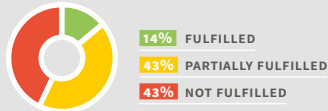
→ Existence of a law on emergency situations;  
 → Commitment of key SRH actors to collaborate on preparedness and response.

→ Absence of health emergency response plan;  
 → No formalised SRH Working Group for preparedness and response.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



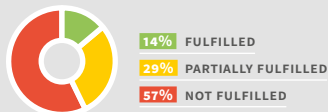
→ Good knowledge among key actors on existing medical and non-medical structures involved in preventing sexual violence and care of survivors.

→ No specific provisions for priority sexual violence services<sup>3</sup> to be implemented from the onset of a crisis.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



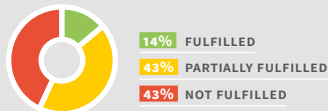
→ Good knowledge among key actors and significant network of existing medical structures providing priority services in normal settings related to HIV and sexually transmitted infections.

→ No specific provisions for priority life-saving services related to HIV and sexually transmitted infections to be implemented from the onset of a crisis.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT  
 Limited

DISTRIBUTION OF INDICATORS



→ Good knowledge among key actors and significant network of existing maternal and neonatal health services providers.

→ No specific provisions for priority life-saving maternal and neonatal health services to be implemented from the onset of a crisis.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the creation of the SRH Working Group within the health sector coordination and involving key national stakeholders (initiated); focuses on advocacy for the National Plan of Action for Disaster Risk Reduction to be adopted (national health emergency plan foreseen in the National Plan of Action developed and final draft shared<sup>4</sup>).

**Recommendations for Action Plan 2016 onwards**

- Seize the opportunity of the establishment of a national health emergency plan to ensure the full integration of priority SRH services as described in the MISP; use the lessons-learnt from past and current responses to inform the content of the plan;
- Continue cooperative efforts through capacity-building of the SRH Working Group members and the adoption of Terms of Reference describing roles and responsibilities in preparedness and response phases;
- Reinforce the workforce trained on the MISP through integration of the MISP in training curriculums and continuous professional development programmes;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System).

1. Assessment performed in 2014 by UNFPA, Red Cross of Serbia and Serbian Association for Sexual and Reproductive Health and Rights (SRH Serbia, IPPF member association)

2. Results of MISP Readiness Assessment (2014)

3. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package (MISP) for Reproductive Health in humanitarian settings

4. The National Plan of Action for Capacity Development in Disaster Risk Reduction of the Republic of Serbia 2015-2019-Draft was designed following the capacity assessment conducted by the Government of Serbia with the support of CADRI

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## → Tajikistan



**The risk of disasters or conflict** Tajikistan is prone to natural disasters due to its mountainous geography and the proximity of a seismic rift<sup>1</sup>. It is at risk of earthquakes, landslides, floods and mudflows, avalanches and windstorms. Its rural communities are particularly vulnerable. Every year the country faces an ‘average of 9,000 quakes, often causing considerable damage to villages. [...] Energy, food and water insecurity, as well as political instability and security risks also pose real threats to the well-being of the population’<sup>2</sup>. Finally, the recurrent conflict in Northern Afghanistan might induce cross-border population movements into Tajikistan.

**Emergency preparedness: readiness to provide priority SEXual and reproductive health (SRH) services** Tajikistan adopted a National Disaster Risk Management Strategy for 2010-2015 based on the recommendations of the Hyogo Framework for Action. Among its five components is building ‘disaster preparedness and response capacity at the national, regional, district and household levels’. Its implementation is coordinated by the Committee on Emergency Situations and Civil Defence. A working group comprising government agencies and civil society has been established to ensure sexual and reproductive health is integrated in disaster risk management. It completed the MISP Readiness Assessment<sup>3</sup> in 2014. Along with these efforts, UNFPA is actively participating in the development of the National Disaster Risk Management Strategy 2016-2020, working to ensure that it takes into account gender-equality aspects and the needs of women, girls and young people related to their sexual and reproductive health in humanitarian settings.

### MISP Readiness Assessment 2014: Highlights

**Tajikistan could consolidate its current level of preparedness, including by prioritising the establishment of a formalised SRH Working Group in charge of preparedness and response, to allow for a timely implementation of priority life-saving SRH services from the onset of a crisis.**

**Achievements noted** include the existence of disaster coordination structures related to health, including an informal SRH Working Group involving key national partners. Moreover, the assessment stressed the comprehensiveness of services foreseen in the emergency response plan for preventing sexual violence and assisting survivors; reducing HIV transmission and meeting needs related to sexually transmitted infections; and preventing excess maternal and neonatal mortality and morbidity.

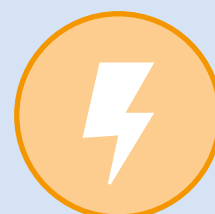
**Gaps that still needed to be addressed** include the lack of formalisation of the working group and its linkage with the REACT<sup>4</sup> set-up; the need to enhance compliance of planned services with international guidelines and protocols; and the lack of consideration of small-scale crises and cross-border population movements as well as the specific vulnerability of remote rural areas.

### MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.



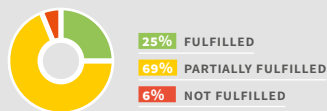


**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Robust disaster management system; existing SRH coordination;
- Advanced decentralisation;
- Partial integration of SRH priority services <sup>6</sup> in the health emergency response plan.

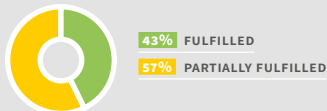
- No formalisation of the SRH Working Group;
- Need to clarify link between nationally led coordination on SRH and REACT;
- Lack of consideration of small-scale crises and cross-border population movements

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Advanced provisions for priority services related to sexual violence;
- Good knowledge among key actors of existing medical and non-medical structures;
- Availability of information to affected communities.

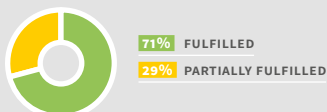
- Lack of Standard Operating Procedures for the care of survivors and for measures to prevent sexual exploitation and abuse;
- Improved compliance needed of planned services with internationally agreed protocols and guiding principles.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Good comprehensiveness of planned services and compliance with international guidelines;
- Templates available for culturally sensitive information, education and communication materials.

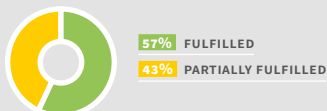
- Lack of specific provisions for crises affecting temporary settlements and population movements, including planned provision of antiretroviral treatments of different regimens.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT



DISTRIBUTION OF INDICATORS



- Good comprehensiveness of planned services and compliance with internationally agreed standards;
- Information ready to be made available on priority maternal and neonatal health services.

- Need to increase resources and strengthen partnerships to allow 24/7 referral system and emergency obstetric care services for communities in remote areas.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group through the Advisory Council on Sexual & Reproductive Health and Safe Pregnancy under the Ministry of Health and Social Protection (initiated with the development of a draft revised regulation on the Advisory Council and the appointment of the National RH Centre as the lead coordination structures for SRH in emergencies).

**Recommendations for Action Plan 2016 onwards**

- Address the gaps in MISP preparedness highlighted in the assessment's results through revision of the health emergency response plan and cooperation with existing service delivery structures, notably ensuring comprehensiveness and compliance of planned services related to maternal and neonatal health, HIV and sexually transmitted infections, and prevention of sexual violence and care for survivors;
- Adopt specific provisions for cross-border population movements and small-scale crises in remote areas;
- Ensure the SRH Working Group is recognised within the REACT set-up and is ready to coordinate the implementation of priority SRH services from the onset of the response;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System).

1. National Disaster Risk Management Strategy For 2010–2015, Republic of Tajikistan <sup>2</sup>  
 2. OCHA Caucasus and Central Asia <sup>2</sup>  
 3. Assessment performed in 2014 by the Ministry of Health and Social Protection, the Emergency Department, the National Reproductive Health Centre, the Tajik Family Planning Alliance, WHO and UNFPA <sup>2</sup>

4. REACT, the Rapid Emergency Assessment and Coordination Team, is a partnership for disaster management established in 2001 in Tajikistan by OCHA, with a focus on small- and medium-scale international humanitarian assistance. Responsibility for REACT is shared by the Committee of Emergency Situations and Civil Defence of the Government of Tajikistan  
 5. Results of MISP Readiness Assessment (2014) <sup>2</sup>  
 6. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

FOR FULL REFERENCES, PLEASE VISIT THE ONLINE VERSION AT [WWW.BIT.LY/1X8NBTM](http://WWW.BIT.LY/1X8NBTM)





**The risk of disasters or conflict** The on-going violence in neighbouring Syria has driven more than 2 million people across the border into Turkey, which now holds the world's largest refugee population. Nearly 90 per cent of these refugees are dispersed around the country, living outside of camps, making it difficult to access them systemically with needed services. More recently, the deteriorating security situation and increased conflict within Turkey itself have made it difficult for Syrians to cross the border, and hospitals in the south-east of the country are overwhelmed with the number of patients in need of immediate aid. Among the total population of Syrians in Turkey, an estimated 25 per cent are women and girls of reproductive age, with some 54,000 pregnant women among their number. There have been many anecdotal reports of sexual and domestic violence and unsafe deliveries in the refugee camps in Turkey, where there is limited access to reproductive health care. The incidence of early and forced marriage and polygamy, including so-called 'temporary marriages', among Syrians and between Syrians and Turks has greatly increased. Fifty two per cent of women surveyed indicated they or their family members need psychosocial support.

**Emergency response and preparedness** UNFPA is supporting local NGOs and other implementing partners that are working to meet sexual and reproductive health (SRH) needs and combat sexual and gender-based violence (SGBV) and family violence in refugee camps and Turkish provinces with a high population

density of refugees. These efforts include the distribution of more than 145,000 hygiene and dignity kits to displaced Syrians in Turkey and northern Syria; the preparation and dissemination of more than a million brochures in Arabic and Turkish on GBV; the establishment of safe spaces for women where they can receive counselling and psycho-social support; and the organisation of awareness-raising sessions on various aspects of SRH. Additionally, UNFPA is conducting trainings in Turkey on the Minimum Initial Service Package (MISP), a series of crucial actions required to respond to reproductive health needs at the onset of every humanitarian crisis. It is also carrying out activities that aim to build the capacity of Ministry of Health (MoH) and Ministry of Family and Social Policies staff, and providing technical support and assistance to counselling units to ensure quality access to SRH and SGBV services. Through its presence in Turkey, UNFPA is also providing cross-border support to four reproductive health clinics and mobile teams, as well as three safe spaces for women and girls, inside Syria. Since the initiation of cross-border response activities, more than 50,000 Syrians have received dignity kits, and approximately 30,000 people have benefitted from additional reproductive health (RH) services provided.

To prepare for future emergencies, a team comprising key government agencies and UNFPA completed the MISP Readiness Assessment <sup>1</sup> in 2014 and has been continuing preparedness efforts based on the assessment's results.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT



Fair

DISTRIBUTION OF INDICATORS



44% FULFILLED  
31% PARTIALLY FULFILLED  
25% NOT FULFILLED

→ Robust disaster management framework and policies, including for the health sector.

→ Absence of SRH Working Group in charge of preparedness and response.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT



Fair

DISTRIBUTION OF INDICATORS



29% FULFILLED  
57% PARTIALLY FULFILLED  
14% NOT FULFILLED

→ Good provisions for sexual violence services in the health response plan.

→ Lack of compliance with international protocols and guidelines;  
→ Lack of multi-sector cooperation.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



71% FULFILLED  
29% PARTIALLY FULFILLED

→ Good provisions for priority services related to HIV and sexually transmitted infections <sup>3</sup> in the health response plan.

→ No specific measures for temporary settlements or cross-border movements, including the availability of ARVs following the regimen of neighbouring countries.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT



Good

DISTRIBUTION OF INDICATORS



57% FULFILLED  
43% PARTIALLY FULFILLED

→ Good provisions for priority maternal and neonatal health services in the health response plan.

→ Limited provisions in the health response plan for meeting the demand for contraceptives.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the creation of the SRH Working Group (initiated); strengthens the availability of the health workforce trained to the MISP (256 people trained in 2015).

**Recommendations for Action Plan 2016 onwards**

- Address the gaps in MISP preparedness highlighted in the assessment through a revision of the health emergency response plan to ensure the comprehensiveness of planned services;
- Enlarge the number of partners involved within the SRH Working Group and enhance cooperation with professional organisations and other sectors;
- Reinforce the workforce equipped to carry out the MISP through trainings and integration of the MISP in academic curriculums as a pilot programme;
- Improve preparedness in monitoring and data collection (MISP Checklist, integration of SRH indicators into the Health Information System).

1. Assessment performed in 2014 by: the Ministry of Health, the Disaster and Emergency Management Presidency of Turkey (AFAD) and UNFPA <sup>2</sup>

2. Results of MISP Readiness Assessment (2014) <sup>2</sup>

3. 'Priority services' in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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## → Turkmenistan

**The risk of disasters or conflict** Turkmenistan is located in a seismic area but is one of the countries in Central Asia least vulnerable to natural disasters. However, due to its geographic and climatic features, the country is highly vulnerable to environmental damage, particularly regarding its fragile, arid ecosystems and limited water resources<sup>1</sup>.

### Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services

The authorities of Turkmenistan have committed to strengthen measures to prevent natural disasters and their impact<sup>2</sup>, as the disaster management system is currently limited and centralised. There is no focal point for disaster risk reduction as called for in the Hyogo Framework for Action<sup>3</sup>. Health sector coordination in disaster situations, including preparedness, occurs through the Emergency Department of the Ministry of Health and Medical Industry. An SRH Working Group has been established to ensure sexual and reproductive health is integrated in disaster risk management, including emergency preparedness. It completed the MISP Readiness Assessment in 2014<sup>4</sup>.

### MISP Readiness Assessment 2014: Highlights

Turkmenistan could improve its level of preparedness building upon the work undertaken by the SRH Working Group to ensure full and timely implementation of priority life-saving SRH services from the onset of a crisis.

**Achievements noted** include the existence of an informal SRH Working Group involving key national partners from government, UN agencies, and the Red Crescent Society. Moreover, the assessment stressed the comprehensiveness of services foreseen in the emergency response plan for preventing sexual violence and assisting survivors, and good knowledge among key SRH actors of existing medical structures providing services related to HIV and sexually transmitted infections as well as maternal and neonatal health in normal settings.

**Gaps that still needed to be addressed** include the lack of formalisation of the working group; the need to enhance the comprehensiveness of planned services, notably those related to HIV and sexually transmitted infections; and the absence of specific provisions for crises involving temporary settlements and population movements in-country or cross-border, including decentralised coordination of the response.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.

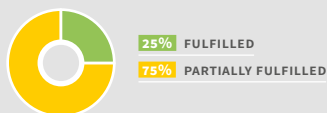




**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT  
Fair

DISTRIBUTION OF INDICATORS



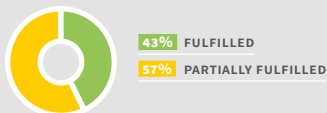
→ Existence of an SRH Working Group;  
→ Partial integration of SRH priority services <sup>6</sup> in the health emergency response plan.

→ No formalisation of the SRH Working Group;  
→ Highly centralised response structures;  
→ Lack of consideration of small-scale crises, temporary settlements and cross-border population movements;  
→ Insufficient monitoring tools ready to use from the onset of the response.

**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT  
Good

DISTRIBUTION OF INDICATORS



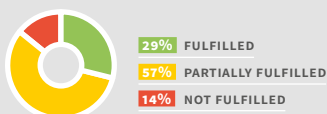
→ Advanced provisions for sexual violence priority services;  
→ Good knowledge among key actors of existing medical structures.

→ Limited information on existing non-medical structures involved in sexual violence prevention and care;  
→ Lack of Standard Operating Procedures for the care of survivors and measures to prevent sexual exploitation and abuse;  
→ No availability of information to potentially affected communities.

**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT  
Fair

DISTRIBUTION OF INDICATORS



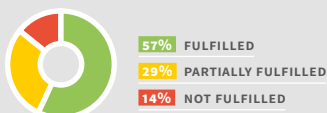
→ Good knowledge among key actors and extensive network of medical structures providing services related to HIV and sexually transmitted infections.

→ No planned provision for antiretroviral treatments to continuous users, prevention of mother-to-child transmission of HIV or for treatment of sexually transmitted infections;  
→ Information not made available to potentially affected communities.

**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT  
Good

DISTRIBUTION OF INDICATORS



→ Good comprehensiveness of planned services including provision of contraceptives, and good compliance with internationally agreed standards.

→ Lack of logistical measures to allow 24/7 emergency obstetric care;  
→ No availability of information for pregnant women in potentially at-risk areas.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Foresees the strengthening of the SRH Working Group through adoption of Terms of Reference for both preparedness and response phases; prioritises advocacy for the inclusion of the MISP in the health emergency response plan (initiated); envisages activities to enhance the comprehensiveness of services (notably for those related to sexually transmitted infections) and their compliance with internationally agreed guidelines, in the health emergency response plan (initiated with an agreement with the Ministry of Health about the treatment of sexually transmitted infections during emergency response).

**Recommendations for Action Plan 2016 onwards**

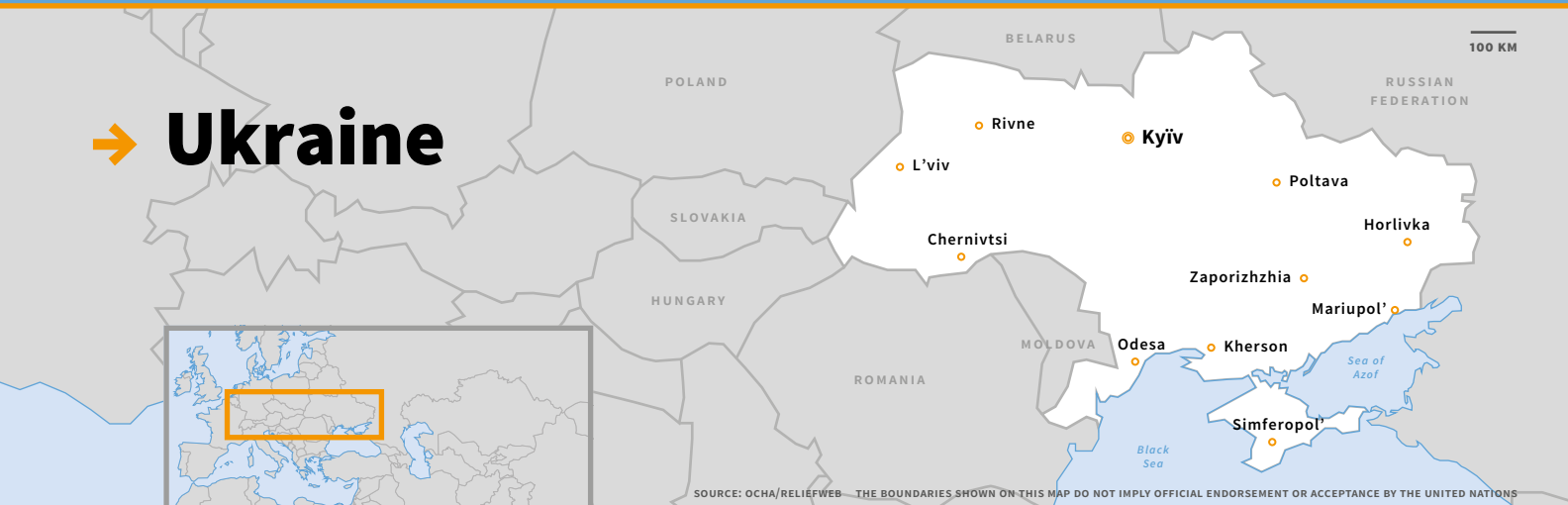
- Address the gaps in MISP preparedness highlighted in the assessment's results through revision of the health emergency response plan to ensure the comprehensiveness and the compliance of planned SRH priority services as described in the MISP;
- Continue the efforts initiated in 2015 to have an SRH Working Group fully functional in both the preparedness and the response phases;
- Adopt specific provisions for cross-border population movements and small-scale crises with or without temporary settlements;
- Prepare culturally sensitive information materials to allow timely information about services to be made available to affected communities;
- Improve preparedness in monitoring and data collection (notably adaptation of MISP Checklist).

1. OCHA ROCCA <sup>4</sup>  
 2. *Work and research in turkmenistan in connecting with the international decade for natural disaster reduction 1990-2000* <sup>4</sup>  
 3. *The Hyogo Framework for Action 2005-2015 and the Sendai Framework for Disaster Risk Reduction 2015-2030* <sup>4</sup>  
 4. Assessment performed in 2014 by: MCH Institute, National Red Crescent Society, Ministry of Health and Medical Industry of Turkmenistan, UNFPA <sup>4</sup>  
 5. Results of MISP Readiness Assessment (2014) <sup>4</sup>  
 6. *Priority services* in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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## → Ukraine



**The risk of disasters or conflict** Armed conflict on-going in eastern Ukraine since early 2014 was de-escalated notably with a renewed ceasefire agreement that went into effect in September 2015, but the general situation remains tense and the needs of millions of people affected by the conflict on both sides of the contact line, including hundreds of thousands of internally displaced persons (IDPs), remain urgent. The on-going hostilities have also created enormous social and economic hardships for the Ukrainian population as a whole, driving incomes down and inflation up.

IDPs, the majority of whom are women and children, remain the most vulnerable to discrimination, violence, and abuse, and high levels of sexual and gender-based violence (SGBV) have been reported in conflict-affected areas.

There are also critical shortages of medicines and medical supplies, including those for sexual and reproductive health (SRH) and antiretroviral drugs for HIV/AIDS patients, in eastern Ukraine. Non-government-controlled areas have become difficult for the UN and other international organisations to reach in order to deliver reproductive health (RH) supplies to the 3 million people in these regions.

**Emergency response and preparedness** Between December 2014 and July 2015, UNFPA RH kits were used for an estimated 7,800 normal and 3,200 complicated deliveries (C-section) in six regions in eastern Ukraine. UNFPA is continuing to identify

new partners who can provide health services to IDPs and host communities using these RH kits in conflict-affected regions. As of mid-September 2015, an additional 50 RH kits – 25 for treating sexually transmitted infections (STIs) and 25 for providing post-rape care – were being readied for distribution, and preparations being made to train service providers in the use of these kits.

In addition, to reduce the transmission of STIs and HIV, UNFPA is delivering 2.5 million male condoms to be distributed to vulnerable populations in the affected regions, including through youth-friendly clinics in Kyiv and other parts of Ukraine that receive large numbers of IDPs. UNFPA is also making 40,500 pregnancy tests available in conflict-affected areas. UNFPA is also working with its partners to establish and strengthen multi-sectorial coordination, protection, and prevention systems among state and non-state actors to respond to GBV, including access to legal, health, and social-psychological care services for survivors of GBV on both sides of the contact line. This includes organising dozens of trainings for hundreds of police officers on preventing, identifying, and responding to GBV.

To prepare for future emergencies and better respond to the ongoing crisis, a team comprising key government agencies, NGOs and UNFPA completed the MISP Readiness Assessment<sup>1</sup> in 2014.

### MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





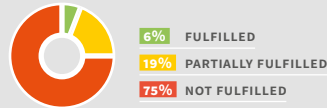
**MISP OBJECTIVE 1**  
Disaster Management System and SRH Coordination

ASSESSMENT



Limited

DISTRIBUTION OF INDICATORS



→ Disaster management system in place with some decentralisation.

→ Absence of SRH Working Group for preparedness and response, no health emergency response plan.

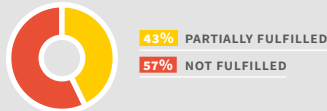
**MISP OBJECTIVE 2**  
Prevent Sexual Violence & Assist Survivors

ASSESSMENT



Limited

DISTRIBUTION OF INDICATORS



—

→ No priority services<sup>3</sup> for preventing sexual violence and assisting survivors integrated in a health emergency response plan.

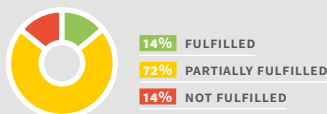
**MISP OBJECTIVE 3**  
Reduce HIV Transmission & Meet STI Needs

ASSESSMENT



Fair

DISTRIBUTION OF INDICATORS



→ Priority HIV services in place in normal settings with a good network of structures including family planning and voluntary counselling and testing centres.

→ No provisions for implementing priority services related to HIV and sexually transmitted infections in humanitarian settings in a health emergency response plan.

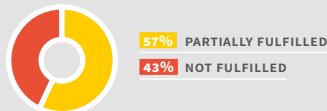
**MISP OBJECTIVE 4**  
Prevent Excess Maternal and Neonatal Mortality & Morbidity

ASSESSMENT



Limited

DISTRIBUTION OF INDICATORS



→ Priority maternal and neonatal health services provided in normal settings.

→ No provisions for the implementation of priority maternal and neonatal health services in humanitarian settings in a health emergency response plan.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

The existence of many systemic gaps in normal settings may jeopardise the response to humanitarian needs in emergency ones. Sexual violence cases are often being significantly under-reported as survivors may lack information about the available services or mistrust the existing services (including a lack of trust in police). Although priority maternal and neonatal health services are often provided by existing health facilities during a crisis, the referral pathways may be broken. Meanwhile, SRH needs may not be first to emerge in humanitarian settings and rapid assessment tools may often overlook specific SRH needs, misleading humanitarian intervention planning.

**Recommendations for Action Plan 2016 onwards**

- Include analysis of systemic gaps and identify solutions to address the most critical gaps;
- Prioritise the development of Standard Operating Procedures for the care of sexual-violence survivors involving all stakeholders (medical, non-medical and law-enforcement authorities) to ensure that survivors can access medical care, psychosocial support and legal services on a voluntary basis; as well as measures to ensure that crisis-affected populations have access to information about the services available;
- Include the identification of possible alternative referral pathways, including solutions to supply commodities and medicines to cover emerging needs;
- Include an advocacy component urging that SRH needs to be integrated in the rapid assessment tools.

1. Assessment performed in 2014 by: Ministry of Emergency Situations, Ministry of Health, MOH Centre of Medicine Catastrophes, State Service on HIV, TB, HIV Alliance Ukraine (NGO), Zaporizhzhya Region Health Administration, Women Health and Family Planning (IPPF member association) and UNFPA

2. Results of MISP Readiness Assessment (2014)

3. Priority services in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP)

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**The risk of disasters or conflict** Uzbekistan is located in one of the most seismically active regions in Central Asia and is being struck regularly by earthquakes, such as the historical 1966 quake in the capital city of Tashkent that left 100,000 people homeless<sup>1</sup>. Some 66 per cent of the country's population lives in at-risk areas<sup>2</sup>.

### Emergency preparedness: readiness to provide priority sexual and reproductive health (SRH) services

Uzbekistan is equipped with a series of laws and policies on disaster management, with a major role played by the Ministry of Emergency Situations.

Within the health sector disaster coordination, the SRH Working Group is led by the Ministry of Health's Department for Mother and Child Health Care. Its members completed the MISP Readiness Assessment<sup>3</sup> in 2014.

### MISP Readiness Assessment 2014: Highlights

Uzbekistan could consolidate its level of preparedness, including by involving a larger number of SRH stakeholders in the existing SRH Working Group for preparedness and response, to ensure the timely implementation of priority life-saving SRH services when a disaster strikes.

**Achievements noted** include the existence of robust disaster coordination structures, plans and policies related to health. The existence of an SRH Working Group is also crucial, although it needs to be reinforced. Compliance of planned services with international protocols and guidelines is strongest for those related to maternal and neonatal health.

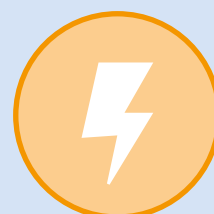
**Gaps that still needed to be addressed** include the fact that the services foreseen in the emergency response plan for the different components of the MISP are disparate and require an urgent revision of the response plan. The lack of crucial multi-sectoral tools to prevent sexual violence and assist survivors during an emergency was highlighted, as was the partial lack of medical services to reduce transmission of HIV and treat sexually transmitted infections.

## MISP READINESS: BEING PREPARED WHEN DISASTER STRIKES

The Minimum Initial Service Package (MISP) for Reproductive Health is a set of life-saving priority activities to be implemented at the onset of every humanitarian crisis. In 2013, the Eastern

Europe and Central Asia Inter Agency Working Group for Reproductive Health in Humanitarian Settings developed an assessment tool, consisting of 38 indicators, to measure the level of

preparedness at national level. The tool was applied in 2014 as part of a region-wide assessment of how prepared countries are in addressing reproductive health needs in emergencies.





**MISP OBJECTIVE 1**  
**Disaster Management System and SRH Coordination**

ASSESSMENT  
Good

DISTRIBUTION OF INDICATORS



- Disaster management system in place;
- Existing SRH coordination;
- Partial integration of priority SRH services<sup>5</sup> in the health emergency response plan;
- Different crisis scenarios including population movements taken into account in the health emergency response plan.

- No formalisation of the SRH Working Group for both preparedness and response phase;
- Unknown availability of the Safe Hospital assessment.

**MISP OBJECTIVE 2**  
**Prevent Sexual Violence & Assist Survivors**

ASSESSMENT  
Fair

DISTRIBUTION OF INDICATORS



- Provisions for medical services to sexual violence survivors in the health emergency response plan;
- Existence of a network of Women's Committees Psychosocial support to survivor.

- Psychosocial support to survivors not foreseen;
- Insufficient compliance with internationally agreed protocols and guiding principles;
- Absence of Standard Operating Procedures for the care of survivors and measures to prevent sexual exploitation and abuse.

**MISP OBJECTIVE 3**  
**Reduce HIV Transmission & Meet STI Needs**

ASSESSMENT  
Good

DISTRIBUTION OF INDICATORS



- Well-developed health care system and voluntary counselling and testing centres network;
- Provisions for safe blood transfusion and standard precautions.

- Lack of provisions for antiretroviral treatment, for treatment of sexually transmitted infections, for preventing mother-to-child transmission of HIV and for improving availability of condoms;
- Limited capacities of existing medical facilities.

**MISP OBJECTIVE 4**  
**Prevent Excess Maternal and Neonatal Mortality & Morbidity**

ASSESSMENT  
Fair

DISTRIBUTION OF INDICATORS



- Planned services for emergency obstetric care, 24/7 referral of emergency cases and availability of contraceptives
- Compliance with internationally agreed minimum standards;
- Availability of post-abortion care.

- Lack of adapted information and communication materials;
- Insufficient tools ready for monitoring the implementation of priority maternal and neonatal health from the onset of the response.

**IMPROVING PREPAREDNESS TO PROVIDE LIFE-SAVING SRH SERVICES**

Addresses the formalisation of the SRH Working Group (initiated with draft Terms of Reference developed and capacity-building of the group's members); aims at enhancing the health sector's response capacity to SRH needs in emergencies (nomination of the National RH Centre to lead the development of the SRH national response plan to be integrated in the health sector response plan); focuses on reinforcing measures for preventing HIV and sexually transmitted infections in crisis settings (national STIs protocols integrated in the MISP training curriculum and endorsement from the Ministry of Health sought).

**Recommendations for Action Plan 2016 onwards**

- Enlarge the number of partners in the SRH Working Group through reaching out to relevant civil society organisations and the Uzbekistan Red Crescent;
- Address the gaps in MISP preparedness highlighted in the assessment's results through revision of the health emergency response plan, notably to ensure as a priority the comprehensiveness of planned services for sexual violence survivors, the development of Standard Operating Procedures for the care of survivors and measures to prevent sexual exploitation and abuse in emergency relief operations; follow-up on activities initiated to plan for comprehensive provisions of services to reduce HIV transmission and meet STI-related needs;
- Take action to adapt templates for culturally sensitive information, education and communication materials in languages spoken in at-risk areas;
- Improve preparedness in monitoring (MISP Checklist) the Hospital Safety Assessment initiated in 2009.

1. Historic Earthquakes <sup>1</sup>  
2. UNDP, *Strengthening Disaster Risk Management Capacities in Uzbekistan* <sup>2</sup>  
3. Assessment performed in 2014 by: Ministry of Health, Ministry of Foreign Affairs, UNFPA <sup>3</sup>

4. Results of MISP Readiness Assessment (2014) <sup>4</sup>  
5. Priority services in this document refers to services as described in the Minimum Initial Service Package for Reproductive Health in humanitarian settings (MISP) <sup>5</sup>

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