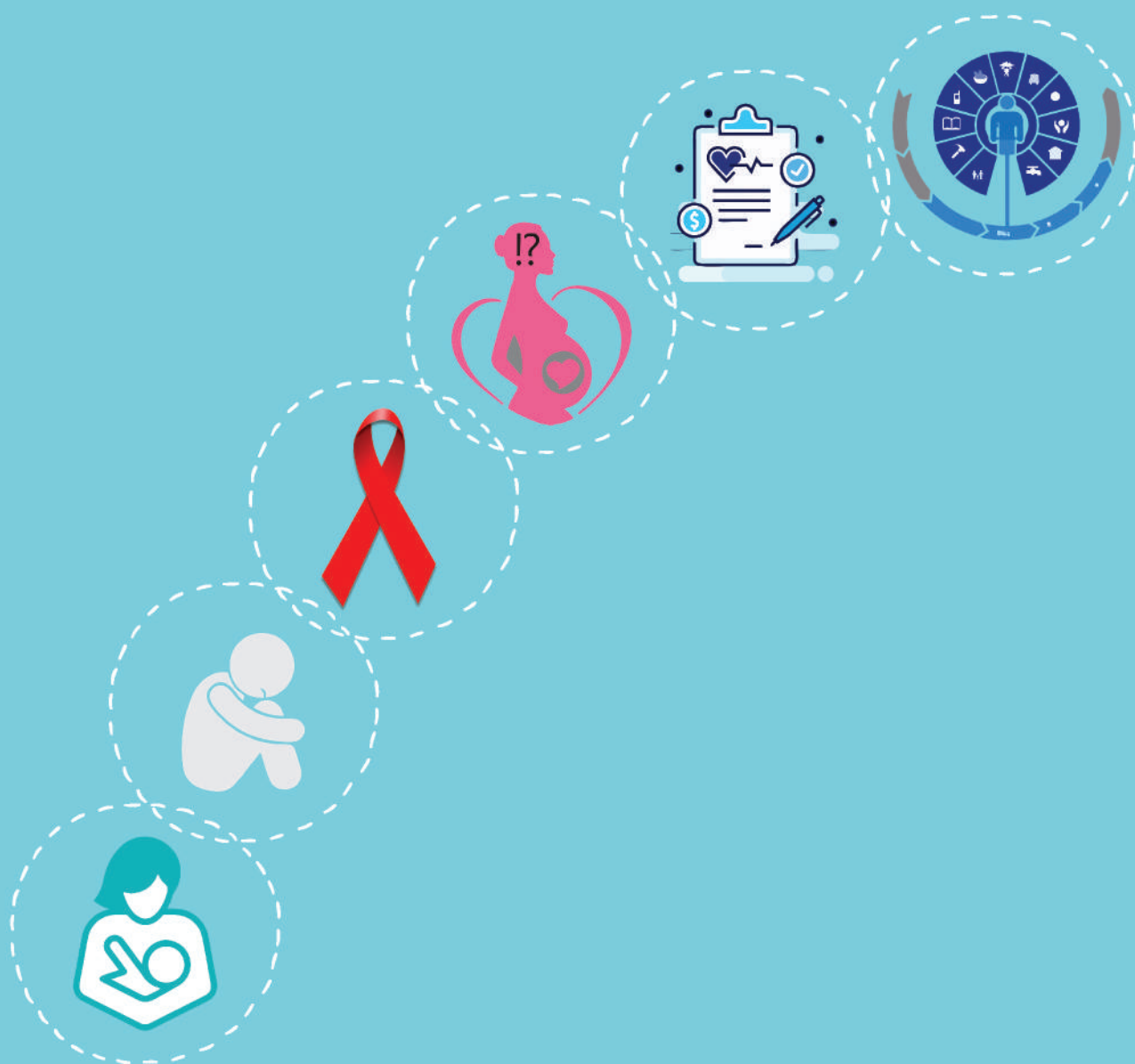




MALDIVES TOWARDS PREPAREDNESS

IMPLEMENTING MINIMUM INITIAL SERVICE PACKAGE (MISP)
IN THE NATIONAL EMERGENCY PLAN



EXECUTIVE SUMMARY

Emergencies and large-scale disasters significantly impact public health, including sexual and reproductive health (SRH). Disaster-affected populations must have access to comprehensive SRH services to prevent maternal and newborn deaths, sexual violence, sexually transmitted infections, unwanted pregnancies, unsafe abortions, and the spread of HIV.

In emergency situations, SRH services are often lacking and need to be strengthened to reduce morbidity and mortality. The 2004 Tsunami and recent COVID-19 highlighted the importance of integrating SRH into health emergency and disaster risk management, both for immediate needs and long-term health system

WHY MISP?

The Minimum Initial Service Package (MISP) for Reproductive Health is a critical set of life-saving activities that must be implemented at the beginning of any humanitarian crisis. It serves as the foundation for sexual and reproductive health programs and should be expanded with comprehensive services as crises persist and during recovery. Ignoring the MISP in such settings can lead to severe consequences, including preventable maternal and newborn deaths, sexual violence, trauma, sexually transmitted infections, unwanted pregnancies, unsafe abortions, and the potential spread of HIV. (IAWG 2017)

WHAT ARE THE HEALTH RISKS?

ADOLESCENCE

Adolescents face increased vulnerability to exploitation and violence

FAMILY PLANNING

Disruption to the provision of basic contraceptive methods and lack of availability of emergency contraceptive may lead to:

MATERNAL AND NEWBORN HEALTH

Poor access to skilled childbirth care, especially for obstetric and neonatal complications, contributes to most maternal and neonatal deaths, which often occur during labor, childbirth, and the immediate post-natal period. Disasters further increase risks for women and newborns due to the sudden loss of support and reduced access to care, intensified by trauma, malnutrition, and exposure to violence

GENDER BASED VIOLENCE (GBV)

The stress and disruption of emergencies often leads to a rise in sexual violence and domestic abuse GBV affects woman and girls most commonly, but may also affect men and boys as well.

SEXUALLY TRANSMITTED INFECTIONS (STIs) and HIV

STIs may spread more rapidly where there is disruption to the community and/or health infrastructure, such as in emergency situations.

WHAT IS MISP?

The Minimum Initial Service (MISP) for Reproductive Health (SRH) is a coordinated set of priority activities designed to:
prevent and manage the consequences of sexual violence; prevent excess maternal and newborn morbidity and mortality; reduce HIV transmission; and plan for comprehensive SRH services beginning in the early days and weeks of an emergency.

OBJECTIVES



Ensure the health sector/cluster identifies an organization to lead implementation of the MISP.



Prevent sexual violence and respond to the needs of survivors.



Prevent the transmission of and reduce morbidity and mortality due to HIV and other STIs.



Prevent excess maternal and newborn morbidity and mortality.



Prevent unintended pregnancies.



Plan for comprehensive SRH services, integrated into primary health care as soon as possible. Work with the health sector/ cluster partners to address the six-health system building blocks.

REPRODUCTIVE HEALTH IS A HUMAN RIGHT.

WHAT IS NEEDED BY MALDIVES TO RESPOND?

COMMITMENT BY

“*Health policymakers, Health professionals, law makers in health and other sectors, donors to consider priority actions to integrate SRH into emergency risk management systems, programmes and plans*”

- To review the national disaster bills/acts/policies/strategies and disaster risk reduction, response and recovery plans (at all levels), ensuring that these adhere to the Minimum Standards for SRH in Emergencies as well as address social determinants of SRH and to in cooperate MISP for SRH in SRHiE.
- To build institutional capacity of national, and local governments on SRH issues in disasters through appropriate training; to ensure representation from Women's Development Committees, CSOs/NGOs and vulnerable groups in decision making forums; and to evolve protocols related to SRH in emergencies and disasters.
- To ensure that sex-disaggregated data on SRH situation, access to risk reduction, response and recovery, and on SRH conditions/diseases are maintained and readily available for times of emergencies and disaster situations.
- While the recommendations focus on sexual and reproductive health (SRH) in disaster contexts, their implementation depends on a broader commitment to gender, social, and economic equity both before and after disasters. Although challenging in most developing societies, disasters offer an opportunity to address these inequalities and strengthen the overall health and social systems.

RECOMMENDATIONS

TO IMPLEMENT THESE RECOMMENDATIONS

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It is important to have a broader commitment to gender, social and economic equity before the disaster, and in the aftermath of disaster

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- Develop nation level MISP implementation plan along with the M&E plan with Health Protection Agency of Maldives.
- Contextualize MISP components and RH kits.
- Advocate to adopt contextualized document into the Natural Disaster Management plan NDMA (NEOP) and Health Emergency Operational Plan (HEOP).
- Include MISP monitoring and supervision in health system monitoring and supervision in health system monitoring and supervision tools used by the QAID of Ministry of Health to ensure MISP is included in the regular monitoring and supervision visits to health facilities.

