

# Ready to Save Lives

A Preparedness Toolkit for Sexual and Reproductive Health Care in Emergencies



## About the Ready to Save Lives Preparedness Toolkit

*Ready to Save Lives: A Preparedness Toolkit for Sexual and Reproductive Health (SRH) Care in Emergencies* ([view toolkit](#)) provides guidance and resources to ensure that quality, essential SRH services are available at the onset of an emergency response. The toolkit was developed by Family Planning 2020, International Planned Parenthood Federation, John Snow, Inc., Women's Refugee Commission, and United Nations Population Fund in collaboration with Inter-Agency Working Group on Reproductive Health in Crises, and is intended for field testing.

## Who should use the toolkit?

The toolkit is intended for use by country-level decision makers and stakeholders, whether in government, civil society organizations (including those led by women and youth), or international agencies.

## Why is emergency preparedness important?

In the past decade the effects of climate change and violent conflict have led to an unprecedented increase in humanitarian crises. Even before the COVID-19 pandemic, nearly 168 million people were estimated to be in need of humanitarian assistance and protection, or about 1 in 45 people globally—the highest number in decades. (See *Global Humanitarian Overview 2020*, United Nations Office for the Coordination of Humanitarian Affairs.)

Emergencies are hard on everyone, but the toll is especially heavy on the poorest and most marginalized or underserved members of a community. Women, girls, and other marginalized groups face increased risk of unintended pregnancy, maternal death and disability, sexual and gender-based violence (GBV), unsafe abortions, and sexually transmitted infections (STIs), including HIV. Ensuring that everyone has access to the best possible medical care is critical for saving lives and protecting human rights.

## Minimum Initial Services Package (MISP) for SRH

The MISP is the international standard for SRH care in humanitarian situations. It defines the set of priority lifesaving activities that must be implemented at the onset of an emergency. The MISP is detailed in the [Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings](#) and is integrated into the [Sphere Humanitarian Charter and Minimum Standards in Disaster Response](#).

To ensure that a country or locality is ready to implement the MISP as soon as an emergency occurs, preparedness is key. SRH preparedness saves lives, helps reduce the impact of disasters, and contributes to resilience. A system that is prepared for an emergency can bounce back more quickly once the situation stabilizes.

IMAGE ABOVE: Karo performing a health check on Tarairosa, a single mother in Naivakarauniniu, Fiji. Credit: IPPF/Rob Rickman/Xaume Olleros

## MISP Objectives to Implement at the Onset of an Emergency

1

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

2

Prevent sexual violence and respond to the needs of survivors.

3

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

4

Prevent excess maternal and newborn morbidity and mortality.

5

Prevent unintended pregnancies.

6

Plan for comprehensive SRH services, integrated into primary health care, as soon as possible.

Source: IAWG, *Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings*, 2018

Note: It is also important to ensure that safe abortion care is available, to the full extent of the law, in health centers and hospital facilities.

## Key SRH Preparedness Resources

**Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings** (IAWG, 2018)

**Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings** (IAWG, 2020)

**Health Emergency Disaster Risk Management Framework** (WHO, 2019)

**MISP Readiness Assessment** (IPPF, 2020)

**Community Capacity Needs Assessment Tools** (ACCESS Consortium, 2020)

**The Supply Chain Manager's Handbook: A Practical Guide to the Management of Health Commodities. Chapter on Supply Chain Management for Healthcare in Humanitarian Response Settings** (John Snow, Inc., 2019)

**MISP for Sexual and Reproductive Health in Crisis Settings: A Distance Learning Module** (WRC/IAWG, 2018)

**MISP Training for Policy Makers/Program Managers and Service Providers** (IPPF/IAWG, 2019)

**Facilitator's Kit: Community-based Preparedness for Reproductive Health and Gender** (WRC/UNFPA, 2015)



A woman after receiving a contraceptive implant at the IPPF/FPAN clinic in Ekamba Sansari, Nepal. Credit: IPPF/Tom Pilston/Nepal IPPF

# The Stages of SRH Preparedness

## Initiating, Assessing, and Implementing

The toolkit outlines a sequence of steps to ensure SRH preparedness, organized into three stages. The steps in Stage 3 are mapped to the ten components and functions of WHO's Health Emergency Disaster Risk Management (Health-EDRM) Framework.

### 1 Initiating

1. Adopt a systems approach to SRH preparedness, connecting activities on the national, subnational, and community level to build collective capacity.
2. Treat SRH preparedness as a component of health system strengthening and resilience building.
3. Use the MISP and Health-EDRM Framework to guide SRH preparedness activities.
4. Contextualize preparedness based on health system capacity and the types of risks.
5. Build rights-based, people-centered, and inclusive SRH preparedness.

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### 2 Assessing

1. Identify and collaborate with key stakeholders to jointly assess preparedness.
2. Use available tools to assess preparedness.
3. Take advantage of previous learning, regional knowledge, and SRH-related data.

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### 3 Implementing

Organized by Health-EDRM components:

1. Policies, Strategies, and Legislation
2. Planning and Coordination
3. Human Resources
4. Financial Resources
5. Information and Knowledge Management
6. Risk Communications
7. Health Infrastructure and Logistics
8. Health and Related Services
9. Community Capacities for Health-EDRM
10. Monitoring and Evaluation



## Recommendations

- 1 Consider MISP preparedness a key component** of SRH resilience building and health system strengthening.
- 2 Use the MISP and its assessment and training tools** to structure, monitor, and evaluate preparedness efforts.
- 3 Tailor preparedness work to the specific context:** the operating environment, existing health and disaster management systems, the type of hazards and risks faced, and existing capacities.
- 4 Adopt a rights-based, people-centered, inclusive approach at every step,** recognizing the importance of leadership and representation from diverse groups and the necessity of ensuring that SRH services are accessible for everyone.
- 5 Integrate SRH into disaster risk management or health emergency policies and plans,** and in turn work to integrate disaster and emergency considerations into SRH policies and plans.
- 6 Establish or strengthen coordination bodies** to advance SRH preparedness, bringing together emergency management, SRH, and other relevant stakeholders.
- 7 Build a trained and ready workforce** with agile systems to provide all MISP components regardless of type of emergency.
- 8 Source sufficient, appropriate, and flexible funding** through disaster risk management and health emergency budgets, contingency or emergency funds, and external donors.
- 9 Develop communication mechanisms and materials** to ensure affected communities receive accurate, timely, and appropriate communication on SRH care and risks.
- 10 Enable resilient supply chains** by developing plans for continuity of operations, ensuring that a full range of contraceptives and reproductive health supplies are prioritized and prepositioned, as appropriate.
- 11 Strengthen the collection and management of SRH-related data**—including sex-, age-, and disability-disaggregated data—to aid in preparedness efforts and the monitoring and evaluation of response efforts.
- 12 Recognize the critical role of local communities** in emergency response and invest time and resources to build community-level preparedness.
- 13 Establish systems to monitor, evaluate, and share learning** on SRH preparedness activities and how they affect response.

IMAGE ABOVE: When her husband was arrested during the 2015 coup d'etat, Luscie Baragurana and her eight children fled the Bujumbura province in Burundi. They are now refugees at the Lusenda camp in Uvira, in the Democratic Republic of the Congo. Credit: UN Women



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[HTTP://FAMILYPLANNING2020.ORG/SRH-TOOLKIT](http://familyplanning2020.org/srh-toolkit)