

# From Emergency to Recovery Implementing & Building on the MISP for IDPs in Côte d'Ivoire



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# MISP Implementation

- Start in February 2011
- At the beginning
  - Referral to local hospital for sexual violence, delivery, STIs
- From March:
  - All components of the MISP are in place, including safe delivery
  - Referral to local hospital for complications
- May 2011:
  - Evaluation of MISP implementation
  - Start of comprehensive SRH services

# Building on the MISP: example of key comprehensive SRH services

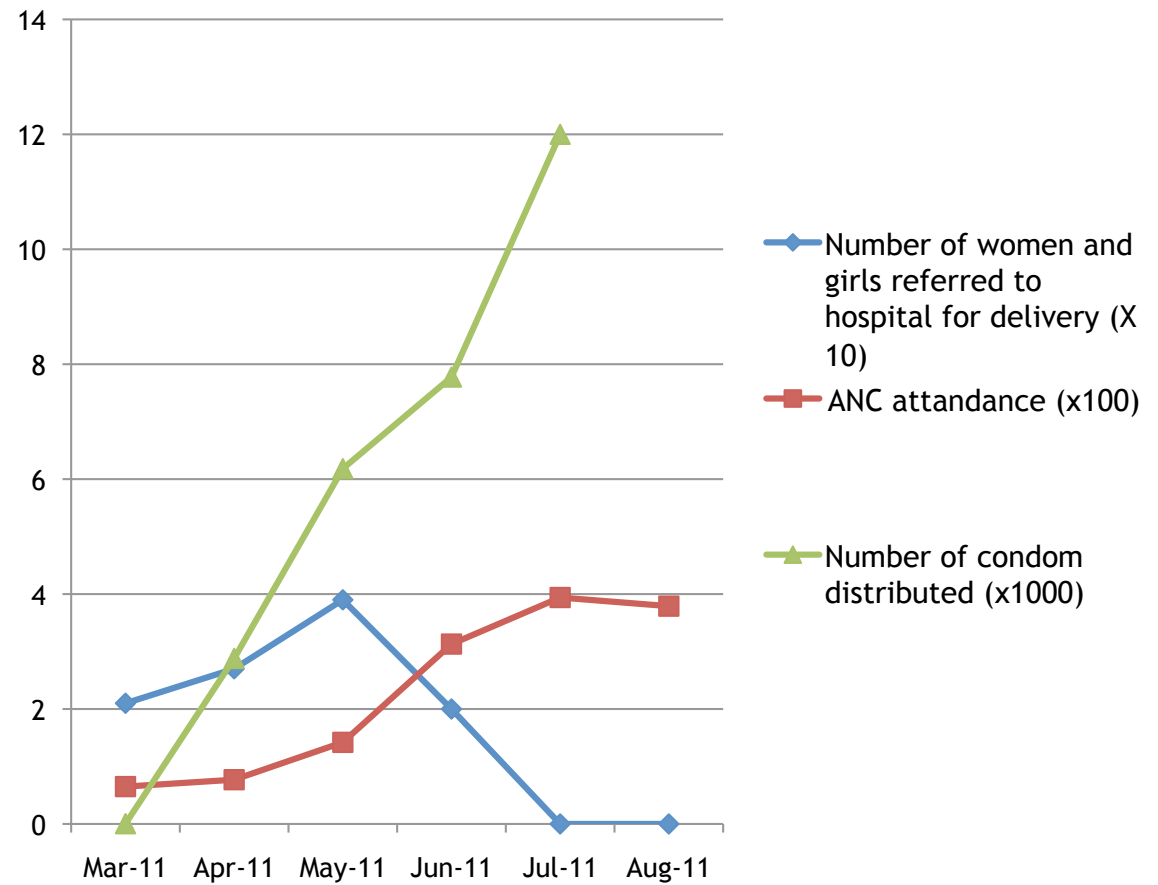
- Maternal, Newborn and Child Health
  - Family Planning: increase choice of modern methods
    - IUD, Implants
  - Pediatrics consultations, including immunization
- HIV transmission
  - PMTCT: prevention of the mother-to-child transmission
  - About to start - Save the Children
- Safe delivery: strengthening of signal functions (basic emergency obstetrics care)
  - Oxytocin
  - MVA



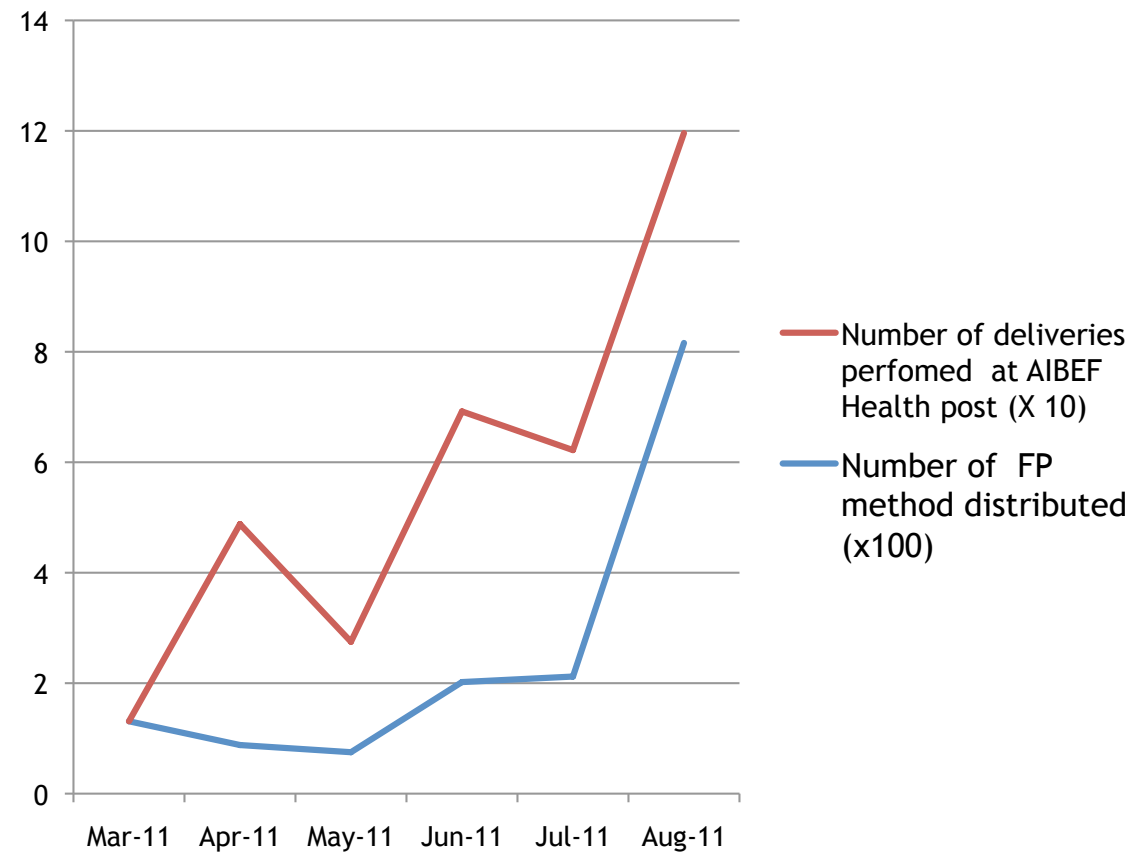
## Building on the MISF: example of key comprehensive SRH services

- WHO: has taken the lead to coordinate health actors
- Extension of AIBEF clinics from 1 to 3
- Clinic users:
  - From IDPs to the local population
  - AIBEF clinics have become

# Achievements



# Achievement Cont'd





# Sustainability

- 2012 CERF pending
- Save the children. In negotiation:
  - Additional funding
  - Funding for mobile team
- MSF pulling out. In negotiation:
  - Possible funding?
  - Possible commodities?

# Challenges

- Weak coordination during crisis
- High level of insecurity and nature of the conflict
  - Advantage of having local organization in place, that knows the field
- Difficulty to get qualified staff
  - AIBEF provided surge capacity by shifting health staff from one region to Duekoue
- Insecurity prevented easy access to site
  - Work through humanitarian agencies already in place (Save the Children)
- Bank shutdown
  - Save the Children



## Lessons learnt

- Building comprehensive SRH services upon the MISIP is critical during recovery and redevelopment
- Robust coordination mechanisms should be in place before, during and after the crisis phase.
- Local NGOs are well positioned in helping communities transition from crisis to recovery in an effective, efficient, and culturally sensitive manner.
- Donors and humanitarian partners should invest in grassroots agencies to ensure continuity of services and strengthen local ownership.

# Conclusion



**MISP in  
place saves  
lives**