

Overview of the implementation of the reproductive health MISP program: Between policy and field realities

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Abstract

Background: Disasters have led to the emergence of various diseases and health threats, causing a health crisis, especially for women and girls who are disproportionately affected by disruptions to sexual and reproductive health services among vulnerable populations. Various guidelines and regulations that are available and implemented nationally are expected to reduce morbidity and mortality rates as well as various safety risks that arise, especially those related to reproductive health in health crisis situations. The Indonesian government, through the Ministry of Health, has developed technical guidelines for minimum initial service packages (MISP) since 2014 and implemented them for the first time in 2018. Bantul Regency, particularly the Imogiri sub-district, is an area with a high frequency of disasters and was one of the areas affected by disasters in 2025. The objective of this study is to determine the implementation of minimum initial service packages (MISP) in practice and the suitability of their implementation with available policies, particularly in the Imogiri sub-district of Bantul Regency.

Method: This study used a qualitative approach with inductive content analysis. The research subjects involved were elements of the Bantul Health Office, the Health Crisis Center Coordinator at primary health care, the Head of Wukirsari Village, Health Cadres, and beneficiary communities in the Imogiri sub-district. Data collection was carried out using in-depth interviews and semi-structured questions.

Results: This study measured and assessed the status and level of program implementation, distribution of facilities and infrastructure (MISP kits), implementation of data collection, documentation, and coordination activities, program education and socialization, as well as challenges during program implementation.

Conclusion: The implementation of the minimum initial service package (MISP) for reproductive health in Bantul district is not yet in accordance with the policies that have been established nationally. The main obstacles to the implementation of this program are policies, commitment, and funding at the provincial level.

Keywords: Emergency Response; MISP; Reproductive Health

INTRODUCTION

Women and children frequently experience heightened vulnerability in disaster situations. They may be forced to give birth in unsafe environments with minimal assistance, thereby increasing the already high risk of mortality and disability(1) Yet, Indonesia is a country located within the Ring

of Fire, and as a result, it frequently experiences disaster situations arising from both natural and non-natural factors (2). Disasters that occur result in the emergence of various diseases and health threats, thereby causing a health crisis (3)(4), Particularly for women and girls, who are disproportionately affected by disrupted

access to sexual and reproductive health services among vulnerable populations (5). The Government of Indonesia, through the Ministry of Health, has developed technical guidelines for the Minimum Service Package (MSP) since 2014, which were first implemented in 2018. The objective is to mitigate the impact of humanitarian disasters by providing comprehensive sexual and reproductive health (SRH) services to all members of crisis-affected populations(1).

Previously, in 2008, the Ministry of Health had developed guidelines for a health service development program that implemented reproductive health services as a priority and as part of policy integration issued by the Ministry of Health. This was achieved through the implementation of the coordinating role of the Minimum Service Package (MSP) to ensure the quality and accessibility of reproductive health services by means of coordination, socialization, continuous training, and the establishment of collaborative networks with authorized stakeholders in affected areas through advocacy activities(6)(7). The various available guidelines and regulations are expected to reduce morbidity and mortality rates, as well as various emerging safety risks, particularly those related to reproductive health in health crisis situations(1)(8)(9). To date, no data exist regarding the implementation of the Minimum Initial Service Package (MISP). Given that cases of domestic violence increase during disasters, that sexually transmitted infection transmission rises during emergencies, and that unintended pregnancies increase due to unmet access to contraception, this research is essential for evaluating the achievement indicators of all components of the Minimum Initial Service Package in disaster situations. This evaluation ensures the effectiveness of the MISP in meeting the Sustainable Development Goals (SDGs) related to health, well-being, and equality, while also helping to identify areas that require improvement.

This study aims to describe the implementation of the reproductive health Minimum Initial Service Package (MISP) in the field and its alignment with available

policies, particularly in the Imogiri District area, Bantul Regency.

METHOD

This study employed a qualitative approach with inductive content analysis. The research was conducted in Bantul Regency, specifically in Imogiri District, an area with a high frequency of disasters and one of the regions affected by a disaster in 2025. The research subjects included representatives from the Bantul District Health Office, the Health Crisis Center Coordinator at the community health center (Puskesmas) level, the Head of Wukirsari Village, health cadres, and beneficiary community members in Imogiri District. Data collection was carried out using in-depth interviews with semi-structured questions. Subsequent data analysis of the research findings was performed using content analysis, a systematic method employed to identify and interpret patterns, themes, and meanings within the textual data of interview transcripts(10)(11).

This research activity was conducted after obtaining ethical approval with Number: 3.27/KEPK/SSG/IX/2025.

RESULT

This study involved various management personnel, including two respondents from the District Health Office, one person responsible for the PKK (Family Welfare Movement) at the community health center (Puskesmas), one village midwife, one village head, one FPRB (Disaster Risk Reduction Forum) member, village health cadres, and beneficiaries of the MISP (Minimum Initial Service Package) services in Wukirsari Village, Imogiri District.

Based on the results of the content analysis conducted, several categories were identified: the status and level of program implementation; the distribution of facilities and infrastructure (including MISP service kits); the execution of data collection, documentation, and coordination activities; program education and socialization; and the challenges encountered during program implementation.

a. Status and Level of MISP Program Implementation

Based on the results of interviews conducted with the district health office and the community health center (Puskesmas) as service implementers, information was obtained indicating a contradiction between the service status according to the district health office and that according to the Puskesmas. The Bantul District Health Office stated that the MISP service program had not yet been implemented because it was still awaiting technical guidelines from the provincial level and an implementing decree from the Governor of the Special Region of Yogyakarta.

One respondent stated, 'We are still in the coordination and preparation phase... implementation is not yet underway...' Another respondent added, '...in Bantul, it is not yet [implemented]. It is still absent; we have not even reached the point of issuing an official decree....'

Meanwhile, the Imogiri community health center (Puskesmas), as the technical service implementer, stated that field activities have been ongoing from 2017, 2018, through 2025. The implementation of reproductive health service activities has been carried out through the initiative of the Puskesmas and using the old guidelines (guidelines developed by the Puskesmas team).

Another respondent explained, '...during a disaster, we continue to conduct outreach... monitoring pregnant and breastfeeding women...' Another stated, '...we have our own rapid response team before the district team arrives...' A further respondent noted, '...before the 2017 event, we already had guidelines for disaster management...''

Activities that have been carried out at the community health center (Puskesmas) level include the formation of a Rapid Response Team, the development of a Disaster Plan,

and the implementation of general health services. This was also confirmed by the village head as a beneficiary of services at the village level.

One respondent stated, '...what we have done so far is limited to socialization and mitigation training, not yet extending to reproductive health..'

b. Distribution of Facilities and Infrastructure (MISP Service Kits)

At the district level, the availability of national MISP service kits in Bantul Regency has essentially not yet been supported by allocated funding sources, and there has been no clear distribution mechanism. At the Imogiri community health center (Puskesmas) level, the MISP kits have not been officially received from the district; instead, the kits provided to affected communities are those budgeted for and produced by the Puskesmas according to its capacity. The Wukirsari Village representatives, through the FPRB, stated that village administrators were unaware of the MISP kits, and the village only uses general logistics sourced from the Regional Disaster Management Agency (BPBD). Based on the information provided, a gap in logistics distribution remains evident.

One respondent stated, "...the district office has not provided the kits... we make them ourselves...'

Another respondent added, "...we never received kits from the district office... so in the end, we made our own makeshift kits.

Health posts during disasters have not yet been available because the disasters have been relatively small in scale. The community health center (Puskesmas) remains on standby and prepares basic reproductive health services. Basic health services in the form of health posts were established at the village level in Wukirsari together with the Indonesian Red Cross (PMI), the Puskesmas, and volunteers during the landslides and floods that occurred in 2019. The health posts functioned well despite not

being specifically oriented toward the MISP (Minimum Initial Service Package), indicating local adaptation to emergency needs

One respondent explained, "...the health post there... because those needing the post are not only the affected populations but also volunteers..."

c. Implementation of Data Collection, Documentation, and Service Coordination

At the Bantul Regency level, the identification of vulnerable groups remains coordinative in nature, carried out through direct reporting via WhatsApp groups regarding the number of pregnant women, postpartum mothers, and newborns at the time of disaster occurrence. This process has not been complemented by documentation for each activity conducted. Furthermore, a structured reporting mechanism to record the implementation of activities is not yet available.

A representative from the District Health Office stated, "...reproductive health data, specifically data on adolescents and pregnant women, still exists... but it is not yet documented."

The community health center (Puskesmas) responded, "...there is no specific format from the district office, so we use simple reporting..."

The District Health Office added, "...coordination is carried out informally and on an ad hoc basis when a disaster occurs".

The process of collecting data on the implementation of disaster response and health crisis activities at the Imogiri community health center (Puskesmas) is carried out through village health cadres.

One respondent explained, "...the initial data comes from the cadres... we synchronize it... then it is reported to the district office..."

d. Program Education and Socialization
Education and socialization activities regarding reproductive health services have been carried out independently by the community health center (Puskesmas) and the FPRB (Disaster Risk Reduction Forum), but they have not been integrated into disaster mitigation and education programs. In the responses provided, the district health office also stated that there are no specific reproductive health education activities.

One respondent noted, "...what we have done so far is limited to socialization and mitigation training".

e. Challenges During Program Implementation

The implementation of the Minimum Initial Service Package (MISP) for reproductive health has encountered various obstacles that arise at nearly all levels of activity. These include the unavailability of regional-level regulations, which has a tangible impact on the commitment of the district health office and the allocation of available budgets. The use of service kits has not been optimal due to the extremely limited availability of MISP service logistics. The disaster response efforts carried out so far by the community health center (Puskesmas) have utilized makeshift kits, which naturally have various shortcomings, particularly in terms of component completeness. Another constraint is the suboptimal coordination between field implementers (cadres and the Puskesmas) and policymakers (the district health office).

DISCUSSION

The implementation guidelines for the Minimum Initial Service Package (MISP) for reproductive health have undergone various adjustments and revisions, both in terms of content and the determination of their implementation. The most recent revision was conducted in 2023 to refine the technical guidelines and operational guidelines, which are based on international standards and adapted to the context of conditions in Indonesia(1). Based on various data and implementation measurement results obtained in Bantul Regency in 2025, it is

evident that numerous constraints have arisen, particularly concerning program implementation policies that, to date, have not been accommodated by the issuance of a governor's decree (SK), resulting in the program not being able to be implemented optimally.

Yet, in the context of concern for reproductive health, Bantul Regency is considered active and attentive, as can be seen, for example, in the adolescent reproductive health training activities conducted in 2025(12). Responses to reproductive health in disaster situations should ideally align with the general concern for reproductive health, given the importance of this service program in preventing morbidity rates resulting from various diseases that may arise in disaster contexts, such as sexually transmitted infections (HIV/AIDS), gender-based violence, mental health disorders, and the disruption of family planning programs, leading to worst-case outcomes including death among women and mothers in childbirth(13)(3)(4)(7)(14)(15).

The gap between national policy and the field implementation of the reproductive health Minimum Initial Service Package (MISP), particularly in Bantul Regency, is partly attributable to the unavailability of service kits and program implementation funds, as conveyed by respondents from the district health office and community health center (Puskesmas) in the interviews above. This condition constitutes one of the barriers to program implementation(16). However, as conveyed by the respondent from the community health center (Puskesmas) who serves as the person responsible for the Health Crisis Center (PKK) at the Imogiri Puskesmas, in various disaster responses, the Puskesmas has demonstrated commitment and service initiative, manifested through the creation of makeshift kits ('Kit-Kit-an') that refer to the service kit components outlined in the Reproductive Health MISP guidelines(9)(1). This initiative deserves appreciation and a positive response, given the importance of kit availability in supporting reproductive health services provided to women disaster survivors(17).

CONCLUSION

The implementation of the Minimum Initial Service Package (MISP) for reproductive health in Bantul Regency has not yet aligned with nationally established policies. The main obstacles to program implementation are policy, commitment, and funding at the provincial level. Although the Reproductive Health MISP program has not been fully realized, technically, the Imogiri community health center (Puskesmas), as part of the working area of the Bantul District Health Office, has initiated similar activities utilizing available resources. This initiated service program has also been accepted by communities in disaster situations, such as the 2019 landslide and the 2025 flood. Although these services have not specifically addressed the reproductive health services outlined in the MISP, the initiation efforts undertaken deserve appreciation from various stakeholders.

Strengthening the MISP implementation support system through institutional integration into local disaster governance, improving inter-agency coordination, and adapting program design to the needs and characteristics of the Imogiri community are necessary to make program implementation more effective and sustainable.

This study was not supported by complete program documentation and reporting data, as the mechanism for recording and documenting the implementation of the MISP in the field remains unstructured.

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