

Inter-agency Global Evaluation of RH Services for Refugees and IDPs

**Component 4 Part A: Evaluation of the
Use of the Minimum Initial Service
Package (MISP) and RH Kits**

UNFPA

Purpose

- Conduct a retrospective study of use of the MISP and distribution and use of Reproductive Health Kits

Methodology

- List of Field Offices and contact persons created
- 48 questionnaires sent to 39 countries
 - UNFPA, UNICEF and WHO field offices
 - IRC and IFRC
- Data collection May-June 2003
- Data analysis both by hand calculation and using Excel

Questionnaire

- English and French
 - Part I
 - Implementation of MISP components
 - logistics (ordering and distribution)
 - IEC materials
 - Part II
 - Contents of the RH Kits
- 33 questionnaires returned (68%)
 - 28 fully completed

MISP Implementation

- 78% implemented at least one MISP component in the emergency
- 68% implemented ALL components at SOME TIME during emergency ($3/4 \leq 3$ months)
- Implementation time of MISP varied from:
 - immediate action to one year after emergency
 - majority implemented MISP components before end of first month of emergency
 - But all components not in place within one month of onset of emergency

MISP Implementation

- Of the 78% that implemented at least one MISP component:
 - 81% appointed an RH Coordinator
 - 90% implemented interventions for sexual violence
 - 90% addressed HIV transmission
 - 100% implemented interventions to prevent neonatal and maternal morbidity and mortality
 - 72% planned for comprehensive RH services
 - 72% established a data collection system

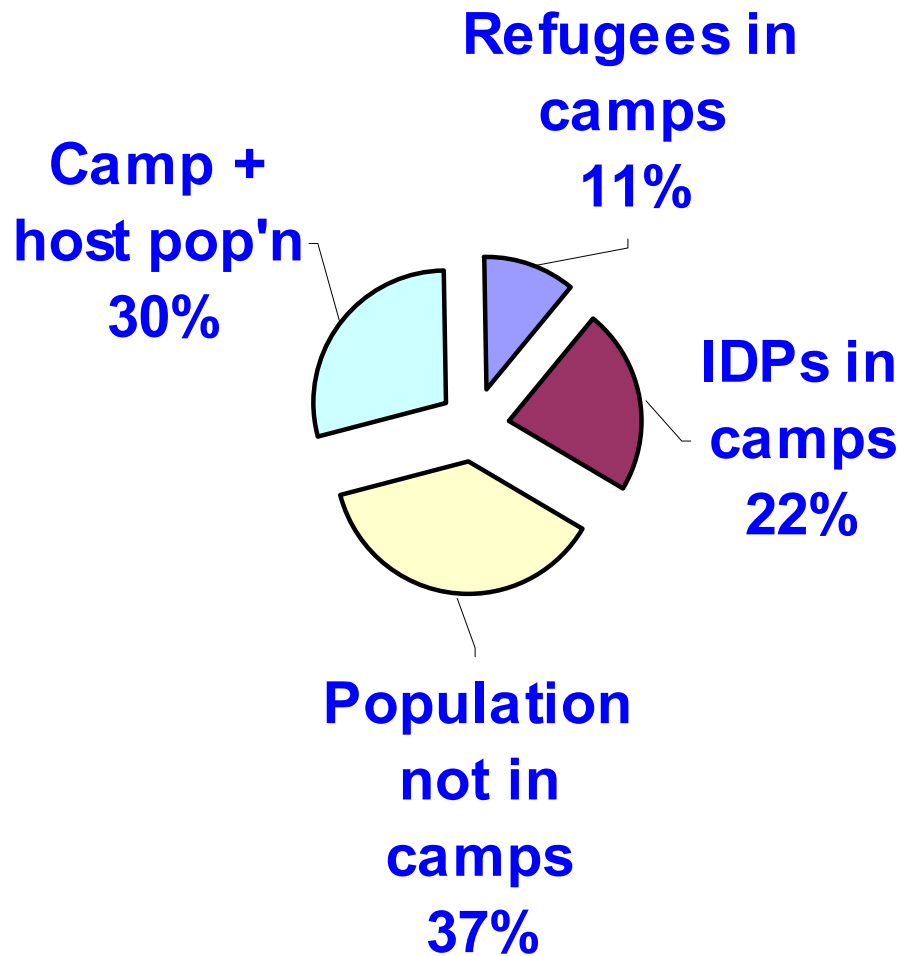
RH Kits – Use & Satisfaction

- Most frequently ordered kits in 2000, 2001, 2002:
 - Kit 2 (clean delivery kit)
 - Kit 6 (professional midwifery kit)
 - Kit 5 (STI kit)
- Most respondents satisfied with usefulness of kits and materials included in kits
- Suggestion made to add/change some items

RH Kits - Logistics

- 40% encountered problems with in-country transport and storage:
 - cold-chain not maintained (41%)
 - volume of shipment too large (21%)
 - difficult living conditions – e.g. poor roads, irregular flights, heat and humidity (19%)
- 74% completed in-country distribution more than one month after arrival of kits in country
- 7% completed distribution within 2 weeks

RH Kits - Beneficiary Populations



RH Kits – Training and Monitoring

- 74% no prior training on MIS and RH Kits
 - of these, 45% organized training for others
- 26% received training
 - of these, 99% organized training for others
- TBAs and CHWs most often trained, followed by Midwives
- 76% monitor use of RH Kits

Conclusions and Recommendations

- MISP implementation improved, but:
 - referral system for EmOC needs strengthening
 - use of universal precautions and safe blood supplies need to be reinforced
- In some countries, conditions may continue to pose serious challenge to effective distribution of kits
- More training on the use of kits, in English and French, is needed
- Need to ensure that IEC materials are received in-country