

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

Component 4 Part B: Assessment of
the Minimum Initial Service Package
(MISP) of Reproductive Health for
Sudanese Refugees in Chad

UNFPA

Women's Commission for Refugee
Women and Children

Purpose

- The purpose of this assessment was to determine the availability and quality of emergency response to the reproductive health needs of refugees

Methodology

- Refugee crisis in Eastern Chad chosen based on the following criteria:
 - Recent acute emergency involving refugees with an affected minimum population of 20,000
 - Involvement of non-functioning infrastructures
 - Presence of (UN) coordinated humanitarian response activities
 - presence of IAWG agency field staff willing to facilitate travel
 - Visa and security clearance easily obtainable
- Assessment conducted in April 2004
- 4 camps and 4 IDP setting visited

Evaluation Tools

- Tools developed by study team, based on *Inter-agency Field Manual* and RHRC Consortium's Needs Assessments Field Tools:
 - Semi-structured field staff interview questionnaire
 - Focus group discussion guide for refugee community interviews
 - Observational resource and services checklist
 - Assessment site basic information form

Findings

- Most humanitarian actors in Chad unfamiliar with MISP
- Did not know the MISP's overall goal, key objectives and priority activities
- No overall RH coordinator
- Only one agency had an identified RH focal point
- Limited overall coordination of humanitarian situation
- No routine coordination of health or RH activities

Prevent and Manage Sexual Violence

- Some activities in some camps for the prevention of sexual violence
- Protection needs of majority of refugees were unmet
- No UN protection officers, focal points or reporting mechanisms
- INGOs had codes of conduct but local NGOs did not
- Clinical protocols said to be followed but were rarely available
- Lack of systematic interventions to address needs of vulnerable groups

Reduce Transmission of HIV

- Priority activities to prevent transmission of HIV/AIDS nonexistent or limited
- Grossly inadequate supplies for universal precautions in national health structures
- INGOs adequately supplied for universal precautions and to provide teaching to local staff but no written protocols in place
- Free condoms not visible or available

Reduce Neonatal and Maternal Morbidity and Mortality

- Priority interventions were not in place
- Pregnant women were not provided clean delivery kits
- INGOs said to provide TBAs and midwives with clean delivery kits but lack of supplies reported
- Lack of equipment, supplies, skills to provide basic EmOC:
 - Basic EmOC provided by only one NGO
 - Poor referral system and limited emergency transport

Planning for Comprehensive RH Services

- No evidence of specific planning for comprehensive RH services
- Bypassing MISP interventions (e.g. EmOC) to establish services such as ANC
- Planning HIV/AIDS awareness campaigns before ensuring condom availability
- Training TBAs and midwives before informing community about urgent referrals
- Giving little attention to family planning, STI management, and youth

Limitations

- Geographically wide scattering of refugee population and camps
- Unfavourable road conditions and restricted travel times
- Limited time with field staff
- Translation/interpreters not ideal
- Limited time to pretest evaluation tools

Recommendations (Applicable to Any Emergency)

- All IAWG members should increase awareness and understanding of the MISIP among humanitarian actors:
 - Develop user-friendly learning materials
 - Conduct trainings
 - Ensure MISIP standards reflected in grant proposals aimed at responding to emergencies

Recommendations (cont'd)

- Assure that health coordination is in place and appoint RH focal point early in emergency
- Identify an RH focal point in each site for coordination of MISPP
- Allocate funds to support MISPP activities in all settings and ensure coordination with national governments
- Maintain a network of experienced RH coordinators
- Facilitate ordering and distribution of RH Kits