

Reproductive Health Access, Information and Services in Emergencies

RAISE

The RAISE Initiative: building RH capacity through collaboration

by Diana Barnes-Brown and Janet Butler-McPhee

Capacity building to ensure the provision of quality sexual and reproductive health services (RH) in emergencies is a key component of the RAISE Initiative.¹

As emergencies become longer-term in nature, it is essential that – alongside the initial emergency response – agencies plan for a longer-term engagement. This frequently requires closer cooperation between relief and development agencies and there is often a need for on-site presence for years, possibly decades, as the camps, urban slums, improvised settlements and other ‘temporary’ locations to which refugees and IDPs migrate become the only available options for long-term or permanent settlement.

RAISE (Reproductive Health Access, Information and Services in Emergencies) is working in a range of such settings including Darfur, South Sudan, northern Uganda and the Democratic Republic of Congo. In these settings RAISE works with relief and development partners to help build their capacity to ensure increased access to comprehensive RH. With the changing nature of conflict, the approaches of relief agencies towards the provision of RH services are also changing. Manuals and resources have been produced and distributed to support these agencies providing RH services. What is required now is support for agencies to strengthen their capacity to implement programme activities effectively.

The work of RAISE builds on the work of the Reproductive Health Response in Conflict Consortium (RHRC) and others in helping relief

and development agencies ensure quality RH services in emergency settings and building local capacities to respond to humanitarian needs. The RHRC has for a long time run a programme offering technical and organisational development support to local and national organisations. This programme has also played



a key role in facilitating capacity-enhancing links among local, national and international agencies.

In 2003, the RHRC published *Refugees and Reproductive Healthcare: Global Decade Report* (GDR). In the report the RHRC noted that “the lack of technical assistance and capacity building continues to prohibit the provision of comprehensive RH services... Increased training and technical assistance to build

institutional capacity and leadership are required by agencies at all levels.”² The GDR also called for improvements in evaluation and dissemination techniques for replicable service delivery models.

The following year, the Inter-agency Working Group on Reproductive Health in Refugee Settings (IAWG) published the *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons*.³ The report presented an in-depth review of the topic, using six complementary studies and a range of research methods to assess the status of RH among displaced populations all over the world. The result was a valuable and comprehensive assessment of the state of RH for these populations.

The IAWG report found that improvements had taken place but that there was still much to be done before RH services for refugees and IDPs reached acceptable standards in terms of both availability and quality. One of the central challenges noted in the IAWG’s report was that of “improving the collection and appropriate use of data [and] nurturing the growth of interagency collaboration.” Each study identified difficulties in gathering data or limitations in the availability and quality of existing data, and emphasised the need to improve current data collection and compilation practices.

Alongside clinical training and follow-up and support for project implementation, improving monitoring and evaluation is one of the RAISE Initiative’s key methods

both for achieving improvements in RH delivery in humanitarian emergencies and for contributing to the development of current and future RH practitioners.

Nairobi workshop sets the pace

Good quality data are needed to identify gaps in equipment, supplies and human resources, to identify strengths and opportunities, and to advocate for changes to policy to improve access to services.

In order to measure programme effectiveness, it is essential to collect such baseline data at the start of projects.

In February 2007, RAISE completed a workshop in Nairobi, Kenya, with service delivery partners. The objectives of the workshop were to introduce baseline assessment techniques to staff at both headquarters and field levels and to develop detailed workplans for baseline studies. Two methods of data collection were promoted for use in the baseline activities: facility assessments and population-based surveys.

Participants included partners from the International Rescue Committee⁴ (IRC) in the Democratic Republic of Congo (DRC), American Refugee Committee⁵ (ARC) Darfur, ARC South Sudan, Marie Stopes Uganda⁶ (MSU) and both IRC and ARC headquarters. Participants were selected on the basis of their key roles in the planned baseline assessments.

At the workshop, participants learned from the wide experience and expertise of both facilitators and other participants. Each session had a clear focus and learning objective but allowed discussion time in small groups for experience to be shared. Whilst the focus was on research methods, participants also learned more about the evidence base for RH services as well as programme experience with different indicators,

such as the UN Process Indicators for Emergency Obstetric Care.

Participants launched their initial baseline activities within a month of the workshop. For facility assessments, data were collected using a standardised instrument adapted from Columbia University's Averting Maternal Death and Disability⁷ (AMDD) programme by the RAISE team and further adapted based on feedback from workshop participants. Facility assessments



have been completed in eight IRC sites and two ARC sites in Darfur, five IRC sites in DRC, and ten MSU sites in northern Uganda. Facility assessments will begin at ARC's South Sudan sites in the near future. Population-based surveys, the next step towards completion of the overall baseline assessments, have begun at IRC sites in Darfur and DRC, ARC sites in Darfur, and MSU sites.

RAISE Initiative programme staff provided technical support throughout the data collection process, working closely with workshop participants at their field sites to train teams of data collectors. RAISE staff will continue to provide both on-the-ground technical support and support via

distance conferencing throughout remaining data collection as well as during analysis, dissemination and utilisation of facility assessment findings. This technical support and the participatory nature of the Nairobi workshop have been significant in enabling successful building of capacity of service delivery partners in implementing baseline assessments. Incoming reports from the field show that the workshop was effective in mobilising local staff and initiating data collection.

RAISE staff anticipate that the availability of ongoing technical support, both on the ground and by distance conferencing, will facilitate the successful completion of both facility assessment and population-based survey activities. In turn, successful completion of the two-part baseline assessments will provide evidence which can be applied to fine-tune project activities and be a sound basis for comparison with later findings.

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If you would like to receive regular email updates on new resources on RH in conflict settings, please visit the RAISE Initiative website and subscribe to the email list as directed.

1. The RAISE Initiative, formerly known as CRHC (introduced in FMR27 www.fmreview.org/FMRpdfs/FMR27/46.pdf), is a joint initiative of Columbia University and Marie Stopes International, working with key development and humanitarian agencies to ensure that the reproductive health response in humanitarian settings is appropriate to actual needs on the ground.
2. Reproductive Health Response in Conflict Consortium (RHRC), *Refugees and Reproductive Healthcare Global Decade Report*, 2003, p10. www.rhrc.org/pdf/Global_Decade_Report.pdf
3. Inter-agency Working Group on Reproductive Health in Refugee Settings (IAWG), *Inter-agency Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons*, 2004. www.rhrc.org/resources/iawg/
4. www.theirc.org/
5. www.arcelief.org/
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7. www.amddprogram.org/