



Using Data to Build Reproductive Health Systems Post-Conflict

Woodrow Wilson International Center for
Scholars, Global Health Initiative
Rebuilding Reproductive Health Systems in
Post-Conflict Settings

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RAISE Initiative

- Joint initiative of the Mailman School of Public Health at Columbia University and Marie Stopes International
- Aim to address the full range of reproductive health needs for refugees and IDPs through partnerships
 - Strengthen institutions' integration of RH
 - Improve service delivery
 - Influence global policy and funding decisions

RAISE Partners

HQ/Regional systems	Service delivery	Policy change
American Refugee Committee CARE International Rescue Committee Save the Children-US		Women's Commission John Snow Inc UNFPA
	MS Uganda Mae Tao Clinic Profamilia	

RH needs we address

- Comprehensive and basic emergency obstetric care, including PAC
- Family planning: permanent, long-term and temporary methods including emergency contraception
- Reproductive tract infections: diagnosis and treatment and HIV prevention (condoms, VCT, PMTCT, referral)
- Gender-based violence: medical response, referral



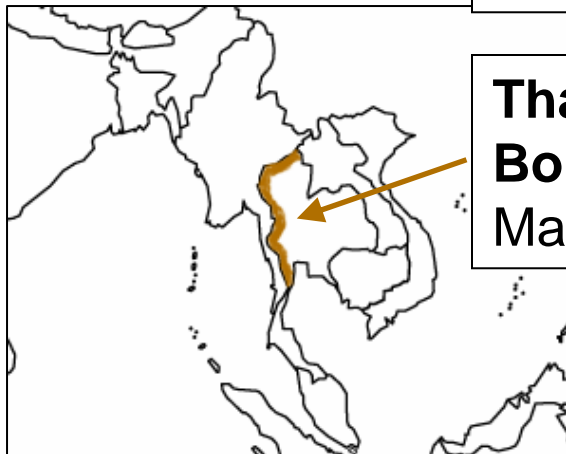
Countries' economic status influences the scope and quality of RH care provided



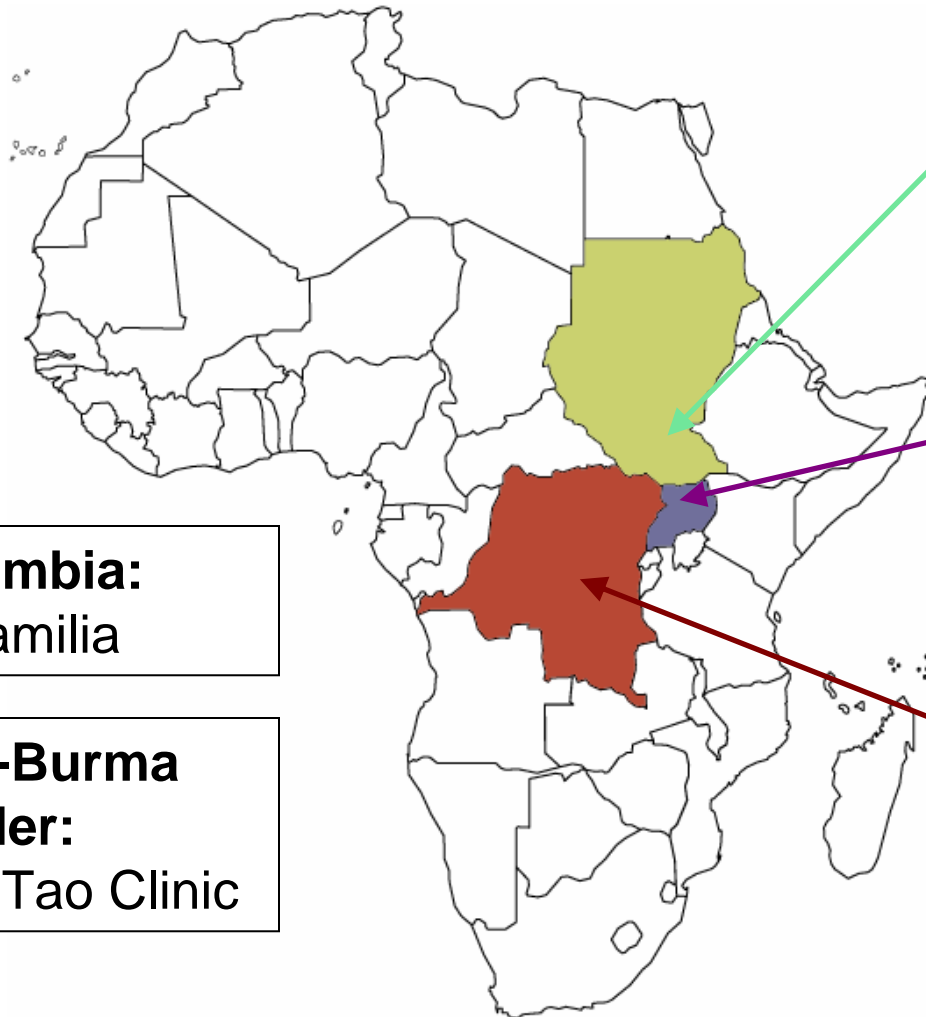
Where we work in the field



Colombia:
Profamilia



**Thai-Burma
Border:**
Mae Tao Clinic



**Darfur,
S Sudan:**
ARC, IRC,
Save the
Children

**Northern
Uganda:**
MSI

DRC:
CARE,
IRC

Example: RH in Congo

- Maternal mortality ratio: 549-1 100 per 100,000 live births
- Major causes of maternal mortality:
 - Hemorrhage (25%)
 - Sepsis (15%)
 - Eclampsia/pre-eclampsia (13%)
 - Complications of unsafe abortion (13%)
- Contraceptive prevalence (modern): 6.7%

Barriers to RH in post-conflict



- Weak overall health systems
- Long-term lack of community health programs
- Policy and funding gaps

When RH is new ...

By definition, '**new**' means

- Lack of skilled staff
- Lack of policy or program guides
- Lack of institutional experience
- Internal systems must adapt:
 - ❑ Strategic planning
 - ❑ Program design
 - ❑ M&E
 - ❑ Administrative procedures
 - ❑ Staff training
 - ❑ Supervision and support
 - ❑ Logistics
 - ❑ Fundraising
 - ❑ Partnerships, networks

One way to improve care: Better evidence

RAISE partners:

- Create / enhance use of evidence on-site to improve program management
 - Standardized across facilities, regions
- Contribute to multi-country evidence to advance the field
- Provide evidence for advocacy purposes

Better evidence from extensive baseline assessments

- In the field sites:
 - Facility assessments
 - Population-based surveys
- In partner organizations
- Global policy and funding trends



Better evidence from improvements in monitoring systems



RAISE		Service Delivery Indicators	Site:
		Data Abstraction Sheet	Month:
Organization:		Year: 20__	
Country:		Site:	
Region:		Facility Type:	
Tab: Emergency Obstetric Care			
Does this facility provide Emergency Obstetric Care?			
Code	Content	Yes/No	
Demographics			
CaPop	Catchment Area Population		
CBR	Crude Birth Rate		
ExpBirth	Expected Births Month / Year		
UN Process Indicators			
UNPI-1	a. Recommended Comprehensive EmOC Facilities		
UNPI-3	b. Recommended EmOC Facilities (Basic and Comprehensive)		
UNPI-3	Deliveries in this facility as proportion of expected births		
UNPI-4	Contribution towards Met need for EmOC Services from this facility		
UNPI-5	OB in this facility as proportion of all births in the population		
UNPI-6	Case Fatality Rate for Direct Obstetric complications		
UNPI-7	Proportion of births that result in early death		
UNPI-8	Proportion of maternal deaths from indirect causes		
Emergency Obstetric Care (EmOC)			
UNPI-3a	Deliveries in this facility		
UNPI-4a	Women with Direct Obstetric Complications treated		
UNPI-4b	Expected obstetric complications per month		
UNPI-5a	Elective Cesarean Sections		
UNPI-6a	Maternal deaths from Direct Obstetric Causes		
UNPI-8a	Maternal deaths from Indirect Causes		
UNPI-8b	Total maternal deaths in the facility		
UNPI-7a	Intrapartum/very early neonatal deaths of infants weighing 2.5kg or more		
Signal Functions			
EmOC-1a	Administration of parenteral antibiotics		
EmOC-1b	Administration of uterotonic drugs		
EmOC-1c	Administration of parenteral anticonvulsants		
EmOC-1d	Manual removal of placenta		
EmOC-1e	Removal of retained products		
EmOC-1f	Assisted vaginal delivery		
EmOC-1g	Blood transfusion		
EmOC-1h	Emergency Cesarean Section		
EmOC-1i	Neonates resuscitated with bag and mask		

Les indicateurs de la provision des services

Les indicateurs de la provision des services

Veuillez choisir le mois

Veuillez choisir l'année

Veuillez choisir l'organisation

Nom d'organisation :

Ajoutez l'organisation

Nom de pays :

Ajoutez le pays

Nom de région :

Ajoutez la région

Site:

Ajoutez le Site

Type de service :

Ajoutez le type de service

SORTIE

Rapport

ENTREZ

(mis à jour 19/02/2008)



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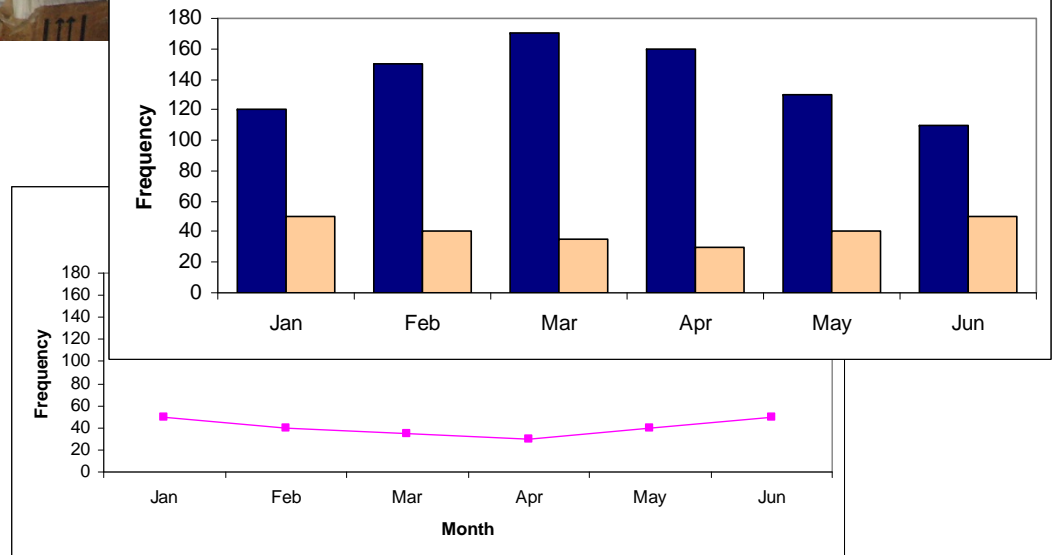
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Service Delivery Indicators Database Manual

Version 1.2
December 2008

Obstetric Complications Treated vs. Referred



Using evidence is key

- On-site, in each facility and district, among partners
- Nationally
 - Identify policies and protocols that weaken RH
 - Newer safer technologies
 - Human resources – who can do what?
- Globally, with policy-makers and donors

Ultimately,

- Post-conflict countries can use evidence to re-develop their health systems
- NGOs and donors must support this development by
 - Providing technical expertise and support
 - Engaging on critical policy change



RAISE