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Bilguissou Balde Date

Sexual and Reproductive Health in Complex Humanitarian Emergencies: Development of a 3-day Intensive Graduate Course

By

Bilguissou Balde

Master of Public Health

Hubert Department of Global Health

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Dabney P. Evans, PhD, MPH

Committee Chair

_____

Michelle Hynes, PhD, MPH

Committee Member

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Bilguissou Balde

Master of Public Health
Global Health
Emory University Rollins School of Public Health
July 28th, 2017

Thesis Committee:

Dabney P. Evans, PhD, MPH
Committee Chair

Michelle Hynes, PhD, MPH
Committee Member

An abstract of
A thesis submitted to the Faculty of the
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2017

Abstract: Sexual and Reproductive Health in Complex Humanitarian Emergencies: Development of a 3-day Intensive Graduate Course

Sexual and Reproductive Health (SRH) is a critical component of healthcare in complex humanitarian emergencies (CHEs). However, in the early stages of an emergency it is in often-overlooked area of critical lifesaving care. Guidelines for minimum standards for SRH services have been established for CHEs, with expansion to comprehensive services as soon as the context allows. The CHE certificate program offered by the Center for Humanitarian Emergencies at Emory University, in collaboration with the Emergency Response and Recovery Branch (ERRB) of the CDC, attracts students from across the world. A cohort of ~25 students is selected each year to complete a 2-year technical training covering varying aspects of working in CHEs. These courses cover among others health in humanitarian emergencies, epidemiological methods, planning and preparedness, risk communications for global public health emergencies, but the CHE certificate students in past years have requested additional training in SRH. A stand-alone SRH course will contribute towards filling the gaps within the humanitarian workforce by creating a new group of young professionals trained in the latest topics, issues and gold standard practices in SRH in CHEs.

The purpose of this Special Studies Project (SSP) is to create a SRH curriculum that can be implemented by the Center for Humanitarian Emergencies as part of the Complex Humanitarian Emergencies Certificate. An extensive literature review and a baseline evaluation of all Emory public health courses that include SRH components, as well as some external SRH courses, identified SRH gaps to be filled by a stand-alone course. The review was conducted on existing courses syllabus with SRH components at Emory and the literature was gathered through online database such as Web of Science, NCBI, Medline, Google Scholar, and PubMed focusing on papers published between 2010-2017 and government and non-governmental agencies report issued the same period. Regular meetings with the SSP committee members were held to outline course content and structure and review progress.

The curriculum was developed utilizing experiential learning techniques geared towards adult audiences, including interactive sessions with humanitarian partners surveying the course, group work and role plays, and presentations. The SSP produced the following deliverables: this overview paper describing the SSP methodology and products in detail, a spread sheet of the existing Emory public health courses with SRH components, a course syllabus with assigned and suggested readings, two daily quizzes, and a 3-component group assignment with a companion facilitator guide, and a self and peer evaluation form for the group work.

The SRH in emergencies curriculum, based on the process described above has great potential to fill the gaps in the humanitarian workforce by producing young professionals with a greater level of SRH in CHE expertise that will contribute towards the reduction of SRH related mortality and morbidity in humanitarian settings.

Sexual and Reproductive Health in Complex Humanitarian Emergencies: Development of a 3-day Intensive Graduate Course

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Bilguissou Balde

Master of Public Health
Department of Global Health
Rollins School of Public Health
Emory University

Medical degree
University Gamal Abdel Nasser of Conakry
Republic of Guinea
2013

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Table of Contents

ACRONYMS

SRH	Sexual and Reproductive Health
IAWG	Inter-Agency Working Group on Reproductive Health in Crises
MISP	Minimum Initial Service Package
CHE	Complex Humanitarian Emergency
SSP	Special Studies Project
CDC	Centers for Disease Control and Prevention
ERRB	Emergency Response and Recovery Branch
UN	United Nations
MPH	Master of Public Health
GH	Global Health
HIV	Human Immunodeficiency Virus
GBV	Gender Based Violence
STI	Sexual Transmissible Infection
DRC	Democratic Republic of Congo
IDP	Internally Displaced Persons
NGO	Non-governmental Organization
BEmONC	Basic Emergency Obstetric and Newborn Care
TBA	Traditional Birth Attendants
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization
DHS	Demographic Health Surveys
MICS	Multi-indicator cluster surveys
UNFPA	United Nation Population Fund

Sexual and Reproductive Health in Complex Humanitarian Emergencies: Development of a 3-day Intensive Graduate Course

CHAPTER I: INTRODUCTION

Sexual and reproductive health issues are a significant cause of morbidity and mortality in disaster- and conflict-affected situations. The awareness of SRH needs in humanitarian emergencies began in the mid-1990s and led to the formation of the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises (Casey et al 2015). Over the last decades, the IAWG has made some progress in advancing reproductive health through advocacy, research, and guidance development. This includes a publication of the Minimum Initial Service Package (MISP), a set of guidelines for SRH service delivery in crisis settings that should be implemented at the onset of an emergency (Iawg, 2017). However, in the early stages of an emergency it is in often-overlooked area of critical lifesaving care (Devexcom 2016).

Problem Statement

The lack of qualified staff is a major obstacle to SRH services provision in humanitarian settings, contributing to high maternal mortality and morbidity rates (Onyango et all 2013).The Complex Humanitarian Emergency certificate program through the partnerships between the Emergency Response and Recovery Branch of the Centers for Disease Control and Prevention (CDC) and the Center for Humanitarian Emergencies at Emory University aim to prepare students to be leaders in humanitarian emergency response field, and to be competent practitioners in their chosen specialty. The CHE Certificate program provides technical training covering varying aspects of working in CHEs including among others health in humanitarian emergencies, epidemiological methods, planning and preparedness, risk communications for global public health emergencies but the CHE certificate students in past years have requested additional training in SRH. A stand-alone SRH course will contribute towards filling the gaps within the humanitarian workforce by creating a new group of young professionals trained in the latest topics, issues, and gold standard practices in SRH in CHEs.

Additionally, an integration of a SRH capacity building/training curriculum to the current program provides greater in-depth knowledge of SRH issues and program development contributes towards the education of students and future emergency health responders at the Rollins School of Public Health at Emory University.

Purpose Statement

The purpose of this Special Studies Project (SSP) is to create a SRH curriculum that can be implemented by the Center for Humanitarian Emergencies as part of the Complex Humanitarian Emergencies Certificate, and offer a more comprehensive education to their students by educating

them in sexual and reproductive health in emergencies, and therefore increase relief workforce capacity to respond to sexual and reproductive health needs in humanitarian settings.

Objectives

The objectives of the SSP are the following:

1. To create a curriculum for a sexual and reproductive health in humanitarian emergencies course
2. Provide students in the CHE certificate program with in-depth knowledge of SRH issues and programs in CHEs

METHODS:

The Special Studies Project (SSP) was developed following the Emory's Rollins School of Public Health guidelines as a graduation requirement for a Master of Public Health. The curriculum development process included several meetings with the Special Study Project committee members to establish and review the structure and content of the curriculum.

The SRH curriculum builds on an extensive literature review and a baseline evaluation of all Emory public health courses that include SRH components, as well as some external SRH courses, identified SRH gaps to be filled by a stand-alone course (Annex 1). The review was conducted of existing courses syllabi with SRH components at Emory. The competencies of the courses with SRH components were reviewed and categorized by their relevance in humanitarian emergencies contexts. The review intended to avoid a duplication of existing SRH courses at Emory and identify gaps in SRH knowledge in public health courses at Emory. Clear gaps in both subject matter and context (emergencies) were recorded, providing the information necessary to understand what areas would be a focus for the SRH in CHEs course. Some course descriptions on SRH in emergencies subject matter were also collected from external courses to Emory. The external courses were reviewed to identify training areas and SRH topics in emergencies discussed by other academic institutions, and their potential inclusion in the SRH curriculum. An Excel spreadsheet was created to classified all the gathered information and identify topics of interest to be covered in the SRH curriculum. The following elements were recorded for each course reviewed: Courses titles, school, department, themes, relevance for CHE context.

Additionally, an extensive literature review was conducted to identify required and optional readings for the proposed course. Much of the literature was gathered through online databases such as Web of Science, NCBI, Medline, Google Scholar, and PubMed. The literature search focused on peer-reviewed papers and governmental and non-governmental reports published between 2010-2017. Search terms utilized several keywords for each topic: (conflict* or camp* or internal displaced population*), (assess* or coordination* or analyses*), (framework or guideline* or method* or tool*) (surveillance* or report* or monitor* or case study*). A subset of articles, case studies, and reports identified using the above terms were added into required and additional reading lists for the course. The curriculum structure and content development resulted in the following deliverables:

- A course syllabus (Annex 2) was developed using the common syllabus format of Emory Rollins School of public health. The SRH syllabus included a description of the lecture topics, format, reading materials, student assignments, a timeline of the three-day course with lectures on assigned and suggested readings. The syllabus provided a detailed description of the SRH course enrollment prerequisites; the learning objectives associated with the competencies for both school level, CHE certificate program and SRH course; and a description of student evaluation criteria. This is intended to provide students with better understanding of courses expectations and completion requirement for the SRH course. In addition, learning objectives for each session were developed to help provide students and guest lecturers with key points on the SRH topics discussed.

- Two quizzes and answer keys were developed for day two (Annex 3&4) and the day three (Annex 5&6) of the SRH class. The quizzes included five questions each and were designed to focus on the key points of the assigned reading materials provided in the curricula's syllabus. The quizzes intended to assess students understanding of the reading materials and provide a baseline knowledge on the topics discussed in class. Quizzes account for 30% of the students' grades for the SRH course completion.

- A group assignment with three components: (A) a case study, (B) SRH program concept note, and (C) presentation of the concept note, (Annex 7) was developed to serve as a practice for students on the topics covered in the SRH course and takes place over the three days of the course. The case study scenario is comprised of one role-play exercise centered on the experience of a SRH Coordinator in an emergency context in which the group discusses preparedness for emergency deployment, MISP and comprehensive SRH services implementation in a humanitarian context. Part B involves developing a 2-page concept note for a 2-year project expanding selected SRH services from the MISP to comprehensive care. The concept note includes the following components: program name and overview, methodology, and activities and outcomes. Part C involves making a PowerPoint presentation of the concept note developed in Part B and presenting it to a mock donor panel followed by a brief question and answer section. Part A and B of the group activity account for 25 % of students' grade and Part C accounts for 20%..

- A facilitator guide for the Part A - case study (Annex 8) was developed to provide guidance to group facilitators during the discussions. The facilitator guide contains discussion probes, suggested answers, and explanations for the Part A of the case study scenario. The facilitator guide content was developed using the IAWG field manual, the MISP guidelines and field best practices from the UNFPA online website.

- A self and peer evaluation form for all 3 parts of the group work (Annex 9) was adapted from (insert the source here) to evaluate each student's contribution to the group. The self

and peer evaluation form asks students to assess themselves and each member of the group on attendance, contribution to the group task, time management, contribution to effective and efficient group process, creativity/originality, communication skills, attitude, and technical skills. Each category is assessed using a 4-scale score (0 to 3) with three being the highest score. Beside each rating item, space for comments are included for examples or explanations that will help justify students' ratings.

Pedagogy

The curriculum was developed around essential components to sexual and reproductive health in complex humanitarian emergencies. This includes knowledge on sexual and reproductive health policies, frameworks, and key players in CHEs, the ability discerns the quality and appropriateness of data sources to measure sexual and reproductive health and population issues, the capacity to develop and implement a SRH programs and strategies responsive to the diverse cultural values and traditions of the community being served.

The SRH curriculum utilize experiential learning techniques geared towards adult audiences. These are methodologies tested and are core pedagogical approaches used across the capacity building programs at the center for Humanitarian Emergencies at Emory University.

The class will be capped at 25 students, with preference for Global Health students enrolled in the CHE certificate. Non-certificate Rollins and nursing students may also apply to enroll. Students must have a clear professional interest in SRH and complete all the prerequisites for the class (GH 510, GH 512, MISP online certification) required by the SRH in CHEs course to be allowed to attend the training.

Three days class will engage the students with the course curriculum in innovative ways that allow for higher levels of information retention. The SRH in CHE's class will include approximately four hours of online training on the Minimum Initial Service Package (MISP), lectures, and discussions on the course materials content mentioned above. Students will be expected to complete readings before each class, and then be tested on the readings material each morning.

Lectures will be given by subject matter experts from key humanitarian organizations from UN, NGOs and government agencies working in SHR in emergencies. Lectures will be interactive, introducing the students to the topic area, allowing students, instructors, and guest to share experiences from the field. Students will also interact with humanitarian agency partners who are surveying the class through lunchtime Q&A sessions. The students will also have hands-on learning through the three days of group work as described above.

Through the partnership between the Emergency Response and Recovery Branch at the CDC and the Rollins School of Public Health, the SRH in CHEs course will be piloted using the current 2017 cohort and the incoming (yet to be identified) 2018 cohort of MPH students. It is scheduled for the Winter 2018 semester and an evaluation will be conducted using both qualitative and quantitative data from students. This evaluation will inform if any curriculum revisions are necessary.

Conclusion:

The SRH in CHEs curriculum, based on the process described above has great potential impact for the Emory student body, other public health institutions, and other key organizations engaged in SRH emergency response. The implementation of this curriculum will provide CHE certificate students with more robust knowledge of SRH in humanitarian emergency response.

ANNEXES:

Annex 1: Course review spreadsheet

CLASS NUMBER	TITLE	SCHOOL	PROFESSOR (DEPT)	METHODS, THEMES, ETC.	CHE CONTEXT
GH 547	Issues in sexual and reproductive health	Emory	Stephenson (GH)	Calculation and interpretation of SRH indicators; STATA; DHS	No
EPI 744	Pediatric and perinatal epidemiology	Emory	Drews-Botsch (EPI)	Pregnancy outcomes; choosing study design options and evaluating research	No
EPI 746	Reproductive epidemiology	Emory	Marcus (EPI)	Infertility, pregancy loss, ID, contraceptive efficacy, unintended pregnancy, environmental impacts on reproduction	No
EPI/BSHE/HPM/GH 596	Foundations of maternal and child health	Emory	Hogue (EPI)	Historical and theoretical underpinnings of MCH problems and programs aimed to reduce morbidity, mortality, and health disparities	No
EPI/GH 550	Epidemiology and dynamics of STD and HIV transmission	Emory	Spaulding (EPI)	Basic biology and epidemiology of major STDs; implications of transmission models for prevention; psychosocial, behavioral, and economic aspects of STD/HIV	No
EPI 508R	Maternal and Child Health Leadership Collaborative Seminar	Emory	Carol Hogue Daniel Crimmins	forum focused on building the necessary attitudes and relationships to prepare the next generation of health leaders to provide and promote coordinated, comprehensive, culturally competent care, programs, and policies for diverse MCH populations.	No
GH 546	Maternal and Child Nutrition	Emory	Usha Ramakrishnan	significance and role of nutrition during pregnancy, lactation, and childhood	No

			Melissa Fox Young		
GH 539	Reproductive Health Program Management	Emory	Roger Rochat	history, ethical dimensions, and scope of reproductive health problems, programs and policies. learn skills in program development, budgeting, monitoring, evaluation and using logic models	No
N/A	Reproductive and sexual health in disaster settings	Boston University	Onyango (IH)	Common RH morbidities in conflict situations, RH assessments, programming, M&E, GBV, rape as weapon of war; examples drawn from Yugoslavia, Kosovo, Rwanda, Sierra Leone, Liberia, South Sudan	Yes
N/A	Health systems approach to maternal mortality	Columbia		STIs, Including HIV Prevention and Treatment; Family Planning (FP)	Yes
N/A	Reproductive health response in crisis situations	Columbia		guidance on reproductive health interventions in humanitarian settings. Minimum Initial Service Package for MCH care, emphasis on M&E and adolescent reproductive health in crisis setting around the world.	Yes
N/A	Gender-based violence in complex emergencies	Columbia		Preventing and responding to sexual and gender-based violence. engagement strategies for working with GBV survivors, service provider responsibilities, community referrals, methods to support service providers, and evaluation process	Yes
N/A	Maternal and child health in international primary care	Columbia		Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations	Yes

N/A	mental health and psychosocial support impact reproductive health			Mental health and psychosocial support (MHPSS) is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. program interventions should be implemented to address adolescent mental health and psychosocial support in emergencies?	Yes

Annex 2: Syllabus

On the following pages, the Syllabus for the course is included.

ROLLINS SCHOOL OF PUBLIC HEALTH
EMORY

DEPARTMENT: Global Health

COURSE NUMBER: XXX

CREDIT HOURS: 2

TITLE: Sexual and Reproductive Health in Complex Humanitarian Emergencies

DATES: TBD

LOCATION: TBD

INSTRUCTOR (S)

Michelle Hynes	Phone: (404) 498-0280	E-mail: yzh7@cdc.gov
TAs:	Phone:	E-mail:

COURSE DESCRIPTION

This course builds on students' knowledge of epidemiologic principles, sexual and reproductive health indicators, and health in complex humanitarian emergencies. It takes an applied epidemiological approach covering three essential components to sexual and reproductive health in complex humanitarian emergencies: program management, monitoring, and evaluation; policy and advocacy; and emerging issues and methods.

PREREQUISITES

Required: GH 510, GH 512, MISP online certification (see below for details)
Recommended: GH 539, GH 547, EPI 746, or other relevant coursework

LIST SCHOOL LEVEL, DEPARTMENT, AND/ OR PROGRAM COMPETENCIES

Rollins School of Public Health:

1. Critique major global priorities and the reasons for their prioritization.
2. Design programs, policies, and/or interventions intended to improve health services and the health status of individuals, communities, and populations.

Sexual and Reproductive Health and Population Studies Concentration (GH):

1. Critique current population, sexual, and reproductive health policies, and programs at local, national, and global levels.
2. Discern quality and appropriateness of data sources to measure sexual and reproductive health and population issues.

CHE Certificate:

2. Develop public health programs and strategies responsive to the diverse cultural values and traditions of the community being served.
3. Identify internal and external problems that may affect the delivery of essential public health services in a CHE.
4. Collaborate with communication and informatics specialists in the process of design, implementation, and evaluation of public health programs in CHEs.

LIST LEARNING OJECTIVES ASSOCIATED WITH THE COMPETENCIES

Students will be able to:

1. Describe the characteristics of SRH in CHE settings, including: guiding international frameworks/policies, key indicators, common morbidities, affected populations, and stakeholders.
2. Describe implementation frameworks for SRH programming in CHEs.
3. Plan for comprehensive SRH programming services in CHE's
4. Gain training in Minimum Initial Service Package for Reproductive Health in Crisis Situations.
5. Describe monitoring and evaluation approaches to SRH programs in CHEs.
6. Understand challenges to SRH program implementation and management in CHEs.
7. Describe emerging SRH issues and methods in CHEs.

EVALUATION

Students will be evaluated based on:

1) Pre-course completion of MISP certificate online
2) In-class quiz on pre-requisite readings on Day 2
3) In-class quiz on pre-requisite readings on Day 3
4) Engagement and completion of the Case Study
5) Completion of SRH concept note on Day 3
6) In class PowerPoint Presentation

All quizzes will be open book and open note.
All late assignments, quizzes, and exams will receive a grade of 0.
Final course grades will be calculated as follows:

20% MISP online certification
15% Day 2 Quiz
15% Day 3 Quiz
20% Concept note
10% Class Attendance and Participation
20% Final Presentation

Overall scoring: A 93-100; A- 90-92
B+ 87-89; B 83-86; B- 80-82;
C+ 77-79; C 73-76; C- 70-72;
D+ 67-69; D 60-66; F <60

COURSE STRUCTURE

Class will meet for 3 days. Students are expected to read all assigned reading prior to arriving at class, and days 2 and 3 of the course will begin with a quiz on the reading. The day will be broken down with a series of lectures, case study to reinforce the content covered in the course and the final day will conclude with a final presentation of a SRH concept note to an expert panel conducting a "mock donor interview" as donors identifying potential funding partners. The course hours are 9:00am to 5:30 pm both days. There will be a one-hour lunch break and two 15-minute breaks each day.

Course Readings and Assignments Descriptions:

Students must complete the Minimum Initial Service Package (MISP) online training, assigned readings, and group assignments assigned for each day. All readings and assignment descriptions are listed on Canvas.

Assignment Descriptions:

- Students must register for and read all components of Minimum Initial Service Package (MISP) distance Learning Module (**http://misp.rhrc.org**) prior to starting the course. Complete all quizzes and post-test in each module. This assignment should take approximately four hours. Students will be posting their completion certificate under the assignment section on canvas prior the course.
- Quizzes will be given at the beginning of day 2 and 3 on the assigned reading material and quizzes are open note/book.
- A group case study will be given at the end of day 1 and 2 and students must complete a SRH concept note with a PowerPoint presentation as a final exam on day 3.

ACADEMIC HONOR CODE

The RSPH requires that all material submitted by a student in fulfilling his or her academic course of study must be the original work of the student.

SESSIONS LEARNING OBJECTIVES

Day One

Date: TBD

Course introduction and Overview of SRH in CHE's, international policies and frameworks in CHEs, Maternal and Newborn care in CHE's

The learning objectives for day one is the following:

Session 1: Introductions, Overview of Sexual and Reproductive Health in emergencies

- Understand the main topics covered in the course
- Understand the required assignments and responsibilities needed to complete the course.
- Define SRH priority interventions in CHEs and how to plan for comprehensive SRH care.
- Understand how the context of CHEs affects SRH outcomes and interventions
- Be familiar with sexual reproductive health gaps and challenges in Complex Humanitarian Emergencies

Session 2: Sexual and Reproductive Health in emergencies Policies, Framework, and Key players

- Describe SRH key players in CHEs
- Be familiar with SRH policies and frameworks use in CHEs

- Be familiar with sexual and reproductive rights in conflict settings

Session 3: SRH Coordination in CHE's (Best Practices and Gaps)

- Understand the role and importance of SRH response coordination as a core part of overall health response in CHE's
- Describe the cluster system for the health sector including SRH in CHE's
- Be familiar with coordination Best Practices and Gaps in CHE's

Session 4: Maternal and Newborn care in CHE's

- Describe Maternal and newborn care services delivery in Humanitarian settings
- Understand the best ways to reduce maternal and newborn death at the onset of an emergency;
- Be familiar with best practices and challenges for Maternal and newborn care in Emergencies

Day Two

Date: TBD

SRH program implementation and management

Day two will examine SRH sub-topics in depth, including adolescent SRH, contraception and safe abortion, gender-based violence, and sexually transmitted infections and HIV prevention and treatment. Discussions will include best practices, challenges to implementation, and gaps in knowledge.

The learning objectives for day two are the following:

Session 1: Sexually Transmitted Infections /HIV prevention & treatment

- Be familiar with the risk factors of Sexually Transmitted Infections including HIV in complex humanitarian emergencies
- Describe the priority interventions for reducing HIV transmission in CHE's
- Have knowledge on challenges for Sexually Transmitted Infections /HIV prevention & treatment)

Session 2: Contraception/Family Planning in CHE's

- Understand Adolescent Reproductive Health needs in Complex Humanitarian Emergencies
- Describe family planning services delivery in Complex Humanitarian Emergencies

Context

- Be familiar with best practices to maintain adolescent reproductive health in CHE's

Session 3: Adolescent Sexual Reproductive Health

- Understand Adolescent Reproductive Health needs in Complex Humanitarian Emergencies
- Be familiar with ASRH approaches use in conflict settings
- Be familiar with best practices to maintain adolescent reproductive health in CHE's

Session 4: Gender Based Violence in CHE's

- Understand gender-based violence types, root causes and contributing factors in CHE's
- Be familiar with standards for gender-based violence interventions in humanitarian settings
- Explain gender-based violence risk factors assessment, prevention and response in CHE's

Day Three

Date TBD

Monitoring, evaluation, recovery, and SRH interdisciplinary approach in CHE's

This class will discuss Best practices and gaps in SRH monitoring and evaluation frameworks, tools assessing SRH programs in CHEs, integration of SRH with others CHE's interventions and SRH services delivery in post CHE's.

The learning objectives for day three is the following:

Session 2: SRH Methods in CHE's (Monitoring, Evaluation, and Surveillance)

- Understand the role and importance of SRH Monitoring Evaluation and Surveillance in CHE's
- Be familiar with SRH frameworks and tools use in CHE's
- Explain common surveillance, monitoring and evaluation method use to assess SRH programs in CHE's

Session 3: Transition and Early Recovery in post CHE's

- Understand the need for comprehensive SRH services for transition and Early Recovery in post CHE's
- Describe SRH services delivery in post CHE's
- Be familiar with SRH challenges and best practices for Transition and Early Recovery in post CHE's.

Session 4: Where do we go from here? Gaps in SRH research, and innovations in better SRH services delivery

- Understand what the gaps are in SHR in CHE's research
- Describe ways in which SRH practice can better integrate and innovate for better outcomes

Course schedule:

DAY 1:

Time	Topic / Activity	Facilitator(s)
9:00	Introductions and course announcements	TBD
9:30	SRH priority interventions in CHE's, gaps and challenges	
10:15	Plan for comprehensive SRH care	
10:45	*Break*	
11:00	SRH policies and frameworks in CHEs	
11:45	Who are the key players in SRH complex emergencies? Where do we fit in?	
12:15	Sexual and Reproductive health rights in CHE's	
12:45	*Lunch*	
1:45	Maternal and newborn care services delivery in conflict settings	
2:15	*Break*	
2:30	Challenges and Best practices in Maternal and newborn care services delivery	
3:15-5:30	*Class exercise:* Conflict in DRC Part A	

Assigned reading: (*these are the readings for day one)*

1 Iawgnet (2017). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings, IAWG. Retrieved 24 July 2017, from http://iawg.net/wp-content/uploads/2016/07/IAFM-2010.pdf .

a. pages **5-20** Fundamental Principles
b. pages **123-137** Maternal and Newborn Health

2. Adam, I. F. (2015). The influence of maternal health education on the place of delivery in conflict settings of Darfur, Sudan. Conflict and Health, 9(1). doi:10.1186/s13031-015-0057-2 https://www.prio.org/utility/DownloadFile.ashx?id=122&type=publicationfile

3. Warren, E., Post, N., Hossain, M., Blanchet, K., & Roberts, B. (2015). Systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises. BMJ Open, 5(12). doi:10.1136/bmjopen-2015-008226 http://bmjopen.bmj.com/content/5/12/e008226

4. Tappis, H., Freeman, J., Glass, N., & Doocy, S. (2016). Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review. PLoS Curr, 8. doi: 10.1371/currents.dis.3a465b66f932767 https://www.ncbi.nlm.nih.gov/pubmed/27226926

Optional reading:

1. Emergency response to sexual and reproductive health: A matter of life and death:

https://www.devex.com/news/emergency-response-to-sexual-and-reproductive-health-a-matter-of-life-and-death-87825

2. Meeting the Sexual and Reproductive Health Needs of Women in Humanitarian Situations: **http://womendeliver.org/2017/guttmacher-sexual-reproductive-health-needs/**

DAY 2:

Time	Topic / Activity	Facilitator(s)
9:00	Course announcements Daily quiz on the assigned readings listed below for today's class	
9:30	STIs/HIV risk factors in CHE's	
10:30	STIs/HIV interventions in CHE's	
11:30	*Break*	
11:45	Contraception/Family Planning in CHE's	
12:45	*Lunch – Lunch – Informal Q&A with Panel of Guest Partner Agencies*	
1:45	Adolescent Sexual Reproductive Health needs in CHE's	
2:45	Gender Based Violence in conflict settings	

3:45-4:00	*Break*	
4:00-5:30	*Class exercise: Conflict in DRC Part B Concept note*	

Assigned reading: *(these are the readings for day one)*

1. *Landegger, J., Hau, M., Kaducu, F., Sondorp, E., Mayhew, S., & Roberts, B. (2011). Strengths and weaknesses of the humanitarian Cluster Approach in relation to sexual and reproductive health services in northern Uganda. . International Health, 3(2), 108-114. doi: 10.1016/j.inhe.2011.03.*

http://www.academia.edu/15346792/Strengths_and_weaknesses_of_the_humanitarian_Cluster_Approach

2. *Black benjamin et al.. (2014). Reproductive health during conflict. The Obstetrician & Gynaecologist, 16(3), 153-160.* http://onlinelibrary.wiley.com/doi/10.1111/tog.12114/pdf

3. Lassi, Z. S., Aftab, W., Ariff, S., Kumar, R., Hussain, I., Musavi, N. B., Bhutta, Z. A. (2015). Impact of service provision platforms on maternal and review. *Conflict and Health, 9*(1), 1-12. doi:10.1186/s13031-015-
https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0054-5

Optional reading:

1. d'Harcourt, E., Ratnayake, R., & Kim, A. (2017). How can the sustainable development goals improve the lives of people affected by conflict? *Bulletin of the World Health Organization, 95*(2), 157.

2. Devictor, X. (2016). *Forcibly Displaced: Toward a Development Approach Supporting Refugees, the Internally Displaced, and Their Hosts.* Retrieved from Washington DC:

3. Hynes, M. E., Sterk, C. E., Hennink, M., Patel, S., DePadilla, L., & Yount, K. M. (2016). Exploring gender norms, agency and intimate partner violence among displaced Colombian women: A qualitative assessment. *Global Public Health, 11*(1-2), 17-33. doi:10.1080/17441692.2015.1068825

4. Johnston, L. G., McLaughlin, K. R., Rouhani, S. A., & Bartels, S. A. (2017). Measuring a hidden population: A novel technique to estimate the population size of women with sexual violence-related pregnancies in South Kivu Province, Democratic Republic of Congo. *Journal of epidemiology and global health, 7*(1), 45-53.

5. Khatib, R., Giacaman, R., Khammash, U., & Yusuf, S. (2017). Challenges to conducting epidemiology research in chronic conflict areas: examples from PURE- Palestine. *Conflict and Health, 10*(1), 33. doi:10.1186/s13031-016-0101-x

6. McGinn, T., Austin, J., Anfinson, K., Amsalu, R., Casey, S. E., Fadulalmula, S. I., Yetter, M. (2011). Family planning in conflict: results of cross-sectional baseline surveys in three African countries. *Conflict and Health, 5*(1), 1-8. doi:10.1186/1752-1505-5-11

7. Urdal, H., & Che, C. P. (2013). War and Gender Inequalities in Health: The Impact of Armed Conflict on Fertility and Maternal Mortality. *International Interactions, 39*(4), 489-510. doi:10.1080/03050629.2013.805133

8. Warren, E., Post, N., Hossain, M., Blanchet, K., & Roberts, B. (2015). Systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises. *BMJ Open, 5*(12). doi:10.1136/bmjopen-2015-008226

9. West, L., Isotta-Day, H., Ba-Break, M., & Morgan, R. (2016). Factors in use of family planning services by Syrian women in a refugee camp in Jordan. *Journal of Family Planning and Reproductive Health Care*. doi:10.1136/jfprhc-2014-101026

10. Emergency response to sexual and reproductive health: A matter of life and death: https://www.devex.com/news/emergency-response-to-sexual-and-reproductive-health-a-matter-of-life-and-death-87825

11. Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: http://www.unhcr.org/4e8d6b3b14.pdf

DAY 3:

Time	Topic / Activity	Facilitator(s)
9:00	Course announcements Daily quiz on the assigned readings listed below for today's class	
9:30	SRH Monitoring, Evaluation, and Surveillance frameworks and tools	
10:30	*Break*	
10:45	SRH services delivery in early Recovery in post CHE's	
11:45	Gaps in SRH research, and innovations in better SRH services delivery	
12:45	*Lunch*	
1:45	Concept note PowerPoint presentations	

4:00	*Break*	
4:15-5:30	Concept note PowerPoint presentations continued	
	Course evaluations and Class wrap-up	

Assigned reading: *(these are the readings you will be tested on)*

1. *Zeid, S., Gilmore, K., Khosla, R., Papowitz, H., Engel, D., Dakkak, H., Fair, M. (2015). Women's, children's, and adolescents' health in humanitarian and other crises. BMJ, 35* *http://www.bmj.com/content/351/bmj.h4346*

2. *Casey, S. E. (2015). Evaluations of reproductive health programs in humanitarian settings: a systematic review. Confl Health, 9(1), S1. doi:10.1186/1752-1505-9-S1-S1* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4328944/

3. *Krause, S., Williams, H., Onyango, M. S., Sami, S., Doedens, W., Giga, N., Tomczyk, B. (2015). Reproductive health services for Syrian refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package. Confl Heal, 9. doi:10.1186/1752-1505-9-s* https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-9-S1-S4

Optional reading:

MISP Process Evaluation Tools (2017): **http://iawg.net/resource/misp-process-evaluation-tools-2017/**

Data collection tools for MCH in humanitarian emergencies: **http://www.scielosp.org/pdf/bwho/v93n9/0042-9686-bwho-93-09-00648.pdf**

The Reproductive Health Assessment After Disaster Toolkit (RHAD) **https://nciph.sph.unc.edu/RHAD/index.html**

Annex 3: **GH xxx: Sexual Reproductive Health in Complex Humanitarian Emergencies**

Day 2 Quiz (10 points)

1. Briefly describe ways in which cluster system was helpful in delivering SRH services in Northern Uganda according to Landegger et al in their article on Strengths and weaknesses of the humanitarian Cluster Approach in relation to sexual and reproductive health services?

2. According to Black et al, why should SRH services established in a refugee camp setting also be available to the local host population?

3. Name one way there may be an increased risk of HIV/STI transmission in humanitarian settings, according to Black et al? (2 point)

4. What are two maternal and newborn health delivery mechanisms in conflict areas discussed by Lassi et al in their study?

5. Briefly describe why Black et al suggest that family planning programming should actively involve the community?

Annex 4: **GH xxx: Sexual Reproductive Health in Complex Humanitarian Emergencies**

Day 2 Quiz (10 points)

1. Briefly describe ways in which cluster system was helpful in delivering SRH services in Northern Uganda according to Landegger et al in their article on Strengths and weaknesses of the humanitarian Cluster Approach in relation to sexual and reproductive health services?

- Helped to improve co-ordination of SRH services
- Helped improve understanding of the availability of SRH services, particularly obstetrics services.
- Encouraged better collaboration amongst Cluster members, particularly amongst UN agencies.

Source: Landegger, J., Hau, M., Kaducu, F., Sondorp, E., Mayhew, S., & Roberts, B. (2011). Strengths and weaknesses of the humanitarian Cluster Approach in relation to sexual and reproductive health services in northern Uganda. International Health, 3(2), 108-114. doi: 10.1016/j.inhe.2011.03.005
http://www.academia.edu/15346792/Strengths_and_weaknesses_of_the_humanitarian_Cluster_Approach_in_relation_to_sexual_and_reproductive_health_services_in_northern_Uganda

2. According to Black et al, why SRH services established in a refugee camp setting should be made available to the local host population?

The answers should highlight the fact that:

- Maternal and neonatal outcomes in these more stable settings frequently improve beyond those of the country-of-origin of the refugees and the host population

Source: Black Benjamin et al., (2014). Reproductive health during conflict. The Obstetrician & Gynaecologist, 16(3), 153-160. http://onlinelibrary.wiley.com/doi/10.1111/tog.12114/pdf

3. Name one-way Black et al discusses an increased risk of HIV/STI transmission in humanitarian settings? (2 point)
The answer should include one of the following:

- Through increased population movement to higher prevalence areas
- By reducing access to HIV services and disrupting health infrastructure

- By breaking down social support structures, leading to increases in sexual violence and abuse
- Through earlier initiation of sexual activity among young people in conflict

Source: Black Benjamin et al., (2014). Reproductive health during conflict. The Obstetrician & Gynaecologist, 16(3), 153-160. http://onlinelibrary.wiley.com/doi/10.1111/tog.12114/pdf

4. What are two maternal and newborn health delivery mechanism in conflict areas discussed by Lassi et al in their study?

The answer should include two of the following:

- Community based services
- Outreach services
- Facility based services
- Combination of community-based and outreach services

Lassi, Z. S., Aftab, W., Ariff, S., Kumar, R., Hussain, I., Musavi, N. B., Bhutta, Z. A. (2015). Impact of service provision platforms on maternal and newborn health in conflict areas and their acceptability in Pakistan: a systematic review. *Conflict and Health, 9*(1), 1-12. doi:10.1186/s13031-015- https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-015-0054-5

5. Briefly describe why Black et al, suggested that Family Planning programming should actively involve the community?

The answer should refer to:

- Involving the community help assure that family planning services accessibility, appropriate and culturally sensitive.
- Community involvement gives opportunity to involve men, which is particularly important for FP program success in context where men are family decision makers.

Source: Black Benjamin et al., (2014). Reproductive health during conflict. The Obstetrician & Gynaecologist, 16(3), 153-160. http://onlinelibrary.wiley.com/doi/10.1111/tog.12114/pdf

<u>Annex 5:</u> GH xxx: Sexual Reproductive Health in Complex Humanitarian Emergencies

Day 3 Quiz

(10 points)

1. Fill the blank using the word bank below. (2 points)

Zeid et al suggest that _____ and _____ must be empowered, as they are the true "first responders" to a crisis.

2. According to Zeid et al, why is cooperation between and across humanitarian and development stakeholders important to sustain the impact on women and children health outcomes? (2 points)

3. According to Casey, what are two of the largest gaps in RH program evaluation in humanitarian settings? (2 points)

4. What are two of the aspects of MISP that were evaluated in Casey's study? (2 points)

5. According to Zeid et al, why should we focus on fragile and conflict settings if we are to achieve the Sustainable Development Goals globally? (2 points)

Annex 6: GH xxx: Sexual Reproductive Health in Complex Humanitarian Emergencies

Day 3 Quiz

(10 points)

1. Fill the blank using the word bank below. (2 points)

Zeid et al suggest that ***young people*** and ***women*** must be empowered as they are the true first responders in a crisis.

Source: Zeid, S., Gilmore, K., Khosla, R., Papowitz, H., Engel, D., Dakkak, H., Fair, M. (2015). Women's, children's, and adolescents' health in humanitarian and other crises. BMJ, 35 http://www.bmj.com/content/351/bmj.h4346

2. According to the authors, why a cooperation between and across humanitarian and development stakeholders is important to sustained the impact on women and children health outcomes? (2 points)

The answer should mention:

- The Humanitarian community and development stakeholders coming together to support each other's efforts, and to work in more complementary ways will allow to bridge gaps and maximize the opportunities for sustained impact on the health and wellbeing of women, children, and young people.

Source: Zeid, S., Gilmore, K., Khosla, R., Papowitz, H., Engel, D., Dakkak, H., Fair, M. (2015). Women's, children's, and adolescents' health in humanitarian and other crises. BMJ, 35 http://www.bmj.com/content/351/bmj.h4346

3. According to Casey, what are two of the largest gaps in RH program evaluation in humanitarian settings? (2 points)

- Demonstrating the magnitude of RH problem
- Measure of RH services effectiveness in crisis settings

Source: Casey, S. E. (2015). Evaluations of reproductive health programs in humanitarian settings: a systematic review. Confl Health, 9(1), S1. doi:10.1186/1752-1505-9-S1-S1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4328944/

4. *What are two of the aspects of MISP that were evaluated in this study?* (2 points)

The answer should include 2 of the following:

- Awareness and knowledge on MISP
- Coordination of the MISP.
- Prevention and response to sexual violence
- HIV prevention
- Prevention of maternal and newborn morbidity and mortality
- Plan to integrate comprehensive RH services into primary health care

Source: Krause, S., Williams, H., Onyango, M. S., Sami, S., Doedens, W., Giga, N., Tomczyk, B. (2015). Reproductive health services for Syrian refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package. Confl Heal, 9. doi:10.1186/1752-1505-9-s https://conflictandhealth.biomedcentral.com/articles/10.1186/1752-1505-9-S1-S4

5. According to Zeid et al, why should we focus on fragile and conflict settings if we are to achieve the Sustainable Development Goals globally? (2 points)

The answer should include either of these followings:

- Globally, many sustainable development goal targets will not be reached without tailored attention to sustainable, inclusive development for women and children in humanitarian and other crises

- In this context the importance of women's, children's, and adolescents' health needs in crises and fragile settings is the most fundamental step on the pathway to both sustain the gains of the millennium development goals and achieve the sustainable development goals

- More than 80% of the countries classified as making either "no progress" or "insufficient progress" towards millennium development goals to improve maternal health and to reduce child mortality rates, respectively, have suffered a recent conflict, recurring natural disasters, or both.

Source: Zeid, S., Gilmore, K., Khosla, R., Papowitz, H., Engel, D., Dakkak, H., Fair, M. (2015). Women's, children's, and adolescents' health in humanitarian and other crises. BMJ, 35 http://www.bmj.com/content/351/bmj.h4346

Annex 7: GH xxx: Sexual and Reproductive Health in Emergencies

Case Study: Conflict in DRC

Student Version

I. Background:

The Democratic Republic of Congo (DRC) has been mired in conflict for over a decade, with devastating effects on its civilian population. A current surge of instability in the North Kivu province has forced thousands of people to flee their home, bringing the total number of internally displaced persons (IDPs) in the North Kivu province to nearly 600,000 people. Rapid needs assessments conducted by NGOs in the area estimate approximately 325,000 of the IDPs are females between the age of 19 and 65 years and 103,000 are adolescents aged 7-18 years. The IDPs have sought shelter in the bush and in villages. Access to primary health services remains limited and several health structures have been destroyed, particularly in the northern part of North Kivu province where there are no functioning medical structures. Three health centers are scattered around the North Kivu province and supported by Care, an international NGO. The closest provincial referral hospital is located from 10 to 15 km from these health centers.

The maternal and newborn mortality rates in the province are high and the prevalence of contraceptive use is very low. Limited contraceptive services and basic emergency obstetric and newborn care (BEmONC) are available at the North Kivu provincial hospital. Higher-level emergency care, such as cesarean sections and care for very premature newborns, requires transfer to the Goma hospital. The three health centers supported by Care were providing targeted adolescent reproductive health care services before the latest round of fighting broke out, but those services were interrupted when the conflict started due to staff shortages and supply interruptions. Because of many competing militia groups present in the province, many cases of sexual violence have been reported by the IDPs.

PART A: You have been hired by CARE, an international NGO, as the SRH coordinator for North Kivu Province. You are leaving in 2 weeks for Goma and will be supporting the re-establishment of SRH services at the three Care-supported government health centers.

1. Before you leave for DRC, what information would you try to get? What sources would you go to get this information?

2. Once you arrive on the ground in DRC, which actors and agencies would you meet with? What information would you be interested in gathering immediately? What would be some of your first activities?

3. Care is supporting the provision of BEmONC, family planning, and STI treatment services for IDPs through reimbursement to the DRC Ministry of Health. What additional services CARE would need to support to ensure the MISP implementation in these health facilities?

4. According to the MISP, what are some characteristics that indicate a health facility is ready to move from MISP to comprehensive SRH services? (consider services, logistics, and capacity)

5. The CARE-supported health centers are now able to provide at least the minimum SRH services. However, at the cluster coordination meeting this morning, it has been decided that greater community engagement is needed to strengthen linkages with the health facilities and to promote the use of services. You decide to set up some meetings with the community to discuss SRH issues and needs from the community perspective.

    a. What community members or representatives would you invite to these meetings?

    b. Provide examples of how the community may be more involved in SRH programs and strengthening linkages with the health centers?

6. You are seeing a lot sexual violence cases reported from the health centers and you would like to ensure that services are available beyond clinical treatment for survivors.
   a. What might be some additional services that might be appropriate?

   b. You decided that you will do some information gathering about what the community feels is most needed to prevent and respond to sexual violence.
   What data collection methods may be the most appropriate?

   c. What ethical considerations should the data collection team take into account?

PART B: Select an SRH issue(s) that you will focus on to expand from MISP to comprehensive care. Develop a 2-page concept note for a 2-year project that includes the following components:

a. **Program Name**
b. **Overview** (*Please provide a summary of your proposal. Include a brief description of what you plan to do, why, and where)*
c. **Methodology**
   - *Program implementation (What are the components of the program? how would they be implemented?)*
   - *Monitoring and evaluation (What measures would you use to monitor and evaluate the fidelity and success of your program?)*
d. **Activities** (*Provide here a brief project timeline, listing the main activities that will be conducted in each phase of work)*
e. **Outcomes (***Describe here the key program outputs with approximate dates for completion of each)*

PART C: You have been asked to present your project idea to the donor. Make a PowerPoint presentation of your concept note (maximum of 10 slides) with your group members. You will have 15 minutes to present the information to the donors followed by 10 minutes for Q&A with the donor panel on the 2nd half of Day 3.

Annex 8: GH xxx: Sexual and Reproductive Health in Emergencies

Case Study Facilitator Guide: Conflict in DRC

Facilitator version

I. Background:

The Democratic Republic of Congo (DRC) has been mired in conflict for over a decade, with devastating effects on its civilian population. A current surge of instability in the North Kivu province has forced thousands of people to flee their home, bringing the total number of internally displaced persons (IDPs) in the North Kivu province to nearly 600,000 people. Rapid needs assessments conducted by NGOs in the area estimate approximately 325,000 of the IDPs are females between the age of 19 and 65 years and 103,000 are adolescents aged 7-18 years. The IDPs have sought shelter in the bush and in villages. Access to primary health services remains limited and several health structures have been destroyed, particularly in the northern part of North Kivu province where there are no functioning medical structures. Three health centers are scattered around the North Kivu province and supported by Care, an international NGO. The closest provincial referral hospital is located from 10 to 15 km from these health centers.

The maternal and newborn mortality rates in the province are high and the prevalence of contraceptive use is very low. Limited contraceptive services and basic emergency obstetric and newborn care (BEmONC) are available at the North Kivu provincial hospital. Higher-level emergency care, such as cesarean sections and care for very premature newborns, requires transfer to the Goma hospital. The three health centers supported by Care were providing targeted adolescent reproductive health care services before the latest round of fighting broke out, but those services were interrupted when the conflict started due to staff shortages and supply interruptions. Because of many competing militia groups present in the province, many cases of sexual violence have been reported by the IDPs.

PART A: You have been hired by CARE, an international NGO, as the SRH coordinator for North Kivu Province. You are leaving in 2 weeks for Goma and will be supporting the re-establishment of SRH services at the three Care-supported government health centers.

1. Before you leave for DRC, what information would you try to get? What sources would you go to get this information?

Answer: Before a deployment in an emergency setting, it is important to collect pre-existing information for better preparedness. This requires a thorough review of secondary data sources on existing RH information. The information could include:

- General country contexts: Population (Ethnic groups), existing infrastructure, Security, Government administration

- Public health / technical context: information on maternal and newborn mortality, HIV/STI prevalence, contraceptive prevalence, the causes of the most important SRH-related morbidity and mortality, availability of SRH services and their geographic distribution and functionality, human resources, number of people affected, etc..

The following are examples of publicly available, online sources of pre-disaster information:

- Demographic Health Surveys (DHS) – primarily provide public health / technical context
- Multi-indicator cluster surveys (MICS) – primarily provide public health / technical context
- WHO Country Epidemiological Profiles – primarily provide public health / technical context
- CDC Travelers Health Website– primarily provide public health / technical context
- National Bureau of Statistics Website – primarily provide general country
- World Bank Country Profiles – primarily provide general country and logistical context
- UN Statistics Bureau – primarily provides general country context
- Wikipedia – primarily provides general country context
- CIA Factbook – primarily provide general country

In listing sources, also discuss their reliability and relevance. If students mention sources that primarily have pre-disaster information, highlight the distinction between pre-and post-disaster information and in the case of the conflict in DRC, post disaster information may be found on web sites for national or local government, NGOs, and UN agencies (e.g., reliefweb, ACAPS, UNFPA, ACAP, OCHA).

2. Once you arrive on the ground in DRC, which actors and agencies would you meet with? What information would you be interested in gathering immediately? What would be some of your first activities?

Answers: You will need to reach out to partners once you will be in country. In countries that experience chronic emergencies such as DRC, coordination bodies may already exist to prevent duplication of interventions. The humanitarian agencies on the field gather information, although OCHA may put out some consolidated information for each sector. This can be a good first in-country contact.

An example of contact could be:

- **National Government:** Technical agencies (e.g., Ministry of Health) may have relevant public health information. Ministries of planning may have lists of registered information. Statistics Bureaus often have population information, and repositories of recent surveys.
- **UN agencies**: often play a coordination role and may have information on UN activities as well as activities of other humanitarian actors.
- **NGOs** (that were operating in country on SRH pre-disaster): Generally, have information on their own programs / activities.

You might lead students to think about all the information they couldn't have gathered online and more also more specific information on SRH needs and response in the country. For example, the SRH coordinator would want to see what services are already being provided and by who (govt, NGOs, etc.) so they don't duplicate efforts and may also be able to link services with them.

Examples of information you might be interested on gathering in the field:

- Map available services on the field
- Coordination and communication strategies
- Health information system
- Number and location of people needing access to minimum RH services
- Location and capacity of health-care staff to provide service components of the MISP;
- SRH medical supply logistic opportunities;
- MISP funding possibilities.

For first activities that should be done, you may give hints to get students to talk about implementing the MISP as it doesn't require active data collection, just an awareness of which services are available and which are needed before you start building up SRH services.

Some examples of the first activities could be:

Identify if MISP activities are being offered? Where? and by who?

Planning the MISP implementation taking into account partners' interventions to avoid duplication. You may lead students to discuss MISP activities should be implementing??

3. Care is supporting the provision of BEmONC, family planning, and STI treatment services for IDPs through reimbursement to the DRC Ministry of Health. What additional services CARE would need to support to ensure the MISP implementation in these health facilities?

Answers: You may need to give hints for students to discuss the MISP components and activities included in these components. Also point out that existing RH programming should not be suspended or reduced, but immediately improved to include all priority activities of the MISP that form the basis for comprehensive RH programming.

Additional services and activities that CARE could support to ensure the MISP implementation are:

The STIs services should be completed with HIV prevention and treatment services

- Ensure safe blood transfusion practice.
- Facilitate and enforce respect for standard precautions.
- Make free condoms available.

Maternal and Newborn Care:

- Ensure availability of emergency obstetric and newborn care services.
- Establish a 24/7 referral system for obstetric emergencies.
- Provide clean delivery packages to visibly pregnant women and trained birth attendants.

Gender Based Violence prevention and management services

- Coordinate mechanisms to prevent sexual violence with health, protection, and other sectors/clusters.
- Provide clinical care for survivors of rape.
- Set up referral services to other existing support programs, such as psychosocial care

Family Planning

- Provide contraceptive mix appropriate to local context and demand

4. According to the MISP, what are some characteristics that indicate a health facility is ready to move from MISP to comprehensive SRH services? (consider services, logistics, and capacity)

You may remind students that comprehensive SRH services should be planned as soon as possible, not at the end of the MISP implementation. Indicators are used to monitor planning for comprehensive SRH services so we know that we are ready to move from MISP to comprehensive SRH services.

Examples of those indicators are:

- SRH background information collected
- Number and type of sites identified for future delivery of comprehensive SRH services
- Number and type of staff assessments conducted
- Number and type of trainers and training protocols identified
- SRH commodities consumption monitored and analyzed and further SRH supply needs assessed
- Medical commodities procurement channels identified

5. The CARE-supported health centers are now able to provide at least the minimum SRH services. However, at the cluster coordination meeting this morning, it has been decided that greater community engagement is needed to strengthen linkages with the health facilities and to promote the use of services. You decide to set up some meetings with the community to discuss SRH issues and needs from the community perspective.

a. What community members or representatives would you invite to these meetings?

You might need to give a hint on community members that can affect or be affected by SRH outcomes.

Some examples of community members are:

- Representatives of the displaced and local community, including women and girls
- Religious leaders
- Youth associations
- Traditional Birth Attendants (TBA)

b. Provide examples of how the community may be more involved in SRH programs and strengthening linkages with the health centers?

For community members roles plays, students may think about, how community could be involved for SRH services to be accepted? How to make sure that women, adolescents needs are heard?

An example of ways in which community groups/individuals could be involved could be:

- Youth involvement as peer educators promoting gender equity can prevent, and manage gender-based violence and high-risk sexual behavior. For STIs/HIV prevention awareness, some activities could be showing health education videos, distribute condoms, or referring sexual violence survivors identified among peer to health facilities.
- Using gatekeepers to access youth or others vulnerable groups
- Using religious leaders to distribute SRH educational materials in churches or mosque.
- Involving family or women in interactive discussions to improve SRH knowledge such as pregnancy complication signs, identify needs for planning purpose,
- Using women association or TBAs for counseling and provide information on services available to the health facilities.

6. You are seeing a lot sexual violence cases reported from the health centers and you would like to ensure that services are available beyond clinical treatment for survivors.

a. What might be some additional services that might be appropriate?

You may lead students to think about non-clinical services that can be provided to prevent sexual violence and discuss services that can help sexual violence survivors find coping mechanics. Ask students to discuss services that could fosters an environment where women and girls are protected and sexual violence survivors are supported and able to access this care.

These services could be psychosocial and social services, sexual violence reporting system, adolescent-friendly care for survivors of sexual violence, providing safe access to basic services in a way to enhance physical security in consultation with women and adolescents (for example location of water point collection or reduce need of firewood). Also, women's support groups, in some contexts it may be appropriate to have support groups specifically designed for survivors of sexual violence and their families; however, great care must be taken not to increase social stigma by singling out one group of people.

b. You decided that you will do some information gathering about what the community feels is most needed to prevent and respond to sexual violence.
Which data collection methods may be the most appropriate?

Ask students may think about data collection methods that could capture the community own perceptions on sexual violence and what mechanics work to prevent them. The method needs to match the type of information you need to collect and should also consider where, when and how data could be collected on sexual violence in such of way that it will not affect responses and validity of data. (e.g., are people being interviewed at clinics, at camps, in their villages, and who will be interviewing them?).

Also involving local groups (leaders, legal human right representative) and/or direct service groups, when it is safe to do so, is a good way to ensure that the proposed methodology is based on a sound understanding of the local context, is relevant and is appropriate for the setting. This can also help to make sure that the required referral systems are in place and that the information collected is both relevant and useful.

Individuals who have been or may be survivors of sexual violence should not be interviewed unless the required information cannot be obtained in any other way. Alternative methods and approaches, in particular, the use of existing records (3) to reveal the scope and characteristics of sexual violence in each setting, should always be explored,

Examples of data collection methods could be:

- In depth interviews (Personal interviews should only be used to obtain information after all other options have been considered)
- Key informant interview with different types of community members
- Focus groups
- Site observation etc.…

Alternative methods and approaches, in particular, the use of existing records (3) to reveal the scope and characteristics of sexual violence in a given setting, should always be explored

When choosing data collection method, ethical considerations also need to be taken into account. For example, an in-depth interview may be better than a focus for sexual violence

survivors. Mixing young and old or male and female together in focus groups may not allow some to feel free to participate.

c. What ethical considerations should the data collection team take into account?

Lead students to discuss factors that can compromise the safety and anonymity of the respondents. Students may also think about who is asking the questions about sexual violence? What qualities are required of the interviewers and how they can impact responses? Existing ethical guidelines should be followed and adequate amount of time in training data collectors ensured to reduce the likelihood of doing harm.

For instance, when interviewing sexual violence survivors, a special attention should be paid to their anonymity to avoid a risk of stigma for example doing an in-depth interview instead of a focus group. Females interviewers could be used when interviewing female sexual violence survivors.

PART B: Select an SRH issue(s) that you will focus on to expand from MISP to comprehensive care. Develop a 2-page concept note for a 2-year project that includes the following components:

a. Program Name

b. Overview (*Please provide a summary of your proposal. Include a brief description of what you plan to do, why, and where)*

c. Methodology

- *Program implementation (What are the components of the program? how would they be implemented?)*
- *Monitoring and evaluation (What measures would you use to monitor and evaluate the fidelity and success of your program?)*

d. Activities (*Provide here a brief project timeline, listing the main activities that will be conducted in each phase of work)*

e. Outcomes (*Describe here the key program outputs with approximate dates for completion of each)*

PART C: You have been asked to present your project idea to the donor. Make a PowerPoint presentation of your concept note (maximum of 10 slides) with your group members. You will have 15 minutes to present the information to the donors followed by 10 minutes for Q&A with the donor panel on the 2nd half of Day 3.

Annex 9: Case Study SELF & PEER Evaluation form

This form is to provide the teaching team with your evaluation of each person's contribution to the case study culminating in the concept note final presentation. For each item, rate each person and yourself using the 4-point scale given. Please be open and honest about each of the categories and how you and each group member performed. Beside each rating item, we have included a space for comments. Please include examples or explanations that will help justify your ratings. Please do your evaluations independently – do not share or discuss your scoring. Your rating must be based on your perceptions and experiences.

This form is completely confidential and will only be reviewed by the teaching team. All members of your small group need to complete their own form. **You will submit one form for each person, including yourself to CANVAS by 6 pm on the day of your class presentation.**

Rater's Name: _____

Assessment of: _____

Assessment Categories	Rating (0-3) *	Comments, Examples, Explanations, etc.
Attendance: Attends meetings regularly and on time.		
Contribution to the group's task: Initiates and contribute to the discussion, energizes, encourage constructive criticism, clarifies, summarizes, evaluates, readily accepts changed approach		
Time Management & Responsibility Accepts fair share of work and reliably completes it by the required time.		

Contribution to effective and efficient group process: Avoids self-centered roles, follows the agenda, respects, and adapts to group members traits and differences		
Creativity/Originality Problem-solves when faced with impasses or challenges, originates new ideas, initiates team decisions.		
Communication Skills Effective in discussions, good listener, capable presenter, proficient at developing, documenting, and presenting work.		
Attitude: Positive attitude, open-minded, respected other's ideas, encourages and motivates team, helps team reach consensus, supports team decisions.		
Technical Skills Ability to create and develop materials on own initiative, provides technical solutions to problems.		
***Scoring** For each category, award yourself and each member of your team a score using this scale.	**3** – Better than most of the group in this respect **2** – About average for the group in this respect **1** – Not as good as most of the group in this respect **0** – No help at all to the group in this respect	

(adapted from Goldfinch, 1994; Lejk & Wyvill, 2001; accessed at http://www.cmu.edu/teaching/assessment/howto/assesslearning/groupWork.html)

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