

CHAPTER 1

Introduction



The Division of Reproductive Health (DRH) at the Centers for Disease Control and Prevention (CDC), US Department of Health and Human Services (DHHS), officially began a refugee program in 1998 and has since increased the program's focus on refugee reproductive health. DRH defines refugees and internally displaced persons (IDPs) as all populations affected by conflict, including those in the emergency phase, those in post-emergency camps, those returning to their countries of origin, and those who have integrated into the local host community. This broad definition allows public health officers to follow health issues throughout the refugee experience—from the emergency setting to that of viable communities.

An important goal for DRH is to design and implement epidemiologic investigations to evaluate the reproductive health status of women affected by conflict and to provide information about reproductive health services. The Reproductive Health Assessment Toolkit for Conflict-Affected Women was developed to meet this goal. The Toolkit provides a quantitative survey instrument, sampling instructions, a training manual, a data entry program, a list of key indicators, data analysis tables, suggestions for data use, and additional resources that will enable field agencies to assess the reproductive health needs of conflict-affected women. Survey results can guide field agencies in selecting, promoting, and enhancing programs and services to improve the reproductive health of their target populations. This Toolkit has been deemed public health practice by the CDC because it can identify reproductive health problems, needs, or gaps among conflict-affected women and then be used to inform programs and services.

Purpose

The Reproductive Health Assessment Toolkit for Conflict-Affected Women can be used to quantitatively assess reproductive health risks, services, and outcomes in conflict-affected women between 15 and 49 years of age. Survey data can be used to compare a population across points in time or to make comparisons across populations. The Toolkit offers many specific benefits:

- It provides data to inform program planning, monitoring, evaluation, and advocacy.
- It is designed for mid-level field staff with limited survey skills.
- The methodology has been tested among conflict-affected women in multiple sites.
- It provides public-domain software (CSPro) that is pre-programmed for data entry.
- It provides pre-programmed key indicators and data analysis tables as well as guidance on how to use the data.
- Users can obtain preliminary results (through tabulation of frequencies in CSPro) as soon as data entry is complete.
- Data collection and analysis costs are reduced because external assistance is not required.
- It builds capacity of staff in conducting a survey and using the data for program planning.
- The data can be compared across countries and other conflict-affected populations.
- It covers a broad range of reproductive health issues and emphasizes the reproductive health needs of conflict-affected women.
- Toolkit users can obtain technical assistance from CDC via telephone, email, or fax.

By providing necessary tools to collect reproductive health data, the Toolkit can play a very important role in the overall process of improving the reproductive health of women affected by conflict. However, Toolkit users are responsible for using the collected information to identify and prioritize reproductive health needs, translate priorities into programmatic responses, evaluate programs, systems, and policies, and disseminate results. In addition, users bear the responsibility of addressing sociopolitical factors as well as individual factors that influence their target populations.

Topics included in the questionnaire

Survey questions have been adapted from the World Health Organization (WHO) Multi-Country Study on Women's Health and Domestic Violence Against Women,¹ the CDC Reproductive Health Survey (RHS),² the Demographic and Health Survey (DHS),³ the Reproductive Health Response in Conflict (RHRC) Consortium Gender-based Violence Tools Manual,⁴ and the Behavioral Surveillance Survey for the Great Lakes Initiative Against AIDS (GLIA).⁵ The questionnaire covers the following topics:

- Section 1: Background characteristics
- Section 2: Safe motherhood
- Section 3: Family planning
- Section 4: Marriage and live-in partnerships
- Section 5: Sexual history: numbers and types of partners and condom use
- Section 6: Sexually transmitted infections (STIs)
- Section 7: Knowledge, opinions, and attitudes regarding HIV/AIDS
- Section 8: Gender-based violence (GBV)*
- Section 9: Female genital cutting (FGC)†
- Section 10: Emotional health‡

*Because of the sensitive nature of the gender-based violence questions and the potential trauma involved in recounting violent events, this module should not be undertaken unless there are at least minimal referral services available to participants.

†This module may be deleted if FGC is not practiced among the population being interviewed.

‡Users with crucial questions that are not already covered in the questionnaire may add them in Section 10. However, technical assistance from DRH is required in doing so.

Target users

The Toolkit is intended for organizations such as government, non-governmental, and United Nations agencies that provide or are interested in providing reproductive health services to conflict-affected women. Independent research consultants and field staff who use this Toolkit will need some survey skills, but the Toolkit is designed to be used by those with limited survey expertise.

Required resources

- Survey staff
- Pentium processor-equipped computer for data entry, cleaning, and write-up of findings. The computer should have a minimum of 256 MB of memory and Windows 98SE, ME, NT 4.0, 2000 or XP
- Internet access (for downloading CSPro and accessing technical assistance via email)
- SPSS or Excel software for data cleaning
- Locked storage cabinet for the completed questionnaires
- Access to photocopier machine
- Thank-you gifts for participants (optional)
- Vehicle (if needed)

Technical assistance

The Division of Reproductive Health (DRH) at CDC is available for remote technical assistance via telephone, email, or fax. Topic areas where DRH can provide technical assistance include:

- Inclusion or exclusion of a module (e.g., GBV, FGC)
- Inclusion of crucial questions that are not provided in the Toolkit questionnaire
- Survey logistics
- Interviewer training
- Budget issues
- Sampling issues and questions (e.g., oversample pregnant women)
- Data entry and analysis
- Report writing

**To contact DRH for technical assistance,
please call, email, or fax:**

Reproductive Health for Refugees
Division of Reproductive Health
Centers for Disease Control and Prevention
4770 Buford Highway, NE
Mailstop K-22
Atlanta, Georgia 30341
USA

Voice: +1 770 488 6260

Fax: +1 770 488 6291

Email: Rconflictoolkit@cdc.gov