

# TERMS OF REFERENCE

## Inter-agency Working Group (IAWG)

### on Reproductive Health in Crises

November 2008

The IAWG Terms of Reference (TOR) is a tool for IAWG members to collectively identify annual progress, identify gaps and propose solutions to ensure women, men and young people in crisis situations have access to the MISP in the early days and weeks of new emergencies and comprehensive reproductive health services as the situation stabilizes. While the full membership of the IAWG itself is not tasked with undertaking specific activities to address the gaps, it is expected that IAWG member organizations, either individually or in partnership with others, will voluntarily commit to undertaking them. Thus, the TOR serves as a collective guiding post for its members to identify and prioritize gaps, progress and appropriate solutions.

IAWG Working Groups as per current agenda:

1. Advocacy
2. RH Data, Health Information Systems (HIS) and Research
3. Adolescent Reproductive Health (Best Practices and Quality of Care)
4. Minimum Initial Services Package (MISP)
5. HIV/AIDS/STIs (Best Practices and Quality of Care)
6. Maternal and Newborn Care (Best Practices and Quality of Care)
7. Gender-based Violence (Best Practices and Quality of Care)
8. Family Planning (Best Practices and Quality of Care)
9. Logistics (Best Practices and Quality of Care)
10. Training (Best Practices and Quality of Care)
11. Regional Strategy
12. New Technologies

#### General Operating Issues

- 0.1 Establish a formal system of communication: Implementing Best Practices (IBP) Knowledge Gateway for IAWG  
**Status:** Achieved: The Knowledge Gateway for IAWG has been established by WHO and Women's Commission 2007.
- 0.2 All IAWG members to register on the IAWG Knowledge Gateway at <http://my.ibpinitiative.org/iawg>  
**Status:** Registration ongoing  
**2007/8 Recommendations:** All members ensure they are registered, and promote the IAWG forum among colleagues and peers.
- 0.3 Establish a formal administrative structure for IAWG steering committee with UN, NGO and other representation)  
**Status:** Currently informal – decision taken for the informal steering committee comprised of equal representation among participating agencies to hold bi-/monthly teleconference calls with meeting minutes distributed to IAWG participants through the IAWG Knowledge Gateway.  
**2007/8 Recommendations:** Organization(s) should convene IAWG on a rotational basis for a minimum of two years. Emphasize the benefits of both organizational membership (political leverage) and individual participation (reach larger constituency) in IAWG.



- 0.4 Establish administrative structure for Regional IAWG branches  
**2007/8 Recommendation:** Utilize IAWG Knowledge Gateway as link to Regional IAWG branches.

## 1. Advocacy

- 1.1 Form a Coordination and Outreach Committee to:  
**Status:** The Advocacy WG agreed to review the points under 1.5 and will actively undertake outreach over the next 12 months.  
Identify new members of IAWG including UN Office for the Coordination of Humanitarian Affairs (OCHA) and the World Food Program (WFP), and advocate for RH for IDPs in the Consolidated Appeals Process (CAP). Continue to sponsor participants to the annual meeting to the IAWG.  
**Status:** UNFPA will follow-up with NRC; WHO will follow-up with IOM.. HIV focal point may also be useful to approach.  
Build new partnerships and improve existing partnerships with universities, UN agencies and local and international NGOs to share experiences and knowledge  
**Status:** Ongoing
- 1.2 Liaison on advocacy issues and initiatives within IAWG and other SRH agencies  
**Status: 2007/8 Recommendations:** IAWG takes a role in identifying gaps and priority areas that require an advocacy focus. Annual meetings previously identified three priority areas for advocacy. This year, the following issues were identified:
  - 2.1 Identify funding for local capacity building  
**Status:** Ongoing
  - 2.2 Female condoms  
**Status:** Ongoing. Increased advocacy in this area is needed.
  - 2.3 Invest in local SRH human resource capacity and assist local organizations with coordination and leadership on SRH service provision in crisis settings  
**Status:** Increased advocacy is needed in this area.
- 1.3. Combine Advocacy and MISP focus  
**2008/9 Recommendations:** Groups to collaborate on taking the MISP to scale (see MISP TOR). Continue to address advocacy on female condoms and building local SRH human resource capacity.

## 2. RH Data, Health Information Systems (HIS) and Research

- 2.1 Identify and periodically update a prioritized list of RHR research questions  
**Status: 2007/8 Recommendation** (see attached research topics)
- 2.2 Encourage research efforts in pursuit of a prioritized list of questions  
**Status:** Ongoing
- 2.3 Disseminate information about RHR studies, reports and publications  
**Status:** Columbia University continues to distribute Weekly Literature Review (members can sign up at [litreview@raiseinitiative.org](mailto:litreview@raiseinitiative.org)).
- 2.4 Promote the collection of a minimum set of RH indicators from all refugee settings  
**Status:** In progress: UNHCR established a new HIS; CDC published a Reproductive Health Assessment Toolkit for Conflict-Affected Women, May 2007.
- 2.5 Repeat desk study done in 1998 analyzing RH indicators from all/pilot refugee sites  
**Status:** Ongoing



- 2.6 Develop/pilot user-friendly menu-driven software to facilitate indicator selection, collection and analysis of RH data in displaced settings  
**Status:** Unknown
- 2.7 IASC Gender-based Violence Information Management Project  
**Status:** Phase two of a global effort to develop a data information system on reported cases of GBV undertaken by IRC, UNHCR and UNFPA.

### 3. Adolescent Reproductive Health (Best Practices and Quality of Care)

- 3.1 Advocate for quality adolescent RH programming  
**Status:** The Women's Commission provides small grants to two networks of local organizations addressing RH for young people on the Thai-Burma border. UNFPA has completed a seven-country adolescent IDP project in Burundi, Colombia, DRC, Liberia, Palestine, Rwanda and Sierra Leone. The Women's Commission/UNFPA is also developing a youth advocacy video on young people in crisis situations. An identified focus is the need for a strong policy environment that will be conducive to quality adolescent RH programming. In addition, adolescent RH issues should be placed on the agenda of health coordination and RH meetings in emergencies.
- 3.2 Develop and field-test an Adolescent Sexual and Reproductive Health (ARSH) Service Package, a Save the Children/UNFPA user-friendly tool that operationalizes the adolescent RH chapter of the Inter-agency Field Manual (IAFM).  
**Status:** Save the Children has developed the tool and is working with UNFPA to pilot-test it before June 2009. An advisory group will be formed to review the tool, field-test and discuss dissemination strategies.
- 3.3 Disseminate guidelines and tools such as the Youth Rights & Duties document and others developed by WHO, Advocates for Youth, or consolidated in FHI's *Youth InfoNet* and the RHRC Consortium website  
**Status:** With funding from UNHCR, the Women's Commission published and distributed *Work with Young Refugees to Ensure Their Reproductive Health and Well-being: It's Their Right and Our Duty* on behalf of IAWG in January-April 2002. Save the Children's annotated bibliography and CD-Rom of adolescent RH in crises-related resources is on hold.
- 3.4 Support the documentation and dissemination of youth involvement research studies and lessons learned  
**Status:** Research priorities for IAWG include: 1) examining the characteristics that determine and influence adolescent transitions from childhood to adulthood in both non-conflict and conflict settings, so as to be able to identify ways to support a healthy transition in communities affected by crises; 2) influences leading to positive deviance, and 3) the effects of conflict and/or displacement on the construct of masculinities vis-à-vis the changing expectations of men and women in crisis settings.
- 3.5 Network with other youth-serving organizations/groups and sharing contacts with members  
**Status:** Ongoing
- 3.6 Map adolescent programming in displaced situations, building on the mapping exercise carried out by WHO in 1998  
**Status:** WHO/ADH has been compiling this.



#### 4. Minimum Initial Services Package (MISP)

- 4.1 Advocate for inclusion of the MISP in the IASC cluster approach, and especially in the global health cluster  
**Status:** WHO/HAC to report on integration with Global Health Cluster. Take MISP to scale by developing a specific strategy that includes cross cluster initiative to integrate the MISP/CRH throughout the cluster system including health, camp coordination/management, protection, early recovery. Strategy will also include addressing the MISP/RH in post-conflict settings including in needs assessments and in recovery/rebuilding health systems courses; and integrating with Protection and Gender Cap initiatives. Working group is identifying specific focal points across clusters to integrate the MISP/CRH where appropriate. Strategy will also include identifying funding flows such as CERF and peace-building funds and advocacy to integrate MISP/RH.
- 4.2 All IAWG members to complete the MISP distance learning module  
**Status:** All IAWG members registered for annual meeting November 08 reminded; encouraged to take Module through iPod lottery.
- 4.3 Advocate to specific donors to support the MISP in emergency preparedness, early response and early recovery  
**Status:** Ongoing
- 4.4 Continue to support the placement of RH Coordinators in emergency situations, and review and evaluate the impact of these coordinators in combination with the RH Kit review  
**Status:** UNFPA (through funding from Columbia University) is placing regional emergency RH coordinators in Africa
- 4.5 Develop a database on available RH consultants within member organizations/agencies as part of UNFPA training programs  
**Status:** Develop a roster of stand-by RH personnel to be deployed at the start of every new emergency. Consolidate existing databases from UNHCR, Columbia University, NRC, Danish Refugee Council. Determine where the roster should be housed.
- 4.6 Identify a core set of training materials to support clinical training of RH coordinators and clinicians working in the field as well as humanitarian coordinators at the policy level  
**Status:** Moving forward. Academic partnership established in 2007. Curriculum materials reviewed May 2007.
- 4.7 Achieve a commitment from humanitarian organizations to institutionalize the MISP in their health sector emergency preparedness and response  
**Status:** Women's Commission addressing (Save the Children, Relief International, IRC committed).
- 4.8 Certify as many humanitarian actors, policy makers and donors as possible in the MISP distance learning module  
**Status:** Women's Commission is addressing; UNFPA, UNHCR and WHO is advocating to their country offices to undertake the MISP training.
- 4.9 Integrate the MISP Module into humanitarian emergency courses  
**Status:** UNSW, Women's Commission undertaking.
- 4.10 Improve the MISP response in real time emergencies with UN agencies fielding RH coordinators, and the MISP working group to teleconference to share information with the onset of any new emergency  
**Status:** Begin in 2008/9.



- 4.11 Monitor and review humanitarian guidance documents to make sure assessment tools address MISP/CRH  
**Status:** Begin in 2008/9.
- 4.12 Each IAWG member encouraged to incorporate MISP module into their orientation package for new staff and to advocate internally for staff certification, particularly health staff  
**Status: 2007/8 Recommendation**
- 4.13 Develop short film on interviews with humanitarian actors championing the MISP as well as animated short film on RH coordination  
**Status:** Women's Commission moving forward on coordination video.

## 5. HIV/AIDS/STIs (Best Practices and Quality of Care)

- 5.1 Compile a comprehensive list of training materials and supporting documents  
**Status: 2007/8 Recommendation.** Not completed
- 5.2 IAWG agencies must put training on STI/HIV/AIDS in their work plan and budget  
**Status: 2007/8 Recommendation.** Review status.
- 5.3 Develop a set of two-day refresher trainings for in-service training  
**Status: 2007/8 Recommendation.** Standard precautions outreach training under development for IAWG training partnership (UNFPA), 2-day CMOR training, including use of PEP, now widely available (IRC, UNHCR/UNFPA)
- 5.4 Inter-agency Standing Committee (IASC) Guidelines on HIV/AIDS in Emergencies (advocate inclusion of RH)  
**Status:** Ongoing with involvement of ARC, IRC, UNFPA and Women's Commission  
**2007/8 Recommendation:** Continue advocacy for inclusion of RH.
- 5.5 Better involve community to improve quality and access and address stigma  
**Status: 2007/8 Recommendations**
  - 5.5.1 Develop guide on designing community programs to address stigma.  
**Status:** Outline research methodologies, good practices, examples of messages, lessons learned, etc. (IRC/UNFPA/UNHCR) UNHCR published field experience on community conversations.
  - 5.5.2 Increase use of "Positive Lives" exhibition & community discussion guide (UNFPA/UNHCR/IAWG members)  
**Status:** Exhibitions in Egypt, Nigeria, Kenya and West Africa, Community Discussion guide finalized and field-tested and available)
- 5.6 Improve access to information and services for young people
  - 5.6.1 Develop culturally appropriate film/video/DVD (like UNHCR's "love in a time of AIDS") showing parents explaining their concerns and why they approved of access to RH information and services for their children (GTZ/refugee representative/Mbogo HC /UNHCR/UNFPA).  
**Status: 2007/8 Recommendations.** No feedback on this film. However UNHCR started to develop two films; one 10 minute documentary on HIV stigma, including features of positive lives and a documentary on HIV in post conflict Liberia.
- 5.7 Develop programmatic guidance for humanitarian settings
  - 5.7.1 Use of RDTs for syphilis screening in ANC, blood transfusion and STI services (WHO/UNFPA/IRC) syphilis RDT draft prepared. Needs to be finalized and posted on IAWG site.  
**Status: 2007/8 Recommendation**



- 5.7.2 Cervical cancer screening/prevention, FP, STI and postnatal care services (UNFPA/SCF/JHPIEGO/Dr Mike/WHO) Cervical cancer screening and treatment Initial discussions for pilot projects held between UNFPA. UNHCR, JHPIEGO.  
**Status:** Stalled because of funding issues.

## 6. Maternal and Newborn Care (Best Practices and Quality of Care)

- 6.1 RHRC Consortium EmOC pilot project funded and supported by Columbia University AMDD project implemented in 12 conflict-affected settings in nine countries from 2000-2005  
**Status:** Completed
- 6.2 Women's Commission on behalf of RHRC Consortium published *Field-friendly Guide to Integrate Emergency Obstetric Care in Humanitarian Programs*  
**Status:** Completed
- 6.3 Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative established by Columbia University Mailman School of Public Health and Marie Stopes International. RAISE works to improve maternal and newborn care by advocating for policies and resources that respond to the unmet maternal health needs of populations in humanitarian emergencies, as well as assisting its partners in service delivery through the provision of training and technical support.  
**Status:** Ongoing
- 6.4 UNHCR and Save the Children publish and present case stories on successful implementation of basic EmOC in health units at the peripheral level. Document and share feasibility and effectiveness as an example that it can be done.  
**Status: 2007/8 Recommendation**
- 6.5 UNHCR compiles and publishes best practices and lessons learned from basic EmOC services at the peripheral level (globally)  
**Status: 2007/8 Recommendation**
- 6.6 Change commitment from "coverage" to "quality" in services such as ANC. Define quality and provide checklists for supervisors. Link with increasing demand for services at the community level.  
**Status: 2007/8 Recommendation**
- 6.7 UNFPA (Somalia) builds commitment to EmOC and CRH at the senior and middle management levels by awareness raising and simple communication tools  
**Status: 2007/8 Recommendation**
- 6.8 IAWG establishes CRH as a separate priority/core area in MSF and Health Cluster priority lists and in all public health in emergency trainings  
**Status: 2007/8 Recommendation**
- 6.9 Save the Children develops and shares practical operational tools for Essential Newborn Care  
**Status: 2007/8 Recommendation**
- 6.10 Explore the possibility of virtual consultancy, especially in insecure areas where referral is not possible  
**Status: 2007/8 Recommendation**
- 6.11 Conduct a survey to better understand the magnitude of fistula among crisis-affected communities  
**Status: 2007/8 Recommendation**



- 6.12 UNHCR, Save the Children pilot Misoprostol for prevention of post-partum hemorrhage  
**Status: 2007/8 Recommendation**
- 6.13 IPAS addresses gaps in PAC data and service provision including:
  - 6.13.1 Lack/no availability of indicators/monitoring tools for PAC services  
**Status: 2007/8 Recommendation**
  - 6.13.2 MVA not part of IAEHK 2006 (Interagency Emergency Health Kit)  
**Status: 2007/8 Recommendation**
  - 6.13.3 Restrictions on level of qualification of providers for MVA is a barrier – nurses can provide MVA, but are often not allowed to do so  
**Status: 2007/8 Recommendation**
  - 6.13.4 Inclusion of PAC and EmOC in in-service training (UNFPA Somalia, South Sudan)  
**Status: 2007/8 Recommendation**
- 6.14 IAWG includes postpartum sepsis and postpartum depression in the *Inter-agency Field Manual* (IAFM)  
**Status: 2007/8 Recommendation**

## 7. Gender-based Violence (Best Practices and Quality of Care)

- 7.1 Capacity-building in the form of ToT for GBV Coordinators at regional levels  
**Status: 2007/8 Recommendation**
- 7.2 User-friendly info sheet from UNFPA on how to access/obtain PEP in emergencies, on-going conflict, and post-conflict settings  
**Status: 2007/8 Recommendation**
- 7.3 Ensure roll-out of and adherence to IASC GBV Guidelines by Regional GBV Task Force with input from in-country RH Coordinators/GBV Focal Points  
**Status: 2007/8 Recommendation**
- 7.4 Advocate availability of high-quality mental health services  
**Status: 2007/8 Recommendation**
- 7.5 Practical, user-friendly guides to best practices for organizations specifically working to prevent and respond to GBV to supplement IASC GBV guidelines
  - 7.5.1 Development of consistent M&E tools  
**Status: 2007/8 Recommendation**
  - 7.5.2 Situation Analysis to be encouraged before GBV programs are implemented in order to ensure community participation, ownership, and sustainability  
**Status: 2007/8 Recommendation**
  - 7.5.3 Establishing community-based GBV Working Groups and community safety action group  
**Status: 2007/8 Recommendation**
- 7.6 Continue examining and advocating for improved legal support and/or redress for survivors of GBV (including advocacy on legislation reform through national conferences and other means)  
**Status: 2007/8 Recommendation**
- 7.7 “Best Practices” Intranet Exchange via regional discussion boards and information exchange  
**Status: 2007/8 Recommendation**
- 7.8 Increased awareness among donors regarding realistic timeline of programming to ensure sustainable, community-driven and survivor-centered GBV interventions are implemented (organizations must have the capacity to implement best practices quickly)  
**Status: 2007/8 Recommendation**



- 7.9 Link to ILO or other MED/IGA groups to decrease vulnerability to sexual exploitation among community members  
**Status: 2007/8 Recommendation**
- 7.10 SEA codes of conduct examined and reinforced in all organizations implementing GBV interventions:
- 7.10.1 Ensure trainings for staff and stakeholders on SEA and codes of conduct  
**Status: 2007/8 Recommendation**
- 7.10.2 SEA focal points to ensure SEA policies/codes of conduct are followed and monitored  
**Status: 2007/8 Recommendation**

## 8. Family Planning (Best Practices and Quality of Care)

### 8.1 Technical Excellence

- 8.1.1 The RAISE Initiative established by Columbia University Mailman School of Public Health and Marie Stopes International. RAISE works to promote family planning by advocating for policies and resources that respond to the unmet family planning needs of populations in humanitarian emergencies, as well as assists its partners in service delivery through the provision of training and technical support.  
**Status: Ongoing**
- 8.1.2 One provider from each refugee camp or IDP setting take the Global Health FP101 course, starting with the first group of RAISE participants to champion and then monitor that all of their co-workers have taken the FP101 course.  
**Status: 2007/8 Recommendation**
- 8.1.3 Providers to utilize the Family Planning Wall chart and models (when feasible) in their FP counseling.  
**Status: 2007/8 Recommendation**
- 8.1.4 (Cross-cutting) Providers need technical updates on family planning-HIV care and integration for future program planning.  
**Status: Idea for future integration of HIV in family planning counseling**

### 8.2 Advocacy

- 8.2.1 Family Planning Advocacy Tool  
**Status: Women's Commission plans to develop as a component of the RAISE project**
- 8.2.2 In the next MISP document review in 2008, contraceptives are made available as a part of the essential package when men and women register.  
**Status: 2007/8 Recommendation**
- 8.2.3 (Cross-cutting) Providers to give six month re-supply upon repatriation.  
**Status: 2007/8 Recommendation**
- 8.2.4 In IDP settings, once a woman has accepted a family planning method from a provider, providers should train CHWs to re-supply family planning methods and provide education to neighboring communities.  
**Status: This support should be reflected in the field manual revision**

### 8.3 Community Outreach

- 8.3.1 Make available references on working with communities (e.g. pictorial IEC)  
**Status: IAWG family planning group to share references on IAWG Knowledge Gateway**



## 9. Logistics

- 9.1 Conduct evaluation of logistics/commodity needs issues in refugee settings. Also, determine how NGOs can integrate RH logistics/commodity planning with other logistics/commodity planning in emergency settings.  
**Status: 2007/8 Recommendations.** JSI is in the process of a review of major challenges/issues with the goal of improving quality RH supplies and commodities at all stages of the crises through improved logistics and supply management and will seek input from IAWG members and RAISE partners. UNFPA has appointed a Logistics Specialist who has reviewed UNFPA's logistics capacity and designed a two year strategy to improve this capacity
- 9.2 Re-establish Commodity/Logistics Committee, which will include: JSI, UNFPA, and WHO. Request/recommend membership of USAID, MDM, CARE (implementing agency), UNFPA Global Commodity Security, World Bank and WHO/EDM  
**Status:** Not implemented. IAWG working group forming and discussion on role of formal committee (outside of IAWG) to take place at meeting.
- 9.3 Deployment of a logistics person in large operations to the field to facilitate the distribution of RH kits  
**Status:** Unknown - Using companies to distribute kits in the field, but logistics person has not been discussed. For all RH programs, The implementing agency should consider putting in place a logistics person. The REH coordinator can also get support from a logistics person for a few months. Regional logisticians are part of the UNFPA strategy though there is no funding at this time. One suggestion is to make it part of the RH coordinators SOW and ensuring the RH coordinators have the appropriate skills/necessary training to make sure kits are procured and distributed quickly, or delegate. This raises the concern about how much and how long would it take to train the RH Coordinator to have additional logistics knowledge and skills.
- 9.4 Using systematic reviews, a small group including representatives of WHO, UNHCR, MSF, UNFPA and UNICEF will meet biannually and suggest changes in the content of the RH Kits  
**Status:** Done in November 2005 by UNFPA. Suggested changes shared with IAWG in April 2007. In 2001, female condoms were added to kit 1, and small changes were made to other kits. In 2003, PEP was added to kit 3B. Translation and printing of the 2007 manuals in progress and will be made available by UNFPA in the near future. A review of the RH kits logistics and content was done late 2007, specifications for RH commodities were developed by UNFPA, and the RH kit booklet was re-edited to be consistent with WHO and UNICEF terminology. The RH kit review process is synchronized with the IEHK review.
- 9.5 Establish a working group to look at kit positioning and evaluate the distribution of the kit  
**Status:** Will be done as part of the next kit review in late 2007/early 2008; not yet implemented. A UNFPA logistics study in 2006 recommended that prepositioning of the kits would be too costly and difficult in most settings. UNFPA has a report of distribution of the RH Kits to emergencies in 2007 and 2008.
- 9.6 Identify the specific areas for capacity building. Recognized needs include: existing RH kits; in-country distribution; ordering (what, how much, transition from "push" to "pull"); components (consumption based). Provide two places for field staff working in conflict settings for JSI (DELIVER) training on supply chain management  
**Status:** UNFPA and JSI in the early stages re: identifying and addressing capacity building needs in RHR logistics. JSI will do a better job advertising the trainings and coordinating with UNFPA to ensure participation by UNFPA and others. Need to consider a module for RH coordinators, if this is the way to proceed.



- 9.7 All members to review activities and revise logistic component, share related program plans and link to the development of IAWG activities.
  - 9.7.1 JSI regional training (West and East Africa) on RH Logistics; project specific HIV prevention activities through training in logistics in Southern Sudan.  
**Status:** Past project based on past funds
  - 9.7.2 WHO review of essential RH drugs for countries  
**Status:** An Essential list of RH drugs has been compiled. An interagency group including WHO, UNICEF, MSF and UNFPA is now trying to come up with a list of essential RH commodities (a controversial exercise). A draft list is available.
  - 9.7.3 Review of WHO new emergency health kits  
**Status:** WHO is in the process of designing a strategy for systematic review of the IEHK. The next review will be completed late 2009.
  - 9.7.4 UNFPA (HRU) technical review of the RH kits  
**Status:** Completed for 2007/2008, see above

## 10. Training (Best Practices and Quality of Care)

- 10.1 Provide clinical training and follow-up, both in the field and at Marie Stopes International's comprehensive RH centre in Nairobi, Kenya, to improve quality of care as part of the RAISE initiative.  
**Status:** Clinical centre operational and trainings ongoing. Currently, trainings are for RAISE-related partners and over time, this resource might be more available to the field more broadly.
- 10.2 Develop an inventory/list of training materials  
**Status:** Save the Children US to initiate and follow-up with IAWG meeting working group. IAWG-Academic Partnership reviewed list of training materials to create a standard set of modules for MISP.
- 10.3 Create a matrix framework of training needs and target audiences  
**Status:** New recommendation

## 11. Regional Strategy

- 11.1 Meeting before the end of the year called by UNHCR, UNFPA, IPPF, OCHA and WHO inviting humanitarian organization including those working on RH  
**Status: 2007/8 Recommendation.** First step of sharing information (who does what where) to gain a better understanding of RH activities in the region (and gaps); one meeting in Nairobi before end of 2007, one in West Africa
- 11.2 Information sharing  
**Status: 2007/8 Recommendation**
- 11.3 Advocacy on the MISP
  - 11.3.1 Inclusion of MISP/Comprehensive RH training in existing trainings; e.g. Sphere training  
**Status: 2007/8 Recommendation**
  - 11.3.2 Advocate local governments (relevant ministries) to include MISP/RH in preparedness and contingency plans  
**Status: 2007/8 Recommendation**
- 11.4 Identify additional training needs
- 11.5 Identify regional resources; i.e., AMREF and RAISE training centers
- 11.6 Funding
  - 11.6.1 Approach AusAID who are funding HIV in emergencies programs in East Africa  
**Status: 2007/8 Recommendation**



11.6.2 RAISE to fundraise for IAWG during their fundraising for RAISE conference  
**Status:** Unknown

11.7 Investigate potential to launch of regional IAWG during RAISE conference in Uganda in June 2008  
**Status:** Unknown

11.8 Liaison and advocacy with the AU, donors, African parliamentarian networks, journalist network, IC/GLR, GLIA, ECOWAS, SADEC, etc.  
**Status:** 2007/8 Recommendation

## 12. New Technologies

12.1 Identify gaps and challenges in using new technologies to improve RH service delivery for populations in crisis settings

12.2 Identify new or underutilized RH technology solutions to improve RH and service delivery in crisis settings

12.3 Create a matrix framework on RH technologies and next steps

12.4 Conduct feasibility analysis of best/worst practice on use of cell phones for information and connectivity in crisis situations

12.5 Advocate and develop delivery systems for community-based immediate health care for rape survivors

12.6 Advocate for inclusion of effective, temperature stable and easy to use post-partum hemorrhage technologies in Interagency Emergency Health Kits and Reproductive Health Kits

12.7 Explore ways to increase engagement of field staff and populations in crises in setting priorities for action by the New Technologies Working Group

12.8 Develop a donor strategy for advancing subcommittee efforts

12.9 Identify and advance existing research guidelines or develop new ones for conducting operations research on the appropriateness of new technologies in crisis settings



# Research Questions

October 2007

## Key areas of research identified by Research Working Group:

WG participants brainstormed current research needs. The overarching themes were as follows:

- Priority is operations research, including policy implications
- Priority is not epidemiologic studies

*Note:* We did not discuss clinical questions

Specific suggestions generated by the Data and Research WG are listed below.

### *Operations research ideas*

- Understand factors influencing low utilization of EmOC/other RH services; alter services and measure changes in use
- Measure increases in use with linked child immunization and FP services
- Does level of community involvement influence FP use and other RH behavior?
- Reduce risk associated with transactional sex through, for example, pilot/ demonstration project on how to increase female condom use
- Measure abortion complications over time as services are improved (preferably as multi-site study)
- Test application of GBV screening questions to identify and refer those affected; measure change
- How does measured and perceived quality of care affect use of services? How can quality be maintained?
- Use existing data and routine statistics
  - e.g., measure cases of abortion complications as proportion of all gynecological (or obstetric) admissions

### *OR/Policy:*

- How can organizations promote best practices and evidence-based practices?

### *Policy:*

- What are costs to organization / donor of improving service delivery? What are costs to clients; how strong a barrier to care?

### *Descriptive:*

- Understand discrepancy between reported and actual FGC status (e.g., West Darfur)

### *Other topics*

- Male RH
- Adolescents
- Prevalence of obstetric / traumatic fistula (note large Ethiopian study on fistula)
- How alcohol, traditional practices, other lifestyle behaviors affect use of health care

## Additional areas of research identified by other Working Groups

### Operations Research:

- Test virtual (distance) clinical consultancy in insecure areas
- Effect of GBV services on long-term psychosocial health of survivors

### Clinical/OR:

- Can mid-level health providers perform MVA (or other procedures) in conflict settings?
- Track the effect of clinical training on subsequent provider performance
- Pilot Misoprostol for PPH

### Descriptive:

- Study methods used to handle menstruation globally (Women's Commission, funder identified)
- Examine adolescent development in conflict settings.

