

## REPORT

Fourth IAWG Training Partnership Meeting  
14-16 October 2009, Geneva  
International Environment House 2, Room Rhône

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### BACKGROUND

#### The Inter-Agency Working Group on Reproductive Health in Crisis Situations (IAWG)

In 1995, to respond to the gaps in life-saving Reproductive Health services in humanitarian situations and to follow the agenda set out by the International Conference on Population and Development held in Cairo in 1994, the Inter-Agency Working Group on Reproductive Health in Crisis Situations (IAWG) was formed. A group of more than 30 UN agencies, NGOs, academic and donor institutions form the core of the IAWG. Its task is to facilitate access to Reproductive Health for refugees, internally displaced persons and other populations affected by emergency situations. The IAWG holds annual meetings and IAWG subgroups address specific technical and advocacy issues.

#### Implementing existing standards

Over the years, the IAWG has developed many tools, including in 1999 a field reference called *Reproductive Health in Refugee Situations - an Inter-Agency Field Manual*. It addresses the topics of Safe Motherhood, Sexual Violence, Sexually Transmitted Infections and HIV, Family Planning, Reproductive Health for Young People, and other Reproductive Health concerns. But most importantly, it puts forward the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations. The MISP has become an internationally accepted standard and is included in the Sphere Guidelines. The IAWG also designed Inter-Agency Reproductive Health Kits containing essential medical supplies and drugs for the implementation of the MISP.

#### What is the IAWG Training Partnership?

As the frequency and intensity of emergencies and their related Reproductive Health needs continue to rise, demand for training has also increased. One of the IAWG's main challenges is to address this demand and to conduct quality Reproductive Health trainings for humanitarian staff on a regular basis. As a result, the IAWG has established a sub-working group called the 'IAWG Training Partnership for Reproductive Health' in emergencies, which aims to bring together training and public health institutions from around the world, as well as UN agencies and NGOs in an effort to strategize on ways to deliver Reproductive Health trainings and conduct capacity building initiatives in the most effective and sustainable manner. But there are still challenges ahead of the IAWG Training Partnership, particularly in relation to the systematic implementation of the MISP in emergencies. The challenges that are faced in building capacities include:

- How to get sustainable funding? How to maintain training costs low and accessible?
- How to maintain and certify quality standards?
- How to maintain lists of qualified trainers and trainees?
- How to share training modules between IAWG partners? How to regularly update the materials and share them again?

With the above questions in mind, the 4th IAWG Training Partnership (IAWG TP) brought together 25 participants from UN organizations, training institutions and NGOs from Asia, Africa, Europe, the Middle East and North America, with the following objectives:

- 1) To provide an update on training initiatives pertaining to RH in humanitarian settings carried out by IAWG partners
- 2) To discuss quality control of training materials and certification of trainees.
- 3) Discuss pilot models for the roll out of IAWG curricula by training partners (e.g. outreach trainings, integration into nursing/midwifery/medical curricula, etc.)
- 4) Brainstorm on a platform for sharing information on curricula updates, training events, roster of trainers and trainees, etc.
- 5) Explore funding mechanisms for the sustainable implementation of trainings.

This report summarizes the thrust of the presentations and discussions.

#### ***TRAININGS DISCUSSED***

Clinical Training for RH in Emergencies  
Clinical Management of Rape Survivors  
GBV Coordination, Ghent University  
SRH Coordination Training  
MISP Service Delivery: Outreach Clinical Training Modules  
Public Health in Complex Emergencies  
SRH Coordination Training at the University of Peradeniya, Sri Lanka  
Ipas post-abortion and comprehensive abortion care training

#### **Objective 1: update on training initiatives**

The meeting began with presentations on the importance of RH in emergencies and how ICPD Cairo clearly stated that the RH needs of refugees and displaced persons must be met. It was followed by the presentations of examples of training initiatives (see box). The discussions highlighted the importance of having enough RH supplies to ensure that providers who just received a competency-based training, can practice and maintain their skills and offer services to the population. Trainings modules must also be considered as living packages that integrate in a timely fashion new information, such as the Global Health Cluster's HeRAMS (Health Resource Availability Mapping System). Training institutions welcomed the IAWG TP efforts in making training materials available and in ensuring their ownership by local training partners. In light of the numerous trainings available to countries, it was

suggested for sustainability purpose to train national decision-makers on how to integrate RH in crises into their national curricula and overall health system.

#### **Objective 2: quality control of trainings and certification of trainees**

It is important to differentiate between quality control and certification of training courses, which involves a set of quality standards to be met, and certification of trainees, where various assessments and skills checks are usually required.

#### **Quality control of trainings**

How to ensure quality trainings and assess training impacts? It was agreed that the field of competency-based (clinical) training has been well studied and its pathways toward quality, including tools such as checklists and clinical supervision, is relatively well established. What about the other non-clinical trainings, targeting RH officers, managers and decision-makers? It was noted that not every performance problem has a training solution. Therefore, trainings must be strategic and their impact realistic. Some factors contributing to quality training include reproducibility (of training by other trainers), reliability of deliverables, quality contents and processes of delivery.

With regard to quality standards, UNITAR, the UN Institute for Training and Research ([www.unitar.org](http://www.unitar.org)), provided examples of how they ensure and follow quality standards in their trainings. UNITAR was originally created to cater to the training needs of Member States and diplomats on topics such as

negotiation and diplomacy but now includes other audiences - however UNITAR only provides methodology and not content. Their research unit looks at how best to deliver trainings and how participants can build on their knowledge. It was stressed that ensuring quality is a cyclic process that needs to be aligned with the targeted levels (national, regional, etc.) To ensure quality standards, the family of ISO 9000 standards can be used for face-to-face trainings and Open ECB-Check for e-learning modules. With regard to e-learning, it is important to understand that it usually combines different tools and does not merely equal to the uploading of documents or videos of a life presentation onto the web.

The group brainstormed on how to ensure quality standards in practice and in a context where resources are often limited to embark on an international quality standard process. Suggestions included:

- Quality of training contents: collaborate with experts (such as members of the IAWG community) and standard-setting institutions (such as WHO), run pre- and post-tests as they can be useful to gauge how well participants have learned;
- Process of training delivery: involvement of observers and mentors to provide feedback, production of facilitator's guides, collaboration with experienced training institutions;
- Establish an online community of learners/practice where trainers and practitioners can give each other support and share best practices (such as the IBP Initiative, [www.ibpinitiative.org](http://www.ibpinitiative.org));
- Ensure updated training materials are disseminated using a web-based platform.

### **Certification and Rosters**

Certification of trainees was explored as different trainings provide different skills and competencies. Can there be an 'IAWG Certification' process? It was agreed that a certification process is very complex and resource-consuming, but that all training initiatives should be encouraged to at least offer their trainees a certificate indicating the number of training hours and topics/skills covered. It was noted that it may be unclear to employers or colleagues what the certification means. For example, what is the difference between a certification of attendance, completion and participation? Linking with international quality standards should be encouraged as it would not be realistic for the IAWG TP to become an accreditation or certifying body. However, it was agreed that working with academic and training institutions would be beneficial as they provide accreditation and certification and therefore must be seen as essential partners.

The IAWG TP has been considering the use of a roster of trainers to provide trainings as well as a roster of RH trainees to be deployed when and where needed. The Norwegian Refugee Council shared their experience on managing rosters (they are currently managing a roster of more than 900 people that are deployed to various agencies working in crisis situations). The management of this roster is done by 20 people and therefore carries a lot of human resources implications. As for the IAWG TP, it was agreed that building and maintaining a roster is neither feasible nor realistic at this stage. For the time being, focus should be given to sharing among IAWG members regularly updated database of RH trainers, while each agency would maintain their own list of trainees to be shared if needed. It was also suggested that WHO roster of health coordinators would be worth tapping into and that co-funding to set up and maintain a database/roster could be done on a co-share basis by different agencies that would benefit from having a more formal roster/database in place.

### **Objective 3: models to transfer knowledge and skills**

The American University of Beirut (AUB) and the Asian Disaster and Preparedness Center (ADPC) in Thailand (both organize the 2-week Public Health in Complex Emergencies course, which contains a day on RH) and the University of Peradeniya in Sri Lanka provided examples on how to transfer knowledge on RH in crises. AUB and ADPC run the logistics of the ADPC course and work in partnership with organisations such as the International Rescue Committee (IRC) that offers technical contents and expertise. The University of Peradeniya shared their experience working with a national training partnership formed by their University, the MOH and UNFPA to deliver the SPRINT training on RH coordination nationwide. Such partnership brings credibility and clout. Having a training centre (such

as the University of Peradeniya) that is accredited by the MOH has also been very helpful in enhancing the influence and prestige of the training initiative. The example of Indonesia was also put forward: their RH coordination training was recently accredited by the MOH, which will facilitate the rollout of the training nationwide.

Ipas presented their work on post-abortion care (PAC) and comprehensive abortion care (CAC). Ipas has put in place an integrated training system that is participatory, competency- and evidence-based. This includes for instance the *Global trainers network* (GTN) that has 189 Ipas-qualified trainers (mostly Ob-Gyn and midwives) in 43 countries in Africa, Asia and Northern Europe, the *Trainers forum* that is open to anyone and where one can find current evidence, literature and guidelines, and *IpasU*, a free online learning site ([www.ipasU.org](http://www.ipasU.org)). As a good practice to ensure long-term sustainability, the example of Nigeria was mentioned: Ipas PAC training module has been integrated into the pre-service midwifery training.

#### **Objective 4: platforms for learning and sharing information**

UNITAR demonstrated its learning platform that can be accessed at [www.Learnatunitar.org](http://www.Learnatunitar.org). It is a participant-centred course with a self assessment. There is also a platform to update and exchange information. This prompted the IAWG TP to think of having an e-learning platform through the IAWG website and a *Community of learning for trainers*.

#### **Objective 5: funding mechanisms for the sustainable implementation of trainings.**

##### **Way forward**

The global training efforts of the IAWG Training Partnership will revolve around the guiding principle of long-term sustainability. Sustainability will be achieved by a 3-pronged approach:

1. Focusing on strategic capacity building
2. Piloting new training modules
3. Ensuring quality control in all training initiatives

**Strategic capacity building** emphasizes the importance of inter-agency and inter-institutional networking and collaboration to facilitate the sharing of materials and best practices among training partners. This will also contribute to strengthen South-South partnership and cross-fertilization.

Strategic capacity building implies:

- a. Sharing existing training materials with partners from the South to facilitate in-country capacity building. National recipients of the training materials will be ministries of health and education, national and regional training institutions, such as medical universities, nursing, midwifery and public health schools, and key NGOs who will own these trainings and adapt them according to their local culture and context. Emphasis will be given to the integration of Reproductive Health into national emergency preparedness plans and to the institutionalization of curricula on Reproductive Health in crises into pre- and in-service trainings of nurses, midwives, doctors, public health specialists and humanitarian actors. The strengthening of the national capacity will help bridge the gap between preparedness, immediate relief, recovery and development.
- b. Prioritizing the capacity building of relevant staff in selected crisis-prone countries and regions, such as Sub-Saharan Africa, the Middle East and the Asia Pacific.

**Piloting new training modules:** the identification of gaps in trainings will help set priorities for capacity building activities. Based on this gap analysis, we will develop and field test key modules on

##### **PROPOSED NEXT STEPS**

- ✓ **IAWG website:** [www.iawg.net](http://www.iawg.net)
  - *IAWG Training Partnership webpage*
  - *Newsletter*
- ✓ **Matrix of available trainings** (on IAWG website)
  - Links to existing trainings and organisations: what, for whom, when, where, certifications, information on training tools, etc.
  - Page where you can buy models and information on where you can source training materials locally, and trainers kit for each procedure (model)
- ✓ **Community of learning** for trainers: refresher, best practice
- ✓ **List of trainers** to be shared among agencies
- ✓ **Pilot clinical outreach training** modules

Reproductive Health in crisis as well as on new Reproductive Health technologies for low-resource settings. We will also apply innovative training methods when warranted, such as e-learning and mobile phone learning, and will collaborate closely with training champions such as the UN Institute for Training and Research (UNITAR).

**Quality control:** sustainability cannot be achieved without quality control in all our deliverables, including high standard of trainers and quality standard of training materials that need to be informed by evidence, reproducible by other trainers, accessible to adult learners, translated and adapted. Training will also lead to the proper certification of trainees, a process to be linked with country and internationally agreed standards. Monitoring and evaluation will of course constitute a main pillar of quality control and will take place at different levels to ensure that trainers and training courses are effective, that trainees are competent in their skills, and that overall programming adhere to sound and effective management standards.

### **Briefing for Permanent Missions**

The briefing was facilitated by AusAID and attended by representatives from EC, France, Switzerland, Sweden, Netherlands, France, Canada, Ireland, Germany and the UK. AusAID reaffirmed its commitment to SRH in crisis as SRH is a thematic priority for AusAID in crisis and post-crisis (they are a strong supporter of the SPRINT SRH Coordinators training initiative and will continue to be). The importance of SRH in emergency and the role of the IAWG TP were presented followed by a brief overview of the discussions held during the 4<sup>th</sup> IAWG TP meeting and by questions and answers. The briefing was received with much interest. Permanent Missions and in particular AusAID and the EC invited the IAWG Training Partnership to submit a short strategy paper to help open doors to future funding opportunities. The Missions also looked forward to receiving the report of the meeting.

### **Future commitments from participants**

All the participants found the meeting stimulating, interesting and with exciting steps forward. Below are some of the concrete actions that some of the participants committed themselves and/or their institutions to in order to build the capacity on RH in crisis.

- **Ahmed Ragab - University of Al-Azhar, Egypt:** Will integrate an introduction on RH in crises into the RH course of the University.
- **Rosemary Kamunya- JHPIEGO Kenya:** Will also try to integrate an RH in crises course into their modules. JHPIEGO have just received funds from CDC to do a review of an e-learning HIV curriculum in which they will try to integrate RH in emergencies.
- **Blami Dao - Polytechnic University of Bobo, Burkina Faso:** As he is in charge of Gynaecology and Obstetrics at the University, he will try to include RH in crises into their curriculum.
- **Emma Simpson MSI, RAISE Initiative, UK :** Will see how she can integrate a few of the lessons learned from this meeting into RAISE trainings.
- **Bonnie Okello Agina, Kenyatta University, Kenya:** Is working with UNFPA Kenya on how to integrate RH into their learning course.
- **Papa Sakho, Institut pour la population, développement et de la santé reproductive, Senegal :** Will try to integrate the crisis part of the training into their current Population and Development and RH courses.
- **Ouahiba Sakani, UNHCR HQ, Switzerland:** UNHCR is in the process of developing an e-learning module for non-health professional staff and will try to integrate RH into this as well.
- **Janette Lauza-Ugsang Asia Disaster Preparedness Center, Thailand:** Will make the MISP course mandatory before their PHEMAP training courses (Public Health and Emergency Management in Asia Pacific).
- **Anna Whelan, UNSW, Australia:** pledged to include SRH in crisis into the MPH course on humanitarian emergencies at UNSW

## ANNEX I - Agenda

Day One - 14 October		
Time	Session	Presenters
Objective 1: To provide an update on training initiatives pertaining to RH in humanitarian settings carried out by IAWG partners.		
0845 - 0900	Registration of participants	Jeannette Zouiten, UNFPA
0900 - 0910	Welcome note	Alanna Armitage, UNFPA
0910-0940	Introductions, expectations & logistics	N-Toan Tran, UNFPA & Jeannette
0940-1015	Brief introduction to RH in humanitarian settings Overview of IAWG Training Partnership	Wilma Doedens, UNFPA & Toan
<b>1015 - 1030</b>	<b>Break</b>	
1030 - 1200	<u>What are examples of training initiatives on RH in humanitarian settings?</u> <ul style="list-style-type: none"> <li>- Clinical training for RH in emergencies</li> <li>- Clinical Management of Rape Survivors: 3 modules, 3 approaches</li> <li>- GBV Coordination, Ghent University</li> <li>- SRH Coordination Training</li> <li>- MISP Service Delivery: Outreach Clinical Training Modules</li> </ul> Q&A	Chair: Anna Whelan, UNSW <ul style="list-style-type: none"> <li>- Emma Simpson, MSI/RAISE</li> <li>- Wilma</li> <li>- Chen Reis, WHO</li> <li>- Toan</li> <li>- Tomo Watanabe</li> </ul>
1200 - 1300	Lunch	
Objective 2: To discuss quality control of training materials and certification of trainees.		
1300 - 1430	<u>What is quality training and how to control for it?</u> <ul style="list-style-type: none"> <li>- Key elements of quality control and issues of updating training materials</li> <li>- International quality standards</li> <li>- Experience sharing from JHPIEGO</li>   <li>- Brainstorming session</li> </ul>	Chair: Bonnie Okello Agina, Kenyatta University <ul style="list-style-type: none"> <li>- Susan Purdin, IRC</li>   <li>- Claudia Croci, UNITAR</li> <li>- Rosemary Kamunya, Kenya</li> </ul>
<b>1430 - 1445</b>	<b>Break</b>	
1445 - 1615	<u>How to certify trainees? Is setting a roster of trainees feasible?</u> <ul style="list-style-type: none"> <li>- Key elements of certification of trainees &amp; roster</li> <li>- Assessment and evaluation of trainees</li> <li>- Experience sharing from the Polytechnic University of Bobo</li> <li>- Experience sharing: roster experience</li>   <li>- Brainstorming session</li> </ul>	Chair: Thilde Knudsen, MSF <ul style="list-style-type: none"> <li>- Susan</li> <li>- Claudia</li> <li>- Blami Dao, Burkina Faso</li> <li>- Astrid Sween, NRC</li> </ul>
1615-1630	Debrief & closing of the day	Anna Whelan
1830-2100	Optional: social gathering around a <i>Fondue</i> at Bains de Pâquis	

Day Two - 15 October		
Time	Session	Presenters/Facilitators
Objective 3: To discuss pilot models for the roll out of IAWG curricula by training partners (e.g. outreach trainings, integration into nursing/midwifery/medical curricula, etc.)		
0900-0915	Recap of day 1	Jennifer Miquel, UNFPA
0915-1045	<i>What are effective models for transferring skills and knowledge?</i>	Chair: Chandani Galwaduge, UNFPA Sri Lanka
15 min	- RH & Public Health in Complex Emergencies (PHCE)	- Zeina Mohanna, AUB, Lebanon, & Janette Lauza-Ugsang, ADPC, Thailand
12 min	- National training institutions: University of Peradeniya	- Dinesh Fernando, University of Peradeniya, Sri Lanka
12 min	- Post-abortion and comprehensive abortion care: Ipas	- Bill Powell, Ipas
60 min	Brainstorming session	
1045 - 1100	Break	
1100-1145	Market place: demonstration of training materials (stations)	
	- IRC	- JHPIEGO
	- Ipas	- SRH Coordination
	- RAISE	- WHO
1145-1230	Brainstorming session continue	Chair: Ahmed Ragab, University of Al-Azhar, Cairo, Egypt
1230 - 1330	Lunch	
Objective 4: To brainstorm on a platform for sharing information on curricula updates, training events, roster of trainers and trainees, etc.		
1330 - 1445	<i>What are feasible and affordable platforms for sharing information?</i> (What and how often? E.g. face-to-face, newsletter, teleconference, videoconference list serve, website, mobile phone learning)	Chair: Papa Sakho, IPDSR, Senegal
15 min	-Introduction and demonstration	-Claudia
60 min	- Brainstorming session	
1445 - 1500	Break	
Objective 5: To explore funding mechanisms for the implementation of trainings.		
1500 - 1615	Group work: preparation of presentation to Permanent Mission round-table	Chair: Toan
1615-1630	Debrief & closing of the day	Anna

Day Three - 16 October		
Time	Session	Presenters/Facilitators
0900 - 1030 (coffee served from 0845)	Briefing for Permanent Missions:	Chair: AusAID
12 min	- Why SRH is important in humanitarian settings	-Wilma Doedens, UNFPA
12 min	- How to address capacity building challenges	-Jennifer Miquel, N-Toan Tran, UNFPA
12 min	- Case study from Sri Lanka	-Dinesh Fernando, University of Peradeniya, Sri Lanka
60 min	- Round-table discussion	
1030-1045	Break / Representatives of Permanent Missions leave	
1045- 1200	Summary of action points	Chair: Wilma & Toan
	Debriefing	-Anna Whelan, UNSW & Jennifer
1200	Lunch / End of meeting	

## ANNEX II: List of participants

	Name	Title	Organisation	Country	Contact Info
1	Anna Whelan	Associate Professor	University of New South Wales	Australia	a.whelan@unsw.edu.au
2	Thilde Knudsen	SRH Advisor	Medecins Sans Frontieres	Belgium	Thilde.KNUDSEN@brussels.msf.org
3	Blami Dao	Head of the Department of Obstetrics/Gynecology, and Reproductive Medicine /Vice Dean Higher Institute of Health Sciences	Polytechnic University of Bobo	Burkina Faso	bdao@fasonet.bf
4	Ahmed Ragab	Professor of Reproductive Health	University of Al-Azhar, Cairo	Egypt	arragab@yahoo.com
5	Chen Reis	Technical Officer	WHO, Health Action in Crises	HQ	reisc@who.int, chenreis@gmail.com
6	Lisa Thomas	Medical Officer	WHO, Make Pregnancy Safer	HQ	thomasl@who.int
7	Jennifer Miquel	Regional Emergency RH Coordinator	UNFPA, Humanitarian Response Branch	HQ	miquel@unfpa.org
8	Claudia Croci	Associate Programme Officer	UNITAR, Peacekeeping Training Program	HQ	claudia.croci@unitar.org
9	Wilma Doedens	RH Advisor	UNFPA, Humanitarian Response Branch	HQ	doedens@unfpa.org
10	Nguyen Toan Tran	IAWG Training Partnership Coordinator	UNFPA, Humanitarian Response Branch	HQ	ntran@unfpa.org
11	Jeannette Zouiten	Adm Assistant	UNFPA, Humanitarian Response Branch	HQ	zouiten@unfpa.org
12	Bonnie Okello Agina	Senior Lecturer & Dean School of Health Sciences	Kenyatta University	Kenya	okelloagi@yahoo.com
13	Rosemary Kamunya	Training Advisor in RH/HIV/AIDS	JHPIEGO, Nairobi	Kenya	rkamunya@jhpiego.net
14	Zeina Mohanna	Instructor of Public Health, Consultant	Faculty of Health Sciences, University of Beirut Amel Association	Lebanon	zeina.mohanna@aub.edu.lb
15	Astrid Sween	Adviser, Competence Development NORCAP	Norwegian Refugee Council	Norway	astrid.sween@nrc.no
16	Pape Sakho	Directeur des Etudes	IPDSR, Senegal	Senegal	psakho@ucad.sn
17	Dinesh Fernando	Senior Lecturer	Department of Forensic Medicine, Faculty of Medicine, University of Peradeniya	Sri Lanka	dineshmgfdo@yahoo.com
18	Chandani Galwaduge	Programme Advisor	UNFPA Sri Lanka	Sri Lanka	galwaduge@unfpa.org
19	Tomo Watanabe	Midwife		Switzerland	tomo_cw@yahoo.co.jp
20	Janette Lauza-Ugsang	Project Manager	Asian Disaster Preparedness Center	Thailand	janette@adpc.net
21	Emma Simpson	Programme Advisor Training	Marie Stopes International	UK	emma.simpson@mariestopes.org
22	Susan Purdin	Deputy Health Director	International Rescue Committee	US	susan.purdin@theirc.org
23	Bill Powell	Manager & Senior Advisor, Clinical Affairs	IPAS	US	powellb@ipas.org
24	Ouahiba Sakani	Reproductive and Child Health Officer	UNHCR	HQ	sakani@unhcr.org