

Meeting of the Regional Inter-agency Working Group on Reproductive Health in Crisis For Middle East and North Africa

27-28 July 2009
Cairo, Egypt



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Executive summary

The first meeting of the Regional Inter-Agency Working Group (IAWG) on Reproductive Health in Crisis for Middle East and North Africa (MENA) has been held in Cairo on 27-28 July 2009. Fifteen participants took part in the meeting with representation from 8 countries and 6 organizations.

The aim of the group is to build a regional network of agencies to support country level coordinated Sexual and Reproductive Health (SRH) preparedness and response interventions in crisis with particular focus on women, girls and adolescents.

The immediate objective of the meeting was to finalize the ToRs and develop an action plan. Major activities for 2009-2010 will focus on the expansion and operationalization of the network, capacity building, technical assistance and advocacy for better inclusion of Reproductive Health (RH) in emergency response.

The establishment of a regional IAWG Forum for Middle East and North Africa region was one major recommendation of the Eleventh Annual Meeting of the global IAWG on Reproductive Health in Crisis, held in Cairo in November 2008.

Day 1 - Session 1: Introduction

- Opening by Mr Abdallah Zoubi - Regional Advisor on Population & Development, UNFPA ASRO

Abdallah Zoubi highlighted the importance of the establishment of an IAWG on RH in MENA region. Each country in the region has been directly or indirectly involved into humanitarian crisis. However, SRH is rarely considered as a priority. Therefore, the current initiative is very important for the development of strategic approach to SRH in humanitarian response and preparedness. As a population and development advisor, Abdallah Zoubi emphasized the importance of data collection and analysis to design and implement relevant and consistent emergency planning and response.

- Introduction of participants

The 15 participants briefly introduced themselves: 8 countries – Egypt, Iraq, Jordan, Lebanon, Syria, oPt, Sudan and Yemen - and 6 organizations– Cairo Family Planning and Development Association, International Medical Corps (IMC), IOM, UNFPA, UNHCR and WHO - were represented (see Annex 2).

- Refresher on Global IAWG

Julie Taft from IMC presented a brief refresher on Global IAWG (see Annex 3 and www.iawg.net) and listed the objectives of the Regional IAWG meeting:

- Finalize the list of member countries
- Identify country focal points
- Finalize ToRs
- Share information, coordinate
- Discuss SPRINT and other regional initiatives
- Develop an action plan

- Discussion on expectations and objectives from participants

The participants were requested to share their expectations and objectives regarding the Regional IAWG and the workshop:

- Agree on the composition and geographic coverage of the Regional IAWG
- Involve more humanitarian organizations in the group
- Link with other Regional IAWG to coordinate and benefit from their experience
- Establish linkage between the Regional IAWG and existing structures at country and regional level to avoid duplication
- Institutionalize the Regional IAWG to increase member agencies' commitment
- Develop critical thinking based on field experience
- Develop a field oriented action plan (with suggestions from the countries)
- Improve programme delivery and access to vulnerable people in the field including migrants and displaced people
- Adapt RH kits and Minimum Initial Service Package (MISP) for RH in emergency to the Arab States context by taking into consideration the social and cultural aspects
- Adapt advocacy messages to the Arab World and use humanitarian reform opportunities to strengthen advocacy for the MISP in the region

Day 1 - Session 2: Country presentations of the matrix

Each country had been requested before the meeting to complete a matrix (see Annex 4) to describe the nature of crisis, list the specific dynamics affecting reproductive health and rights and compile good practices, recommendations and priorities. Countries briefly presented their results (see Annex 5).

Most of them reported refugee caseload (Syria, Jordan, Egypt, Lebanon, Yemen, Sudan) and IDPs (Iraq, oPt, Yemen, Sudan). Conflict and insecurity directly affect Iraq, oPt, Lebanon, Yemen and Sudan. In addition, all the countries in the region indicated high vulnerability to natural disaster (floods, earthquake, drought, epidemic, etc.).

These crises have a negative impact on existing health systems which are overburden (Syria, Jordan) leading to dual system for host population and refugees (Jordan). Among affected population, limited access and awareness restrict utilization of SRH services (Egypt). The lack of data makes difficult relevant programme design. Insecurity and restricted humanitarian access are common concern in countries under conflict situation preventing service programme (Iraq, Gaza, Darfur).

The most listed **good practices** included coordination/collaboration with government, UN agencies, local NGOs and donors - with or without RH task force - and training on the MISP. Needs/impact assessment, deployment of RH coordinators, preposition of RH kits were also mentioned.

In term of programme, countries commended outreach services (deployment of skilled birth attendants in community, mobile clinic), support to MoH services and referral system, integration of RH services in Primary Health Care, awareness raising on SRH and GBV.

The most common **challenges** faced included: the lack of awareness among decision makers with little prioritization of SRH; weak coordination and competition between partners; limited capacity of humanitarian actors with high turn-over of staff; limited funding and support from donors; taboos at community level on SRH; insecurity.

Recommendations to improve SRH were quite diverse including: capacity building, better collaboration/coordination, partnership with non-classical partners, improved access and quality of services for refugees/beneficiaries, advocacy, policy revision, disaster preparedness and contingency planning, technical and financial support to existing SRH services, adaptation of the MISIP to the regional context, simplification of admin and finance procedures in emergency (for UNFPA).

Finally, the **priorities** listed by each country to be considered by the group could be clustered as follow:

- Promote **information sharing** on available resources and best practices (develop a system /information repository including roster of technical experts and documented good practices)
- Expand **IAWG network** to other partners (especially involved national staff)
- Identify **gaps and needs** (especially assess refugee situation in the region)
- Develop an **action plan** including resource mobilization plan
- **Advocate** for RH in emergency (especially for refugees) among donors, UN and NGOs stakeholders
- Raise **donor support** especially multi-year contribution
- Conduct coordinated **capacity building**
- Initiate **regional projects** - e.g. improving assistance to displaced people

Day 1 - Session 3:

Session 3.1 – Regional IAWG TORs: presentation and discussion for finalization

Ali Shaar from UNFPA oPt presented draft ToRs developed after the 11th Global IAWG meeting. Several points were highlighted and discussed and recommendations were formulated by the group.

Type of crisis: The first draft of the ToRs focused on man-made crises (conflicts).

Recommendation: Considering that countries in the region are also vulnerable to natural disasters, it was recommended to include natural disasters in the document.

Composition: Questions were raised about the composition of the Regional IAWG. What is the geographic span of MENA? Participants noted that every UN agencies doesn't have the same regional coverage. Which organizations can join? It was recognized that key partners were not yet represented in the group. Can we have several organizations from the same country?

Recommendation: The composition of the group should remain open to countries from the whole region. Organization involved in RH and showing interest in the work of the group should be eligible. The group should be inclusive and work as a network.

Scope of the work: The group agreed to make some adjustments on the scope of the work to better reflect the type of support that will be provided.

Recommendation: - IAWG is to support effective coordinated responses at the country level in every phase of a crisis including preparedness

- Facilitate capacity building for member countries, organizations and projects
- Sharing information, data and best practices from different programmes in the countries
- Include adolescent in the target population along with women and girls

Aim and strategy: The need for a Regional IAWG is justified by the commonalities in the nature of crises in the region and the need to coordinate and support RH response.

Recommendation: - Indicate that the aim is to build a network and support coordinated RH response in crisis

- Include building partnership as a strategy

Facilitation: The group wondered to what level coordination mechanisms should be defined in the ToRs?

Recommendation: - The ToRs should remain a guiding tool with flexible working mechanisms.

- UNFPA and IMC volunteered to continue to co-chair the group.

Session 3.2 - Presentation and discussion on priorities and gaps from matrix to guide finalization of TORs

The gaps, recommendations and priorities identified by the countries and listed in the matrix were reviewed, commented and discussed by the group which agreed on the following area of concern:

- Coordination at country and regional level
- Capacity building / human resources on RH in emergency
- Funding / mobilization of donors
- Generating and sharing information
- Availability of technical resources and tools
- Adjustment of MISP/RH kits to the regional context
- Advocacy and awareness raising of humanitarian partners and decision makers
- Improvement of the quality and access to RH services

It was noted that the Regional IAWG will focus its work on areas where the group has a comparative advantage and can make the difference.

Day 1 - Session 4: Group work

The audience split into groups:

Group work A: Revision/finalization of the TORs
(Wael, Ali, Gasser, Rayana, Omer)

Group work B: Identification of 3-4 priorities for action plan
(Muna, Julie, Mawaheb, Eziz, George, Lina G., Lina H., Kamel, Matthieu)

Closure of day 1

Day 2 - Session 5: Group work presentation

Group A presented the revised version of the TORs based on recommendations from the group (see Annex 6)

It was decided to keep the ToRs opened to be able to incorporate any adjustment in the future

Group B presented the selected priorities to be addressed in the action plan:

1. Coordination and information sharing (operationalization of the IAWG; documentation of good practices; link with other network)
2. Capacity building on MISP (SPRINT initiative)
3. Technical assistance and South-South cooperation (roster of consultant; repository of available technical materials)
4. Advocacy and awareness raising of humanitarian partners and decision makers including donors

Recommendation:

- Widen Regional IAWG network to key players such as a OCHA
- Each country shall be free to develop and institutionalize their own network if that suits the needs of that specific country
- The Regional IAWG should build on existing structures to avoid duplication:
 - At country level, the network should try to enter into existing coordination mechanisms of structures
 - At global level, technical IAWG subgroups (advocacy, RH data, etc.) should be utilized

Day 2 - Session 6: Information sharing: Good practices in implementing RH in crisis in MENA region - Open discussion

Rayana Bouhaka from WHO Regional Office facilitated an open discussion on best practices. She started by pointing out the lack of data focusing on specific groups (women, youth, etc.). Then she emphasized the lack of evaluation of programme impact to assess what works, especially in relation with the MISP. She recommended regular collection of sex disaggregated data and regular reporting which could be done in partnership with other humanitarian actors through the cluster approach. Clusters have an overall responsibility and RH should be integrated in health cluster plans. She also mentioned the development of an on-line 3Ws resource on health to identify gaps and needs.

The RH task force in Darfur developed a map of North Darfur SRH services. The mapping is still ongoing because some services have been interrupted by the expulsion of NGOs in March.

Other good practices in Darfur include referral common template used by INGOs for monitoring; Knowledge, Attitude and Practice (KAP) studies and in depth analysis on SRH.

The initiative of a private doctor in Sudan on Ending Obstetric Fistula was also mentioned: services provided by private sector and individuals can show great results.

Lebanon and oPt shared their respective experience on outreach services:

In Lebanon, community health workers and mobile health clinic provides RH services to urban refugees. An hotline has been created to provide counseling and information. Syria, Jordan, and Egypt mentioned similar challenges with their respective refugee caseloads in urban areas.

In oPt, health mobilizers have been deployed to bridge the gap between needs and available services. Discussion between communities and health provider has helped to enhance the access of the population to services and to improve quality of care.

Recommendation: Document programmes on fistula in Darfur; on mobile clinic in Lebanon and on health mobilizers in oPt.

Day 2 - Session 7: Building capacity: Introduction on SPRINT - Organization of MENA SPRINT training

Matthieu Arrault from UNFPA Regional Office introduced the SPRINT initiative (see Annex 7 and <http://www.ippfeseaor.org/SPRINT>). The goal of this initiative supported by UNFPA and the International Planned Parenthood Federation (IPPF) in the East Southeast Asia and Oceania Region is to increase access to SRH information and services for populations surviving crises and living in post-crisis situations. An important component of the SPRINT is to build capacity of humanitarian actors to implement the MISP for RH in crisis.

A Regional Training of Trainers of RH coordinators in emergency has been planned to be held in Cairo before the end of the year. The objective of the event is to have trained MISP/RH Coordinators – master trainers - who can respond to RH needs during crises, in coordination with key humanitarian actors. The master trainers will also carry out echo-trainings in their respective countries with the logistic and financial support of UNFPA Country Offices.

The participants should be selected among nationals working in diverse key humanitarian organizations, with experience in emergencies, coordination capability, RH technical skills, facilitation and communication skills, self-motivation to achieve results. Funding arrangements (cost-share basis) have to be clarified.

A similar training will be organized in Nairobi for Horn of Africa countries on 23-27 November. Somalia and South Sudan will participate along with Ethiopia, Uganda and Kenya. Djibouti will be considered for a separate French-speaker training

Recommendation:

- Egypt, Iraq, Jordan, Lebanon, oPt, North Sudan, Syria and Yemen will be prioritized. However the number of participants per country will depend on the seriousness of the humanitarian situation
- The tentative date for the training is 6-10 December 2009. Due to UNDP financial closure, UN agencies can face some difficulties to issue travel costs. November 15-20, will be proposed to the organizers as an alternative date
- IAWG members will have in-countries brainstorming with partners organizations and provide feedback on potential participants for the training.
- Invitation will circulated before August 10.
- People trained will be included in a regional roster of resources persons for RH in emergency

The table below shows a tentative listing of participants suggested by the group:

Country	No participant	Suggested organization
Lebanon	5	MOH, IMC, UNFPA, Family Planning association or other local NGOs, UNHCR
Iraq	4	UNFPA, WHO, IMC, local NGO

OPT	5	UNFPA, WHO, MoH, local NGOs (West Bank/ Gaza representation) to be discussed in the RH thematic group
N. Sudan	7	INGOs, WHO, UNFPA, MOH
Yemen	4	MoH (Committee for Emergency & population sector), local NGOs, UNFPA
Syria	4	MoH, SARC, UNFPA, SFPA, WHO
Jordan	5	MoH, National Center for Crisis management and home security, and Home security, UNFPA/WHO, IMC. To be discussed in the upcoming RH-Subgroup meeting
Egypt	5	MoH, NGOs, Regional organization (UNFPA, WHO, IOM, UNICEF)

Day 2 - Session 8:

Session 8.1 - Development draft action plan for 2009 – Group work

The audience split into groups. For each of the 4 priorities selected during session 5, the groups were requested to develop 2-3 concrete action points and indicate the responsible person/organization, timeframe and budget.

Each group was requested to work on 2 priorities.

Group 1: priorities 1 & 4 (Wael, Kamel, Omer, Julie, Rayana, Gasser, Ali, Ashraf)

Group 2: priorities 2 & 3 (Matthieu, Lina G., Eziz, Mona, Lina H., George)

Session 8.2 - Development draft action plan for 2009 – Plenary presentation and discussion

The following action plan was developed by the groups and reviewed in plenary:

Priority	Activity	Step	Responsible person	Timeline	Budget implication
Capacity building	Organize and conduct regional SPRINT TOT	Identification of participants	IAWG focal points	Aug. 09	
		Recommend contextualization of the MISP/training Submit suggestions if requested	Matthieu (UNFPA ASRO) IAWG focal points	July 09	
		Dates, invitation, logistics	Matthieu (UNFPA ASRO), UNFPA HRB & IPPF	Aug-Nov 09	
		Completion on-line MISP	Selected participants IAWG focal points to monitor	Aug-Nov 09	
		SPRINT ToT	Selected participants UNFPA ASRO, HRB & IPPF	Nov-Dec 09	HRB, ASRO(?), UNFPA CO, participants
	Organize and conduct echo-training	Lobbying and advocacy for echo-training funding and support	IAWG members and Master trainers Matthieu (UNFPA ASRO) to circulate	Aug-Dec 09	

			request to COs	Dec 09	
		Training organized and conducted in country where funds have been secured (see above)	IAWG members, UNFPA CO, Master trainers	Feb-May 2010	IAWG members, UNFPA CO
Technical assistance – South-South cooperation	Roster of experts to support implementation of RH response in crisis	Develop selection criteria. Circulate the criteria (ability to implement MISP objectives, etc.) to IAWG members	Lina (IMC Jordan) and Julie (IMC HQ)	Aug-Nov	
		Identify skilled and committed experts and send feedback	IAWG focal points	Nov-Jan 2010	
		Consolidation of the roster list	Lina (IMC Jordan) and Julie (IMC HQ)	Feb 2010	
	Gather and make available good tools	Training curriculum, assessment, guidelines, SOPs, M&E, IEC (to be refined) Send request to IAWG members members to identify good tools to be shared by thematic area Identify the best on-line system to stock the resources (IAWG website?)	Matthieu (UNFPA ASRO) and Eziz (UNFPA Sudan)	April 2010*	

* Timeline until April 2010 which coincide with the next Global IAWG conference.

Priority	Activity	Step	Responsible person	Time line	Budget implication
Coordination and information sharing	Dissemination of the outcomes of the meeting	Writing meeting minutes and distribution to group members	Matthieu (UNFPA ASRO)	August 6 th	
		Distribution of the minutes to country levels	IAWG focal points	Immediately upon receiving minutes	
	Expansion of the network	conduct a meeting to inform about IAWG-RH in crises	Each IAWG focal point	Mid August	
		Establish or reinforce a country-level mechanism to address RH including SGBV in crises taking into consideration existing structures	IAWG focal points		
	Information sharing on the Regional IAWG	Sending update to the IAWG steering committee	Julie (IMC HQ)	Mid August	
		Present MENA regional group at the Spain, Sweden conference or at other fora	Julie (IMC HQ), other IAWG members	Ongoing	
Advocacy and awareness raising	Develop an advocacy tool for RH in crises (flyer, other)		Omar (UNFPA Sudan), Ali (UNFPA oPt)	October	
	Distribute the tool in the CAP regional launch		IAWG members attending launch	November	
	Develop a strategy for advocacy on RH in crises for donors and policy makers		Three volunteers/ consultant		Funds to be secured
	Establish a sub-group to work on compiling data on RH in crises to be used in advocacy		Rayana (WHO EMRO), Wael (UNFPA Syria)		

Closure of the meeting

Participants were thanked for the active contribution and commitment. The main objectives of the meeting were reached: finalization of the ToRs and development of an action plan. The immediate way forward was to circulate the ToRs, action plan and report of the meeting and to identify of participants for the SPRINT training.

Attachment:

- Agenda (Annex 1)
- Participants list (Annex 2)
- Presentation on IAWG (Annex 3)
- Matrix template(Annex 4)
- Filled matrices and country presentations (Annex 5)
- ToRs (Annex 6)
- Presentation on the SPRINT (Annex 7)