

Inter-agency Working Group on Reproductive Health in Crises TOR for regional IAWG-RHE

Background:

The Inter-agency Working Group on Reproductive Health in Refugee Situations (IAWG), was formed in 1995 to promote access to quality reproductive health care for refugee women and others affected by armed conflict. It was originally comprised of over 30 groups, including UN agencies, universities, governmental and nongovernmental organizations, and was led by the United Nations High Commissioner for Refugees (UNHCR), the World Health Organization (WHO) and the United Nations population Fund (UNFPA). The IAWG developed the Reproductive Health in Refugee Situations: An Inter-agency Field Manual for field staff assisting refugees, developed the *Minimum Initial Service Package* to be provided in all disaster settings, designed reproductive health kits for rapid deployment and recognized the need for continued advocacy, funding and technical assistance for reproductive health programs in both man made and natural disasters .

One major recommendation of the Eleventh Annual Meeting of the IAWG, held in Cairo November 2008, was the establishment of a regional IAWG Forum for Middle East/North Africa region (MENA).

Composition:

The IAWG MENA is an informal technical platform that hosts organizations, academic institutions and individuals involved in work within the arena of reproductive health in humanitarian context from the Middle East and North Africa¹ region.

Membership in the workgroup is based on self selection and it is recommended that a number of organizations from one country do participate in the IAWG. It is advisable however, that interested organizations from one country conduct meetings and build common understanding about contribution of respective countries to the group.

Scope of work:

The main scope is to develop a regional group of agencies involved in SRH and humanitarian action to better address SRH of affected populations in crisis countries in the region especially the needs of women and young girls, throughout the different phases of crisis/disaster management from preparedness, contingency planning , response and recovery. . Crisis can be due to natural disasters or man made. The group builds on accumulated experience in the region and will facilitate capacity building on SRH for countries in crisis, understanding the specific dynamic affecting reproductive health and rights in humanitarian settings and ultimately supporting the development of coherent and mutually supportive responses, when applicable.

Ultimately, and as a relatively informal body, the group will serve as a platform to share information and lessons learned across projects in the region and enable synergistic partnerships to minimize duplication of efforts and to fill gaps.

¹ There are different countries included under the umbrella regional structures of various agencies and in order to be inclusive, the list is not necessarily restricted to the geographical region.

Through reviewing specific situation prevailing in the region, assessing potential for regional cooperation in addressing needs of marginalized population groups and sharing experience about lessons learned and best practices, the Inter Agency Working Group on Reproductive Health in Emergencies will develop a coherent work plan to guide its coordination and collaboration for effectively responding to emergencies and reduce negative impact of emergencies on women and young girls and help local bodies to provide quality RH services to refugees including counseling and provision of information.

Aim:

Build a regional network of agencies to support country level coordinated SRH preparedness and response interventions in crisis with particular focus on women and young girls. / adolescents .

Strategies:

In its meeting held in Cairo in November 2008, the group has identified three strategies for work:

- 1- Advocacy
- 2- Capacity building
- 3- Strategic Coordination
- 4- Building Partnerships

Facilitation:

UNFPA and International Medical Corps have volunteered to co-chair the IAWG MENA working group establishment through coordination and facilitation of communication and achievements of working group goals. Further review of the proposed modality should be undertaken within the wider constituency of the group.

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Summary Terms of Reference submitted to IAWG January 2009

- 1.1 Identify gaps and challenges in reproductive health and rights for populations in crisis settings in the MENA region.
- 1.2 Provide a platform to share information and lessons learned across projects in the region and enable partnerships to minimize duplication of efforts and to fill gaps.
- 1.3 Establish a clearing house/ data base of good practices and tool/ resources to facilitate effective and coordinated SRH response in emergencies in the region.
- 1.4 Improve access to information, services and support partnerships to encourage capacity building of actors providing reproductive health services in the region.
- 1.5 Advocate and implement the MISIP in the region through support of the SPRINT initiative.
- 1.6 Advocate for response to unmet needs in reproductive health in countries facing crisis in the region.

Synopsis:

The Middle East and North Africa (MENA) region suffers from a variety of emergencies affecting a large number of member states. While emergencies in some of the countries are caused by natural disasters and unfavorable climate conditions, a large number of countries are

affected by man-made disasters and are subject to acute and chronic political unrest resulting in suffering of the populations of such countries.

Iraq

The chronic nature of crises in Iraq is affecting many of Iraqi districts with internal displacement being one feature of the crises and hard hitting violence being the other. Disruption of healthcare system and associated lack of human and material resources affect a large proportion of the population especially women and children.

Jordan & Syria

The influx of around 3 million Iraqi refugees (in an urban setting) with the existence of about 2.5 million Palestinian refugees creates a significant burden on the social and services system. Challenges facing displaced populations in these countries are the other side of emergencies facing these two countries with women and young girls facing the danger of trafficking and abuse. Lebanon and Egypt also witnessed the influx of Iraqi refugees whereby access to reproductive health care is a concern.

Lebanon

The Lebanese government is actively working to improve the coordination of reproductive health information systems and providing quality reproductive health services within the primary health care system. In addition to addressing the reproductive health needs of the general population, Lebanon faces the challenge of accommodating approximately 50,000 Iraqi refugees. Iraqi refugees are in dire need of improved access to reproductive health services, which are overburdened to meet the additional needs of the refugees.

Palestine

The crisis in Palestine has a chronic nature with waves of violence affecting particular communities. The policy of closure and boycott has resulted in severe deterioration of living conditions and has led to increased malnutrition among children and women, remarkably reduced access to basic services including reproductive health services and safe delivery.

Egypt

Ongoing conflict in Sudan has generated a large internal displacement with a protracted refugee situation in neighboring countries including Egypt. The crisis remains chronic in nature with ensuing acute conflicts in the region and sub-region preventing a sustainable peace building, return, re-integration and recovery. Natural disasters including droughts and floods have compromised population stability in the region with significant impact on access to essential and comprehensive reproductive health services.

The conflicts have exposed displaced populations to higher risks of sexual and gender based violence. Furthermore, population displacement is affecting non camp urban mixed migratory settings where migrants, asylum seekers, refugees and host communities co-habit and often compete for limited resources and services.

The sub-region has also seen protracted conflicts in Somalia, Eritrea and Ethiopia. Seeking asylum in neighboring countries have been combined with and compounded by irregular movements across the sub-region. Survivors of conflicts and impoverishment have been seeking a safe haven beyond the first country of asylum with illegal entries and individuals among whom women and children running the risks of becoming victims of human trafficking networks.

Women and children who can face detention situation in such circumstances , also face risks related to RH and SGBV , mounting to responses needed in RH in crisis situations

Somalia

The ongoing complex emergency in Somalia and frequent droughts has exacerbated the already difficult living conditions. Somalia has some of the lowest human development indicators in the world. The country has endured eighteen years of armed conflict and generalized violence, which has resulted in a large number of human rights abuses, the destruction of public infrastructure, and the disintegration of basic health and social services. Health workers have also been displaced or have fled the country. Breakdown of law and order and severe gender inequity has left women and young people highly vulnerable to violence, including rape.