

Inter-agency Field Manual (IAFM) Survey

As part of the IAFM revision process, feedback was solicited from the field regarding use of the current IAFM and recommendations for improvement. An online survey was conducted Oct 24-Nov 15. The survey link was distributed broadly through the IAWG/IBP network and individual agencies – there were 73 responses. Members of the IAFM Technical Review Groups met via telecom on Nov 28 to discuss the survey results. A brief summary of the survey and minutes of the technical review group telecom are below.

Survey Summary:

The majority of respondents were RH Coordinators or Managers, followed by Health Coordinators or Managers. Most had a medical background and worked for relief agencies, including INGOs and UN agencies (primarily UNHCR followed by UNFPA). The majority of respondents used the Field manual as a general reference on RH, followed by supervision or monitoring. The top three most useful chapters, in order, were: Ch 3 Safe Motherhood, Ch 2 MISP (Minimum Initial Service Package), and Ch 9 Surveillance and Monitoring. The majority of respondents thought the Field Manual has the right amount of information.

Comments on useful chapters, the amount of information, and recommended changes included requests for more technical information on STI, HIV, and FP. Manual layout/formatting was also important – there were numerous requests for protocols, diagrams, wire binding, tabs, and a more compact layout. There were also calls for a pocket version.

Telecom Summary:

The IAFM Technical Review Group participants agreed that the level of information in the revision should remain the same, with emphasis on strengthening the STI, HIV, GBV, and FP chapters and references.

A pocket version of the IAFM was discussed, and it was agreed to include this issue on the agenda at the upcoming meetings in Geneva (December 2007) and New York (January 2008). It was acknowledged that it will be logistically challenging to print and sustain both the Revised Field Manual and a subsequent smaller pocket version. However, hard copies are most appropriate at the field level – web updates and CD-ROMs are not practical. Funding and budgeting will also be discussed at the upcoming meetings.

A timeline for next steps included the January meeting in NY which will focus on editing and consensus issues. A final draft is expected by June 2008, which will then go to an editor.

The survey comments revealed several misunderstandings about IAFM: we continue to encourage use of the IAFM website for updates (including the corrigendum), language versions, and other useful resources. <http://www.rhrc.org/iawg/>