

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:

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

1. Advocacy

- 1.1 Form a Coordination and Outreach Committee to:
 - Status:** 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: 2008/9 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:
 - 1.2.1 Identify funding for local capacity building
 - Status:** Ongoing
 - 1.2.2 Female condoms
 - Status:** Ongoing. Increased advocacy in this area is needed. Explore and tap into existing female condoms initiatives and see how we can link these to the humanitarian context.
 - 1.2.3 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. Data and Research Working Group

- 2.1 Identify and periodically update a prioritized list of RHR research questions.
Status: ongoing
- 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 Update as needed. RAISE continues to release a weekly lit review. IBP network is more active. Recent publication of RH Matters – but this can be difficult to access.
- 2.4 Promote collection of a minimum set of RH indicators from all refugee settings.
Status Ongoing. HIS has been implemented in 16(?) camps and is undergoing an evaluation. HIS will have standardized indicators in camp settings. CDC's RHA Toolkit has been implemented in over 14 project sites and this is another effort to promote standardization of indicators. IAFM draft should be released for field testing in February 2009.
- 2.5 Repeat desk study done in 1998 analyzing RH indicators from all/pilot refugee sites.
Status completed – if this is referring to the 52 camp study. We may want to discuss the possibility of repeating the study.
- 2.6 IASC GBV Information Management Project
Status: unknown

NOTE: The former item 6: "Develop/pilot user-friendly menu-driven software to facilitate indicator section, collection, and analysis of RH data in displaced settings" was deleted from the TOR.

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

- 3.1 Advocate for quality adolescent RH programming
Status: Ongoing. The Women's Commission provides small grants to adolescent RH networks on the Thai-Burma border. UNFPA and partners have published a youth report, *Will You Listen? Young Voices from Conflict Zones* and are developing an advocacy video, *Youth Zone*.
2008/9 Recommendation: A strong policy environment conducive to quality adolescent RH programming is needed. Advocacy tools may also help RH managers or health cluster members raise adolescent RH issues during health/RH coordination meetings.
- 3.2 Develop 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: Tool development in progress.
2008/9 Recommendation: Once finalized, Save the Children will work 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 *Work with Young Refugees to Ensure Their Reproductive Health and Well-being: It's Their Right and Our Duty* and others developed by WHO, Advocates for Youth, or consolidated in FHI's *Youth InfoNet* and the RHRC Consortium website.
Status: Ongoing. Save the Children's annotated bibliography and CD-Rom of adolescent RH in crises-related resources is on hold.
- 3.4 Support research studies on the impact of crises on adolescents.
Status: Research priorities identified in 2007 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.

2008/9 Recommendation: Conduct practical operations research to show the effectiveness of specific strategies and process evaluations to document best adolescent RH practices in crisis settings.

- 3.5 Engage adolescents and network with other youth-serving organizations.
Status: Ongoing.
- 3.6 Map adolescent programming in displaced situations, building on the mapping exercise carried out by WHO in 1998.
Status: Ongoing (WHO/ADH, UNFPA, UNICEF).

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, including monitoring and reviewing humanitarian guidance documents to make sure assessment tools address MISP/CRH
Status: Take MISP to scale by developing and implementing a cross cluster initiative to integrate the MISP/CRH throughout the cluster system including health, camp coordination/management, protection, early recovery. RAISE advocacy partners have initiated collecting baseline information on this. Strategy should also include addressing the MISP/CRH 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.
- 4.2 Advocate to specific donors to support the MISP in emergency preparedness, early response and CRH in early recovery
Status: Sub-working group led by UNFPA formed to address this issue. Group will share UNFPA template on emergency preparedness. Will identify donors and develop roadmap on how to integrate MISP into emergency preparedness and transition. Consider developing proposal for pilot. Conduct interagency advocacy to targeted donors on i-HeRAMS.
- 4.3 Continue to support the development of RH Coordinators who can work in emergency situations, and review and evaluate the impact of these coordinators in combination with the RH Kit review
Status: UNFPA is placing regional emergency RH coordinators in Africa
- 4.4 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. Try to build awareness at NRC on the MISP for surge capacity.
- 4.5 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.
- 4.6 Achieve a commitment from humanitarian organizations to institutionalize the MISP in their health sector emergency preparedness and response
Status: Women's Commission is addressing this (Save the Children, Relief International, IRC, IMC committed).
- 4.7 Certify as many humanitarian actors, policy makers and donors as possible in the MISP distance learning module, including all IAWG members. 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: Women's Commission is addressing this; UNFPA, UNHCR and WHO is advocating to their country offices to undertake the MISP training.

- 4.8 Identify impact of global “brain drain” on RH in crises and advocate accordingly to donors to address
Status: Pull together existing info on this issue (Sathya UNFPA). Encourage IAWG members to document real time stories about the human resource challenges to generate arguments for donor advocacy.
- 4.9 Improve the MISP response in real time emergencies with UN agencies fielding RH coordinators, and the MISP working group to holding teleconferences to share information at the onset of any new emergency to coordinate activities and identify gaps
Status: Begin in 2008/9.
- 4.10 Advocate to ‘development centered’ RH campaigns/initiatives to include IDPs/refugees
Status: Develop bullet points on how/why IDPs/refugees should be integrated into maternal, newborn and child health initiatives such as Partnership for Maternal, Newborn and Child Health (PMNCH). Zaitoon and Nevio (WHO) will approach WHO PMNCH focal point on this issue.
- 4.11 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. STIs/HIV

- 5.1 Compile a list of training materials and supporting documents
Status: Still recommended to be on the agenda
 UNHCR/ARC to take lead on making available a list of practical field oriented training materials and other supporting documents.
- 5.2 IAWG agencies must put training on STI/HIV/AIDS in their work plan and budget
Status: Training to continue being on the agenda
- 5.3 Develop a set of two-day refresher trainings for in-service training
Status: Most IAWG Agencies have refresher trainings for in-service training
 Organizing 2 regional workshops for the East and Central Africa on HIV among sex workers (UNHCR)
- 5.4 Inter-Agency Standing Committee (IASC) Guideline on HIV/AIDS in Emergencies (advocate for inclusion of RH)
Status: Ongoing
Recommendation: Continue advocacy for inclusion of RH in and the related materials. IAWG agencies to ensure HIV programming to improve or upscale RH programs
- 5.5 Better involve community to improve quality and access and address stigma
- 5.5.1 **Status:** Compiling and update materials to be availed
Recommendation: Guideline developed by Pretoria University will become available (UNFPA/ARC)
- 5.5.2 Increase use of “positive lives” exhibition & community guides
Status: [materials] Discussion guides developed and are available: being distributed (ARC)
- 5.6 Access and info to young people (parents weren’t involved in what messages to children)
Status: 2 films developed by UNHCR (on stigma, HIV and STIs). ARC is developing “Through Our EYES” participatory video program (community based): Liberia, South Sudan, and Rwanda...) UNCHR developing documentary film in Burundi on grass root level initiative on HIV
- 5.7 Programmatic guidance on humanitarian settings.
- 5.7.1 Develop programmatic guidance on newly emerged (RDTs) technology. (UNFPA)
- 5.7.2 Cervical Cancer screening/prevention (UNFPA/UNHCR/JHPIEGO).
 Investigate opportunities to introduce cervical cancer screening and vaccine in post crisis screening
- 5.7.3 Follow up on the UNFPA UNHCR JPHIGO initiative.

PRIORITIES

1. List Serve for working group members:
2. MEETINGS (regional and workshops)
3. Organize a regional meeting on protection and working with most at risk groups on access and for stigma address (UNHCR, UNFPA and Refuge e Egypt)
4. Give input and feedback on the Global guidance notes on Sex work in Humanitarian situations (developed by UNFPA and UNHCR)
5. WAY FORWARD: email people in the first meeting to know whether still interested (UNFPA/UNHCR).
6. Mail IAWG members to seek interest and updates on meetings

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

- 6.1 Women's Commission on behalf of RHRC Consortium published *Field-friendly Guide to Integrate Emergency Obstetric Care in Humanitarian Programs*
Status: Completed
Follow-up: encourage use, evaluate and feed-back
- 6.2 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: (on-going)
2008/9 Recommendation: continue
- 6.3 UNHCR compiles and publishes best practices and lessons learned from basic EmOC services at the peripheral level (globally)
Status: (on-going)
2008/9 Recommendation: continue
- 6.4 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: (not achieved)
2008/9 Recommendation: encourage use of Focused ANC (WHO)
Looking for an agency that can commit to share lesson learned next year
- 6.5 Save the Children develops and shares practical operational tools for Essential Newborn Care
Status: (completed) Available on external website of SC
2008/9 Recommendation: SC to advocate for inclusion of NB resuscitation kit in IEHK
- 6.6 Conduct a survey to better understand the magnitude of fistula among crisis-affected communities
Status: (not achieved)
2008/9 Recommendation: partners to be identified
- 6.7 UNHCR, Save the Children pilot Misoprostol for prevention of post-partum hemorrhage
Status: (not achieved)
2008/9 Recommendation: Save the Children and CARE will work with RAISE
- 6.8 IPAS addresses gaps in PAC data and service provision
Status: (on-going)
2008/9 Recommendation: MVA not part of IEHK 2006 (Interagency Emergency Health Kit) will be discussed in December 2008 forum. IPAS will follow-up
- 6.9 Advocate for mid-level health care providers to provide basic EmONC (task-shifting)
Status: **2008/9 Recommendation**
- 6.10 Develop a TBA phase-out strategy: from TBA at the onset of an emergency to skilled birth attendants, and training of TBAs to women and children health promoters
Status: **2008/9 Recommendation**

- 6.11 MOH Yemen commitment: Advocate for inclusion of refugees and IDP reproductive health into national policies and strategies

Status: 2008/9 Recommendation

For training working group: Training in Essential newborn care and newborn resuscitation with or separately from EmOC training

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

- 7.1 Capacity-building in the form of TOT for GBV Coordinators at a regional level
Status 2007/8 Ghent training, gencap training, caring for survivors, IRC Clinical care of sexual assault training
7.1 a. Enhanced coordination capacity of relevant stakeholders (including around situation analysis and data collection)
ie; sharing and learning on initiatives on data collection around trafficking and GBV
7.1 b. Build capacity of practitioners on GBV
2008/2009 Recommendation: mechanism should be in place to monitor the benefits, impacts and efficacy (research and evaluation team could look into this)
IASC gender and GBV guidelines trainings in Nairobi and Joburg
- 7.2 User-friendly info sheet from UNFPA for how to access/obtain PEP in emergencies, on-going conflict, and post-conflict settings
Status: 2007/8: RH kit booklet updated and printed (4th edition printed)
2008/9: recommendation not kept
- 7.3 Ensure roll-out of and promote adherence to IASC GBV Guidelines by Regional GBV Task Force with input from in-country RH Coordinators/GBV Focal Points
Status: 2007/8 Continuous roll out and awareness raising on the guidelines. (ie Kenya crisis, South Africa, DRC coordination, Comoros, Uganda)
2008/9 Ensure roll-out of and adherence to IASC GBV Guidelines by all relevant stakeholders
- 7.4 Advocate availability of high-quality mental health services
Status: 2007/8 All actors have (ie during Kenya crisis)
2008/9 Advocate availability of high-quality mental health services based on the IASC mental health guidelines
- 7.5 Practical, user-friendly guides to best practices for organizations specifically working to prevent and respond to GBV to supplement IASC GBV guidelines
Consistent M&E tools developed;
Status 2007/8GBVIMS roll out in Kenya and Uganda.
- 7.6 Situation Analysis to be encouraged before GBV programs are implemented in order to ensure community participation, ownership, and sustainability;
Status 2007/8 GBV assessments were conducted in response to the Kenya crisis and in South Africa after the xenophobic attacks
- 7.7 Establishing community-based GBV Working Groups and community safety action group
Status: 2007/8 During Kenya crisis this was done.
Recommendation and changes for 2008/29
7.7.1 Practical, user-friendly guides to best practices for organizations specifically working to prevent and respond to GBV to supplement IASC GBV guidelines. Consistent M&E tools continue to be rolled out.
7.7.2 Situation Analysis to be encouraged before GBV programs are implemented in order to ensure community participation, ownership, and sustainability. Action Point – CARE will develop draft guidelines by end of March 2009
7.7.3 Encouragement of community based GBV coordination
Action Point: All members of the group present will send Carmen de los Rios from IRC references to documents around engaging communities around GBV (useful guides might include work on community protection committees) by the end of November 2008 to be posted on the IBP network

- 7.8 Continue examining and advocating improved legal support and/or redress for survivors of GBV (including advocacy on legislation reform through national conferences and other means)
Status: 2007/8 Continuous support to the ICLGR by the regional GBV TF – including UNFPA support to ICLGR for the Goma declaration.; UNICEF invited the ICGLR to present on their protocol during the Gender Justice Colloquium in Ethiopia; UNICEF authored expert paper on GBV for AU ADF 6.
2008/9 Continue engaging in above
- 7.9 “Best Practices” Intranet Exchange via regional discussion boards and information exchange
Status: 2007/8 Recommendation
2008/9 Ensure exchange of discussion and information via the IBP network. Action Point: Chelsea (ARC) and Etobssie (CDC) will send an email to IAWG members encouraging them to post and share GBV-related information via this network
- 7.10 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 Donor briefings. Trainings etc. (all done during Kenya) review of GBV subcluster. Donor briefings in Europe
2008/9 Encourage organizations to keep donors educated on GBV Action point: reference to RAISE fact sheet, does and don't in GBV data collection by UNFPA and UNICEF
- 7.11 Link to ILO or other MED/IGA groups to decrease vulnerability to sexual exploitation among community members
2008/9 Reduce vulnerability to SEA by promoting links /access to livelihoods groups
- 7.12 SEA codes of conduct examined and reinforced in all organizations implementing GBV interventions:
7.12.1 Ensure trainings for staff and stakeholders on SEA and codes of conduct
7.12.2 SEA focal points to ensure SEA policies/codes of conduct are followed and monitored
Status: 2007/8 UNDP and OCHA are focusing globally on SEA. UNDP developing senior managers training on SEA and OCHA has organized a review of existing focal point trainings and are rolling it out. Gencaps have also been deployed in Kenya and in Somalia to work on SEA issues. UNICEF and UNFPA have trained approximately 300 individuals from a variety of organizations on PSEA in Kenya
2008/9 Promote use of the code of conduct of IAWG members
Action points; collect code of conducts of IAWG members and GBV group to provide support to members if needed.

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, for RAISE partners only at present
- 8.1.2 One provider from each refugee camp or IDP setting to take the Global Health FP101 course to champion and then monitor that all of their co-workers have taken the course. To start the process two members of working group will take the Global Health FP101 course and encourage others to do so and to act as champions.
Status: 2008/9 Recommendation (adapted from 2007/8)
- 8.1.3 Follow up with Info project on availability of wall charts in relevant languages.. WG to provide link between Info Projects and projects to ensure availability of wall charts for FP counseling. Providers to utilize the Family Planning Wall chart and models (when feasible) in their FP counseling.

Status: 2008/9 Recommendation (adapted from 2007/8)

8.1.4 (Cross-cutting) Providers need technical updates on family planning-HIV care and integration of HIV and FP into primary health care response in emergencies for future program planning.

Status: Idea for future integration of HIV and family planning into PHC.

8.1.5 The UNFPA RH kits should be used as a model on which to base locally sourced kits, which can be made up in country, where possible. The kits should be used only for immediate emergencies.

Status: 2008/2009: Recommendation

8.1.6 Emergency contraception should be made available for family planning. Training required to ensure providers know how to use the pills and that they are included in the supply chain.

Status: Idea for action. No specific action point

8.2 Advocacy

8.2.1 Family Planning Advocacy Tool

Status: Women's Commission plans to develop as a component of the RAISE project in 2009.

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. MISP review did not happen. Dropped

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

8.2.4 Emergency contraception should be made available for family planning

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 Recommendation repeated in 2008/2009

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 repositioning 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 MISIP.
- 10.3 Create a matrix framework of training needs and target audiences
Status: New recommendation

11: Regional Strategies for Middle East North Africa (MENA) Region

- 11.1 Identify gaps and challenges in reproductive health and rights for populations in crisis settings in the MENA region.
Status: 2008/9 Recommendation
- 11.2 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
Status: 2008/9 Recommendation
- 11.3 Establish a system of communication to facilitate effective and coordinated response to emergencies affecting women and young girls in the region.
Status: 2008/9 Recommendation
- 11.4 Improve access to information, services and support partnerships to encourage capacity building of actors providing reproductive health services in the region.
Status: 2008/9 Recommendation
- 11.5 Advocate and implement the MISP in the region through support of the SPRINT initiative.
Status: 2008/9 Recommendation
- 11.6 Advocate for response to unmet needs in reproductive health in the region.
Status: 2008/9 Recommendation

12. New Technologies

- 12.1 Identify gaps and challenges in using new technologies to improve RH service delivery for populations in crisis settings
Status: 2008/9 Recommendation (adapted from 2007/8)
- 12.2 Identify new or underutilized RH technology solutions to improve RH and service delivery in crisis settings
Status: 2008/9 Recommendation (adapted from 2007/8)
- 12.3 Create a matrix framework on RH technologies and next steps
Status: 2008/9 Recommendation (adapted from 2007/8)
- 12.4 Conduct feasibility analysis of best/worst practice on use of cell phones for information and connectivity in crisis situations
Status: 2008/9 Recommendation (adapted from 2007/8)
- 12.5 Advocate and develop delivery systems for community-based immediate health care for rape survivors
Status: 2008/9 Recommendation (adapted from 2007/8)
- 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
Status: 2008/9 Recommendation (adapted from 2007/8)
- 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
Status: 2008/9 Recommendation (adapted from 2007/8)
- 12.8 Develop a donor strategy for advancing subcommittee efforts
Status: 2008/9 Recommendation (adapted from 2007/8)
- 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
Status: 2008/9 Recommendation (adapted from 2007/8)

