IAWG Advocacy/MISP Sub-Working Group Teleconference
Meeting Notes
May 13, 2015

Participants: Carolyn Baer (CARE); Habibat Sheidu, Bridget Nwagbara (FHI360); Sarah Knaster (IAWG); Sarah Rich (ICEC); Meghan Greeley (IMC); Matthew Kusen (IRC); Henia Dakkak (UNFPA); Sandra Krause, Mihoko Tanabe (Women’s Refugee Commission).

I. Updates from Nepal

- Nimisha updated that IPPF is partnering with UNFPA to provide mobile RH services in six districts. It has procured RH Kits for this effort. IPPF is part of the RH sub-cluster—led by UNFPA—which presented on RH needs at the health cluster meeting on May 11. The RH sub-cluster is currently focus on quality of care to standardize quality assurance across the different agency services.
- Carolyn noted that CARE has secured funding to implement the MISP. Activities include working with community health volunteers, ensuring referral systems and transport for EmOC, providing IEC messages, among other activities. It is planning to establish family-friendly centers for psychosocial counseling. CARE will also deploy an SRH advisor from May 16-30.
- Megan shared that IMC is implementing the MISP in various locations.
- Matthew updated that IRC is not providing direct services in Nepal, but is working through Association for Aid and Relief (AAR). It is not yet clear whether AAR will provide RH services.
- Henia shared that a roving, inter-agency RH coordinator (surge capacity) has been deployed for at least three months. Dr. Kambiz Hamedanizadeh will be focusing on establishing district-level RH coordination and can be reached at hamedanizadeh@unfpa.org and +977 9808047543.
- Sarah R. from ICEC explained that while EC is commercially available, Nepal has a requirement that women first obtain a doctor’s prescription before purchasing EC at a pharmacy, which can be a major barrier to access especially in crisis settings. Some countries choose not to enforce such requirements; we have no data on whether it is enforced in Nepal. Nepal’s public sector does not procure EC so it is probably not available in public health facilities. The 2011 DHS also showed that EC knowledge was very low at 28.8% of all women.
- A GBV sub-cluster exists; the RH sub-cluster coordinates with his group.
- The response for HIV is unclear, especially in relation to access to ARVs for continuing users. Nepal has a National Commission on HIV; the MISP SWG seeks more information.
- Henia suggested that it would be helpful for the MISP SWG/IAWG to develop a statement on RH for Nepal, focusing on access to ARVs and EC; risks of sexual exploitation and abuse and trafficking; among other MISP-related issues.
  - Adaptable IEC materials on the MISP are available on the IAWG website. The universal versions or variation 3 may be the most relevant for Nepal. Templates are available for:
    - What to do after forced sex
    - At the health center
    - When to use emergency contraception
    - Preparing for childbirth
    - Signs of a complicated pregnancy
    - Danger signs during childbirth
  - Action: All to comment on the IASC’s Nepal gender alert (enclosed with minutes) by COB May 14 and send feedback to Henia Dakkak, copying David Coffey, UN Women (david.coffey@unwomen.org).
o **Action**: Sarah K. and the WRC to draft an RH statement on Nepal for review by the MISP SWG on May 18.

o **Action**: Nimisha to send mapping of RH services in Nepal, once completed.

o **Action**: Sarah R. to develop brief information on EC in Nepal to circulate on the IAWG listserv and post on the IAWG Nepal page.

o **Action**: For agencies with updates to the [IAWG’s partner updates document](#) on the Nepal webpage, please email Sarah Knaster. Please also send Sarah any relevant documents on the RH response to post on the [IAWG website](#).

II. Updates from other emergencies

- Bridget from FHI360 shared that FHI360 has conducted a rapid assessment around the MISP in two IDP camps in northern Nigeria. It is hoping to integrate an RH response to its existing HIV/AIDS work. It will be contacting UNFPA to procure RH Kits.

- Henia mentioned that we should be apprised of the evolving crisis in Burundi/Rwanda and the crisis in Yemen, which is affecting Djibouti and Somalia. UNFPA has procured RH Kits to strengthen its response.

  o **Action**: Bridget to send rapid assessment report from Nigeria, as well as key points for advocacy, so that the MISP SWG can see where it can be helpful.

  o **Action**: Henia to send basic information on UNFPA’s response or any RH response to the Burundi/Rwanda and Yemen crises—such as whether there is a lead RH agency and contact information—to Sarah K. for a mapping of RH in current emergencies.

The next meeting is scheduled for **Wednesday, June 10, at 9:00 EST, 15:00 Geneva time**.