

Reproductive Health Sub Working Group Work Plan 2017

Reproductive Health Sub-Working Group Mission Statement

The members of the RH SWG are expected to adopt the definitions and principles of international standards adopted by IASC where all individuals, including those living in disaster-affected areas, have the right to access and receive RH. To exercise this right, affected populations must have **access to comprehensive RH information and services** to make free and informed choices. **Quality RH services** must be based on the needs of the affected population. They **must respect the religious beliefs, ethical values and cultural backgrounds of the community, while conforming to universally recognised international human rights standards.**

Key Tasks and Responsibilities

The RH SWG has been entrusted with the following tasks and responsibilities:

- Maintain an appropriate **RH humanitarian coordination mechanism** as a part of central health working group.
- Provide **guidance for carrying out assessments to identify RH needs** and to respond to existing RH gaps.
- Contribute to the **formulation and/or review of MoPH's health response framework** pertinent to reproductive health.
- Develop and/or update **RH SWG annual work plan** endorsed by the central health working group and MoPH.
- Develop and update the **mapping of RH related activities/interventions.**
- Advocate for **Collection of relevant data for generation of RH evidence** to inform humanitarian interventions.
- Advocate ensuring that **communities are informed of the available RH services** through MOPH and implementing agencies.
- **Coordinate with Central Health Working Group and closely with SGBV working group through CMR taskforce** to ensure protection linkages between RH and SGBV response for most-at-risk individuals including sexual assault survivors.
- Encourage members to **build capacities of humanitarian partners in RH related aspects** and support coordinated efforts to strengthen national authorities and civil society.
- **Encourage members to identify the most-at-risk individuals** –adolescents, pregnant women- and ensure they have access to RH services.
- **Ensure adequate monitoring and reporting mechanism are in place** and operational for MoPH RH response and support with development of a monitoring plan for national RH response.

Roles and functions

MOPH/UNFPA are entrusted with taking on the lead to coordinate the RH SWG. The RH SWG will report to the National Level Health Working Group (MOPH, UNHCR and WHO) where RH should be reflected appropriately. The RH SWG will also report to the SGBV WG through assigned focal points.

Leadership

MOPH/UNFPA has the overall responsibility and accountability for the coordination of the RH SWG and will be responsible to:

- Ensure the secretariat of the WG, including information sharing and the organization of action oriented meetings with the support of the co-chair;
- Support field-based coordination and activities;
- Ensure close and effective collaboration with members and leadership of other working groups by encouraging participation, promoting coordination and information sharing among key actors;
- Share relevant RH tools with members and provide ongoing technical support.

Membership

Members include UN agencies, INGOs, NGOs and relevant ministries providing services in the reproductive health sector.

Responsibilities of the WG Members include:

- Advocate for the involvement of related ministries mainly the MOPH and MOSA;
- Coordinate planning with all other actors to avoid duplication and address gaps including geographical and programmatic gaps;
- Regularly attend meetings and sharing information about activities and the field challenges encountered;
- Widen the RH SWG network by engaging additional actors offering RH services;
- Actively participate in the activities of the WG, including leading and or participating in specific activities of the coordination group and development of common tools and approaches;
- Support and facilitate the development of strategies and tools;
- Develop and adapt capacity building tools to the context;
- Identify gaps and opportunities for programming;
- Conduct advocacy and mobilize resources;
- Designate focal point for managing communication from and to the group (e.g. data request).

Reproductive Health Sub Working Group Work Plan 2017								Urgent
								Needs Attention
								On track
								Done
Key priorities	Outputs	Suggested Tasks	Focal point	Time frame				Frequency Status
				Q1	Q2	Q3	Q4	
COORDINATION	Maintain an appropriate RH humanitarian response mechanism through various coordination forums including HWG, SRH SWG and CMR Task force & SGBV TF.	Carry out national SRH SWG coordination meetings once every two months	UNFPA	X	X	X	X	
		Discuss RH achievements/identify assessment need /gaps at coordination forums including HWG (central and field), protection WG and SGBV TF.	UNFPA	X	X	X	X	
		Identify new members to engage within SRH SWG.	UNFPA	X	X	X	X	
		All SRH members to disseminate materials about SRHR studies, assessments results, tools guidelines and publications at the field level.	SWG	X	X	X	X	
		Advocate for the development and/or re-printing of SRH related awareness material.	SWG		X	X		
		Liaise with regional sub HWGs to add SRH on the agenda and share feedback with the national SRH SWG.	UNFPA	X	X			
REPRODUCTIVE HEALTH DATA AND RESEARCH	Advocate to improving RH related information sharing and	Upload SRH related documents (guidelines, policies, principles, reports, assessments etc.) on UNHCR web portal under health searchable by time, topic, organization, and country, time in crisis and point of contact	UNFPA/ UNHCR		X	X	X	

	transparency among stake holders and humanitarian actors.	Maintain list of ongoing research activities through assessment registry on UNHCR web portal and disseminate to broader audiences of including HWG partners & researchers.	UNHCR/ UNFPA		X	X	X	
		In collaboration with MoPH, finalize a list of SRH indicators for monthly/quarterly data collection and reporting through the SWG members and ensure that these indicators also capture uptake of family planning and birth spacing	SWG	X	X			
		Increase knowledge on SRH data trends or patterns through sharing regular updates on SRH collected indicators	SWG	X	X	X	X	
MATERNAL & NEW BORN HEALTH INCLUDING FAMILY PANNING	Change commitment of humanitarian partners from “coverage” to “quality” in maternal and child health services. Advocate to strengthen Family planning counseling services	Advocate with the humanitarian partners for the use of Focused ANC based on MoPH SRH service delivery guidelines (SDGs) at the primary health care level.			X	X	X	
		SWG to advocate with MoPH for enhanced role of midlevel professionals (midwives, nurses) at primary and secondary health care level to provide FP counseling services	UNFPA/ SWG		X	X	X	
		SWG partners and other health agencies make use of FP commodities and improve related reporting.	UNFPA/ MoPH	X	X	X	X	
		Develop a FP strategy in collaboration with MoPH & UN agencies, INGOs/NGOs and others to strengthen FP counseling services at various service delivery levels (community, primary & secondary health care).	UNFPA/ MoPH		X	X		
		Create awareness on family planning methods availability, including targeting male involvement and decision makers and awareness on family planning – IEC material and videos.	SWG		X	X		

		Upload family planning and counselling material on the refugee website.						
		Track indicators on access and uptake of family planning and birth spacing in order to guide advocacy efforts						
		Increase equity of supplies to multiple delivery sites. Agencies should take on attempting to have minimum modern contraceptive methods at their facilities and facilities they support.	SWG		X	X	X	
GENDER-BASED VIOLENCE (in perspective of CMR services)	Strengthen protection linkages between SRH and SGBV response for most-at-risk individuals including sexual assault survivors.	Follow up on the CMR action plan 2017 endorsed through national consultative meeting carried out in 2016.	UNFPA/CMR TF	X	X	X	X	
		Work with MoPH to address emerging CMR needs including CMR refresher training, PEP kits replenishment at the field, HIV rapid tests and trainings on the new PEP protocols.	CMR TF		X	X	X	
		Develop and disseminate a user-friendly info sheet on how to access/obtain PEP in emergencies.	CMR TF		X	X	X	
		Introduce new PEP protocols for the CMR facilities (training and EP medication)	UNFPA		X	X	X	
		Ensure that updated list of CMR trained health centers are included in the SGBV referral pathway.	CMR TF	X	X	X	X	
HIV/AIDS/STI/RTI	Promote quality syndromic treatment for STIs	Advocate for integration of VCT services for HIV within PHC centers and facilities that are managing CMR.						
		Work with the main actors (NAP, WHO) to support development of strategies for the effective integration/management of STIs in RH/PHC services	UNFPA/WHO			X	X	

		(Refer to and use WHO STI Essential Practice Guidelines and MoPH SRH SDGs).						
ADOLESCENT REPRODUCTIVE HEALTH	Advocate for quality SRH programing that address the SRH needs of youth in humanitarian settings	Draft a road map AYFS integration at PHC level in close collaboration with MoPH, WHO & UNICEF	UNFPA/ MoPH		X	X		
		Select number of health care providers to train for piloting the integrated AYFS package at PHC level. Including promotion in schools as applicable to various partners mandates	UNFPA/ WHO /UNICEF /MoPH		X	X	X	