



**Eastern Europe and Central Asia**



# Report

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## **2<sup>nd</sup> Eastern Europe Central Asia (EECA) Inter-Agency Forum on Sexual and Reproductive Health in Crisis**

**6-7 November 2013**

**Istanbul, Turkey**

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## List of Abbreviations

DIPECHO	Disaster Preparedness ECHO (European Commission's Humanitarian Aid department)
ECHO	European Commission's Humanitarian Aid department
EECA	Eastern Europe and Central Asia
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
IAWG	Inter-Agency Working Group
IDPs	Internally Displaced Persons
IEC	Information Education Communication
IPPF ENRO	International Planned Parenthood Federation European Network Regional Office
MISP	Minimal Initial Service Package
MoU	Memorandum of Understanding
MoH	Ministry of Health
NGO	Non-Governmental Organization
RH	Reproductive Health
SPRINT	Sexual and Reproductive Health Programme in Humanitarian Settings
SRHR	Sexual and Reproductive Health and Rights
ToR	Terms of Reference
UNFPA EECARO	United Nations Population Fund Eastern Europe and Central Asia Regional Office
WFP	World Food Programme
WHO	World Health Organization

## Background and Purpose

The countries of Eastern Europe and Central Asia are highly prone to both natural (a variety of natural hazards, including floods, droughts, wild fires, earthquakes, strong winds, and landslides) and manmade disasters, which pose a constant threat to the survival and well-being of the population, particularly children and women. Therefore, in order to better coordinate all efforts on humanitarian response and emergency preparedness, the Inter-Agency Working Group (IAWG) on Reproductive Health (RH) in Crises for Eastern Europe and Central Asia was established in 2011 at the 13<sup>th</sup> annual meeting of the Global Inter-Agency Working Group on RH in crisis.

The first EECA IAWG forum took place on 20-21 November 2012 in Istanbul. During this Forum, the ToR of the EECA IAWG and an action plan for 2013 were adopted. The results of a mapping exercise highlighted the need for technical assistance for national stakeholders and governments to ensure a better integration of Sexual and Reproductive Health (SRH) into national preparedness and inter-agency contingency plans.

The purpose of the 2<sup>nd</sup> EECA IAWG was to assess the progress and developments related to SRHR in Emergency Situations in EECA region in 2013 and endorse 2014 action plan. The Forum was organized at Hotel Sürmeli in Istanbul and was chaired by Ms Lena Luyckfasseel, Programme Director IPPF EN, and Mr. Eziz Hellenov, RHCS Advisor UNFPA EECARO. Fifty-three (53) participants including Ministry representatives, IPPF Member Associations, Red Crescent, UNFPA country offices and Regional Offices from UNFPA EECARO and IPPF EN attended the Forum. (*List of participants in Annex 1*)

The Forum's key objectives were to facilitate knowledge sharing amongst participants and establish synergies by strengthening and creating new partnerships. The Forum is also a platform to improve coordination and provide technical assistance to countries to better integrate SRHR in emergency situations.

The meeting's presentations and discussions focused on 5 topics:

1. Update on 2013 activities from the action plan. Progress on the different activities was presented with specific presentations on Data collection and the MISP roll-out in the region.
2. Sharing & Learning from different countries and regions.
3. Presentation and work on Assessment Tool for countries' readiness to respond to emergency situations.
4. Establishment of the Steering committee for the EECA IAWG.
5. Development of 2014 Action Plan.

The following results were achieved:

- The assessment tool was shared, commented and agreed on
- Experience and information was shared both within the EECA region and from other regions
- A steering committee was established based on ToR and members were elected
- A work plan for 2014 was developed and agreed on

All PowerPoint Presentations and relevant documentation were shared on a memory key with all participants. *The detailed Agenda of the Forum can be found in Annex 2 and the Concept Note of the Forum in Annex 3.*

## 1. Update on 2013 activities

### **1.1. General update on the implementation of 2013 activities related to the Work Plan**

An update on the implementation of the 2013 IAWG Forum plan of action was presented. The update covered the five areas of the 2013 action plan and progress to date was discussed:

(1) **Technical assistance and capacity building:**

- Technical assistance needs of the countries were identified and the roster of consultants to support country and regional initiatives was established;
- The Data guidelines roll-out workshop took place in Almaty in 2013 jointly with UNOCHA, UNDP and UNFPA for South Caucasus and Central Asian country representatives;
- The 3<sup>rd</sup> roll-out of the MISP training in Balkan countries in May 2013.

(2) **Partnership and coordination** was done through country level meetings with partners, the establishment of the partnership with regional UN agencies and addressing SRH needs at regional and country level in the activities related to emergency preparedness and response.

(3) **Knowledge sharing activities** were not implemented in 2013. The participants were invited to further reflect on the information as well as useful knowledge to be shared. Clearer objectives need to be defined and expected results. The sharing of the information will be included into 2014 plans.

(4) **Advocacy activities** took place throughout 2013. Several meetings were organized with donors where EECA IAWG plans and priorities were presented. So far, no major successes can be reported and resource mobilization and engagement of the donor community was observed as low in 2013. A regional UNFPA EECARO/IPPF EN proposal has been developed. ECHO plan was shared with UNFPA country offices to encourage them to arrange country level meetings within the mission of DIPECHO.

(5) **Management structure** of the EECA IAWG was discussed on the second day of the Forum with the establishment of the Steering Committee.

### **1.2. MISP roll-out in EECA region**

The MISP roll-out in EECA region started in 2011 with a first round of ToT followed by a second in 2012 and a third round in 2013. Out of the 22 UNFPA EECA priority countries, 19 countries participated in the MISP ToT and country teams were asked to undertake advocacy activities in their countries to ensure the integration of the MISP in national preparedness plans. The detailed roll-out of the MISP in EECA was presented by Eziz Hellenov, RHCS Advisor from UNFPA EECARO. *(The presentation was shared with all participants in paper and electronic version)*

Following the presentation participants shared their progress and gave updates on the MISP roll-out in their country:

- **Ukraine**, shared that they have a national medical plan which includes all elements of the MISP. In case of emergencies budget can be made available. They also highlighted the importance to coordinate and work with the Ministry of Emergency.
- **Kazakhstan**: The Ministry of Emergency developed a plan which was approved by the Prime Minister. A successful national workshop has been organized on the MISP. They also highlighted the importance

to have the Ministry of Emergency engaged in the MISP in order for them to gain a better understanding of the importance of the issues related to SRH in crisis situations.

- **Armenia:** After the earthquake in 1988, a national emergency platform was established comprising of UNFPA, UNICEF, UNDP, Ministry of Health and the IPPF Member Association. The main coordination body is the Ministry of Emergency. A recent study conducted by OXFAM and IPPF Member Association in 2 large regions of the country looked at the level of preparedness and response in MCH area. The results show that readiness is far from satisfactory. Further efforts have to be put in place to clearly identify who is responsible in case of an emergency and the role of the community has to be better defined.
- **Kazakhstan and Kyrgyzstan** have organized ECHO trainings and other initiatives to ensure MISP integration in national preparedness plans and to increase awareness among key actors.

### **1.3. Data issues in Humanitarian Crisis Situations**

The presentation highlighted the importance to have and collect accurate and precise data (figures) during emergencies. In the past, insufficient appreciation had been given to population related data in emergency situations, including for contingency planning. It was also noticed that there was a lack of recognition of UNFPA's key role in providing technical support for data collection and analysis.

Mr. Alexander Pak from UNFPA EECARO demonstrated that the collection of data provides rapid and reliable information for all humanitarian players. This information is key to quickly identify needs and gaps, consequently to develop and implement adequate responses. Knowing the number of people that are affected also helps to better estimate the resources needed.

Each phase of a crisis (preparedness, acute, chronic and post-crisis) needs a different methodology for data collection. The details have been outlined in the presentation.

On the longer term, the data results can be used for developing and formulating humanitarian and development policy strategies. It was also re-emphasized that UNFPA has the ability to provide a demographic framework for reviewing humanitarian assistance needs and developing sectorial responses.

When implementing data collection in the field, some lessons learned have been drawn:

- There is a need for efficient information sharing
- A centralized database system should be developed pooling UNFPA technical advisors, consultants and partner organizations
- Population data has to be integrated into national contingency plans to increase the capacity of governments to deal with it during crisis and post-crisis situations. This will also for example help to inform on the number of RH kits needed in case of an emergency.

To address these observations, UNFPA has developed a guidance document (*Guidelines in Data Issues in Humanitarian Crisis Situations*<sup>1</sup>) providing an overview of all data needs and recommendations for specific approaches for each emergency phase.

*The document is available in English and Russian and was shared with the participants.*

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<sup>1</sup> [http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/guidelines\\_dataissues.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2010/guidelines_dataissues.pdf)

## 2. Sharing & Learning from different regions and countries

The sessions on 'Sharing & Learning' gave the opportunity to national country teams and experts to share their experiences, including lessons learned and challenges. During the 2-day forum the following presentations took place:

- Presentation from Country Teams:
  - Turkey
  - Kyrgyzstan
  - Macedonia
- Presentations from experts:
  - UN OCHA
  - UNFPA Arab States

*All presentations have been shared with the participants in electronic and paper version.*

### **2.1. Update from Turkey**

Mr. Gökhan Yildirimkaya, SRH Programme Analyst at UNFPA CO Turkey, made a presentation on the influx of Syrian refugees to Turkey that started in 2011. He explained that the Turkish government has kept an open border policy to the Syrian unrest. The total number of refugees in Turkey to date is estimated to be 600,000. UNCRT (UN Crisis Response Team) gave the lead to UNHCR for the UN response to the emergency and the government has taken ownership of the response. SRH services including family planning services are provided in all the refugee camps. The crisis was initially thought to be an acute crisis, but as we know the crisis became chronic (more than a year) which requires adjustment of approaches and strategies on humanitarian response in Turkey.

The Strategic Objectives of Turkey Government and UNFPA support include (but are not limited to):

- A. PROTECTION
  - 1. Protection of vulnerable groups (young people, pregnant women, breast feeding women, etc.)
- B. BASIC NEEDS AND SERVICES
  - 1. Services for groups with specific needs
  - 2. Basic health for people of concern ensured
  - 3. Shelter and infrastructure provided
- C. VOLUNTARY REPATRIATION
  - 1. Voluntary return supported
- D. COORDINATION AND PARTNERSHIPS
  - 1. Coordination and partnerships

The following challenges have been highlighted and discussed:

- Little data is available on refugees living outside of the camps. They are estimated to be 400,000 people living in 60 provinces of the country. These refugees are often not reached by the programmes implemented in the camps.
- Refugees living in camps can benefit from a large range of free services including food supply, shelter, education and health services. Often the same quality of services is not offered to the host population which in some cases, especially when the host population faces issues to access qualitative free services, can lead to tensions.

## **2.2. Update from Kyrgyzstan**

Galina Chirkina, Executive Director of RHAK, the IPPF Member Association in Kyrgyzstan, presented an update of the MISP roll-out process in Kyrgyzstan in collaboration with the province health managers which included:

- The activities undertaken in order to improve Kyrgyzstan's preparedness to emergencies. A special focus was given to the activities carried out with the Ministry of Health (MoH) as well as the follow-up activities.
- The activities to strengthen the capacity of health care providers have continued as planned. There is though a lot of work that still needs to be done with the Ministry of Emergency to ensure adequate integration of the MISP in national preparedness plans.

The presentation and following discussion highlighted the following key points:

- There is a need for better coordination, cooperation and partnership, within and outside the MOH, in order to strengthen government capacities on MISP issues. This should include the promotion of the national action plan, by strengthening the country team's advocacy role towards governments to ensure their adherence to the MISP principles. The meetings organized in the country always emphasized that advocacy activities should be directed to the benefit of the most vulnerable women and should be in line with government regulations.
- On this point, various participants underlined the need to translate the MISP sheet into the local language.
- Meetings were conducted with the government and the community to tackle the issue of inter-ethnic tensions in the south regions of Kyrgyzstan. Lessons learned from the last conflict were drawn to avoid unforeseen consequences.
- The clinical management protocol for rape cases, endorsed by the Expert Council was presented. However, there are still legal barriers to register a victim and there is a need to further pilot it among health care providers.

To conclude the discussions, Mr. Eziz Hellenov made two points:

- Advocacy activities are crucial and even with limited budget it is possible to organize round tables to discuss and raise awareness on the MISP.
- It is important to have the regional health managers involved to ensure that the developed plans are realistic.

## **2.3. Update from Macedonia**

Ms Sanja Sazdovska, Advisor for preventive health care from the Ministry of Health of Macedonia, presented the legal framework in their country. In Macedonia most common crisis are related to national disasters with Skopje being one of the most vulnerable areas.

The Macedonian team was trained on the MISP in May 2012. After the ToT, the team prepared a report of the MISP with key messages which was submitted to the Ministry of Health in July 2013. In collaboration with UNFPA and WHO the Crisis Preparedness Planning for the Health System (CPRHS) was revised to incorporate the SRH component. The formal revision of the CPRHS will take place in 2014.

The Macedonian team will work on the draft SRH component to be integrated in the CPRHS.

The expected outcomes comprise the update of the crisis plan in 2014 with the integration of the SRH section.

The following good practices were shared:

- One of the strengths of the Macedonian country team is to have diversified profiles amongst their members. Representatives from all key organizations active in emergency preparedness, response and SRHR are represented in the team.
- The collaboration with UNFPA and WHO allows building synergies and joining forces for a joint agenda.
- It is important to ensure continuity; the team has monthly activities hence keeping people involved in the work.
- The team decided to have an inter-sectorial approach and to agree with the different stakeholders on the next steps to ensure that people that are not health specialists are still on board.

#### **2.4. Update from the Arab States**

Mollie Fair, Humanitarian Programme Specialist from UNFPA Arab States Regional Office, made a presentation on their Regional Response to the Crisis in Syria. She provided an overview of the situation and the type of response that was implemented. The detailed presentation was shared with the participants.

As major achievements, UNFPA supported health facilities, distributed RH and hygiene kits to the affected population in Syria and addressed gender based violence by providing psychosocial support (PSS) and psychosocial first aid (PFA) services.

Some good practices were shared with the audience:

- During the crisis, only a limited numbers of government health institutions provided services but some private clinics were still functioning. The distribution of RH vouchers to improve the access to SRH services and antenatal care provided by UNFPA facilitated the access to these services for most vulnerable population.
- The establishment of strong partnerships with the Red Crescent and the Syrian Family Planning Association (IPPF member association) allowed to increase access to SRH services through various mobile and static clinics
- The joint UNFPA/WFP distribution of vouchers in rural areas

The presentation also highlighted some challenges:

- With the deterioration of the security and the economic situation in Syria, the access to affected populations was limited
- A growing lack of trust towards health care services was observed
- A very limited number of partners are able to work in Syria
- The Humanitarian Response is mostly controlled by the government
- Some faith based opposition was observed. To counteract this opposition, periodical advocacy campaigns on Maternal Health are conducted but it still remains very difficult to use 'SRH' during official meetings with government and religious leaders.

At the end of her presentation, the speaker provided some brief information on the work of the regional IAWG for MENA (Middle East North Africa). They have the same priority areas as the EECA IAWG (capacity building, technical assistance, knowledge management and advocacy). A steering committee has also been established and in 2013 the main achievements were the development of a MISP survey and a draft on GBV in Humanitarian Crisis in Arab States.

## **2.5. Update on the Humanitarian Reform, transformative agenda and MIRA (Multi-cluster/Sector initial Rapid Assessment)**

Mr. Vadim Nigmatov, National Disaster Response Advisor for OCHA Tajikistan, made a presentation on the Humanitarian Reform and the MIRA Tool.

The humanitarian reform process launched by the international humanitarian community in 2005 seeks to improve the effectiveness of humanitarian response through ensuring greater predictability, accountability and partnership. The objective is to be better prepared to respond to populations' needs during an emergency. The Humanitarian Response had as objective to address the lack of coordination during emergency responses. The reform's approach includes:

- The introduction of 11 clusters to better coordinate sectorial responses and identify a lead agency which would provide predictable leadership, assistance and coordination and act as the provider of last resort
- The availability of quick-response funding through the Central Emergency Response Fund (CERF), established in March 2006
- The improvement of humanitarian leadership by strengthening the role and capacity of Humanitarian Coordinators (mostly UN residents in the country)
- The establishment of strong partnerships between UN and non-UN partners

The Inter-Agency Standing Committee (IASC) is a mechanism to respond to emergency and outlines a set of clear actions depending on the level of emergencies.

In December 2011, the IASC adopted the Transformative Agenda, which focuses on three key areas:

- Better leadership
- Improved accountability to all stakeholders
- Improved coordination

The transformative agenda has standard tools for each cycle of the emergency. An important outstanding issue is the accountability to affected people and additional efforts are still needed to address this.

To address the problem of lack of coordination, two important tools have been developed. One of these is the MIRA tool. The tool aims to provide fundamental information on the needs of affected populations and to support the identification of strategic humanitarian priorities. It enables all humanitarian actors to reach a common understanding of the situation and its likely evolution, and to agree immediately on strategies. The tool is very broad and covers all sectors, it therefore important to further adapt it and ensure the inclusion of GBV and SRH in the tool.

Originally, the tool was developed for sudden onset emergencies, the elements of the MIRA are though applicable to a variety of contexts and it forms an integral part of the larger frame of humanitarian assessments. The tool shows best practices and facilitates the multi-cluster assessment to identify and prioritize key activities to be implemented.

In the EECA region, MIRA has so far only been introduced in Tajikistan. In 2013, workshops were organized in Armenia, Kyrgyzstan and Georgia.

### 3. Presentation and discussion on the Tool for the assessment of countries' readiness to provide Minimum Initial Service Package for SRH during a Humanitarian Crisis

At the first Forum in 2012, an action plan for 2013 was developed. One of the priority actions highlighted the need for technical assistance to ensure a better integration of SRH in national preparedness plans. A mapping exercise showed that the formalization of emergency response mechanisms was often lacking or when present, they were not being activated.

In order to address this gap, a tool allowing countries to assess their readiness for SRH in a crisis situation was developed. The tool was presented during the meeting and participants were given the opportunity to provide feedback. The tool is aimed at assessing the extent to which a country is ready to develop and implement an adequate response to SRH needs in emergency situations. It is designed to be used by national SRH stakeholders, whether familiar or not with the concept of Minimum Initial Service Package for Reproductive Health (MISP). The tool is also meant as an internal tool for national partners to monitor the progress of their readiness to provide MISP services.

The tool is composed of two parts – the questionnaire and a set of indicators.

A presentation of the tool, its purpose and structure was made by Sophie Pécourt. Following her presentation, working groups and plenary sessions allowed the national stakeholders to analyse the assessment tool and to provide their constructive feedback with their counterparts, the regional advisors and the consultant. Each group was to analyze part of the tool, as below:

Parts to analyze	Group1	Group2	Group3	Group4
Global Structure (Outline)	x	x	x	x
Introduction	x	x	x	x
How to use the tool	x	x	x	x
I. Disaster Management System (incl. Emergency Preparedness and Response), national health emergency management system and plans	x			
II. MISP Objective 1 Coordination	x	x	x	x
III. MISP Objective 2 Prevention and response to sexual violence		x		
IV. MISP Objective 3 Reduce HIV Transmission & Meet STI Needs			x	
V. MISP Objective 4 Prevent excess maternal and neonatal mortality and morbidity				x

The consolidated feedback of the 4 groups can be found in *annex 4* to this report. A final plenary session allowed each group to share its feedback with the meeting participants, and a final wrap-up was done by the consultant.

#### Next steps:

The tool will be adapted to integrate the feedback in both the English and the Russian version of the tool. A unique tool with both English and Russian questionnaire will be done, to help the users of the Russian version tool to refer to the English text, if needed.

In order to allow a more detailed review and feedback, participants suggested to conduct a **country-test** in 4 pilot-countries. Based on this feedback, a final version of the tool will be available by the end of December 2013.

## 4. Establishment of the Steering Committee

After the first IAWG Forum organized in November 2012 in Istanbul and chaired by UNFPA EECARO and IPPF EN, the members of the Forum agreed on an Action Plan for 2013 that stated amongst others the establishment of a **steering committee** for the upcoming meetings. The adopted Terms of Reference of the steering committee had been shared with the participants before the meeting and can be found in *Annex 5*.

The participants agreed on the role of the newly established Steering Committee:

- Follow-up on the terms of reference of the EECA IAWG Forum
- Monitor the implementation of the yearly action plan
- Communication with the EECA IAWG members as relevant
- Link-up the work of the EECA IAWG with the work done at Global level
- Support the organization and preparation of the yearly EECA IAWG Forum with the support of the secretariat (IPPF EN and UNFPA EECARO)

The elected Steering Committee for 2013-2014 comprises the following members:

- Chair:** Prof. Mihail Kochubovski, MD PhD, *Institute of Public Health, Republic of Macedonia*
- Vice-Chair:** Mr. Radu Ostaficiuc, *National Scientific and Practical Center for Emergency Medicine, Republic of Moldova*
- Member:** Ms Ana Tomadze, *Ministry of Health Labour and Social Affairs, Georgia*
- Member:** Ms Feruza Fazilova, *UNFPA CO, Uzbekistan*
- Secretariat:** UNFPA EECARO and IPPF ENRO

## 5. Action Plan 2014

The participants worked in 2 groups to discuss and formulate actions to be implemented in 2014.

*The final adopted action plan for 2014 can be found in annex 6.*

## 6. Evaluation of the meeting

Overall the meeting was evaluated positively.

Following suggestions were made to improve the meeting:

- The list of participants should be sent beforehand
- To invite additional participants such as representatives from WHO Europe Office and the Ministry of Emergency
- The assessment tool should have been sent beforehand to the participants to give them the time to familiarize themselves with the tool.
- To take the time to tackle some subjects more in depth.

Some suggestions were also made to improve the logistics of the Forum:

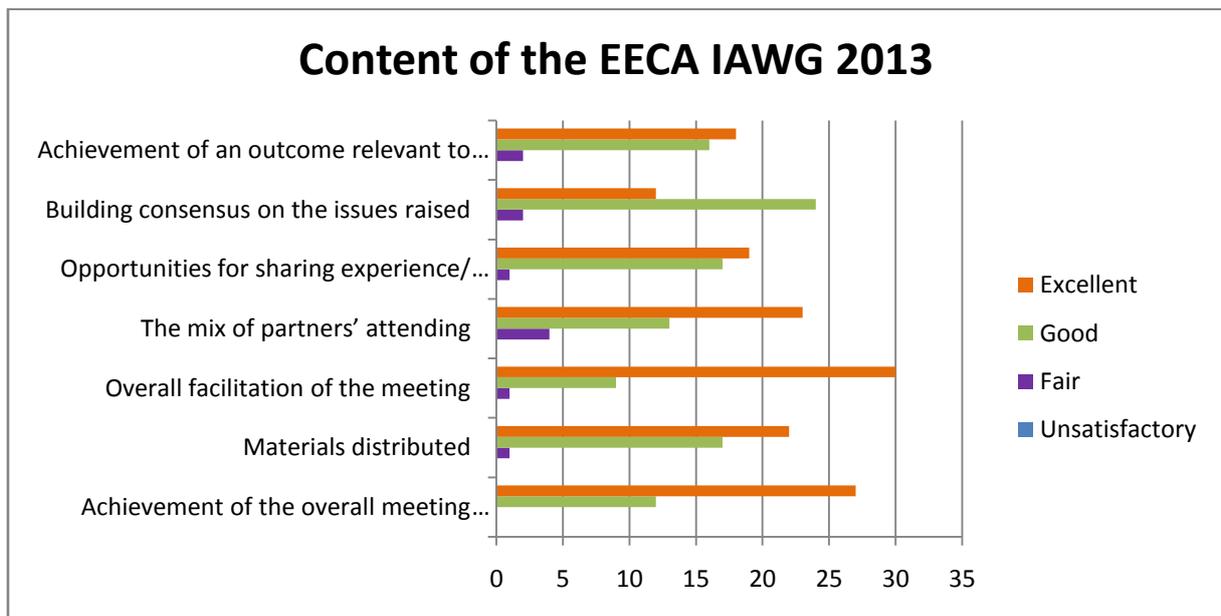
- The meeting room was not ideal and the pillars in the room made it difficult to have a proper view.
- Participants would have liked to be able to choose their meals

- The host country could be changed

The participants particularly appreciated the following elements:

- The Interaction with representatives of countries with similar cultural areas
- The networking and the learning & sharing sessions
- A good communication throughout the year
- The establishment of a steering committee for the continuation of a dynamic work

The tables here under show the results of the questionnaire shared with the participants.



## Annex 1 – LIST OF PARTICIPANTS

N°	Country	Organization	Name	Position	E-mail address
1	ALBANIA	IPPF Member Association (ACPD)	Blerta Shehu	Project Coordinator	<a href="mailto:blerta-shehu@hotmail.com">blerta-shehu@hotmail.com</a>
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6	ARMENIA	UNFPA CO	Tsovinar Harutyunyan	Program Analyst	<a href="mailto:harutyunyan@unfpa.org">harutyunyan@unfpa.org</a>
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13	BULGARIA	IPPF Member Association (BFPA)	Ventzislav Kirkov	Sustainability Manager	<a href="mailto:vkirkov@safesex.bg">vkirkov@safesex.bg</a>
14	GEORGIA	IPPF Member Association (HERA XXI)	Nino Tsuleiskiri	Executive Director	<a href="mailto:hera@caucasus.net">hera@caucasus.net</a>
15	GEORGIA	Ministry of Health Labor and Social Affairs of Georgia, Department of Emergency Situation, Coordination and Regime	Ana Tomadze	Senior Specialist	<a href="mailto:atomadze@moh.gov.ge">atomadze@moh.gov.ge</a>
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23	KYRGYZSTAN	Ministry of Health	Kanatbek Bektemirov	Specialist of Health Care Department	<a href="mailto:k_bektemirov@mz.med.kg">k_bektemirov@mz.med.kg</a>
24	KYRGYZSTAN	UNFPA CO	<a href="#">Nurgul Smankulova</a>	NPA on RH	<a href="mailto:smankulova@unfpa.org">smankulova@unfpa.org</a>
25	MACEDONIA	Institute of Public Health of the Republic of Macedonia	Mihail Kochubovski	Prof. MD PhD, National counterpart from the Ministry of Health to WHO on disaster preparedness and response of health sector to crises	<a href="mailto:kocubov58@yahoo.com">kocubov58@yahoo.com</a>
26	MACEDONIA	IPPF Member Association (HERA)	Bojan Jovanovski	Executive Director	<a href="mailto:bojan.jovanovski@hera.org.mk">bojan.jovanovski@hera.org.mk</a>
27	MACEDONIA	UNFPA CO	Afrodita Shalja-Plavjanska	RH Program Analyst	<a href="mailto:shalja-plavjanska@unfpa.org">shalja-plavjanska@unfpa.org</a>
28	MACEDONIA	Ministry of Health	Sanja Sazdovska	Advisor for preventive health care	<a href="mailto:sanja.sazdovska@zdravstvo.gov.mk">sanja.sazdovska@zdravstvo.gov.mk</a>
29	MOLDOVA	IPPF Member Association (SPFM)	Elena Sajina	Executive Director	<a href="mailto:elena_sajina@bk.ru">elena_sajina@bk.ru</a>
30	MOLDOVA	National Scientific and Practical Center for Emergency Medicine, Disaster Medicine Center	Radu Ostaficiuc	Consultant	<a href="mailto:rudi1973@mail.ru">rudi1973@mail.ru</a>
31	ROMANIA	Ministry of Health	Petronela Stoian	SENIOR COUNCILLOR	<a href="mailto:petronelastoian@yahoo.com">petronelastoian@yahoo.com</a>
32	ROMANIA	IPPF Member Association (SECS)	Borbala Koo	Executive Director	<a href="mailto:borbala.koo@secs.ro">borbala.koo@secs.ro</a>
33	SERBIA	IPPF Member Association (SRH)	Uros Smiljanic	Project Assistant	<a href="mailto:Uros.smiljanic@srh.rs">Uros.smiljanic@srh.rs</a>
34	TAJIKISTAN	IPPF Member Association (TFPA)	Ravshan Tokhirov	Executive Director	<a href="mailto:ed.tfpa@gmail.com">ed.tfpa@gmail.com</a>
35	TAJIKISTAN	UNFPA CO	<a href="#">Khurshed Irgitov</a>	Project Associate on FP/RHCS	<a href="mailto:irgitov@unfpa.org">irgitov@unfpa.org</a>
36	TAJIKISTAN	Ministry of Health	Saidanvar Ibragimov	Deputy Emergency department	-
37	TURKEY	UNFPA CO	Gökhan Yildirimkaya	SRH Programme Analyst	<a href="mailto:yildirimkaya@unfpa.org">yildirimkaya@unfpa.org</a>
38	TURKMENISTAN	UNFPA CO	<a href="#">Kemal Goshliyev</a>	RH NPO	<a href="mailto:goshliyev@unfpa.org">goshliyev@unfpa.org</a>
39	TURKMENISTAN	National Red Crescent Society of Turkmenistan	Aynabat Muhamova	Coordinator of CBHFA program	<a href="mailto:aynabad.muhamova@mail.ru">aynabad.muhamova@mail.ru</a>

40	UKRAINE	Ministry of Emergencies of Ukraine	Ludmila Shostak	Head of the Department	<a href="mailto:shostak.lyudmila@gmail.com">shostak.lyudmila@gmail.com</a>
41	UKRAINE	IPPF Member Association (Woman Health and Family Planning)	Olena Panchenko	Executive Director	<a href="mailto:olenapan@ukr.net">olenapan@ukr.net</a>
42	UZBEKISTAN	Ministry of Health	Nodira Islamova	Leading Specialist of MCH Department	<a href="mailto:nodira.islamova@minzdrav.uz">nodira.islamova@minzdrav.uz</a>
43	UZBEKISTAN	UNFPA CO	<a href="#">Feruz Fazilova</a>	RH NPO	<a href="mailto:fazilova@unfpa.org">fazilova@unfpa.org</a>
44	UZBEKISTAN	IPPF Member Association (UARH)	Alfiya Akbarova	Executive Director	<a href="mailto:aakbarova2012@yandex.com">aakbarova2012@yandex.com</a>
45		UNFPA Arab States Regional Office	Mollie Fair	Humanitarian Programme Specialist	<a href="mailto:fair@unfpa.org">fair@unfpa.org</a>
46		UN OCHA	Vadim Nigmatov	National Disaster Response Advisor	<a href="mailto:vadim.nigmatov@undp.org">vadim.nigmatov@undp.org</a>
47			Sophie Pécourt	Consultant	<a href="mailto:sophie.pecourt@yahoo.fr">sophie.pecourt@yahoo.fr</a>
48		IPPF EN	Nesrine Talbi	Programme Officer	<a href="mailto:ntalbi@ippfen.org">ntalbi@ippfen.org</a>
49		IPPF EN	Lena Luyckfasseel	Director Programme	<a href="mailto:lluyckfasseel@ippfen.org">lluyckfasseel@ippfen.org</a>
50		UNFPA EECA SRO	Ezizgeldi Hellenov	RHCS Advisor, EECA SRO	<a href="mailto:khellenov@unfpa.org">khellenov@unfpa.org</a>
51		UNFPA Asia Pacific Regional Office (APRO)	Ali Shirazi	Programme Specialist	<a href="mailto:shirazi@unfpa.org">shirazi@unfpa.org</a>
52		UNFPA EECARO	Alexander Pak	Special Assistant to the Director	<a href="mailto:apak@unfpa.org">apak@unfpa.org</a>
53		UNFPA HQ	Ingo Piegeler	Humanitarian Coordination Adviser, Humanitarian & Fragile Contexts Branch	<a href="mailto:piegeler@unfpa.org">piegeler@unfpa.org</a>

## Annex 2 – AGENDA

### DAY 1 – Wednesday 6 November 2013

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<b>8.30 – 9.00</b>	<b>Registration</b>
<b>9.00 – 9.20</b>	<b>Welcome and Opening Remarks</b> <i>Mr. W. Haug, Director, UNFPA EECA Regional Office and Ms. L. Luyckfasseel, Director Programme, IPPF European Network Regional Office</i>
<b>9.20 – 9.50</b>	<b>Introduction of participants, Expectation, Objectives and Agenda</b>
<b>9.50 – 10.30</b>	<b>Update on 2013 Activities</b>
<b>10.30 – 11.00</b>	<b>Coffee Break</b>
<b>11.00 – 11.30</b>	<b>MISP roll-out in EECA region</b> <i>Mr. E. Hellenov, RHCS Adviser/ Humanitarian Focal Point, UNFPA EECARO</i>
<b>11.30 – 12:00</b>	<b>Sharing &amp; Learning – Update from Turkey</b> <i>Representative of Turkey Country Team on MISP</i>
<b>12:00 – 12:30</b>	<b>Sharing &amp; Learning – Update from Kyrgyzstan</b> <i>Representative of Kyrgyzstan Country Team on MISP</i>
<b>12.30 – 13.30</b>	<b>Lunch Break</b>
<b>13.30 – 14.00</b>	<b>Assessment Tool – Presentation</b> <i>Ms S. Pécourt, Consultant</i>
<b>14.00 – 15.00</b>	<b>Working Group – Assessment Tool</b>
<b>15.00 – 15.30</b>	<b>Coffee Break</b>
<b>15.30 – 16.30</b>	<b>Reporting Back – Assessment Tool</b>
<b>16.30 – 17.00</b>	<b>Wrap-up Assessment Tool</b> <i>Ms S. Pécourt, Consultant</i>
<b>17.00</b>	<b>Closing of Day</b>

### DAY 2 – Thursday 7 November 2013

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<b>9.00 – 9.20</b>	<b>Review of Day 1</b>
<b>9.20 – 9.40</b>	<b>Data guideline roll-out</b> <i>Mr. A. Pak, Special Assistant to Director UNFPA EECARO</i>
<b>9.40 – 10.15</b>	<b>MIRA – Multi Cluster/Sector Initial Rapid Assessment</b> <i>Mr. V. Nigmatov, National Disaster Response Advisor UN OCHA</i>
<b>10.15 – 10.45</b>	<b>Coffee Break</b>
<b>10.45 – 11.15</b>	<b>Sharing &amp; Learning – Arab States</b> <i>Ms M. Fair, Humanitarian Programme Specialist UNFPA ASRO</i>

<b>11.15 – 11.45</b>	<b>Sharing &amp; Learning – Update from Macedonia</b> <i>Representative of Macedonia Country Team on MISIP</i>
<b>11.45 – 12.00</b>	<b>Introduction to the session on the Steering Committee</b> <i>Ms N. Talbi, Programme Officer IPPF EN</i>
<b>12.00 – 12.40</b>	<b>Establishment of the steering committee – Group Work</b>
<b>12.40 – 13.40</b>	<b>Lunch Break</b>
<b>13.40 – 14.00</b>	<b>Endorsement of the steering committee</b>
<b>14.00 – 14:45</b>	<b>Action Plan – Working Group</b>
<b>14:45 – 15:15</b>	<b>Action plan – Plenary</b> <i>Mr. E. Hellenov, RHCS Adviser/ Humanitarian Focal Point, UNFPA EECARO</i>
<b>15:15 – 15:45</b>	<b>Closing remarks</b>

## Annex 3 –Concept Note of the 2<sup>nd</sup> EECA IAWG

### Background and justification

The countries of Eastern Europe and Central Asia are highly prone to both natural (a variety of natural hazards, including floods, droughts, wild fires, earthquakes, strong winds, and landslides) and manmade disasters, which pose a constant threat to the survival and well-being of the population, particularly children and women. Therefore, in order to better coordinate all efforts on humanitarian response and emergency preparedness, the Inter-Agency Working Group (IAWG) on Reproductive Health (RH) in Crises for Eastern Europe and Central Asia was established in 2011 at the 13<sup>th</sup> annual meeting of the Global Inter-Agency Working Group on RH in crisis.

The first EECA IAWG forum took place on 20-21 November 2012 in Istanbul. During the meeting the following topics were discussed and presented:

- The **situation** regarding humanitarian response and emergency preparedness on RH in the EECA region<sup>2</sup> and in particular countries was discussed. The results of a mapping exercise were presented, giving an overview of the status of humanitarian response and emergency preparedness on RH at country-level in the EECA region. This exercise highlighted the need for technical assistance for national stakeholders and governments to ensure a better integration of Sexual and Reproductive Health (SRH) into national preparedness and inter-agency contingency plans.
- The **Minimal Initial Service Package (MISP)** as the main tool and approach for integrating RH into humanitarian response was introduced and progress and plans for its roll-out in the region were shared.
- As a result of the information and discussions regarding the mapping findings and the MISP roll-out plans/progress, the participants of the meeting developed and agreed on **Terms of Reference (ToR)** with the following objectives:
  - To foster partnerships across the region in order to minimize duplication of efforts and to fill gaps
  - To promote the sharing of information and lessons learned on SRHR in crises in the region using an electronic platform and fact-to-face meetings
  - To encourage capacity building of stakeholders involved in the integration of SRH and rights in crisis preparedness and response
  - To advocate for the integration of SRH in crisis preparedness and response in the region (such as the integration of MISP into national preparedness plans) by supporting the SPRINT initiative<sup>3</sup>
  - To establish effective collaboration with Global and other regional IAWGs

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<sup>2</sup>EECA region consisting of Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, FYR Macedonia, Moldova, Romania, Russian Federation, Serbia, Turkey, Tajikistan, Turkmenistan, Ukraine, and Uzbekistan.

<sup>3</sup>The SPRINT (Sexual and Reproductive Health Programme IN Crisis and Post-Crisis Situations) initiative is a rights-based initiative that aims to uphold the right to life and security of persons, as well as the right to the highest attainable standard of health – including sexual and reproductive health – for all people affected by conflict and natural disasters.

To guide the coordination and reach the objectives of the EECA IAWG, the members developed and agreed on an **Action plan for 2013** and beyond. The agreed action plan is structured around the following priorities that were identified by the mapping:

- Provision of Technical Assistance and Capacity Building
- Facilitate creation of new and strengthening existing partnerships and strengthen the coordination
- Facilitate knowledge sharing (best practices and lessons learned) through web-based resources and periodic meetings
- Advocacy for strengthening of SRH in crises in the region
- The management (structure) of the EECA Inter-Agency Forum

### **Purpose of the forum**

To assess the progress and developments related to SRHR in Emergency Situations in EECA region in 2013 and endorse 2014 action plan.

### **Objectives**

The Forum's key objectives are the following:

- Knowledge sharing
- Partnerships synergy – strengthening and creating new partnerships at all levels
- Coordination of efforts
- Technical assistance to countries (tools, research, expertise, etc.)

### **Expected results**

- The assessment tool is shared, commented and agreed on
- Experience and information are shared both within the EECA region and from other regions
- A steering committee is established and members are elected
- A work plan for 2014 is developed and agreed on

### **Format and agenda**

- Two-day meeting: 6-7 November 2013, Istanbul, Turkey
- Number of participants: +/-60. Participants are representatives from national governments, local NGOs, international NGOs, UN agencies and donor agencies
- The meeting methodology will promote interaction between the participants by balancing presentations, discussions and group work

### **Key topics for discussion during the meeting:**

1. Progress related to the MISP roll-out at national level
2. Review and agree on the Assessment Tool for the integration of SRHR into Emergency preparedness plans
3. Discuss the composition of the steering committee and the role of each member

Agree on the list of priority actions for 2014 work plan

## Annex 4 – Questionnaire and consolidated answers

<p>Q1. What do you think of the global structure of the tool, based on indicators and questions to measure those indicators, as summarized in the outline?</p> <p><i>Most spokesperson thank the authors for developing this readiness assessment tool that will help their work. Globally the participants report that the structure is clear to them, based on questions and indicators.</i></p>
<p>Q2. Is the structure of the tool a challenge for participants not familiar with the MISP?</p> <p><i>Participants agree that the tool can be used by stakeholders not familiar with the MISP. Questions are detailed enough and there is no need to know the MISP.</i></p>
<p>Q3. Do you think the introduction is detailed enough and giving the most important information on the tool?</p> <p><i>The introduction needs to be completed:</i></p> <ul style="list-style-type: none"><li><i>- to provide clearer explanations on the stakeholders to involve and the commitment that is expected from them, to ensure a proper ownership of the results from all the participants</i></li><li><i>- to insist on the necessity to draw an action plan from the analysis, which is the main aim of conducting this readiness assessment</i></li><li><i>- to clarify that it is a readiness assessment tool to be used at the time of preparedness, prior to any emergency to occur</i></li><li><i>- to clarify the role of the facilitator</i></li></ul>
<p>Q4. Do you think the part “How to Use the Tool” is detailed enough and allows the users to conduct the tool-based assessment?</p> <p><i>This part should offer 2 possibilities:</i></p> <p><i>First possibility is to gather the team partners and conduct the assessment, without any special preparation. Some information being not immediately available, partners would agree to meet again soon (typically within 2-3 weeks) to get through the tool again and provide missing information.</i></p> <p><i>Second possibility is to share the tool prior to conduct the assessment session, to allow the partners to gather the needed information.</i></p> <p><i>For the analysis step (step 2), it is advised to offer the possibility of analysing the answers objective by objective.</i></p> <p><i>Some participants raised the issue of integrating a scoring of the results, that would help present the results of the assessment to policy makers.</i></p>
<p><u>For the parts you have to analyze:</u></p> <p>Q5. What is your appreciation of the way questions are asked? (clear/unclear, detailed enough or not, language appropriate, etc.)</p> <p><i>In general the participants acknowledge that the questions are clear.</i></p> <p><i>In the English version, some terms were underlined has not appropriate, such as congruent and promulgated. So some wording might need to be explained or rephrased, with possible explanations in a footnote.</i></p> <p><i>In the Russian version, there were some discussions on the translation. It is proposed to put the English and Russian versions together in one tool, to allow the partners to refer to the English version when needed.</i></p> <p><i>Some terms and documents need some explanations, such as “sector” in Protection sector, the Safe Hospital</i></p>

Forms etc.

Questions 15, 16 and 17 and equivalent: Some levels of health structures should be added as some countries have 3 or 4 levels of health facilities within the health system in place.

Questions 33 and 35: "Don't know" should be a possible answer.

Question 42 a: add "24/7"

In the Russian version, the S of Sexual and Reproductive Health in SRH is missing in many places (note: it has been agreed to refer to SRH and not only RH).

Q6. Do you think the questions allow to properly measure the indicators? Here select 2 indicators in the outline in your part and review the matching questions.

*Time allocated was not sufficient to allow the groups to answer to this question.*

*One group conducted this part but acknowledged being in need for a specialist (of Sexual Violence) to analyse thoroughly the questions.*

Q7. For each of the MISP Objective that your group is in charge of, do you think the indicators allow to assess or monitor the preparedness state in the country, in terms of:

- different medical and non medical services to be provided
- necessary steps to be taken in the preparedness phase
- context specific constraints such as geographical/political specificities and type of crises (incl. small scale crises)

*Time allocated was not sufficient to allow the groups to answer to this question.*

Q8. Do you think the proposed annexes are relevant and sufficient?

*Existing annexes are interesting, and it should be referred to them more obviously in the introduction. A list of abbreviations and key definitions should be added.*

Q9. Do you think the tool is adapted enough to be used in your national context?

*There is a global agreement that the tool has to remain similar for the different countries, to allow comparison of the results of the assessments conducted.*

Q10. Do you feel positive or negative about using the assessment tool with your national counterparts?

*Most participants are definitely positive about conducting a readiness assessment with their national partners, using this assessment tool.*

*Some groups emphasize the need for a field-test of the assessment tool.*

## Annex 5 – EECA IAWG Steering Committee Protocol

### 1. Background

The countries of Eastern Europe and Central Asia (EECA) are highly prone to both natural and man-made disasters, which pose a constant threat to the survival and well-being of the population, particularly children and women.

In order to better coordinate all efforts on humanitarian response and emergency preparedness, the Inter-Agency Working Group (IAWG) for Reproductive Health in Crisis for EECA region was established in Istanbul in November 2011 at the 13<sup>th</sup> Annual Meeting of the Global IAWG.

The **EECA IAWG** is an informal technical platform that hosts governmental, non-governmental organizations, UN and academic institutions involved in the work of SRHR in the EECA region. The members of the EECA IAWG meet annually at the **IAWG Forum** and the aim is to ensure effective, coherent and coordinated SRH response in crisis situations in the region.

The terms of reference of the **IAWG Forum** state the following objectives:

- To foster partnerships across the region in order to minimize duplication of efforts and to fill gaps.
- To promote the sharing of information and lessons learned on SRHR in crises in the region using an electronic platform and fact-to-face meetings,
- To encourage capacity building of stakeholders involved in the integration of SRH and rights in crisis preparedness and response
- To advocate for the integration of SRH in crisis preparedness and response in the region (such as the integration of MISP into national preparedness plans) by supporting the SPRINT initiative.
- To establish effective collaboration with Global and other regional IAWGs

The first IAWG Forum was organized in November 2012 in Istanbul and chaired by UNFPA and IPPF EN. The members of the Forum agreed on an Action Plan for 2013 that stated amongst others the establishment of a **steering committee** for the upcoming meetings.

As a result, the steering committee will be established during the 2<sup>nd</sup> IAWG forum and will have as objective to take the lead in the organization of the EECA IAWG Forum as of 2014.

### 2. Role of the EECA IAWG Steering Committee

The role of the EECA IAWG Steering Committee is as follows:

- Follow-up on the Terms of Reference of the EECA IAWG Forum
- Monitor the implementation of the yearly Action Plan
- Communicate with the EECA IAWG members
- Link-up the work of the EECA IAWG with the work done at Global level
- Support the Organization and preparation of the yearly EECA IAWG Forum with the support of the Secretariat

### 3. General organization of the Steering Committee

The section hereunder provides information on the Steering Committee membership, mandate and decision-making process.

### a. Membership of the Steering Committee

Membership of the Steering Committee is open to all EECA IAWG members. EECA IAWG members comprise governmental and non-governmental organizations, UN, academic institutions and individuals involved in the work of SRHR.

### b. Size and composition of the Steering Committee

The Steering Committee (SC) comprises of 4 members and IPPF ENRO<sup>4</sup> and UNFPA EECARO<sup>5</sup> acting as the secretariat.

The 4 members of the steering committee are as follows:

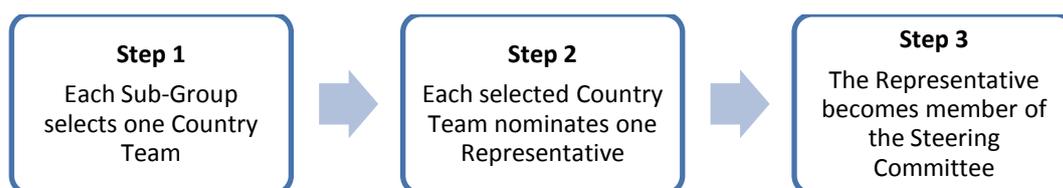
- One **Chair** to be elected by the SC and responsible for:
  - Chairing the EECA IAWG Forum
  - Communicating with the Secretariat of the Steering Committee (IPPF EN and UNFPA EECARO)
  - Represent EECA IAWG in the Global IAWG
- One **Deputy Chair** to replace the Chair in case of absence
- Two **members**

IPPF ENRO and UNFPA EECARO will support and assist the members of the steering committee in their role.

### c. Nomination and Selection Process

During the EECA IAWG Forum, the members of the EECA IAWG are divided in **4 Sub-groups** comprised of **Country Teams** (4-5 countries). The Country teams are comprised of Government Representatives, IPPF Member Associations, UNFPA Country Offices and national/international NGOs. The members of the Steering Committee are representatives of each Sub-group.

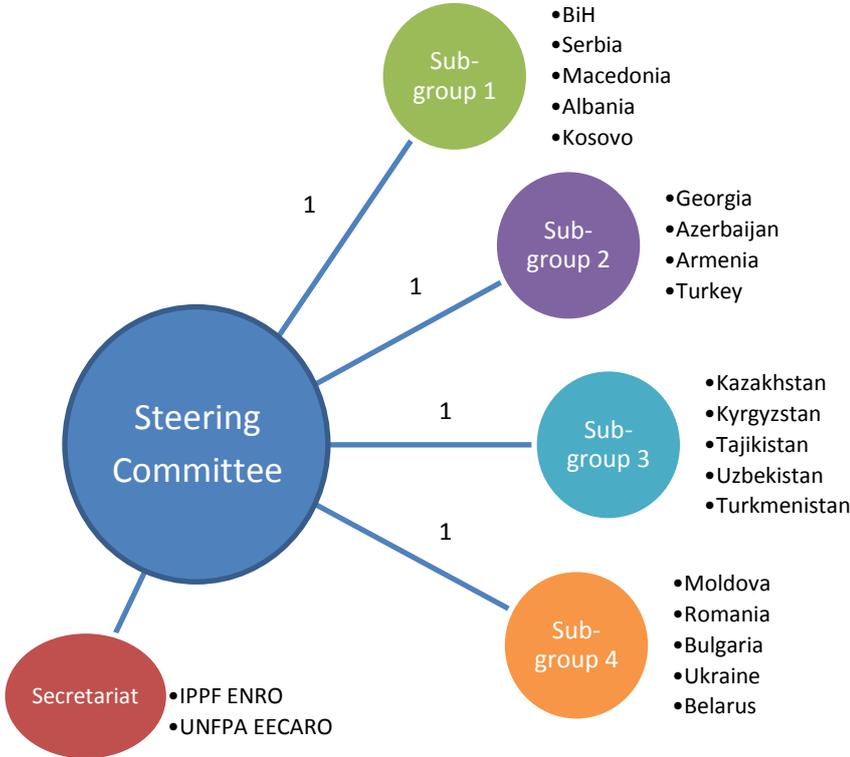
The **selection process** has 3 steps:



<sup>4</sup> International Planned Parenthood Federation European Network Regional Office

<sup>5</sup> UNFPA Eastern Europe and Central Asia Regional Office

The members of the SC are from 4 Sub-groups (SG) as highlighted in the chart hereunder:



**d. Mandate**

The steering committee will have a mandate of 1 year and can have a maximum of 3 consecutive mandates. Nominations will be organized yearly at the EECA IAWG.

## Annex 6 – Action Plan

	Priority actions	Is this priority for whole region, or sub-region? Please specify?	Responsible	Budget source	To be implemented in 2014	Medium term (by 2016)	Long term (by 2019)
<b>Provision of Technical Assistance and capacity Building</b>							
<b>Priority action 1:</b>	When an assistant/expert/consultant is needed: first UNFPA EECA RO Humanitarian Focal Point and Steering Committee should be contacted(ECHO training, capacity building of the national counterparts in promotion/implementation of MISP in national action plans, sub-regional level capacity building meetings with involvement of national counterparts, etc.)	Whole region	All members	NA	X	x	
<b>Priority action 2:</b>	Roll-out of data guidelines	Whole region	UNFPA EECA RO and CO	RO and CO programme		x	
<b>Priority action 3:</b>	Developing and providing assistance to countries assessment tool for readiness for provision of MISP	Whole region	Country teams	NA	x		
<b>Priority action 4:</b>	Consolidate country assessment tool for readiness for provision of MISP results and revisit EECA IAWG priorities based on the results	Whole region/Piloting countries	Country teams	NA	x		
<b>Priority action 5:</b>	Readiness assessment tool rolled-out in respective countries	Whole region	IPPF EN, Country teams	NA	x	x	x
<b>Priority action 6:</b>	Integration of ASRH toolkit in Humanitarian setting into preparedness activities (specific capacity building session during the 3 <sup>rd</sup> IAWG Forum) and a session on fragile contexts		EECA RO and IPPF EN	EECA RO	x		

<b>Strengthen the coordination and partnerships</b> for implementation of SRH in crises programmes							
<b>Priority action 1:</b>	Strengthen partnerships among regional offices of UN agencies and other relevant stakeholders	Whole region	EECA RO	NA	x	x	x
<b>Priority action 2:</b>	2014 and beyond action plan to be shared with relevant national stakeholders	Whole region	EECA RO and IPPF EN	NA	x		
<b>Priority action 3:</b>	Establishment of in-country coordination mechanisms on SRH activities in emergency preparedness	Whole region	EECA RO (UN agencies)	UNFPA CO	x	x	x
<b>Facilitate knowledge sharing</b> (best practices and lessons learned) through web-based resources and periodic meetings							
<b>Priority action 1:</b>	Create a distribution list of EECA IAWG forum and maintain the distribution list	Whole region	IPPF EN	NA	x	x	x
<b>Priority action 2:</b>	Learn from good practice shared by other countries and if needed, submit request for study visit to group or respective country	Whole region	Steering Committee	UNFPA CO/EECA RO for BG and RO	x	x	x
<b>Priority action 3:</b>	Creation of a tab/page on global IAWG site	Whole region	IPPF EN and EECA RO	NA	x		
<b>Priority action 5:</b>	Information materials to be developed/translated into Russian language for respective countries	Respective countries (Russian speaking)		UNFPA CO			
<b>Advocacy</b> for strengthening of SRH in crises in the region							
<b>Priority action 1:</b>	Advocacy activities of MISP inclusion into national contingency plan		EECARO, IPPF-EN, all country teams	N/A	x		
<b>Steering Committee</b>							
<b>Priority action 1:</b>	Communication between the Steering Committee, EECA RO and IPPF EN, and all members of IAWG		IPPF EN, EECA RO,		x		

			SC				
<b>Priority action 2:</b>	Clear roles of the SC, TORs in order to arrange priorities		SC		x		
<b>Priority action 3:</b>	Midyear and before 3 <sup>rd</sup> IAWG Forum meeting (2 meetings)		SC	EECA RO and IPPF EN	x		
<b>Priority action 4:</b>	Experience sharing between Regional and Global IAWG in the countries		SC, EECA RO	EECA RO	x		