

Reproductive Health in Emergencies Conference 2008

June 18 - 20, 2008 • Speke Conference Centre • Kampala, Uganda



Conference Programme





About the Organisers

RAISE Initiative

The Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative is a joint programme of the Columbia University Mailman School of Public Health and Marie Stopes International.

RAISE is catalysing change in global reproductive health service delivery for refugees and internally displaced persons through technical support, clinical training, emergency funding, advocacy, research, and documentation and dissemination.

RAISE and its partners work to ensure that the full range of reproductive health care is available to refugees and internally displaced persons as part of the standard humanitarian response.

RHRC Consortium

The Reproductive Health Response in Conflict (RHRC) Consortium seeks to increase access to a range of quality, voluntary reproductive health services for refugees and internally displaced persons around the world.

Members work together in areas including service provision, training, research, advocacy, the documentation and dissemination of information, and support to local organisations.

The RHRC Consortium comprises the American Refugee Committee, CARE, Columbia University, the International Rescue Committee, JSI Research and Training Institute, Marie Stopes International, and the Women's Commission for Refugee Women and Children.

Foreword

From June 18-20, 2008, policy makers, advocates, service providers, clinicians, humanitarian workers, researchers, students, and others from more than 50 countries around the world gathered in Kampala, Uganda for Reproductive Health in Emergencies Conference 2008. Their purpose was to exchange information, present concrete solutions to existing challenges, identify opportunities for progress, and inspire action towards the collective goal of ensuring access to reproductive health (RH) care for those affected by conflict and natural disaster. The enthusiasm with which this meeting was received reflects the need within the field for a forum in which those concerned about the reproductive health rights and needs of refugees and internally displaced persons can make contact, interact, pose challenges, generate solutions, and further their work through collaboration and shared endeavours. Hosted by the Reproductive Health, Information and Services in Emergencies (RAISE) Initiative in collaboration with the Reproductive Health Response in Conflict (RHRC) Consortium, this meeting represented the first gathering of like-minded people to be offered to the field in the more than five years since the Brussels (2003) and Washington, D.C. (2000) meetings organised by the RHRC Consortium.

Attendance in Kampala demonstrated the considerable growth that has occurred in the field of reproductive health in emergency settings, with over 500 people enthusiastically participating in Conference 2008. A very positive response to the call for abstracts resulted in the selection of more than one hundred for inclusion in the programme; countries as far afield as Afghanistan, Sierra Leone, and the West Bank/Gaza were represented. The major areas of reproductive health – emergency obstetric care, including post-abortion care; comprehensive family planning; sexually transmitted infections (STIs) including HIV; and gender-based violence – were well represented, as were the important issues of advocacy, logistics, data collection in the form of health management information systems and population-based surveys, and training. Clinical areas of particular interest, such as the role of emergency contraception and use of misoprostol in reproductive health care, were also highlighted.

The programme for Conference 2008 was varied and interactive, comprising panel presentations, small group roundtables, and poster sessions, as well as opportunities for information exchange that also served to facilitate inter-agency networking. International non-governmental organisations (NGOs), United Nations agencies, and government representatives were joined by local and regional NGOs, academic and research institutions, and private donor agencies for three days of listening, questioning, advising, and learning. A shared desire to advance the field united these many groups.

One issue that attracted strong attendance and generated lively discussion was logistics and the maintenance of supplies, which was the focus of two panel sessions. The vital role of logistics management in the successful delivery of services was acknowledged while multiple challenges, ranging from security concerns to questions of programming, organisational capacity, bureaucratic processes, and national policies, were recognised. Specific obstacles identified included the lack of local infrastructure, problems clearing customs, and the inability of smaller NGOs to navigate international procurement systems independently. Proposed solutions included ensuring dedicated funding and logistics activities as programme components from the earliest planning stages; involving all stakeholders – local and national, including Ministries of Health – and securing commitment from governments; and linking with the humanitarian cluster lead on logistics to include reproductive health. Attendees agreed with the adage, “No product, no programme,” recognising the critical role of logistics in RH programme effectiveness.

The ongoing quest to improve maternal health, as articulated in Millennium Development Goal 5, provided the impetus for several panel sessions during which a host of issues were aired, including those relating to availability, accessibility, and sustainability of services. The ubiquitous shortage of human resources (also the subject of a dedicated panel session), low priority of essential emergency obstetric care and family planning services, unwillingness to address the issue of safe abortion, and difficulty of integrating displaced persons with host communities for the purposes of service utilisation were all challenges debated in these panel sessions.

A unique feature of Conference 2008 was an afternoon session, the Demonstration of New and Underutilised Technologies, during which participants were able to examine products, witness demonstrations, and experience through hands-on interaction some of the emerging products and procedures that have the potential to revolutionise existing service delivery. Exhibitions included a delivery room recreated to simulate conditions in the field, portable anaesthesia apparatus, and films created by displaced people. A variety of demonstrations included delivery of long-term family planning methods, use of a customised data entry application, and referral using a motorcycle ambulance. Conference participants were delighted with this experience and the opportunity it afforded them to assess the relevance and utility of emerging tools for their specific work settings. Final evaluations revealed that, for many, this “Demo-Expo” proved to be a highlight of the conference.

Above all, Conference 2008 made it clear that ensuring RH in emergencies requires action at local, national, and international levels. Reviewing RH challenges and opportunities from different perspectives led to an increased sense of urgency amongst participants to work together, and an understanding that addressing RH needs in emergencies is both feasible and life-saving. Several themes emerged from the three days of discussion and learning, including the need to:

1. Maximise and build upon the strengths and capacities of all stakeholders
 - local, national, and international – active in relief and development.
2. Strengthen health facilities and health systems, with particular focus on
 - a) logistics and supply management;
 - b) human resources; and
 - c) new and underutilised technologies for RH service delivery.
3. Improve access to reproductive health services, by ensuring the availability and quality of:
 - a) emergency obstetric care, including post-abortion care;
 - b) comprehensive family planning;
 - c) response to gender-based violence; and
 - d) HIV and AIDS awareness and prevention, and STI management.
4. Address the sexual and reproductive health needs of youth and underrepresented groups.
5. Make better use of data.

This book, *Reproductive Health in Emergencies 2008 Conference Proceedings*, contains the final conference programme, together with abstracts from panel sessions and poster presentations. PowerPoint slides illustrating individual presentations have been made available by many of the Conference 2008 speakers. These can be accessed on the RAISE website at <http://www.raiseinitiative.org/conf2008> and are also available on DVD.

As you read through these conference proceedings, we hope that you will get a sense of what made this event truly special. Looking back, we celebrate what was a memorable and successful meeting and we look forward to seeing you at our next conference in 2011.

Reproductive Health in Emergencies Conference 2008 Proceedings – Programme

Conference at a Glance

☒ Posters will be displayed on the terrace each day during Morning Tea, from 13:30-14:00, and during Afternoon Tea.

	Wednesday, June 18	Thursday, June 19	Friday, June 20
9:00-10:30	Opening Session Marquee	Plenary Session Marquee Strengthening Reproductive Health in Conflict and Strengthening the Community: What We Can Learn from Activists on the Front Line	Concurrent Panel Sessions D Albert D1 Forging Partnerships for Reproductive Health Care in Crises Sheena D2 Training in Crises: Improving Clinical Skills Meera D3 Fistula: Lessons from Conflict Settings Regal D4 Supporting Reproductive Health of Young People in Conflict Settings
10:30-11:00	Morning Tea ☒	Morning Tea ☒	Morning Tea ☒
11:00-12:30	Concurrent Panel Sessions A Albert A1 Advocating for Change: Policy, Funding and Services Sheena A2 Preventing Unwanted Pregnancies in Crises: Data from the Field Meera A3 Addressing Maternal Health Needs in Humanitarian Settings Regal A4 Management, Implementation and Outcomes of Reproductive Health Services in Crises Majestic A5 Emergency Contraception: A Critical Resource in Emergencies	Concurrent Panel Sessions C Albert C1 Perspectives on Abortion in Emergency Settings: Service Delivery and Unmet Need Sheena C2 Logistics and Supply Management in Conflict Zones Meera C3 Health Information Systems: Providing Good Data for Evidence-Based Programming Regal C4 Gender-Based Violence Assessment and Capacity-Building	Concurrent Panel Sessions E Albert E1 Addressing HIV in Emergencies Sheena E2 Reproductive Health in Humanitarian Emergencies: Joining Relief and Development Meera E3 Establishing Gender-Based Violence Services in Acute Emergencies Regal E4 Contraceptive Provision and Utilisation: Experiences from the Field Majestic E5 Getting Supplies to the People: Field Experiences
12:30-14:00	Lunch ☒	Lunch ☒	Lunch ☒
14:00-15:30	Concurrent Panel Sessions B Albert B1 Addressing Human Resource Constraints in Emergency Settings Sheena B2 Family Planning in Emergencies: A Crucial Component of Reproductive Health Interventions Meera B3 Emergency Obstetric Care in Conflict and Post-Conflict Settings: Availability, Assessment and Delivery Regal B4 A Tool for Change: The Role of Data in Advocacy Majestic B5 Inroads to Comprehensive Reproductive Health: Meeting Needs in Diverse Settings	Demonstration of New and Underutilised Technologies Marquee Experience new and underutilised technologies for reproductive health in emergency settings through hands-on exhibits, audio and video presentations, and discussions with experts	Concurrent Panel Sessions F Albert F1 Misoprostol for Postpartum Haemorrhage: A Life-Saving Intervention Sheena F2 Reproductive Health Service Provision in Humanitarian Emergencies Meera F3 Fistula: A Symptom of Women's Vulnerability in Conflict and Post-Conflict Settings Regal F4 Adolescent Reproductive Health Services in Africa and Asia Majestic F5 Spotlight on Uganda: What is Needed? What Must be Done?
15:30-16:00	Afternoon Tea ☒		Afternoon Tea ☒
16:00-17:30	Concurrent Discussion Sessions Albert WHO Discussion: Scaling up Sexual and Reproductive Health Interventions in Crises Marquee Roundtable Discussions		Closing Session Marquee
	18:00 - Welcome Reception Poolside	19:00 - Conference Banquet Lakeside	

9:00-10:30	Opening Session		
MARQUEE	Welcome Samantha Guy, Deputy Director, RAISE Initiative		
	Opening Rt Hon Dr. Stephen Mallinga, Minister of Health, Uganda Rt Hon Rebecca Kadaga, Deputy Speaker of Parliament, Uganda		
	Opening Plenary Moderator: Lynn Freedman, Director, Averting Maternal Death and Disability, Mailman School of Public Health, Columbia University Dana Hovig, Chief Executive Officer, Marie Stopes International Pius Okong, President, Association of Obstetricians and Gynaecologists of Uganda Dawit Zawde, President and Chief Executive Officer, Africa Humanitarian Action Alastair Robb, Senior Health Advisor, UK Department for International Development, Uganda		
	10:30-11:00 Morning Tea		

Concurrent Panel Sessions, Wednesday, June 18, 11:00-12:30

11:00-12:30	Advocating for Change: Policy, Funding and Services			Book of Abstracts
SESSION A1 ALBERT	Moderator	Carolyn Makinson	Women's Commission for Refugee Women and Children	
	The Basic Package of Health Services in Post-Conflict Countries: Implications and Challenges for Reproductive Health Services	Leo Bryant	Marie Stopes International	p73
	Whose Choice? Results of a Survey of Knowledge, Attitudes, and Practices About Abortion with Program Managers and Policymakers Working in Crisis Settings in Nine African Nations	Bill Powell	Ipas	p66
	Tracking Official Development Assistance for Reproductive Health in Conflict- and Crisis-Affected Countries	Preeti Patel	London School of Hygiene and Tropical Medicine, Consultant	p63
	Determining Donor Commitment Through Policy Analysis: Examining the Policy Environment for Reproductive Health in Crisis Settings	Louise Lee-Jones	RAISE, Marie Stopes International	p26
11:00-12:30	Preventing Unwanted Pregnancies in Crises: Data from the Field			
SESSION A2 SHEENA	Moderator	Getachew Bekele	Marie Stopes International	
	Family Planning Saves Lives	Ayantu Wakjira	American Refugee Committee, South Sudan	p86
	Increasing Family Planning Uptake Through On-the-Job/Hands-On Training at Two Refugee Settlements in Uganda	Lilian Kiapi-Iwa	International Rescue Committee, Uganda	p43
	Increasing Demand for and Use of Modern Contraceptive Methods in Mornie and Kerenic Internally Displaced Persons Camps, West Darfur, Sudan	Shihab Ibrahim	Save the Children, Sudan	p31
	Ensuring Access to Family Planning Information and Services Through Capacity-Building in War-Affected Regions	Abie Joy Sulae	Chibuzor Human Resource Development Organization	p21
11:00-12:30	Addressing Maternal Health Needs in Humanitarian Settings			
SESSION A3 MEERA	Moderator	Rachel Waxman	Averting Maternal Death and Disability, Columbia University	
	Reproductive Health Status of the Rohingya in Myanmar: Challenges in the Returnee/Reintegration Phase	Ann Burton	UNHCR, Thailand	p11
	Health Facility Assessment Report, South Kordofan State, Sudan	Elsadig Elnour	Save the Children, Sudan	p23
	Introducing Maternal Death Audit at a Provincial Hospital in Sierra Leone: A Review of Twelve Months' Experience	Jeff K. Mathe	International Rescue Committee, Sierra Leone	p49
11:00-12:30	Management, Implementation and Outcomes of Reproductive Health Services in Crises			
SESSION A4 REGAL	Moderator	Kitty MacFarlane	US Center for Disease Control and Prevention	
	Managing Reproductive Health Aid in Emergency Situations	Zahidul Huque	UNFPA, Indonesia	p29
	Mobile Service Units for Immediate Provision of Maternal and Child Health/Reproductive Health Services: UNFPA's Experience from the Pakistan Earthquake of 2005	Jennifer Miquel	UNFPA	p84
	Good Practices in MISP Implementation from Darfur	Sandra Krause	Women's Commission for Refugee Women and Children	p40

11:00-12:30	Emergency Contraception: A Critical Resource in Emergencies		
SESSION A5 MAJESTIC	Moderator	Wilma Doedens	UNFPA
	Emergency Contraception in Emergencies: Assessing Progress, Identifying Challenges	Jill Keesbury	Emergency Contraception Consortium p35
	Leveraging Case-Building Research to Increase Awareness of Emergency Contraception in Palestine	Angel M. Foster	Ibis Reproductive Health p26
	Partnering with Local Organizations to Expand Access to Emergency Contraception in the Thai/Burma Border Zone	Cari E. Sietstra	Global Justice Center, Burma Border Projects p78
12:30-14:00	Lunch		

Concurrent Panel Sessions, Wednesday, June 18, 14:00-15:30

14:00-15:30	Addressing Human Resource Constraints in Emergency Settings			Book of Abstracts
SESSION B1 ALBERT	Moderator	Helen de Pinho	Averting Maternal Death and Disability, Columbia University	
	Coordinating Relief and Development: Opportunities and Challenges	Udaya Thomas	Jhpiego p81	
	A Strategy to Deal with the Great Impact on Reproductive Health Service Delivery of Refugee Resettlement to Third Countries	Yoriko Jinno	American Refugee Committee, Thailand p34	
	Challenges of Maintaining Human Resources to Address Reproductive Health in Emergency Situations	Pius Okong	Uganda Christian University and Association of Obstetricians and Gynaecologists of Uganda p60	
14:00-15:30	Family Planning in Emergencies: A Crucial Component of Reproductive Health Interventions			
SESSION B2 SHEENA	Moderator	Sereen Thaddeus	USAID, Uganda	
	Is Family Planning a Sufficient Intervention for Meeting Reproductive Health Needs?	Prince Kalenga	CARE, DR Congo p69	
	Promotion of Family Planning and Reproductive Health Knowledge in Post-Conflict Lofa County, Liberia	Jacob B. Zubah	Pentecostal Mission Unlimited Liberia p8	
	Contraceptive Use Among Women Refugees in Kyaka Refugee Settlement, Kyenjojo District, Uganda	Lawrence Were	Makerere University School of Public Health p89	
14:00-15:30	Emergency Obstetric Care in Conflict and Post-Conflict Settings: Availability, Assessment and Delivery			
SESSION B3 MEERA	Moderator	Grace Kodindo	RAISE, Columbia University	
	The MOM Project: Delivering Maternal Health Services Among Internally Displaced Populations in Eastern Burma	Luke Mullany	Johns Hopkins Bloomberg School of Public Health p42	
	Tracking and Improving Pregnancy Care in Rwanda	Thérèse Mujawamaria	International Rescue Committee, Rwanda p54	
	Monitoring the Availability and Utilization of Emergency Obstetric Care Services in West Darfur, Sudan: Using the United Nations Process Indicators	Sarah Ashraf	Save the Children, Sudan p7	
14:00-15:30	A Tool for Change: The Role of Data in Advocacy			
SESSION B4 REGAL	Moderator	Linda Bartlett	Johns Hopkins University and University of Aberdeen	
	Gaps in Systematic Approaches to Data Collection for Evidence-Based Reproductive Health Programming in Emergencies	Sonia Navani	RAISE, Columbia University p11	
	Women's Sexual and Reproductive Health Rights in the Occupied Palestinian Territory	Marleen Bosmans	International Centre for Reproductive Health, Ghent University p10	
	The Use of Epidemiological Data to Recommend Reproductive Health Interventions in Post-Conflict Liberia	Molly Fitzgerald	JSI Research and Training Institute, Inc. p82	
14:00-15:30	Inroads to Comprehensive Reproductive Health: Meeting Needs in Diverse Settings			
SESSION B5 MAJESTIC	Moderator	Tony Daly	DFID, Kenya and Somalia	
	Comprehensive HIV Prevention as Part of Tsunami Response in Indonesia	Titin Rejeki	Church World Service, Indonesia p72	
	Challenges to Availability and Utilization of Clinical Management of Rape Services in Northern Uganda	Alex Muhereza	Gulu Health Workers Network p53	
	Assessment of Sex Work in Refugee Camps	Elizabeth Ngugi	UNHCR p75	
15:30-16:00	Afternoon Tea			

Concurrent Discussion Sessions, Wednesday, June 18, 16:00-17:30

16:00-17:30 ALBERT	WHO Discussion Session: Scaling up Sexual and Reproductive Health Interventions in Crises: Challenges and Opportunities	Nevio Zagaria	WHO	
16:00-17:30	Roundtable Discussions			Book of Abstracts
MARQUEE	Moderator	Melissa Sharer	American Refugee Committee	
R1	Acceptability and Utilization of Clean Delivery Kits in Cyclone-Affected Unions in Bangladesh	Ireen Chowdhury Akhter	Save the Children	p5
R2	Adolescent Reproductive Health and Rights in Rural Post-Conflict Settings	Isaac Yaw Kofitse	Notre Dame	p38
R3	Adolescent Reproductive Health Service Package: A Guide for Field Practitioners	Brad Kerner	Save the Children	p36
R4	Assessing Reproductive Health Needs in Crisis Settings by Using the Reproductive Health Assessment Toolkit	Stacy De Jesus	US Centers for Disease Control and Prevention	p18
R5	Assessing the State Capacity for Operationalizing First Referral Units in Gujarat	Parvathy Sankara Raman	Indian Institute of Management, Ahmedabad	p71
R6	Committing to Quality and Coherence in Emergency Response	Saramma Thomas Mathai	UNFPA Country Technical Services Team South and West Asia	p47
R7	Community Perspectives and Programs on Gender-Based Violence and Human Rights Programming Among Conflict-Affected Populations in Rwanda	Leah Elliott	American Refugee Committee, Rwanda	p22
R8	Comprehensive HIV Services in a Low-Resource Setting	Stephanie Weber	American Refugee Committee	p88
R9	Desperate and Alone: Reproductive Health Needs of Iraqi Refugees in Jordan	Sandra Krause	Women's Commission for Refugee Women and Children	p13
R10	Improving Access to Family Planning Services through Community-Based Providers	Mildred Latigo	Ministry of Health, Uganda	p44
R11	Logistics Management of Reproductive Health Emergency Kits in Tsunami-Affected Sri Lankan Communities	Bongs Lainjo	UNFPA	p40
R12	Mainstreaming HIV/AIDS and Reproductive Health in a Food Aid Project in a Conflict-Affected Area, Central Sulawesi	Rima Irmayani	Church World Service, Indonesia	p32
R13	Maternal and Newborn Health in Refugee Camps in Ethiopia: What a Difference Political and Financial Commitment Can Make	Nadine Cornier	UNHCR	p15
R14	Prevention of Mother-to-Child HIV Transmission Program in Tham Hin Camp, Thailand	Preeyalak Sataranon	International Rescue Committee, Thailand	p75
R15	Promoting Community Reconciliation Through Health Activities	Ghazal Keshavarzian	JSI Research and Training Institute, Inc.	p36
R16	Psychological Support and Health Behaviour in Women Survivors Living with HIV After the Genocide: The Case of Rwanda Village Concept Project in Mpungwe Village	Jean Claude Mugunga	Rwanda Village Concept Project	p52
R17	Qualitative Study on Maternal Referrals in Rural Tanzania: Decision-Making and Acceptance of Referral Advice	Andrea B. Pembe	Muhimbili University of Health and Allied Sciences, School of Medicine	p64
R18	Reaching Reproductive Health to the Unreachable: UNDP-Initiated Mobile Medical Teams and Partnerships	S. M. Shariful Islam	UNDP	p33
R19	The Sexual and Gender-Based Violence and HIV/AIDS Situation and Response in Liberia	Andrea Gibelli	UNHCR, Liberia	p27
R20	Voices from the Field: Community Research on the Experiences of Survivors and Perpetrators of Sexual Violence	Harriet Akullu	ActionAid International	p4
R21	Vulnerability of Adolescents to Sexual and Reproductive Health and Rights Problems: Prevention Through Culturally Sensitive Education, Services, and Empowerment	Ahmed Ullah	Balochistan Rural Support Programme	p83
R22	"Midwives on Bikes" in Timor Leste: An Innovative Approach to Reproductive Health in Crisis	Maria Da Silva Alves	Marie Stopes International Australia, in partnership with Marie Stopes International Timor Leste	p71

	Posters			Book of Abstracts
	Posters will be displayed during Morning Tea, from 13:30-14:00, and during Afternoon Tea.			
TERRACE	Delivering Sexual and Reproductive Health Services Through Community Partnerships in Northern Ethiopia	Joyce Kinaro	Planned Parenthood Federation of America	p37
	Discrepancy in Knowledge of and Attitudes on Condom Use by Burundian Refugees in Mtendeli Refugee Camp, Kibondo, Tanzania	Diane Morof	Planned Parenthood Golden Gate and University of California, San Francisco	p51
	Emergency Obstetric Care in a Chronic Conflict Setting in Kaga Bandoro, Central African Republic	Lieve Van der Paal	International Rescue Committee	p20
	Improving Coverage and Quality of Antenatal Care in Kerenik Internally Displaced Persons' Camp in West Darfur, Sudan	Yousif Adam	Save the Children, Sudan	p6
	Increasing Access to Reproductive Health Services in Emergencies Through Partnership in the Philippines	Amado R. Parawan	Save the Children, Philippines	p63
	Issues in Training Post-Abortion Care Service Providers in Uganda: Personal Experience	Janet Rose Adongo	Marie Stopes Uganda	p2
	Sexual and Reproductive Health in Marginal Areas. The Situation of Displaced Women in Colombia	Gabriel Ojeda	Profamilia, Colombia	p59
	Uptake of the Lactational Amenorrhea Method in West Kasai Province, Democratic Republic of Congo	Prince Kalenga	CARE, DR Congo	p68

18:00-19:30 POOLSIDE	RHRC Consortium Welcome Reception
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9:00-10:30	Plenary Session Strengthening Reproductive Health in Conflict and Strengthening the Community: What We Can Learn from Activists on the Front Line		
MARQUEE	Moderator: Meriwether Beatty, Director, Reproductive Health for Refugees Project, JSI Research and Training Institute, Inc. Emily Sloboh, Executive Director, Today's Women International Network Chernor Bah, Consultant, UNFPA, Liberia Othello James, Programme Coordinator, Children Smile, Liberia Noe Sebisaba, Founder, Stop SIDA - Nkebure Umumva		
10:30-11:00	Morning Tea		

Concurrent Panel Sessions, Thursday, June 19, 11:00-12:30

11:00-12:30	Perspectives on Abortion in Emergency Settings: Service Delivery and Unmet Need			Book of Abstracts
SESSION C1 ALBERT	Moderator	Nathalie Kapp	WHO	
	Mifepristone and Misoprostol: The Promise of New Reproductive Health Technologies in Emergency Situations	Jennifer Blum	Gynuity	p70
	Reproductive Health Service Delivery During Conflict in Nepal: Policy, Practice, and Achievement	Babu Ram Marasini	Ministry of Health and Population, Nepal	p45
	Perceptions and Experiences of Women with Abortion Complications Within the Post-War Context of South Sudan: Preliminary Results	Monica Adhiambo Onyango	Boston University	p61
	Unmet Need for Abortion Services: The Case of Internally Displaced Women of Angola	Ndola Prata	University of California, Berkeley	p67
11:00-12:30	Logistics and Supply Management in Conflict Zones			
SESSION C2 SHEENA	Moderator	Tracey Brett	Marie Stopes International	
	Reproductive Health Logistics in the Democratic Republic of Congo	Meriwether Beatty	JSI Research and Training Institute, Inc.	p25
	Advocacy and Provision for Reproductive Health Supplies in Conflict/Post-Conflict Countries	Steve Kinzett	Reproductive Health Supplies Coalition	-
	Promoting Access to Reproductive Health Products and Services in Conflict/Post-Conflict Countries	Erika Larson	JSI Research and Training Institute, Inc.	p5
11:00-12:30	Health Information Systems: Providing Good Data for Evidence-Based Programming			
SESSION C3 MEERA	Moderator	Judy Austin	RAISE, Columbia University	
	New Methodologies to Measure Maternal Morbidity, Mortality, and Health Service Delivery in Emergencies	Linda Bartlett	Johns Hopkins University and University of Aberdeen	p8
	Importance of the Information System in Profamilia	Gabriel Ojeda	Profamilia, Colombia	p58
	Monitoring Reproductive Health Services Through a Standardised Health Information System	Nadine Cornier	UNHCR	p28
11:00-12:30	Gender-Based Violence Assessment and Capacity-Building			
SESSION C4 REGAL	Moderator	Janet Meyers	CARE	
	Building Capacity Through Partnership	Leora Ward	American Refugee Committee	p88
	Clinical Management of Rape Survivors in Emergencies: Looking Beyond Health Care Providers – UNFPA Zimbabwe Experience	Sathyanarayanan Doraiswamy	UNFPA, Zimbabwe	p20
	Rapid Assessment of Gender-Based Violence Among Internally Displaced Persons in Baidoa, Somalia	Deman Mahamoud	International Medical Corps, Somalia	p45
12:30-14:00	Lunch			

14:00-14:30	Plenary Session Introduction to Demonstration of New and Underutilised Technologies		
MARQUEE	Moderator: Louise-Lee Jones, Programme Advisor, RAISE, Marie Stopes International Maggie Kilbourne-Brook, Program Officer, PATH Connie Kamara, Director of Program Development and Technical Services, American Refugee Committee International		

14:30-17:30	Demonstration of New and Underutilised Technologies		
MARQUEE	Basic Emergency Obstetric and Neonatal Care - Facility Model	International Rescue Committee	
	The eRanger Ambulance - Demonstration of Motorbike Ambulance	Ranger Production Company	
	Female Condoms: Increasing Familiarity and Usage - Demonstration	World Population Foundation and Universal Access to Female Condoms Joint Programme	
	Glostavent® Anaesthesia System - Demonstration of Portable Glostavent® System	Diamedica	
	Implants and IUDs - Demonstration and Discussion (English)	RAISE Training Centre at Marie Stopes Kenya	
	Implants and IUDs - Demonstration and Discussion (French)	Souro Sanou University Hospital Centre, Burkina Faso	
	Listening to Youth from Conflict Zones - Viewing and Discussion	Women's Commission for Refugee Women and Children and the UNFPA Humanitarian Response Unit	
	Manual Vacuum Aspiration - Overview and Demonstration	Ipas	
	Marie Stopes Ligation in Outreach Settings - Demonstration and Discussion of Procedure	Marie Stopes International Medical Development Team	
	The Minimum Initial Service Package - Exhibition and Demonstration	Women's Commission for Refugee Women and Children, International Planned Parenthood Federation, UNFPA	
	Producing Radio Output which Deals with Gender-Based Violence Issues in Darfur - Audio Presentation and Discussion	BBC World Service Trust	
	The Sexual Violence Research Initiative - Demonstration of Research Tools	Sexual Violence Research Initiative	
	Technologies and Strategies for the Provision of Reproductive Health Care in Emergencies - Demonstration of Reproductive Health Care Tools	PATH	
	Through Our Eyes: Sparking Dialogue with Community Video - Viewing and Discussion	American Refugee Committee International and Communication for Change	
	Using CSPro for Data Entry for the Reproductive Health Assessment Toolkit for Conflict-Affected Women - Demonstration of Data Entry and Analysis	US Centers for Disease Control and Prevention	

	Posters Posters will be displayed during Morning Tea, from 13:30-14:00, and during Afternoon Tea.			Book of Abstracts
TERRACE	Mental Distress and Intimate Partner Violence Outside of Bogotá, Colombia	Stacy De Jesus	US Centers for Disease Control and Prevention	p31
	Access to Sexual and Reproductive Health Services by Internally Displaced Persons in Kitgum and Pader Districts, Northern Uganda	Christopher Garimoi Orach	Makerere University, School of Public Health	p61
	Between Two Fires: Ensuring Sexual and Reproductive Health and Rights Among Internally Displaced People in Gulu District, Northern Uganda	Peter J. Ibembe	Reproductive Health Uganda	p56
	Impact of the Reproductive Health Project on Care for Rape Victims in Southern Kivu Province	Immaculée Mulamba	International Rescue Committee, DR Congo	p55
	Impact of Training Community-Based Health Workers on Use of the Partograph on Maternal and Perinatal Mortality and Morbidity in a Post-Conflict, Resource-Constrained Setting	Ernest Orji	Obafemi Awolowo University, Department of Obstetrics and Gynaecology, Ile-Ife, Nigeria	p62
	Research with Women War-Torture Survivors in Luwero District, Uganda: Health Inequalities and Policy Implications	Helen Liebling-Kalifani	Coventry University	p43
	Sexual Violence in Colombia	Gabriel Ojeda	Profamilia, Colombia	p58
	The Use of a Standard Questionnaire as a Tool to Investigate the Cause of Spontaneous Abortions and Stillbirths	Melel Bekainyogoto	International Rescue Committee, Chad	p14

19:00 LAKESIDE	Conference Banquet
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Concurrent Panel Sessions, Friday, June 20, 9:00-10:30

9:00-10:30	Forging Partnerships for Reproductive Health Care in Crises			Book of Abstracts
SESSION D1 ALBERT	Moderator	Connie Kamara	American Refugee Committee	
	Comprehensive HIV/AIDS Programming Among Conflict-Affected Populations in Rwanda	Leah Elliott	American Refugee Committee, Rwanda	p23
	MISP Implementation North Kivu, Democratic Republic of Congo	Esther Mwanyika	International Rescue Committee	-
	IAWG-Training Partnership: Training on Reproductive Health in Crises	Wilma Doedens	UNFPA	-
9:00-10:30	Training in Crises: Improving Clinical Skills			
SESSION D2 SHEENA	Moderator	Diane Morof	Planned Parenthood Golden Gate and University of California, San Francisco	
	Improving Access to Emergency Obstetric Care in Eastern Burma	Meredith Walsh	Mae Tao Clinic	p29
	Implementing a Training Centre in the South for People Living in Fragile States: Successes and Challenges of the RAISE Training Centre at Marie Stopes Kenya	Fred Akonde	RAISE, Marie Stopes Kenya	p3
	Challenges in Emergency Obstetric Care Training for Health Workers in Conflict Areas in Africa	Grace Kodindo	RAISE, Columbia University	p16
9:00-10:30	Fistula: Lessons from Conflict Settings			
SESSION D3 MEERA	Moderator	Sonia Navani	RAISE, Columbia University	
	Traumatic Fistula: A Consequence of Sexual Violence	Isaac Achwal	EngenderHealth	p74
	Clinical Management of Traumatic Fistulas in the Eastern Democratic Republic of Congo	Jacques Kalume	Doctors on Call for Service	p3
	Improved Access to Obstetric Fistula Management in Conflict Zones	Abdulcadir Mohamed Giama	Galkayo Medical Centre, Somalia	p33
9:00-10:30	Supporting Reproductive Health of Young People in Conflict Settings			
SESSION D4 REGAL	Moderator	Sandy Krause	Women's Commission for Refugee Women and Children	
	Adolescent Reproductive Health Network on the Thai-Burma Border	Lway Moe Kham	Palaung Women's Organization	p87
	Restoring the Right to Dignity as the Basis for Promotion of Sexual and Reproductive Health of Internally Displaced Adolescents in Colombia	Marleen Bosmans	Ghent University, International Centre for Reproductive Health	p9
	Reproductive Health for War-Affected Youth	Philip Massago	Brighter Future	p47
10:30-11:00	Morning Tea			

Concurrent Panel Sessions, Friday, June 20, 11:00-12:30

11:00-12:30	Addressing HIV in Emergencies			Book of Abstracts
SESSION E1 ALBERT	Moderator	Lieve Van der Paal	International Rescue Committee	
	Integrative Asylum Policy Within South Africa: Investigating Access to Antiretroviral Treatment Services for Refugees and Asylum Seekers Within a Complex Urban Environment	Joanna Vearey	University of the Witwatersrand, Forced Migration Studies Programme	p85
	Preventing HIV and Ensuring Antiretroviral Continuity: AMPATH's Response to Internally Displaced HIV-Positive Persons in Kenya	Cleophas Chesoli Wanyonyi	AMPATH	p12
	Differences in HIV-Related Behaviors at Lugufu Refugee Camp and Surrounding Host Villages	Elizabeth Rowley	Johns Hopkins Bloomberg School of Public Health	p73
11:00-12:30	Reproductive Health in Humanitarian Emergencies: Joining Relief and Development			
SESSION E2 SHEENA	Moderator	Mona Byrkit	CARE	
	Re-establishing Reproductive Health Care in Emergency Situations: The Aceh Tsunami Experience	Sushanty	Jhpiego, Indonesia	p78
	SPRINT: An initiative to Address Sexual and Reproductive Health in Asia-Pacific	Carol El-Sayed	International Planned Parenthood Federation	p90
	Reproductive Health Development Agency Provides Emergency Response to Cyclone-Affected Women and Children in Bangladesh	Mohammad Hussain Choudhury	Marie Stopes Clinic Society, Bangladesh	p13
11:00-12:30	Establishing Gender-Based Violence Services in Acute Emergencies			
SESSION E3 MEERA	Moderator	Katy Mitchell	International Rescue Committee	
	Gender-Based Violence and Health: Making Collaboration Work in Emergency Response	Catherine Leila Poulton	International Rescue Committee, Central African Republic	p65
	Identifying Survivors of Sexual Violence: Challenges in the Field	Sarah Martin	Médecins Sans Frontières	p46
	Rapid Gender-Based Violence Response to the Post-Election Violence in Kenya	Jennifer Miquel	UNFPA, Kenya	p50
11:00-12:30	Contraceptive Provision and Utilisation: Experiences from the Field			
SESSION E4 REGAL	Moderator	Yvonne Bogaarts	World Population Foundation	
	Knowledge and Use of Family Planning Among Women in Northern Uganda: Findings from a Population-Based Survey	Fred Mubiru	Marie Stopes Uganda	p38
	Female Condom Networking on the Thai-Burma Border	Norda Phraisaengdet	Médecins Sans Frontières	p86
	Assessing Operational Barriers to Family Planning Services for Refugees and Internally Displaced Persons	Emily Sonneveldt	Constella Futures	p77
11:00-12:30	Getting Supplies to the People: Field Experiences			
SESSION E5 MAJESTIC	Moderator	Maike van Min	Marie Stopes International	
	Targeted Assistance to Those Most in Need	Brett Williams	Direct Relief International	-
	Interagency Reproductive Health Kits: Logistics Challenges with In-Country Distribution	Wilma Doedens	UNFPA	-
	The Role of Logistics in Programme Life Cycle and Effectiveness	Pamela Ohonde	UNFPA, Copenhagen	p57
12:30-14:00	Lunch			

Concurrent Panel Sessions, Friday, June 20, 14:00-15:30

14:00-15:30	Misoprostol for Postpartum Haemorrhage: A Life-Saving Intervention			Book of Abstracts
SESSION F1 ALBERT	Moderator	Lisa Thomas	Independent Consultant	-
	Promoting Safe Delivery by Using Misoprostol to Prevent Postpartum Haemorrhage	James Tamale	Population Services International, Uganda	-
	Misoprostol: A Promising Reproductive Health Technology in Emergency Situations	Jennifer Blum	Gynuity	p70
	Misoprostol at the Community-Level: A Feasible Postpartum Hemorrhage Treatment Option Over the Long-Term?	Ndola Prata	Venture Strategies	p66
	Preventing Postpartum Hemorrhage at Homebirth: Global Experience and Evidence	Udaya Thomas	Jhpiego	-
14:00-15:30	Reproductive Health Service Provision in Humanitarian Emergencies			
SESSION F2 SHEENA	Moderator	Nadine Cornier	UNHCR	
	Implementation and Results of a Reproductive Health Survey Conducted in Darfur	Bahja Ibrahim	American Refugee Committee	p19
	Evaluating the Needs for Reproductive Health Services: The Situation of Five General Reference Hospitals in the Democratic Republic of Congo	Martin Migombano	International Rescue Committee, DR Congo	p49
	Implementing Reproductive Health Services in the Northern Ugandan Context: Challenges and Opportunities	Raphael Ogutu	International Rescue Committee, Uganda	p24
14:00-15:30	Fistula: A Symptom of Women's Vulnerability in Conflict and Post-Conflict Settings			
SESSION F3 MEERA	Moderator	Susan Purdin	International Rescue Committee	
	Provision of Fistula Services in the Democratic Republic of Congo	Pascal Manga Okenge	University of Kindu, Kisangani and Lubumbashi	-
	Establishment of a National Fistula Project in Liberia	John Mulbah	National Fistula Project, Liberia	p54
	Process and Partnerships with Ministry of Health and Non-Governmental Organizations	Rogaia Abdelrahim Abuekgasim	UNFPA, Somalia	p1
	Fistula Survivor and Midwife	Awatif Altayib Mohammed Hussein		p30
14:00-15:30	Adolescent Reproductive Health Services in Africa and Asia			
SESSION F4 REGAL	Moderator	Silke Rauchenbach	DSW, Uganda	
	Delivering Youth-Friendly Services in Internally Displaced People's Camps in Uganda Through Strategic Partnership	Christine Lalobo	John Snow Inc., Uganda Program for Human and Holistic Development	p41
	Youth and HIV-Positive People Support in a Conflict Setting: Experiences of Timor-Leste	Titin Rejeki / Rema Irma Yani	Church World Service, Timor-Leste	p17
	Enabling Health Providers to Meet the Reproductive Health Needs of Adolescents in Humanitarian Settings	Brad Kerner	Save the Children	-
11:00-12:30	Spotlight on Uganda: What is Needed? What Must be Done?			
SESSION F5 MAJESTIC	Moderator	Jackie Idusso	Population Services International, Uganda	
	Enhancing Women's Utilization of Reproductive Health Services Through Integration of Sexual and Gender-Based Violence Prevention and Response Activities	Judith Elsie Adokorach	CARE, Uganda	p1
	Partnering with Grassroots Organizations to Deliver Reproductive Health Services in Conflict-Affected Districts in Uganda	Tony Mugasa	John Snow Inc., UPHOLD	p51
	We Want Birth Control: Reproductive Health Findings from Northern Uganda	Sandra Krause	Women's Commission for Refugee Women and Children	p39
15:30-16:00	Afternoon Tea			

	Posters			Book of Abstracts
	Posters will be displayed during Morning Tea, from 13:30-14:00, and during Afternoon Tea.			
TERRACE	Access to Comprehensive Health Services for Internally Displaced Persons	Andrés Quintero	Profamilia, Colombia	p68
	Access to Social Justice for Victims of Sexual Violence in Conflict Situations	Aika van der Kleij	Women's Global Network for Reproductive Rights	p84
	Amid Conflict: Nepal's Female Community Health Volunteer Program	Bal Krishna Suedi	Family Health Division, Ministry of Health, Nepal	p79
	Blood Transfusion Service, an Integral Component of Emergency Obstetric Care	Jeff K. Mathe	International Rescue Committee, Sierra Leone	p48
	Capacity Building and Multi-sectoral Collaboration of Safe Motherhood Advocates: A Strategy for Reducing Maternal Mortality in Nigeria	Olukunle Daramola	Nigerian Partnership for Safe Motherhood	p16
	Fertility Desire and Family Planning Need among HIV-Positive Men and Women in Ethiopia	Kifle Wossenyelesh Tamene	Family Health International, Ethiopia	p80
	HIV Evidence-Based Programming for Displaced Persons in the Southern Caucasus	Ann Burton	UNHCR	p76
	Psychosocial Effects of Sexual Violence in Conflict Situations	Margaret Mungherera	Hope After Rape	p56
Reproductive Health Needs Among Female Sex Workers in Afghanistan	Mohammad Raza Stanekzai	International Rescue Committee, Afghanistan	p81	

16:00-17:30	Closing Session		
MARQUEE	Closing Plenary Moderator: Nevio Zagaria, Coordinator, Recovery and Transition Programme, Health Action in Crisis, WHO Sadia Afroze Chowdhury, Senior Health Specialist, Reproductive and Child Health, The World Bank Pamela Delargy, Chief, Humanitarian Response Unit, UNFPA (presented by Wilma Doedens) Sabrina Saqib, Member of Parliament, Afghanistan H.E. Jeroen Verheul, Ambassador, Kingdom of the Netherlands, Uganda		
	Closing Therese McGinn, Director, RAISE Initiative		

Demonstration of New and Underutilised Technologies for Reproductive Health Care in Emergencies

At this event, conference participants will experience new and underutilised technologies for reproductive health (RH) in emergency settings at a number of hands-on exhibits, audio and video presentations, and discussions with experts. Participants are encouraged to visit each station and take part in the many learning opportunities available.

Stations

Basic Emergency Obstetric and Neonatal Care *Facility Model International Rescue Committee*

At this station, the International Rescue Committee (IRC) will present a model of a basic emergency obstetric and neonatal care (EmONC) facility to illustrate that basic EmONC services can be made available in resource-limited settings, close to communities.

The model facility is designed to be part of services and facilities that are available in primary health care (PHC) centres. Supplies and equipment needed to perform the seven basic EmONC signal functions will be on hand. The seven signal functions of basic EmONC are:

1. Administration of parenteral antibiotics
2. Administration of parenteral oxytocic drugs
3. Administration of parenteral anticonvulsants
4. Manual removal of placenta
5. Removal of retained products
6. Assisted vaginal delivery
7. Neonatal resuscitation

In order to offer services, basic EmONC facilities also require staff, such as qualified midwives, to perform the signal functions.

IRC has set up EmONC facilities based on this model in settings including remote areas of Southern Sudan, PHC facilities serving Afghan refugees in Pakistan, and areas of Internally Displaced Persons' (IDPs') resettlement in post-conflict Liberia.

The eRanger Ambulance *Demonstration of Motorbike Ambulance Ranger Production Company*

The eRanger is a versatile and robust vehicle designed to enable access over the toughest terrain, in order to deliver passengers and supplies safely and dependably.

The eRanger combines the benefits of a motorcycle with the cargo capacity of a sidecar in a package that is cost effective, rugged, and simple to maintain. Ideal for use by the local population and already tried and tested in the hardest conditions, the eRanger has proven to be extremely durable and reliable and is already making a positive impact in various parts of the world.

The eRanger Ambulance has been developed to provide transport to and from local health centres, providing communities with the means to take advantage of distant and widespread health care resources. Able to safely and comfortably carry a patient, a medical worker, and emergency supplies for on-site treatment, the eRanger can greatly reduce the time taken to access essential and urgent medical assistance from remote communities and regions.

The Ranger Production Company is based in England, where there are research and development facilities based in Daventry and operational headquarters in Harrogate. In South Africa there is a production plant where the units are manufactured and assembled before shipping around the world. The Ranger Production Company also makes eRanger Immunisation and eRanger Education Units.

More information can be found at www.eranger.com.

Female Condoms: Increasing Familiarity and Usage

Demonstration World Population Foundation and Universal Access to Female Condoms Joint Programme

The female condom is a woman-initiated family planning method which prevents HIV and other sexually transmitted infections (STIs), has no side effects, and is immediately available. Both women and men who have used this method are very satisfied with it. The potential for increased use of the female condom and its positive impact on public health is therefore substantial.

The potential for the female condom to positively impact public health is especially important in the context of the little progress that has been made towards United Nations Millennium Development Goal 5 (to improve maternal health); the feminisation of HIV/AIDS; the limited options of other effective methods for preventing HIV infection; and the high costs and limited availability of HIV/AIDS treatment, which make prevention of HIV infection by far safer and more cost-effective than treatment. However, despite being on the market for over ten years, and despite its unique characteristics, the female condom is largely unrecognised as an effective intervention in HIV and STI prevention and as a family planning method, and is rarely used.

This station will provide conference participants with an opportunity to learn more about the female condom and discuss its use and advantages with an expert resource.

Glostavent® Anaesthesia System *Demonstration of Portable Glostavent® System Diamedica*

The Glostavent® Anaesthesia System is designed to operate in challenging environments and to do so more economically and safely than more complex anaesthesia systems. Using sophisticated yet simple technology, the Glostavent® is easy to use and maintain, capable of operating when there are interruptions to power and/or oxygen supplies, and easy to service by locally trained technicians. The Glostavent® can be used as an anaesthetic machine with most volatile anaesthetic agents or as a ventilator in intensive care and is suitable for both adult and paediatric use. Consisting of a vaporiser, ventilator and oxygen concentrator, the Glostavent® is now used in over 25 countries worldwide, from Afghanistan to Liberia, and in various clinical settings from eye hospitals to obstetric centres. Diamedica offers full training and support for the Glostavent®.

At this station, Richard Tully, Diamedica's Development Engineer, will be demonstrating the Glostavent® and talking about its suitability for difficult working conditions. Participants will have the opportunity to see how the Glostavent® works and have hands-on practice. Mr. Tully will answer any questions people might have and there will be literature available, both in paper and electronic form, for those wishing to learn more.

Diamedica is a collaboration between engineers and medical professionals manufacturing and supplying the Glostavent® Anaesthesia System.

Implants and IUDs *Demonstration and Discussion RAISE Training Centre at Marie Stopes Kenya Souro Sanou University Hospital Centre, Burkina Faso*

The implant is a safe and effective long-term method of family planning. When inserted by a trained provider, the contraceptive implant can safely prevent pregnancy for three to seven years. Removal by a trained provider is simple, with no delay in return to fertility compared to women using non-hormonal methods. This makes the implant an ideal method of family planning for women who wish to delay child bearing for three years or more. Similarly, the IUD is a long-term method of family planning which is effective at preventing pregnancy for up to ten years.

At this station, conference participants will have the opportunity to learn how to insert and remove implants and IUDs, using anatomical models. Clinical trainers from the RAISE Training Centre at Marie Stopes Kenya (English station) and Souro Sanou University Hospital Centre Research and Training Unit for Reproductive Health Care in Bobo-Dioulasso (French station) will provide information on the implant and IUD and their suitability for use, as well as teaching participants how to insert and remove these methods.

Listening to Youth from Conflict Zones

Viewing and Discussion Women's Commission for Refugee Women and Children and the United Nations Population Fund Humanitarian Response Unit

During emergencies, young people's access to basic RH services is often ignored by humanitarian efforts. The youth advocacy video "Will You Listen? Young Voices from Conflict Zones" brings their voices to the forefront.

The video chronicles the stories of four young women and men in Colombia, Liberia, Lebanon, and New Orleans. It covers issues related to RH, HIV/AIDS, gender-based violence (GBV), education, and livelihoods.

The video includes first-hand accounts of how youth experience violence, displacement, GBV, interruption of education, trauma, and lack of health care. While young people do benefit from a range of programmes supported by international organisations and donors, many of these programmes do not involve them directly and therefore do not sufficiently address their specific needs. To address this, young people call for a much greater role in peace processes and in other decisions that affect their lives. The video will emphasise this call for greater attention to young people's needs and challenges.

Visitors to this station will have a chance to view the video and ask questions about its production and the applications of similar media in conflict settings.

"Will You Listen? Young Voices from Conflict Zones" is a joint initiative of the Women's Commission for Refugee Women and Children and United Nations Population Fund (UNFPA) Humanitarian Response Unit (HRU).

Manual Vacuum Aspiration *Overview and Demonstration Ipas*

The World Health Organization has recommended manual vacuum aspiration (MVA), along with medical methods, as a preferred technique for uterine evacuation (UE) for treatment of incomplete abortion and induced abortion in early pregnancy. More than 30 years of research in multiple countries have shown vacuum aspiration for UE to be safer than, and as effective as, sharp curettage. MVA is appropriate for use in primary health care facilities in any low-resource, crisis, or camp setting. It requires a simple, low-cost, handheld plastic device. The MVA instrument is easy to use and clean, requires no electricity, and has many benefits for the safety and comfort of women. With appropriate training, supportive protocols, and supervision, it can be used by mid-level providers. MVA is a complementary technology to medical abortion. Approaching MVA and medical abortion as complementary technologies brings a number of advantages to women and to health systems. MVA equipment is included in the Minimum Initial Service Package (MISP) sub-kit eight (the complications of abortion kit).

At this station, hosted by Ipas, participants will hear a short overview of MVA, see a brief demonstration of its features and use, and have the opportunity to practice manual vacuum aspiration with the Ipas MVA Plus® Aspirator on pelvic models. Several experienced trainers and MVA users will be on hand to demonstrate, coach, and answer questions.

Ipas is an international non-profit organisation that has worked for more than 30 years to end the global problem of unsafe abortion and to provide women safe and effective options for abortion and post-abortion care.

Marie Stopes Ligation in Outreach Settings *Demonstration and Discussion of Procedure Marie Stopes International Medical Development Team*

Voluntary tubal ligation is a safe and effective permanent method of family planning. Women who know they do not wish to have any more children may find it a very suitable method as they no longer need worry about their fertility. Performed under hygienic conditions, by trained providers, tubal ligation offers women an opportunity to permanently prevent pregnancy.

The Marie Stopes Ligation (MSL) is the name used by MSI for mini-laparotomy for tubal ligation, performed under local anaesthesia. Performed using a demedicalised approach and with minimal intervention, this procedure can safely be offered by outreach teams in primary health centres or community centres such as village halls. The MSL procedure can be performed in minutes by a mid-level provider, where permitted.

The MSL station will provide conference participants with an opportunity to watch a demonstration of a mini-laparotomy on an anatomical model and to hear the experiences of a member of MSI's outreach team. The MSL kit will also be on display. This fully autoclavable pouch, designed to hold all equipment needed for MSL, improves infection prevention and reduces damage and loss of equipment.

The Minimum Initial Service Package *Exhibition and Demonstration Women's Commission for Refugee Women and Children, International Planned Parenthood Federation, United Nations Population Fund*

In humanitarian settings, there are priority RH activities that can prevent and reduce maternal and infant death, sexual violence and resulting unwanted pregnancies and unsafe abortions, and the spread of sexually transmitted infections including HIV/AIDS.

The MISP is a Sphere standard and is a coordinated set of priority interventions to be implemented during the early days and weeks of a new emergency to minimise RH-related death and disability.

Specifically, health care providers can:

1. Identify someone to coordinate the priority activities.
2. Prevent sexual violence and provide care to survivors by: ensuring systems are in place to protect women and girls and ensuring medical services, including psychosocial support, are available for survivors.
3. Reduce the transmission of HIV/AIDS by: following infection control guidelines, guaranteeing the availability of condoms, and ensuring that blood for transfusion is safe.
4. Prevent maternal and infant death and disability by: providing clean delivery supplies such as soap, plastic sheets, and clean razor blades and establishing a referral system to manage pregnancy-related complications.
5. Plan for comprehensive RH care by: collecting basic background information and identifying sites where more comprehensive services can be delivered.

This station will offer conference participants a hands-on walkthrough of the MISP. Participants will be shown the various components involved in fulfilling each objective and the supply kits that enable the delivery of the life-saving services.

Producing Radio Output which Deals with Gender-Based Violence Issues in Darfur *Audio Presentation and Discussion BBC World Service Trust*

The BBC World Service Trust is the BBC's international development charity. It aims to reduce poverty and promote human rights in developing countries through innovative and creative use of the media.

Since 2006, the BBC World Service Trust has broadcast “Salaam Ila Darfur”, a daily 30-minute radio magazine programme targeted at the IDPs and host communities of Darfur. This programme aims to minimise the impact of the conflict and improve the health, protection, and well-being of individuals affected by the crisis. It also provides a platform for IDPs and their host communities to tell their stories and share their knowledge and experiences.

To produce radio output on GBV issues, focus groups and workshops were carried out with experts, health workers, IDPs, and production staff to ensure complete understanding of the issues and create messaging briefs and test output. At this station, we will play radio output which deals with GBV issues such as domestic violence, rape, and female genital mutilation and explain how research informed its production.

“Salaam Ila Darfur” demonstrates how, in collaboration with non-governmental organisations and people working on the ground, radio can inform audiences, increase awareness, and challenge prevailing beliefs and norms that contribute to the acceptability and perpetuation of GBV.

The Sexual Violence Research Initiative

Demonstration of Research Tools
The Sexual Violence Research Initiative

Sexual violence against women has gained increasing recognition internationally as both a public health problem and a violation of human rights. Sexual violence has a detrimental effect on women’s health and lives, both immediately and many years after the assault. Despite its significance, sexual violence has not received adequate attention from researchers, policy makers and programme designers. The Sexual Violence Research Initiative (SVRI), a project of the Global Forum for Health Research, hosted by the Medical Research Council, South Africa, was established to fill this gap.

A basic premise of the SVRI is that research can play a critical role in raising the public profile and understanding of sexual violence at global, regional and national levels and help to define the most appropriate responses. The SVRI aims to generate empirical data to ensure that sexual violence is recognised as a priority public health issue.

The key activities that define the SVRI include creating a network of experienced and committed researchers, policy makers, activists, and donors via activities such as SVRI email updates, online discussions, conferences, and meetings; stimulating and supporting research through calls for proposals, providing technical assistance, publicising research priorities, and promoting sexual violence as a key research area; and developing an interactive website on sexual violence research (www.svri.org) which includes country pages, tools, measuring instruments, funding information, links, and other resources on sexual violence.

At this station, conference participants will be able to learn more about the research tools used by the SVRI.

Technologies and Strategies for the Provision of Reproductive Health Care in Emergencies

Demonstration of Reproductive Health Care Tools
PATH

PATH is an international non-profit organisation, headquartered in Seattle, Washington, with 33 offices in nineteen countries. PATH creates sustainable, culturally relevant solutions, enabling communities worldwide to break longstanding cycles of poor health. By collaborating with diverse public- and private-sector partners, PATH helps provide appropriate health technologies and vital strategies that change the way people think and act.

PATH currently works in more than 70 countries in the areas of health technologies, maternal and child health, RH, vaccines and immunisation, and emerging and epidemic diseases. Staff provide expertise in public health, epidemiology, technology development and transfer, technology introduction, biotechnology and vaccine development, vaccine distribution, business development, education and training, communication, advocacy, and procurement.

PATH co-chairs the newly formed RH Technology Working Group for the Inter-Agency Working Group on Reproductive Health and Crises and, acting in this role, plans to create job aids for RH Kits, develop a Sister to Sister Post Rape Kit, improve access to RH services through cell phones, and advance access to post-partum haemorrhage prevention and treatment.

PATH will bring a selection of tools – including diagnostics, contraceptives for dual protection, and maternal and newborn health technologies – to showcase at this station. For more information about PATH, please visit www.path.org.

Through Our Eyes: Sparking Dialogue with Community Video

Viewing and Discussion
American Refugee Committee International
and Communication for Change

It is estimated that at least 40% of women in Liberia are survivors of conflict-related GBV. Liberia continues to experience high levels of GBV. Assessments show low awareness of the consequences of GBV and of multi-sectoral response services. The need for awareness-raising efforts at the community level is clear.

The Through Our Eyes project is headed by American Refugee Committee International (ARC) staff who have received training in participatory media for social change from ARC’s partner, Communication for Change (C4C). The project is designed to amplify voices for change from within the community. This aim is realised by engaging community members in creating local-language videos addressing GBV and related health concerns. Shown at “playback” screenings followed by facilitated discussions, the videos spark dialogue about GBV causes, consequences, and preventive action, and offer practical information about available local services. Playbacks on topics such as rape, early marriage, teenage prostitution, and domestic violence have prompted many women to seek medical attention, counselling, or legal assistance.

The Liberia Through Our Eyes model can help inform outreach efforts across a range of GBV-related themes in other conflict-affected settings. Indeed, initial Through Our Eyes activities in South Sudan indicate that community video can play a similarly vital role in that setting. ARC and C4C are presently adapting the initiative to complement ARC’s GBV programmes in Rwanda, Pakistan, and Thailand.

ARC and C4C invite conference participants to view a video about the project and discuss the Through Our Eyes model with ARC staff members who work on the project.

Using CSPro for Data Entry for the Reproductive Health Assessment Toolkit for Conflict-Affected Women

Demonstration of Data Entry and Analysis
US Centers for Disease Control and Prevention

Understanding the RH needs of conflict-affected women will enable organisations to implement and enhance programmes and services to improve the health of women and their families. The Reproductive Health Assessment (RHA) Toolkit for Conflict-Affected Women provides user-friendly tools to quantitatively assess the RH needs of conflict-affected women from 15 to 49 years of age.

The RHA Toolkit enables field staff to collect data to inform programme planning, monitoring, evaluation, and advocacy. It promotes using the collected data to enhance services and improve the RH of women and their families.

The RHA Toolkit includes:

- Sampling instructions
- Survey team training manual
- Questionnaire
- Public domain data entry programme (CSPro)
- Pre-programmed analyses
- Suggestions for data use

At this station, the US Centers for Disease Control and Prevention (CDC) will be offering a hands-on demonstration that will give participants an opportunity to learn and practice data entry using CSPro, a free and public domain software programme. In addition, participants will have an opportunity to enter completed questionnaires and run preliminary analyses in CSPro with the help of a CDC staff member. This will enable participants to become more comfortable with a data entry programme and obtain “real life” practice.

Reproductive Health in Emergencies Conference 2008



Organised by the RAISE Initiative in
collaboration with the RHRC Consortium

RAISE

