

MINUTES

Reproductive Health Sub-Working Group Meeting

April 17th, 2014

Chaired by: UNFPA-Jordan

1. Action points:

- GIS was shared
- Working hours for midwives to be publicly announced
- Development of performance checklists – this meeting (*see below*)
- Presentation on syndromic management of STIs will be circulated
- TORs were finalized – a section added on history of the RH sub-working group
- Azraq RH ad hoc meeting: there was a brief meeting between UNFPA, UNHCR, IFRC and IMC, discussing comprehensive coverage of what will be done in Azraq.
 - An Azraq RH Sub-Working Group will be activated, co-chaired by UNFPA and IMC.
- RH map of services: no updates after last meeting.

2. Performance checklists

MoH clinical guidelines, updated in 2011, mostly match the most updated WHO guidelines.

- (Dr Maha/SHOPS) Initially there was a checklist looking at each step, but after feedback received from USAID, updated lists to be measure tools instead.
- A general FP counselling checklist is not being used yet, needs to be pre-tested. Pilot will be done in May.
 - Initially provider will provide counselling and go to the form related to the method choice
- Performance measuring tools are to be completed by supervisors, at least quarterly. If anyone has the capacity to do it more frequently, they should.
- Skills-specific checklist addresses the counselling, method-specific, follow-up visit
- MOH has checklists specific for FP, including what supplies and furniture should be available
- Dr Maha/SHOPS: The checklist for technical performance / standard for performance will be tested in English, then translated
 - As it currently stands, you have to go more than one time as not everything can be observed in one visit

- Request a compliance report every month for example, and you go on a quarterly basis yourself to check.
- As the RH SWG, we can clarify what is required in a facility, and set a minimum percentage for compliance with standards.
 - Suggested benchmark: no less than 80 per cent compliance
 - Same applies for all the technical skills we are looking for
- If we look at the RH services map, we will see that we have a big number of facilities providing RH services; the time now is to look at facility performance, keeping in mind how long these facilities will be operational for, as we are no longer in an emergency setting
- We can standardize a tool that could be used by the working group; might want to address human resources, training, etc.
 - Compile all the documents electronically, form small task forces from among us to review and select the most appropriate.
 - At most five pages, keeping in mind high patient numbers, we need to have a tool that anyone could use.
 - There should be a general one, but there should also be specific ones to services.
 - Checklist on infection prevention and control, for example, should state you need fridge for vaccinations, gyno bed for IUDs insertion
 - Analysing the tools will come as next step. Widen the scope of the performance checklist.
 - GBV is really a complex area. If there is nothing on the ground we should think of prevention and early detection, train staff on identifying these signs.
 - We have this but not considered a part of RH. At the MoH level we already have it but at the level of other organizations they are not considering GBV as part of RH services. Should be addressed from the beginning.
 - Task force members need to commit to working on the checklists as soon as possible.
- Infrastructure will be worked on cross-cuttingly but the components will then form one checklist. Infrastructure includes human resources, physical, standards, etc.
- MoH policies and procedures for FP inside the hospital, FP women inside the OBGYN world, explain why we need it, who should provide it, where it should be provided, what are the steps for providing
 - Mandatory document for all employees in MoH. As MoH is umbrella for all Health services in Jordan, should be implemented by all.

Action points:

1. Dr Maha to send soft copies of the material already developed
2. Nisreen will send the MoH FP policies and procedures (in Arabic) by email and Maysa will send them around.
3. Task forces to meet and work on checklists.

	ANC	Delivery	PNC	FP	HIV/STIs	GBV
Responsibility	Dr Louis Ola Dr. Hanan	Dr Nada Ola	Dr. Hanan Dr. Maha	Nisreen Dr Maha Samah	Maysa	Dr Eman Patricia
Infrastructure (physical, Equip, standards and guidelines, HIS)						
HR / Training						
Inf Prev CTRL						
Performance						
Community approaches						

3. RH sources and data planning

- What kind of information do we need to have that we cannot currently obtain through the current systems?
 - Prevalence of contraceptive use
 - Database to communicate about the coverage of ANC services.
- MoH has a women and child health registry where they pinpoint if women initiated FP or not. We still need numbers. Soon we might have an RRP7 and might have indicators to look for.
- Do clinics have computerized systems? Each organization has its own reporting system and cannot be unified.
 - Not possible to use the same system as MoH, tried to do it since the Iraqi crisis but it did not work.
 - Each group for the checklists think about a couple of indicators, then we will choose.

- We should have for each indicator a sheet explaining the title, criteria of data collection, source that is used, source of data; should be unified.

4. RH Map

- Organizations themselves have to add their services.
- No major updates; expecting Islamic Relief and Qatari clinic in Zaatari to start providing RH services soon
- Dr Maha has a directory of doctors, should they be added to the list, with the explanation that services need to be paid for? Will continue this discussion next meeting.
- Question regarding gaps in Madaba and Ruseifa?
 - Until now, UNFPA has not received any reporting for RH services in Madaba for refugees. There used to be a mobile clinic there. MoH covers it but would be good for an NGO clinic to ease the burden.

5. Updates from group members

- HSSII: Renovation of Karak hospital, ER and neonatal care, delivery, OBGYN ward, ANC plus outpatient clinics. Just started providing the services in new sections, official inauguration will be April 29th.
- IMC: ready and set for Azraq opening, clinic done, furniture is procured and ready to be moved along with medications. Around the 23rd/24th April, will run a simulation before refugees arrive.
- UNFPA: signed agreement with WHO to provide MoH to provide IUD kits for 20 health centres, expecting kits to arrive by end of this month; RH campaign in Zaatari; next week will start a needs assessment survey, volunteers will start distributing it as part of the campaign. In cooperation with IFH and IRC, organized a regional training of the trainers on the clinical management of rape (CMR) from the 6th–10th April.
- SHOPS: On the 21st will host an NGO alliance workshop, anyone wishing to attend can express their interest. On the 30th, JFPP opening of new Hussein Clinic, near Hussein camp, free services will be offered. Now moved to a new building.
- JHAS: next week start RH in a new clinic in Zaatari inside PHC, ANC, PNC and FP and health awareness, 1 gyno, 1 midwife. Until today, 69 normal deliveries in April – C-sections referred outside, to public hospitals.
- UPP/JWU: Most cases they are seeing are FP; have also seen around a few cases relating to secondary and primary infertility and amenorrhea (PCOS), irregular cycles. Four clinics. Training for Implanon.
- Solidariedad Internacional: Just finished a report on how to involve men in RH issues, will circulate when it is finished, in around one month.

- SCJ: IYCF, PLWs women in RH age in EJC and Zaatari, host community, and will start in Azraq. They have a partnership with MoH, also do visits for CBOs. In Amman do not have a large numbers of Syrians targeted through CBOs and MoH. Partners who have maternal health clinics in Amman can cooperate to implement services in their clinics. Promoting breastfeeding and follow-up with mobile units.
 - Interested in coordinating with UPP/JWU and JHAS.

Action point: SCJ to circulate a brief via email.

- MoH: continuous training on GBV, next week service provider training on GBV for two days. May, 4-6 workshops. Open to MoH service providers.
- IFRC: hospital in Azraq will be doing deliveries.
- MdM: availability of IUD in Ramtha clinic since last week of April.