

## MINUTES

### Reproductive Health Sub-Working Group Meeting

19<sup>th</sup> June 2014

Chaired by: UNFPA-Jordan

#### Attendance

UNFPA: Maysa Al-Khateeb

SHOPS: Maha Al sahib

HSSII: Nisreen Al Bitar

Save the Children Jordan: Samah Al Quran

IMC: Nada Al Ward

MDM: Luis Rosa

WHO: Rana

UNHCR: Yara Maasri

UNFPA: Suad Al Nabhan

UNFPA: Shible Sahbani

#### Follow up on last meeting minutes:

- Accessibility of RH services: IMC site in Azraq is clearly marked as a clinic for women. MDM will follow up on their clinic.
- Nisreen sent guidelines for family planning services, has been distributed to partners, UNFPA has extra copies.

Action point: Family planning policy will be sent in Word document.

- RRP6 revision: done by end of month, Health reduced by around \$20 million.
- Sharing dashboard with MoH – UNFPA to follow up.
- Last week UNFPA had a meeting with MoH, RMS and partners for maternal and neonatal health, UNFPA, UNHCR, UNICEF worked on this together. Hopefully will be an action plan soon endorsed by MoH. Workshop hosted at the Kempinski. Timeframe for the plan is 2014 – 2017.
  - UNFPA, UNHCR and UNICEF did an assessment in Zaatari for facilities providing neonatal services January 2014 after increase in number of neonatal deaths in Zaatari; action plan was followed up in Zaatari 2<sup>nd</sup> of June/
- Results of CC of Sexual Assault Survivors: some recommendations, there will be training in August – reminder to be sent.
- Performance checklists: four checklists are semi-finalized. Family Planning can be adapted. List sent by SHOPS on instruments is very comprehensive, better to keep it like this to make sure everything is included. General performance checklists will be phase one where we

could easily recognize what is needed to start an RH clinic, then phase 2 where we start analysing technical details.

- Preliminary results of Nutrition Survey were shared, anaemia cut-off points were shared, will work with Nutrition to see how interventions are addressing this. National guidance exists on anaemia (check with Nutrition Sub-Working Group).

### Amani campaign

- Inter-agency campaign to raise awareness about SGBV services and provide information about the services available, including a hotline.
- Posters can be placed in clinics. UNFPA has posters to distribute to interested organisations.

### Performance checklists

#### *ANC checklist reviewed at the meeting*

- Add an annex with a checklist of the materials.
- Keep “comprehensive checklist items” in there to ensure follow-up, will do it for all checklists.
- For all checklists, need to visualize the assessment process itself. First you see the papers, log books, then move into the rooms, etc. Plan it according to movements inside the facilities. It will be repeated in the technical checklist also.
- Malaria not relevant, syphilis to be amended to STIs – presence in the clinic of flowchart of syndromic approach.
- Better to have a general, integrated checklist, and separate, technical ones.
- Finished HIV/STIs and delivery, FP, ANC, PNC and GBV.

Action point: Nisreen will finalize the FP one.

### RH current map and situation snapshot (including related assessments)

- According to UNHCR/JHAS phone survey, 61% went for 4 or more ANC visits, which is a good baseline.
  - Should take into consideration that survey was done over the phone so no way to verify information.
- PHC centres do not provide delivery services – only in case of emergency.
- Referral criteria in Zaatari discussed several times, for women to only be referred when really necessary. There is also misconception at Mafraq hospital because whenever there is a Syrian woman they think she is from Zaatari.

- Recent needs assessment done as part of the RH campaign in Zaatari supported by UNFPA. Questionnaire was an inter-agency questionnaire translated into Arabic. Survey distributed to 300 HH in Zaatari, met women of reproductive age 15-49.

Preliminary results shows:

- About 24% of women reported they were pregnant at time of survey. Higher than usual 10%.
- Number of children on average: most families “moderate size”, 40%, but “big” was 30%, not a small number.
- Complications during pregnancy: 23% had at least one type of complication such as prolonged labour, bleeding, difficulties during birth. Percentage a bit high but the question is being asked to women and not doctors, so cannot be sure it was really a complication of pregnancy (although it was defined in the survey).
- 34% reported breastfeeding until 6–12 months.
- Big misconception regarding the Lactational Amenorrhea Method (LAM). Inherited knowledge from other mothers, not firsthand info from health workers. Confusion between LAM and breastfeeding. Would be interesting to see an analysis of women who think they are using LAM and get pregnant.
- 27% of pregnancies are unplanned, similar to Jordanian figure of 28%.
- Many women said they wanted to get pregnant but did not know when.
- 28%, last time delivered was in Syria (mostly older women).

Action point: UNHCR to follow up with IOM on whether there is data included in the arrivals manifest regarding number of pregnant women.

Estimation for WRA and Pregnant

### Registered Refugees by Region

#### Estimation for the total number of WRA and pregnant women

Governorate	Population	WRA	Pregnant
Amman Governorate	160866	40217	4022
Mafraq Governorate	158296	39574	3957
Irbid Governorate	139447	34862	3486
Zarqa Governorate	62912	15728	1573
Balqa Governorate	18829	4707	471
Jarash Governorate	11225	2806	281
Ajlun Governorate	10229	2557	256
Madaba Governorate	9986	2497	250
Karak Govenorate	9532	2383	238
Maan Governorate	6916	1729	173
Dispersed in Jordan	3756	939	94
Aqaba Governorate	2823	706	71
Tafilah Govenorate	2511	628	63

As of

2014-06-15

Source of refugees number

<http://data.unhcr.org/syrianrefugees/country.php?id=107>

Estimation done by UNFPA using IAWG formulas

### RH action plan July-December 2014

- Three new RH clinics in urban setting (Salt, Zarqa and eastern Amman, partnership between AIDOS and CBOs.)
- Update service guide and referral pathways – with Health Sector.
- Peer reviews of clinics: goal is to be objective.
- CYP (couple years of protection) is best option for FP indicator. Presentation to be done at next RH SWG. Monthly update on CYP, very important to follow.
- Point added about RH assessments tracking to see how RH appears in each. HPC is a good resource.

Action point: UNHCR to circulate Joint Assessment Review document.

## Update from group members

- UNFPA: main event next Monday 23 June in Zaatari, 1,000<sup>th</sup> baby delivered at UNFPA/JHAS clinic. Will also discuss FP. More about the staff, Increase in delivery rate by 66% since the last expansion. Last month they delivered 170 cases, providing only normal vaginal deliveries.
  - Roundtable discussion between all partners working in Zaatari in RH field held on 12 June, attended by 22 participants; discussed ANC, shared experiences. Gynaecologists met with midwives from different hospitals. Emphasizing the Agreement to standardize tools of data collection; ANC card was provided to RAF and Syrian Clinic... (new providers at the camp).
- IMC: continuing services as normal in Azraq (ANC, PNC, FP). Getting HIS reports, so far one or two. Dr Khaled will be attending next month and will bring information on RH from HIS.
  - Women who delivered at Tutanji, did they receive FP instructions? IMC following up.
- SHOPS: recently working with NGOs building quality system, working to add another two NGOs with four hospitals. Post-partum, post-abortion care. NGOs working with refugees.
- SCJ: no major updates. Next week Save US are going to do a RH rights workshop and SCJ will attend the training. Save US and Save International, link Sexual and RH rights from a Protection point of view. Staff from JRF and another organisation also attending. Majority of participants are from Palestine.
- HSSII: Handing over phase, preparing CDs for MoH in order to take over all their activities. Should close by October. Uncertain about staff.

RH concern: In Rabaa Sarhan, pregnant women in third stage triaged to Zaatari. IFRC hospital not opening soon. What about the women who were sent to Azraq in their second stage, should now be close to delivery? There are two ambulances covering the camp. Women are being told to present to clinic as soon as they start feeling labour pains because there is no delivery service at IMC and they need to be referred to Tutanji. Five deliveries so far but all referred

## AOB

Next meeting: 24 July.