

Minutes

Reproductive Health Sub-Working Group Meeting

21st August 2014

Chaired by: UNFPA-Jordan

UNFPA: Maysa AlKhateeb

Attendance:

JHAS: Ola Al-Tebawi

JICA: Shereen Abu Hweij

JICA: Chitose Koizuka

JICA: Ritsake Arisawa

MdM-F: Reem Abu Samra

MdM-F: Luis Rosa

JSI/IMC: Jessica Barnette

JWU: Zainab Sider

JWU: Latifeh Zuhdi

SCJ: Samah AlQuraan

IRC: Andrea Patterson

UNHCR: Joud Halawani Al-Tamimi

Follow up on last meeting minutes:

-Results of preliminary results of nutritional survey shared , because of high prevalence of anemia according to study and according to RH partners when they do screening for anemia, comments provided on the survey and on the nutrition intervention strategy which will be communicated to RH SWG once finalized , main interventions is to further emphasize ANC protocols, FP including LAM,RH SWG should further stress asset of follow up indicators.

-the draft nutrition fact sheet was shared and recommendation according to WHO for delaying cord clamping was shared.

-Amani campaign brief provided, partners asked about referral cards, Maysa will follow up with SGBV WG and update the group, posters will increase awareness and will communicate key messages to refugees and host community

- update on RH map, the new version will be posted on portal
- FP indicators shared with the group, monitoring indicators will be the next step
- for training coordination with MOH it will be postponed due to delay of approvals.
- Gender focal point nomination email sent around, Ola Al tebawai will be RH SWG focal point person
- TT vaccine in Urban, according to MoH this should be under the supervision of the ministry and agencies needs to follow official procedures, if your clinic don't have the service of TT vaccine, refer to the nearest MoH center.
- Maysa shared UNFPA MISP calculator website, notification that some estimations might needs adjustment according to region, for example HIV prevalence is lower in Syria and Jordan than what estimated for other countries

[Piloting of RH checklist/feedback](#)

The WG was asked for feedback on the RH checklist. The purpose of the checklist was indicated as allowing one to pinpoint what areas need improvement and need to be worked on. Thus the feedback regarded whether the checklist did achieve that. Overall, there was consensus that it did, but some issues were raised. The feedback comments entailed the following:

MdM: Piloted the checklist, took two hours for completion, indicated some general areas for further work, the checklist is supposed to be utilized on quarter bases, no recommendation for changes

IRC: The checklist is very comprehensive and detailed. It is very time consuming.

It was recommended that it be broken per clinic/hospital; to have different checklists for different health centers.

Action point: Separate checklists are also available as it was originally developed in separate way then merged.

It was pointed out that it is necessary in cases when the training was taken 5 years or more to consider refreshment training for the staff, some training refreshments are needed to be given every two years

- An issue was highlighted regarding people's different interpretations of 'training.' For example, some might consider it a 2-day workshop, but according to national standards that would not have been enough; it may not have been a comprehensive training. Some partners suggested that

certificates be made a requirement. Others suggested that the hours of training should be specified. It was added that the definition of training has to be clarified.

Action point: minimum criteria/definition for training should be identified.

- Moreover regarding the training, an evaluation of the quality of the training was thought useful. It can be internally done from each organization; they can be advised to give general evaluations for the trainings given to facilitators that can be then used as indications. Feedback about the training can be also collected to further improve its quality.
- One of the partners mentioned regarding the STI logbook that they did not have that and that most of the staff have never heard of it. More generally, some of the tools/ different logbooks are lacking. Accordingly, Maysa confirmed that they will be shared. The need was then highlighted to introduce the tools in the clinics.

Action Point: Maysa to share different tool and logbooks lacking. Once she does, these need to be introduced in the clinics.

- It was mentioned regarding the IEC materials section that it made the partners realize what things they missed out on; what they need to get for the clinics.
- There was consensus that the checklist should be produced on a quarterly basis.
- It was advised that the checklist should be finalized such that the user of the checklist should not require a nursing or medical degree to understand and use the checklist. A supervisory position should be a sufficient prerequisite.
- One of the recommended guidelines was MoH, UNFPA, USAID 2011, RH guidelines was shared before with the group members

Action point: Maysa will prepare CD of the guidelines for the agencies upon request

Action point: checklist will be uploaded on the IAWG portal

Big thank you for all agencies participated in development and testing RH checklists

RH WG monitoring Framework

The group was first asked for feedback about the indicators used during RRP6 (i.e. the indicators' contribution to programming).

- One party asserted that the indicators are basic and sufficient for programming so there is no need to change them.
- It was pointed out that there's an issue stemming from the use of both HIS and urban HIS indicators; that when revising some of the data and referring it to UNFPA, the indicators are looking different, so compiling them together is difficult.

It was announced that a monitoring framework should be developed to deduce what could be done over time regarding the guidance of the RH WG, to identify what are really the key indicators they work on and to aid RH programming in general.

- One party maintained that it is difficult to cover all indicators. Instead, all should consider specific indicators so everybody is on the same page.
- It was proposed that some indicator should be reflected to assist the general RH progress. Then everybody would have a meeting to agree to monthly report on things that show what the group is doing for general RH program. Sharing one indicator was encouraged on the basis that information will be easier to collect and the indicator will be informative. It should be agreed upon next meeting. It was emphasized that it should not be complicated so that does not translate to complicated reporting. The monthly compilation should indicate where the WG has reached regarding the RH indicator, so there's an informative response.

Action point: To agree upon one comprehensive list of indicators next meeting.

A brief pertaining an overview of the RH status in Za`tari was reviewed by the WG.

- It was affirmed that it is good to add a section on health strategy that shows key information about RH.
- At the end, the WG can build more on the indicators they have at the end of each month.
- It was suggested that the same report could be done for the urban population using the methodology.

- It was pointed out that there is scope for enhancing the document. E.g. an actual number for birth rate could be devised instead of the estimation.

Action Points:

-To add a section on health strategy to the report; to do the same report for 'urban' using the same methodology.

-Maysa to share Urban HIS with the group

Reproductive Health in other assessments and recommendations

Nutrition survey discussed with the group and nutrition intervention strategy will be shared with the group once finalized

Gender Focal Point for RH SWG/ Gender dashboard

Traffic spotlights were printed and circulated. These are part of the gender dashboard shared by Merrin, the senior GenCap advisor. They entail analysed data from Activity info regarding gender analysis. They are supposed to identify existent barriers to services relating to gender. For example, in the RH/ antenatal care services section, it is shown that these are more accessed by women than girls because women fall into the wider age category.

Nevertheless, it was asserted that the RH partners are generally doing well; they have moved from the red to the orange circle and are taking the steps to reach green.

- For example, the sector is raising awareness on the merits of antenatal care.
- However, there isn't enough coverage of RH services in the South (particularly in the Jordan Valley).
- A decision needs to be made regarding the mobile clinic for the long-term. However, it should be noted that the dynamic itself (population movement) is constraining.
- It was pointed out that there is a lack of representative data regarding (needs versus coverage). So that can be worked on.

Feedback on SGBV training and upcoming steps

The WG provided feedback on the SGBV training.

- According to Ola: It was very good. The guidelines shared were very comprehensive and useful. It encourages the respective partners to fill the

gap if there is one. Also, regarding the question on whether the training will have any implication on her RH programming, Ola mentioned that she will focus more on gender-based violence.

- According to Andrea: It is important to remind the health people of their responsibilities in dealing with GBV. Moreover, it is good for training the doctors and staff in identifying and handling referral pathways. Some have the necessary services embedded in their clinics (psychiatrists). In other cases, the doctors think they can handle it themselves. What needs to be done is to convince the doctors that they should refer. However, one should take account the complications entailed in bringing together a trusted team to address the issues together (e.g. the high levels of confidentiality involved in dealing with GBV victims).
- **According to Luis:** there needs to be more training on the issue.
- Maysa also found the training very useful. But she reiterated the need to further emphasize the referral pathways in urban and inside the camps. She also mentioned the plan of the clinical management of rape, and the possibility of involving some of the staff soon. She commented on the patients centre approach vs. the survivors centre approach. Finally, she stated that there are international recommendations regarding SGBV to be relied on.

Action Points:

- Maysa could prepare the documents regarding referral pathways and circulate them next meeting.
- SOPs are available, and so Maysa can send them to the partners
- There might be a training with the IFH in September, so Maysa will update the partners as soon as the dates are definite.

Update on the group members

- UNFPA: some urban clinics will be closed with JHAS due to funding constraints, other urban clinics will continue, new RH map, MoH system support will have a priority to support the urban while in camps activities will continue as usual.
- JICA: They announced that they are formulating a new project. Accordingly they requested any information the partners might have regarding Syrian refugees in the Jordan valley. Accordingly, Maysa stated that a health assessment for Jordan Valley will be shared with them. Their project will mainly focus on Mafraq and Irbid. Given that JICA have

previously worked on the South of Jordan, Maysa expressed an interest in taking a look at any assessments they might have produced that identify gaps. JICA responded that despite their project being a big achievement, it was carried out before the Syrian crisis, and that now the situation has changed.

- MdM: normal activities but downsizing in one clinic in Za'tari at district 4 starting from January 2015.
- IRC: They are doing community outreach; they're going to all the remote areas. They got a preliminary approval. They might be expanding into Irbid as well, but for now it is going to be Mafraq. They are doing a trial run to see how it works out. But for now, they have definitely identified a lot of interesting issues, especially with regard to RH. Most importantly, there is a serious lack of access to RH services in Mafraq when the team visited ITS, even for those who are registered.
- JHAS: Ola announced that the previous day the clinic provided a RH awareness session regarding family planning in Zaatari as part of the awareness campaign.
Action Point: Ola is supposed to update Maysa on the number of attendees.

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- Regarding the RH map, there is an update from Zaatari (a Syrian clinic) that will be uploaded on the portal. Moreover, in the urban, 4 mobile clinics will be reflected on the RH map.
- With regard to reaching the pregnant, it will be on the agenda to coordinate with CTF.
- Efforts should be made regarding drafting the RH messages for the SGBV campaign.
Action Point: further improve the messages and work on them together.
- The family planning logbook is based on the MoH family planning logbook. It has been reviewed and henceforth, it has been recommended to have it in the clinics and report on a monthly basis accordingly.
Action Point: Maysa to share the family planning logbook through email.