

**Minutes**  
**Reproductive Health Sub-Working Group Meeting**

**23<sup>rd</sup> December 2014**

**Chaired by: UNFPA-Jordan**

Venue: UNFPA/Jordan Office

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA

Maysa Al-Khateeb – UNFPA

Heba Hayek – UNHCR

Yara Maasri – UNHCR

Aqsa Durrani – UNHCR

Elsa Groenveld – Medair

Dr Maha Al-Sahab – SHOPS

Hana'a Farajallah – SHOPS

Hanin Zoubi – IFH/NHF

Buthayna Al-Khatib – UNICEF

Manal Al-Ghazawi – HPC

Reem Abu Samra – MdM

Ola Al-Tebawi – JHAS

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Action points follow-up:

- For the referral criteria in the camp: The list of risk factors were translated into English. There will be a presentation in the next RH SWG meeting January 2015 on the checklist of risk factors to identify low and high risk pregnancies according to the score that was revised by UNFPA and is adopted in the camp.
- For the assessment of maternal nutrition: The main indicator that is adopted is number of pregnant and lactating mothers with anaemia.

- The indicator on early initiation of breast feeding within the first hour has added to the monthly RH template and framework and the new template will be shared with partners for implementation in 2015.

### Reproductive Health core messages

- As discussed in previous meetings, the purpose of this exercise is to have all RH-related messages compiled to ensure same messages are being delivered across the board.
- Messages should be different according to who is delivering them (i.e., community health volunteers, health care providers, CBOs), as well as who is receiving them (beneficiaries or providers).
- SHOPS has training materials on antenatal complications which can be shared, identifying risk factors according to trimester.
- For antenatal care, important to explain to beneficiaries what services will be provided during each session, such as taking blood and urine samples, TT vaccination and what the purpose of each component is, such as to detect any problems.
- Good idea to have training sessions including both health providers and community health volunteers. Connection between both components is very important. Need to look at how to do this for organisations who do not have their own clinics.
- It has been observed in the field on many occasions that the referral connection between communities and clinics is weak.
- Maternal nutrition component is very important, not just what type of foods to eat, but also how they should be prepared using local available nutritious food.
- For neonatal care, should consider that hypothermia can be an issue not only in winter but also during other times of the year, as a result of certain medical conditions. Should highlight the importance of keeping the baby warm, using hats and socks.
- In post-natal care, should emphasize the importance of keeping vaccination card. UNFPA is working on this in Zaatari with IRC, in Azraq with IMC.
- Messages for beneficiaries should be worded in a way that is understandable to a public with no medical knowledge.
- Breast feeding promotion and counselling on (importance of breast feeding, early initiation in the first hour after birth and exclusive breast-feeding) should start in third trimester, to prepare the mother in case the baby arrives early and build her confidence that she can breast feed her baby immediately after delivery.

**Action point:** Call a separate meeting to discuss the core messages in detail. SHOPS to share training material on antenatal care.

## Access to health services under new MoH policy

- As of November, Syrian refugees are no longer provided free healthcare at MoH facilities. Instead, they have to pay the same rate as non-insured Jordanians.
  - These rates are about 35–60% of what non-Jordanians (foreigners) pay, and are heavily subsidized.
- New rates will be manageable for many refugees. Thus, all registered refugees will be encouraged to access MoH facilities.
- UNHCR will cover refugees in two categories:
  - Category 1: Those who cannot afford the non-insured rates. For this category, will use the criteria of those eligible for cash assistance (currently receiving, on the waiting list, or who have received urgent cash assistance) as they have already been assessed and found to be vulnerable; those referred by other UNHCR units or partners as being vulnerable; and based on medical criteria, such as obstetric emergencies or high risk pregnancies.
  - Category 2: Those who cannot access MoH facilities due to expired UNHCR certificate or invalid Mol card. Refugees in this category will be covered for one month only as it takes less than a month to renew the certificate or obtain a valid Mol card (issued in the same governorate they are residing). Also in this category are those who cannot afford to issue the disease-free certificate Mol requires for issuing the card; SGBV survivors; mental health patients; malnourished children under five; and patients with exceptional approval, granted on a case-by-case basis.
- UNHCR-supported clinics will no longer cover unregistered Syrian refugees.
- Renal dialysis, iron chelating therapy for thalassemia and chemotherapy, radiotherapy for cancer cases, previously covered by MoH, will not be covered. UNHCR is trying to negotiate a special rate with MoH; cancer and other high cost treatments will be referred to the Exceptional Care Committee.
- For RH, refugees who cannot access MoH RH services are to be referred to UNFPA-supported clinics for antenatal care, post natal care and other RH services.
  - Major challenge is cost of deliveries: around 50JD for normal deliveries, and 140JD for caesarean section.
  - UNHCR will provide all Category 1 and Category 2 pregnant refugee women with delivery coverage. However, this still leaves many women without coverage.
- UNHCR has a referral hub with JHAS clinic, and for emergency cases that cannot pay, all are admitted to governmental hospitals. If there is no available bed they refer to another hospital. If they absolutely have to be admitted to a private hospital, someone from the family has to inform UNHCR or JHAS within 48 hours.

- In Tafileh and Aqaba there are only RMS hospitals, no government hospitals. Currently they are treating Syrian refugees as foreigners. For RH services in these two places, UNHCR is covering even for non-vulnerable Syrians.
- In the field it has been observed that different rates are being applied for deliveries. Standard costs should be emphasized. Health directorates have already been informed of the price lists. It is unclear, however, to what degree providers are aware of the correct rates.
  - However, if they do not have the proper documentation (valid UNHCR certificate and MoI card), they will still be charged foreigner rates, which can be up to 150JD for normal deliveries and up to 500JD for caesarean section.
- Immunizations are still free of charge for everyone.
- No clarity yet on whether or not FP costs will remain free of charge.
- UNHCR sent out an SMS to 11,000 refugee phone numbers to inform refugees on the change in policy; also covers what to do for deliveries. JHAS staff have also been briefed. IEC material is being developed and will be ready shortly; can then be distributed to NGOs with clinics who can share it with vulnerable refugees.
- NHF clinics also provide primary healthcare services for Syrian refugees.
- Policy is still new, implementation is not standardized across the board, effects and trends need to be monitored.

**Action point:** Anyone with information about MoH facilities charging different rates, to inform UNHCR.

### Update from group members

**UNFPA:** During December, UNFPA supported reproductive health providers working with deliveries with emergency obstetrics new monitoring tool.

In Zatari camp, District 5, UNFPA/JHAS Zaatar clinic will have another expansion, 6 Antenatal beds, 4 delivery beds, 8 PNC beds will be ready to serve Syrian Refugees by Mid-January.

IFH and MoH under UNFPA support provided reproductive health training to 289 Health professional targeting MoH, NGOs, INGOs staff across Jordan, total targeted 289, of which 230 female and 58 male, training workshops addressed several topic including: MISP, Reproductive health protocols, family planning and counselling. **UNICEF:** UNICEF will conduct in 2015 a training course for community health workers on RH awareness including all services (ANC, PNC, BF and FP), as a full package of integrated services. This activity could be supported through joint efforts of other UN agencies and partners (UNFPA, IFRC).

**JHAS:** JHAS UNFPA clinic in district 5 have expanded its capacity to accommodate the increase in number of admissions to deliveries, as follows (2 delivery rooms for NVD, 6 beds in first stage, and two portable incubators for neonatal resuscitation).

All UNFPA JHAS clinics participated in GBV campaign spreading awareness messages on different forms of GBV and early marriage targeting 1,038 beneficiaries above 18 yrs and 295 less than 18 yrs.

All JHAS UNFPA clinics in Zaatari camp have started the MUAC screening for pregnant and lactating women. A refresher session on care for new born at birth including early initiation of breast feeding was held in Zaatari camp by UNFPA, attended by UNFPA/JHAS staff, SCJ, and other partners.

**IFH:** IFH round of training were concluded with three (3) trainings to CBOs on RH & GBV basics (in Zarqa from Dec 1-2, in Dair Alla from Dec 7-8, and in Rusayfa from 10-11) with around 25-27 participants per training.

5 Campaign days were conducted; at KAP on Dec 1<sup>st</sup>, Hashmi center on Dec 4<sup>th</sup>, at Dair Alla clinic on Dec 9<sup>th</sup>, and EJC on Dec 28-29 that included both GBV & RH awareness workshops in addition to other activities

17 of IFH medical team; doctors, nurses, and midwives received trainings on menopause and postpartum with Family Planning Association on (Dec 11<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>)

**IMC:** IMC reported the following RH general statistics for December: TT vaccination first dose 35, TT vaccination second dose 34, Deliveries in IFRC 34, Deliveries outside the camp 4, ANC visits 185, PNC visit 16 and gynaecological cases 264

**IFRC:** During December 2014, 25 deliveries of which 5 were CS (20%). A total of 58 deliveries (Since 24<sup>th</sup> October 2014) with an overall caesarean rate of 20%.

**UPP/JWU** conducted awareness raising sessions on RH related topics and provided RH services in Amman, Irbid, Zarqa and Khaldyyah.

## RH assessments

- None planned.

## AOB

Next meeting: Thursday, 22 January, 09:30-12:30 am, UNFPA office