

Minutes

Reproductive Health Sub-Working Group Meeting

23rd of February 2015

Chaired by: UNFPA-Jordan

Venue: UNFPA/Jordan Office

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA
Maysa Al-Khateeb – UNFPA
Aqsa Durrani – UNHCR
Fiona Ben Chekroun – UNHCR
Dr Nisreen Bitar – HSS
Ritsuko Arisawa – JICA
Dr VilleHakkivee– IFRC
Dr Suhaib Alajlan – MSF-F
Ola Al-Tebawi – JHAS
Lira Hamid – IMC
Cobi Rietuela – MdM

Follow up on last meeting minutes

- RH partners should contact UNFPA with updates to the map: The purpose is to create a referential document with the exact location of RH centres in urban area. UNFPA have the feedback of MSF-F and Mdm and need more feedback.
Action point Partners should contact UNFPA with the exact addresses of the location of their RH centres.
- SOP for assessments: APS and PRM are currently c planning to conduct an assessment about the availability of Sexual and Reproductive Health Services available to Women, Girls, Boys and Men in the Governorates of Karak, Ma'an, Tafilah and Aqaba. according to the agreed inter-sectoral procedure RH SWG chairs should \ provide an approval or suggestions through this assessment that is available on the interagency website
Action point: UNFPA will share the inter-sectoral assessment guidelines, ethical consideration for research guidelines with partners
- The Antepartum high-risk pregnancy need to be implemented by all partners who provide ANC services. They need to implement and follow up the implementation of this form.
Action point Have the updates of the agencies on the implementation of the form.
- **Monitoring and Evaluation frame work**: UNFPA have shared the monitoring framework with partners for input. It is important for every partners to monitor their services and activities. Indeed, the coordination around the country is limited with the indicators. It is important to have a solid database with technical information in order to address partner's common needs for programming information. Unfortunately, these indicators are not reproduced by all members because some of them are not able to report. So, implementing this monitoring framework to have a comprehensive picture.
Action point: Partners should be involved in the monitoring and if applicable, add in the matrix indicators.

Discussions were made on the process of MoH reporting on the indicators related to MCH and that are collected from the health centres. After, these data are collected, analysed, and sent to the MoH final review and check. If the data are correct, they go to the central level to be broadcasted on the MCH site. There is delay in sharing the data for the current month which is usually two months.

Mdm point the finger on the gap between the collect of data related to indicators and the real practice. Based on UNHCR case defention for ANC 4th visit coverage, where the data is collected at the delivery through the ante-natal card but there is a possibility of under reporting as some mothers don't take their ANC card during the delivery or deliver in another center than were they are usually followed. Also another observation is that some of these centers don't document the ANC visit in the card. Outside the camp, the challenge is bigger.

Post natal care is still under reported and we need to encourage the post natal care consultation through raising awareness and follow up on seeking PNC consultation at least once after the delivery. It is also important to follow women with miscarriage and provide her with post abortion care (PAC) and Family planning counselling. UNFPA has implemented the logbook in the camp and it should be possible to have some data from that too.

Action point: Ensure the unification of the data and indicators collected.

Follow up on the Miscarriage log book implementation

- The Miscarriage log book has been implemented in the Zaatari and Azraq camp as a pilot for 2 months. Then the data will be analyzed and the log book will be adopted inside the camp and outside in the host communities by public health facilities.
The last action point was to add the. UNFPA have done a PowerPoint presentation with the different definitions, causes and complication of miscarriage.
Notification: than the interruption of pregnancy is possible until 20 weeks for US and NRC, 22 weeks for WHO and 24 weeks in Jordan. A miscarriage need to be treated as an emergency because if we do not intervene, we could have some complications.
Action point: UNFPA to add the definition of each type of miscarriage and if it is a midwife or a doctor that had supervised the miscarriage in the log book. All partners are requested to follow upon the ensure the implementing of this log book. The presentation will be share with the minutes.
- Partners should report on RH indicators in ActivityInfo Dashboard. Deadline for partner input into the database for indicators: 8th of each month. For February data, the deadline is on 8th of March.

Sexual gender based violence health sector action plan

Once the sexual gender based violence health sector action plan finalized, we will do a work plan for the year 2015. The background was the new guidelines of 2015 on integrating gender based violence into humanitarian action. The training was piloted in Jordan last year with the health sector. As a result, the health sector was asked to develop an action plan integrating the SGBV into the health response. The action plan is now online and accessible to everyone. UNFPA will share the URL with the RH partners.

Action points UNFP should share the URL with the RH partners

RH SWG work plan 2015

Need to be finalized with the additions and feedbacks from RH partners. We need more participation than in 2014. We will be requested on follow up the RH SWG work plan finalization and the on the field.

Deadline: End of this week.

1. IEC unified material will be kept. Need to be sure which kind of partner will contribute on it. (IFH,JHAS,MdM, UNFPA, IMC) If any partners want add on it, welcome. Time frame: April 2015.
2. Capacity building and follow up (JHAS, IFH, IMC, MoH, Community Task Force, and UNFPA) Time frame: December 2015.
3. Follow up on training (UNFPA) Time frame: May 2015. It is a kind of monitoring, evaluation to be sure that on the field, it is implemented. It is about performance.
4. RH guidelines revised and adapted into charts, awareness manual (UNFPA, MoH, JHAS, IMC, MdM, HSSII) for June 2015. Services included: Ad Hoc technical group.
5. Campaigns (RH SWG), identify the topics

6. Monitoring data analysis

Action points: UNFPA will send an invitation to partners for their participation.

Reproductive health mapping/feedback:

Reproductive health map of services presented and discussed with the team members, changes reported by MSF and MDM and reflected, the new map will be uploaded on the web portal

Gender Focal point network

There is an opportunity for another nominations for gender focal points network, UNFPA will share the ToRS and encouraging RH SWG members to send nomination to the Senior Gender Advisor to the IATF and HCT, Jordan

Action points: partners send GFP ToRs, partners to nominate candidates

Agency Update

IFH: IFH supported by UNFPA will start implementing the reproductive health training plan for 2015, starting with clinical management of rape training i1st training which will be conducted March 15-19th, UNFPA support sexual reproductive health trainings for health care providers and CBOs. IFH received the approval for KAP clinic from MOH.

IMC: Azraq camp: IFRC will provide 24/7 Emergency obstetric while UNFPA/IMC will provide primary level reproductive health services 9:00-4:00 pm.

JHAS: in zaatari camp, the newly assigned paediatrician started working 6 days a week following on neonatal examination and assessment, Ramtha clinic: with UNFPA support JHAS will provide reproductive health services in Ramtha clinic, 3 days a week AOB

Next Meeting: 19th March 2015