

Minutes

Reproductive Health Sub-Working Group Meeting

22th of January 2015

Chaired by: UNFPA-Jordan

Venue: UNFPA/Jordan Office

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA
Maysa Al-Khateeb – UNFPA
Fiona Ben Chekroun – UNHCR
Aqsa Durrani – UNHCR
Dr Nisreen Bitar – HSS
Cecilia Trevisan - UPP
Shireen Abu Hweij – JICA
Ritsuko Arisawa – JICA
Ghadir Al Majali – IRC
Muna Hamzeh – IRD
EevaMatsuvke – IFRC
Dr VilleHakkivee– IFRC
Mervi Rogers – Red Cross
LiisaRaatemaa – Red Cross
Dr Maha Al-Sahab – SHOPS
Dr Suhaib Alajlan – MSF-F
Ola Al-Tebawi – JHAS
Farah Ansouqah- JHAS
Elsa Groenveld – Medair
Manal Al-ghazawi – HPC

Review of main action point:

- The Nutritional assessment report conducted in 2014 showed high incidence of anaemia among non-pregnant women of reproductive age. Follow up on maternal nutrition among Syrian refugees in the camp and host communities is important.
- A new indicator on Early Initiation of Breast feeding that was included within the list of Nutrition SWG list of indicators, also was added to the revised RH monitoring framework to be reported by all health partners on monthly basis.
- The RH core messages will be shared with all partners and would be requested to identify different targeted groups these messages need to be finalized after discussing them in the previous meetings.
- If refugees go to Health Centre (in or outside the camp), partners should share information regarding utilization of services.
- MoH policy issues: if refugees do not have correct documentation, they do not receive care at non-insured Jordanian rate. We should advocate for the refugees with the MoH.

RH Map and RH assessments

- RH MAP: UNFPA would like to review for updates as there have been many changes and in order to ensure that there is coordination regarding services available. Best to do this ASAP as it is the beginning of the year.

Action points RH Map:

- ➔ RH partners should contact UNFPA with updates to the map.
- RH Assessments: UNFPA will share guidelines which were developed last year to ensure no duplications of assessments and that assessments were necessary and not exploitative for the refugees. All assessments available on the interagency website. Notification: American university started the research but we have to be coordinated. Need to know the methodology.

Action points RH assessment:

- ➔ SOP for assessments
- ➔ UNFPA will share guidelines

Presentation on High Risk Pregnancy Scoring form/UNFPA

- Antepartum high- risk pregnancy (as attached).

The Presentation included a brief on the scoring form that is based on Statistical analysis of 5459 cases by A.T. COOPLAND et al. This form is already used by MoH and is within the patient file. The aim of using this tool is to support the early detection of risk factors among pregnant women during ante-natal care visits and to identify those cases that need referral to secondary and tertiary health care level.

Action points:

- ➔ The form needs to be implemented by all partners who provide ANC services.
- ➔ UNFPA will share the presentation by e-mail, including sources.

Reproductive health core message

Reproductive health core message.

- As UNFPA 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.
- Maternal nutrition component including types of food were added.
- In addition to the previously agreed, the following was added: Benefits of immunization schedule. Necessity to give a card of vaccination and do training with nurse about the communication between them and the mother, and the risk of smoking and gas heater for the baby especially in crowded situation. Need to increase awareness
- There was a suggestion to add messages on minimum staying hours for mothers after normal delivery and C/S in the maternity ward whether at primary or secondary level
- Discussion were made to link the post natal care depression and the importance of keeping the mother in hospital for more than 24 hours to provide more support by health care providers.
- Each agency will select those messages out of the final document that are useful for their beneficiaries.
- Messages on early marriage/child marriage and STI were discussed and added to the RH core messages.

Action point:

- ➔ Every partners has to send the suggestion for the document regarding the last column on Suggested way to present each mentioned message such as (brochure, flier, and posters, etc.)
- ➔ Do the translation in Arabic and English of every health core message.
- ➔ Send the complete document.

Monitoring framework

- Coordination around the country are limited with the indicators. So, it is important to have a solid database with technical information (cumulate data from 2013 – 2014) to have a holistic picture. Need to share and publish on the portal these technical information with the logo of the organizations. UNFPA developed and shared monitoring frame work with partners and input is crucial to successfully address partners common needs for programming information.

Action point:

- ➔ Create an indicators sheet and contact MoH regarding their list of indicators.
- ➔ Deadline for partner input into the database for indicators: 8 of each month. The database is always open and accessible.
- ➔ UNFPA shared the monitoring frame work with partners for input

Spontaneous abortion log book

In response to field observations and communication with partners , the issue of miscarriage has been reported in different occasions, there was no systemic data collection system for this concern to investigate properly, UNFPA has developed a new log book to collect information about cases visit the clinics to seek post abortion care.

- This log book is considered as the first registry in Jordan to be introduced at health facility serving the Syrian refugees in Za’atari and Azraq camp the first time.
- From review of data and statistical monthly reports, it showed an Increase of spontaneous abortion (Miscarriages) in the camps and outside. Unfortunately, there is no existing data on types and we need to investigate more on the causes of abortions. There is a need to improve the quality of services provided and strengthening the post abortion care and FP counselling.

Action point:

- ➔ The new log book will be implemented in the Za’atari and Azraq camp as a pilot for 2 months. Then the data will be analysed and the log book will be adopted inside the camp and outside in the host communities by public health facilities.

Add the definition of each type of miscarriage and if it is a midwife or a doctor that had supervised the miscarriage. Add a column on g post abortion care

Activity Info Dashboard

Action point:

- ➔ Partners should report on RH indicators in ActivityInfo Dashboard .Deadline for partner input into the database for indicators: 8th of each month. The database is always open and accessible.

- ➔ Information about ActivityInfo at UNHCR Office in Khalda :

- 01/02/2015: 09:30 – 11:30
- 01/02/2015: 13:00 – 15:00
- 02/02/2015: 09:30 – 11:30
- 02/02/2015: 13:00 – 15:00

Update from group members:

UNFPA

- UNFPA conducted the CMR training end of December 2014 for 17 staff from IMC, IFRC and JHAS to build the capacity of health care providers on management procedures and counselling skills and massages.
- UNFPA is supporting the pediatrician recruited by JHAS with identified ToR for neonatal care and resuscitation and to work full time at UNFPA/JHAS clinic Z3

JHAS

- Paediatrician started working in JHAS UNFPA Z3 clinic to examine new-borns after birth and to refer those babies with complication for further medical management. In addition, encourage mothers on early initiation and exclusive breast feeding and follow up their vaccination schedule and growth monitoring.

IFH

Supported by UNFPA ,IFH teams has been providing Community awareness workshops on SGBV\RH issues in our facilities at CC, EJC, and KAP camps targeting specifically adolescent girls, women and mothers especially those defined as high-risk through the RH assessment, women and men survivors of violence, and female-headed households. A total of (28) Awareness sessions were conducted (13 sessions on RH and 15 on GBV issues) targeting (348) Syrian refugees. The sessions focus was on safe behaviors in the camp and positive behaviors within the family, Family planning, safe motherhood, breastfeeding, early marriage\pregnancy, STIs and HIV/Aids while GBV awareness were around issues of: domestic violence, GBV prevention and response, sexual violence, sexual harassment, and available services in the camps.

AOB

RH Azraq coordination meeting will be conducted at UNFPA offices,12th of February 2015

Next meeting: Thursday, 19 January, 10:00-12:00 am, UNFPA office