Reproductive Health Sub-Working Group Meeting Minutes

Date: Thursday 22 Sep 2016
Venue: UNFPA office

Attendance:

1. Dr. Faeza Abo Jalo- UNFPA
2. Amalia Mendes – TDH Italy
3. Aliene Otte – MedAir
4. Buthyna Alkhateb – UNICEF
5. Heba Ebbini – SCJ
6. Abdelhadi Eltahir – World Vision
7. Nisreen Bitar - HSD
8. Suzan Wright – HSD
9. Nidal AL Massadeh – UNHCR
10. Shereen Abu Hweij – JICA
11. Aya Lafi – IOCC
12. Hanin Zoubi – IFH-NHF
13. Ahlam Abdalsalam – UNFPA
14. Maysa Al khatib – USAID
15. Caroline Boustany – IRC
16. Ruba Atari – IMC
17. Yazan Abid – JPS
18. Hala Awad – PU-AMI

Agenda:

- Welcoming and Introduction.
- Follow up on last meeting minutes.
- Review of RH SWG term of reference
- Integrating GBV guidelines with SRH Services
- Brief on JRP/3RP process (2017-2019).
- Camp update.
- Agency Update.
- AOB

2. Follow up on last meeting minutes:	
	- **Implementing partners are advised to raise awareness on utilization of FP methods by Syrian refugees in camps and urban setting. Most of women use oral contraceptives:** Most of family planning methods used in camps and urban are contraceptive pills which leads to shortage in stock. To encourage women to use other methods by raising awareness. - **UNFPA to distributed RH messages by email after reviewing it and add more messages:** the RH core messages were circulated in the last meeting but no feedback received from partners. To be circulated again for partners comment **RH core messages to be shared on UNHCR portal after finalization**. - **JHAS to follow up with AMR once they started the normal vaginal delivery:** Approval obtained by AMR from MoH to open Delivery clinic in Zaatari Camp. To discuss more with AMR to provide them with a feedback regarding the delivery and what are the procedures and protocols to follow. The other main concern is the neonatal health, if in need to be referred outside the camp. And the most important thing is to have safe delivery (normal vaginal + caesarean) for the mother and the neonatal with zero maternal mortality. Still under discussion to operate 24hrs. - **IFH will send the training plan for 2016 and to be distributed by UNFPA:** Done

3. Review of RH SWG term of reference	
Discussion	(Discussion about purposes of RHSWG was posed) • The ToRs needs to be updated as it's from Apr 2015 and any comments or reviews by any partner are welcomed so it can be reflected on the new ToRs • The purposes of RHSWG need to be modified to cope of the real work of RHSWG, also the needs and gaps are already identified. Also, the process of analyzing and identifying the needs and the gaps should be on continues process. • To follow on the national rules and regulations for trainings; needs to be rephrased as we rely on national protocol guidelines regarding many issues related to training. So it should be unified and reflected on the training sessions done by RHSWG. • To mention the members of the agencies and the partners of the RHSWG • In addition, to include gender focal points from other groups to the membership of RHSWG. • To maintain the coordination with other sectors.
Action Points	✓ UNFPA to circulate the ToRs after being reviewed by partners

4. Integrating GBV guidelines with SRH Services/Presentation	
Introduction:	• A woman´s visit to a health service provider might be her only chance to receive support and care and escape a situation of abuse. • Most women, even in marginalized and remote areas, are likely to seek family planning or prenatal care services at least once in their lifetime,
GBV and SRH & rights:	• It is a major public health • GBV restricts choices and decision making. • It is a risk factor for sexually transmitted infections (STI), including HIV, and unwanted pregnancy. • Cause direct physical and mental health consequences.
Steps of an effective intervention of health professionals to GBV:	• The health care provider's responsibility is to provide appropriate care to survivors/victims of sexual violence, • To record the details of the history, the physical examination, and other relevant information, and; • With the person's consent, to collect any forensic evidence that might be needed in a subsequent investigation.
Creating referral pathways integrated into health care:	• are often the first point of contact for survivors of GBV, • not only to identify GBV and provide survivors with medical care, but also to refer them to other health care professionals within the same or at another health facility, for example, to mental health care providers or HIV specialists, • OR to other services, such as shelters or organizations providing psychosocial or legal counselling.
	At RH/GBV clinics ,Ensure: • Safety • Confidentiality • Respect • Non-discrimination • DO NOT record any information on the incident or write anything down without the permission of the survivor (Consent form) • Inform the survivor of available health resources and the benefits to seeking health care. • If the survivor is under 18, she must be accompanied by an adult, and, if possible, a member of her family. • Inform the survivor of available psychosocial and emotional support services available to her • Refer the survivor to the emotional support and psychological activities (such as emotional support, at women's centers, child- friendly spaces

Challenges:	• Cultural and individual barriers : difficult to integrate the leader and the community • Pregnant survivors…….!!! • Empower women….!!!! Fear to ask for the legal support.
Action Points	✓ N/A

5. Brief on JRP/3RP process (2017-2019)	
Discussion	**Background of processes:** - The JRP in its entirety is the 3RP chapter for Jordan - the entire JRP total budget including direct budget support and other budget lines, should be reflected in the 3RP - All potential NGOs should be registered with the Government of Jordan, otherwise, they will not be allowed to appeal. - 3RP is 2 years plan (2017-2018) while JRP is 3 years plan (2017-2019) **Setting Objectives, Outputs & Indicators:** - Each Sector Working Group (SWG) should develop a Sector Response Plan with up to **five** Objectives, **six** Outputs per Objective (three in each of the refugee and resilience components), and up to **three** indictors per Output. **Budgeting:** - The 3RP must be a defensible therefore realistic relative to its implementation and to its contributions to the overall situation. - As the overall Syrian refugee population in the region is not expected to grow significantly in the course of the next two years, sector and country plans which propose budget increases should prepare a strong justifications for such increases. - - JRP revision process: a meeting was held at WHO office with all key partners to launch the process of revision - New JRP is planned for 2017-2019 and review the revision for 2016-2018 - Timeline to complete the resilience component and refugee component is by end of September - Dead sea workshop (validation workshop) will take place on 4th – 6th of October to finalize the revision - A small task force was created to finalize the narrative part of JRP component (situation analysis, achievements of 2016, needs and response plan) - The first meeting of this task force took place on the 5th Sep to finalize the component - A project summary sheet will be provided by MoPIC and to be discussed with all partners in a workshop - Expected final approval to be on 21st Dec 2016 **Budgeting for 2017-2019:** - This is two/three year plan 2017-2019 - In each of the two/three years, the plan's budget should be based on the expected population planning figure and population targeted for assistance. - Planning and budgeting for the second year should therefore take into account expected changes in context, programmatic or strategic shifts expected.
Action Points	✓ N/A

6. Camp updates	
Discussion	JHAS: - In the previous RH coordination group in Za'atri camp all partners were encouraged to collaborate with community health project inside Zaatari for ANC and PNC visits. - JHAS is finalizing a report evaluating three months collaboration with community health component with IRD that will be shared in the next RH meeting in Amman. - RH partners were asking if Zaatari will be included in the IUDs insertion by midwives training. IFH: - No updates IMC: - The funding for the hospital under support by UNFPA will end by 30th of September but the hospital will continue functioning under direct funding from Echo. - Challenge for defence in Village 2. They used to have access to the clinics in Village 5, but access had been closed by SRAD and pregnant women have been referred to the hospital directly. They have the mobile medical unit present since June, but there is no gynaecologist present in the whole hospital. - They received caravans from UNICEF. They have them in village 2. There is also a paediatric ward being placed in the hospital. - Hospital is receiving 25% more deliveries since 2015: 80-85 per month or 3 per day (including C-sections) - Paediatric ward is funded through UNICEF, and UNHCR - Chair asked UNICEF if they can do a neonatal clinic (they are starting a paediatric ward in IMC soon, so they can add it) - neonatal screening for 3 inborn error of metabolism (GSPD, Phenylketonuria and hypothyroidism) need to include be included in neonatal services for Syrians. Now it is only for Jordanians, not under MoH and not free of charge.
Action Points	✓ N/A

7. Agency Update:	
	UNICEF: • Supporting IMC in Azraq to have a functioning paediatric ward in the hospital and are discussing neonatal screening to be included in the services provided there. • National level: they have the neonatal guidelines, are discussing with the ministry of health to endorse them and are calling for the steering committee meeting headed by the minister and not the secretary general. • Are going to do new-born training in 24 health centres (that are run by UNRWA) and are using the trainers from the university/hospital – the same hospitals that are working with the ministry - to unify the guidelines and to implement them in the health centers. The Ministry is the only obstacle. • The guidelines will be piloted in five hospitals, have not obtained the list yet, but hopefully Al-Bashir will be one of them. IOCC: • In the process of planning for new RH services • No further updates SCJ: • For The Nutrition Survey that Funded from UNHCR , UNICEF, WFP and implemented by SCJ ,it was done completed in camps on 24th Sep 2016 , and to start in Host Community on 25th Sep 2016 , and to finish the survey by 8th of Oct 16 • As SCJ already have a partnership with IFH In their Sweilieh Clinic , SCJ looking to conduct IYCF Sessions through their new Clinic in Karak , once they will Lunch this Clinic • As mentioned on the RH Meeting in Camp ,JHAS planning to have New-born care training for their medical staff in Camps , SCJ are willing offer their Support to Cover IYCF topic on this training MEDAIR: • Still have cooperation with UNHCR and JHAS about referrals until the end of November: have exceeded 100 IRC: • New clinic in Za'atari is moving smoothly. Had 1,900 consultations in August of which 400 were for reproductive health HSD: • Started HSD in March, will share list of initial sites where they are choosing to

focus their efforts

- Will have 38 Ministry of Health clinics and six MoH hospitals including Al-Bashir
- Will be working on collaborative approach to achieve change in the package of neonatal and maternal health services, including nutrition, SGBV identification and referral
- Working on community engagement around those services as well

USAID:

- Are in the preparation process for DHS 2017
- Will probably be implemented next summer around July.
- The modules depend on the level of funding and the participation of concerned partners

World Vision:

- Working on health cross-border in South Syria, in three different villages, got approval from Jordanian government to enter
- Implementing partners have lost 5 staff members in strikes on facilities
- Will try to provide information on how to access the Berm
- Started training for midwives inside Syria

TDH-Italy:

- Building on the first phase, Syria Joint Response (SJR, project name) phase 2 currently provides maternal and child health care to both Syrian and Jordanian vulnerable populations. The intervention includes access to antenatal, postnatal and paediatric services for all pregnant and lactating women and children below the age of 18. In order to provide a comprehensive response, TdH Italy has also begun screening patients for malnutrition and has integrated awareness on breastfeeding through collaborating with Save the Children Jordan. The project also provides additional services such as family planning and counselling, lab tests and access to free medication. Total number of beneficiaries reached for phase 2
- : 4904 (without follow ups from phase 1)
- : 962 antenatal care visits, 603 postnatal visits, 929 other services and 2410 paediatric visits.

	IFH: • Opening soon in Karak, starting first of October. • Also opening in Azraq camp with funds from UNHCR to work with children with disabilities to provide physiotherapy and audio-visual aids, special education, speech therapy etc. Age group: children under 15 but UNHCR would like them to expand, especially for people with a handicap. They are applying for funds for RH and GBV. • Trainings: conducted CMR training, psychological first aid, infection prevention and two basic trainings on RH and GBV code of conduct etc. They have reached 101 (87 women and 23 men) participants in different locations during August. Participating agencies: IRC, AMR, UNHCR, IMC, JHAS, Ministry of Health, private hospitals, ICRC DRC Save the Children and CBOs from the governorates. UNFPA: • Members are requested to share topics and presentations that need to be discussed in the coming meeting
Action Points	✓ UNICEF: discussion if they can start the neonatal screening

8. AOB	
- **UNFPA:** Next meeting will be on 20th Oct 09:30-11:30 am	
Action Points	✓ UNFPA to circulate the RH core messages again ✓ UNHCR: to share RH core messages on portal once finalized