

Reproductive Health Sub-Working Group Meeting Minutes

Date: Thursday – 19 January 2016

Venue: UNFPA office

Time: 9:30AM - 11:30 AM

Attendance:

1. Deifallah Alsheikh – UNFPA
2. Dr. Hanan Najmi - MOH
3. Israa Abu Jamous – SCJ
4. Sara Darwish – Medair
5. Haneen Abulaila – Medair
6. Abeer Al Beik - IFH
7. Aya Lafi – IOCC
8. Sarah Aladdin – JCAP
9. Clive Omilce – IRC
10. Tenow Bawoke – IMC
11. Amalia Mendes – TDH Italy
12. Safa’a Nadi- JWU
13. Isra’a Alshourafa- JPS
14. Ameera Amin –JPS
15. Lina Hamidi – IMC
16. Samah AlQuran- JHASi
17. Nawal Najjar – IRD
18. Ahlam abdalsalam - UNFPA

Agenda:

1. Welcoming and Introduction
2. Follow up on last meeting minutes
3. Presentation of Male Involvement/ awareness raising
4. Camp update
5. Agency Update.
6. AOB

2. Follow up on last meeting minutes:

	<ul style="list-style-type: none"> ✓ IFH, IMC, JHAS to share the analysis of the focus group sessions done in East Amman, Azraq Camp & Zaatari Camp. Done ✓ SCJ to provide the RH working group with questions regarding the awareness raising sessions. Done ✓ RH referral criteria to be circulated by UNFPA. Done ✓ Dr Faeza to circulate the work plan 2017 to all partners to review it and add their comments. Done ✓ UNHCR to share the referral analyses report of 2016 once it's finalized. Pending ✓ MOH will share the soft copy with all partners of the maternal guidelines. Pending ✓ Waiting for JICA approval to share the presentation: still waiting for JICA approval to share the presentation after endorsement of the results ✓ UNHCR to share the reports and a presentation regarding TOT trainings: pending ✓ UNHCR to present the relevant sections of Nutrition survey for RH related group: pending ✓ Evaluation report for UNHCR cash program to be shared by Dr. Dina: the draft report is not ready yet.
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3. Focused Group Discussions /awareness sessions on Male Involvement in Reproductive Health Services.

Discussion	<p>Introduction:</p> <ul style="list-style-type: none"> • RH working group recognized lack of inclusion of males in RH activities implemented for refugees in both urban and camp setting. • In order to enhance male involvement and highlight areas of needed improvement of current RH services\activities provided to men, boys support to RH services; RH working group suggested to conduct male involvement focused group discussions. <p>Objectives of FGDs sessions:</p> <ul style="list-style-type: none"> • Assess the level of knowledge of RH services among men and boys. • Level of accessibility of targeted group to RH services available. • Identify respondents' attitudes towards participating in RH services. • Determine the main cause for the reject FP and RH services • Determine the possible interventions (existing and new) that shall enhance the role of targeted group. <p>Methodology and Data collection:</p> <ul style="list-style-type: none"> • Focused group discussion tool (forms) was developed for the purpose of this activity. • The forms collected qualitative data that covers; knowledge, accessibility, and attitudes. • Forms differentiated between married and unmarried\ men and boys. • Activity was conducted during November and December 2016 through IMC, JHASi, and IFH. • A total of 12 sessions were conducted. • UNFPA coordinated with JHASi to design the forms and analyze data.
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Results:

- The main note from the session:
 1. 1/3 from the married and 1/5 of unmarried participant reflect positive attitude to the FP and RH services.
- The main cause behind of accessibility and attitude point as we noted through the sessions:
 - A. At Azraq camp there is a kind of regulation related to number of family to get the caravan (each 6 member / one caravan)
 - B. Some males do not accompany their wives to the RH clinic due to cultural reasons (some males said that they do not go with their wives because it is a Gynecology clinic i.e. for women only)
 - C. Some of them have objection to the concept of FP due to religious reasons and the babies are from the god and each one come with his\her potboiler
 - D. Some of them reported they do not follow their PNC visits due to the conception that there is no health need for that (for the mother and the child) “my mother did not go to any doctor any she had many healthy children”
 - E. Most of them used the traditional FP (count) as the method and they mentioned that their families already used this method.
 - F. Some of them mentioned difficulty accessing Health facilities in the camp due to long walking distances (specially at Azraq camp) and lack of reliable transportation
 - G. The cultural point in male side is when you get many babies that mean you are a strong man, you are controlling on your family, and that give them highly self-confidence.
 - H. Also some of them mentioned that since they don’t have work or another thing to do so they find a lot of time and power to pregnant and take care of babies
- 2. From the another side that the ladies (from the CHV and that effect on male attitude) trying to be pregnant to let her husband love her more and more (and prevent him think in others) also they tell her husband that family planning methods are associated with some misconceptions. Ex: FP methods might cause infertility and many side effects. In additional to used her husband as an excuse to explain her action for example remove the IUD and one of the sentence that the attendance used it at the session “tell her please”

Challenges:

- Number of attendance in married boys under 18 years sessions at Azraq camp was **low**, that was related to restrict in marriage age (minimum age to get married is 18 years for male and 15 years for female). Is it legal or through the traditional contract? If it is not regular, maybe will create problem in the future if any separate happened for the couple?
- Difficulty in engaging the attendance to participate in the sessions, especially in unmarried boys group. In addition to their sensitivity for RH topics discussed (STI, AIDs, etc).
- Educational level of attendance affected understanding the topics discussed (the facilitator had to further explain the discussion topics).

Recommendations:

- Conduct awareness sessions on regular basis. And focus on their understanding

	<p>for RH services.</p> <ul style="list-style-type: none"> • Highlight and mainstream the role of men and boys in RH in all RH awareness sessions provided. • Engage the male and boys in counseling and allocate specific time in RH clinics for couples counselling. • Increase the accessibility of men and boys to the RH facilities by allowing men and boys to enter RH centers (as per need), and advertise on services that they can benefit from. • Conduct pre-marital RH awareness and counseling for both genders. • At Azraq camp the IMC start enhance involvement of male in RH services through their CHV and RH campaign • At Zaatari camp, the IFH conducted the awareness sessions for the male and we encourage them to increase their session.
Action Points	✓ UNFPA to share the presentation with RH SWG member.

4. Camp updates	
Discussion	<p>JHAS: No major update</p> <p>IMC:</p> <p>Community health updates</p> <ul style="list-style-type: none"> • IMC Community Health team in Azraq camp will conduct a Reproductive Health campaign at the camp level that will start Jan.22nd .Campaign objectives are to increase population awareness and highlight the importance of RH services provided by IMC at Azraq camp (ANC/PNC, Family planning, TT Vaccination, Obs/Gyn services), Increase male participation in RH and encourage couple counselling. We will be covering the whole camp conducting shelter to shelter visits, as well multiple invitation based events. • CH team will continue identifying, documenting, referring and following up all cases that need RH services (ANC visits, PNC visits, Family Planning, Tetanus Toxoid Vaccination, and management of other obstetrics and gynecological cases)
Action Points	✓ N/A

5. Agency Update:	
	<p>JPS:</p> <ul style="list-style-type: none"> • Since the first of January 2017, JPS start working on free referral project which include the following services (Day case surgery, One day admission surgery, Lifesaving cases, Normal vaginal delivery, Caesarean section, Emergency obstetric care, Neonatal care. <p>-Beneficiaries criteria : (Syrian refugees hold Valid MOI card as one of the following , Camp population, Expired Asylum seeker certificate , Not probably billed out living out of the camp, Urban with valid MOI card and valid Asylum seeker certificate (Vulnerable) for exceptional cases in coordination with UNHCR and JHAS, Urban with valid MOI card and valid Asylum seeker certificate (Non-Vulnerable) JPS VAF assessment will be applied to consider the case, Vulnerable Jordanian)</p> <ul style="list-style-type: none"> • JPS has extension of war wounded project period till 30 April 2017

JICA:

- JICA has been providing support for Syrian PWDs in Jordan and the guide book for Person with disabilities was developed by Syrian PWDs group together with JICA.

IFH:

- IFH-UNFPA Karak clinic opening ceremony will be on Feb 8th
- IFH signed an MoU with HSDA/USAID to improve access & quality of RMNCH+ (Reproductive, Maternal, Neonatal, and Child health services including nutrition and services for GBV and non-communicable diseases) in 4 locations
- In collaboration with the Center for strategic studies-Jordan University, International Center for RH-Gent University/Belgium, and SRHR center- Rutgers University/Netherlands; the IFH has conducted a full day workshop with RH & GBV stakeholders who work on Early Marriage as part of a proposal research submitted to the Ministry of Foreign Affairs of the Netherlands (Share-Net International) hosted by HPC
- IFH has started working towards the accreditation with HCAC (Health Care Accreditation Council)
- All other day-to-day RH and GBV services are ongoing as usual in all 19 centres of IFH

SCJ:

- For Anemia program, Total tested in the host community: 427 women in reproductive age, anaemic: 94 women. Total tested in Azraq camp: 240 women, between these women 63 Anemia case.
- In coordinate with MOH, SCJ handle the IYCF part in the IMCI training in Zaatari camp.
- SCJ –JHAS did monitoring visit to KAP and did on job training for infant formula clinic.

IMC:**Clinics updates provided during the last RHSWG**

- ANC---828 cases
- PNC---18 cases
- FP-----160 cases.

During the month of December 2016 CH team has identified and referred the following #of cases:

- ANC (including TT vaccine): 24
- PNC: 6
- Family Planning: 5
- Obs/Gyn:23

IMC started using a new reporting and follow up tool this week. This will enable us to have a more effective follow up and an accurate numbers of beneficiaries received RH services as a direct result of CH team visits and follow up.

TDH Italy:

- Terre des Hommes Italy under the Agencies of the Syrian Joint Response, a total of 13,858 (including follow up and other nationalities) have been reached with antenatal care, postnatal care and paediatric services. A total of 10,417 additional visits have been conducted with these women in the second year averaging 5 visits per woman. Further, a total of 1748 have been provided with family planning counselling and a total of 2098 women have been provided with contraceptives (partially donated by UNFPA). Additionally, a total of 2646 women and children have been screened for Malnutrition and those diagnosed with MAM/SAM have been referred to other feeding programs conducted by JHAS.

	UNFPA: <ul style="list-style-type: none"> - UNFPA through coordination with MOH conducted Implanon NXT training for 20 gynaecological doctor from UNFPA's implementing partners. the doctors that attended this training will be trainer for another gynaecological doctor ▪
Action Points	<ul style="list-style-type: none"> ✓ JICA to share Syrian PWDs guide book soft copy with RHSWG and they will be able to provide some hard copies to any agencies can use it to support PWDs. ✓

6. AOB

- **UNFPA:** Next meeting will be 16th February 2017 at UNFPA office 9:30 AM