

## Reproductive Health Sub-Working Group Meeting Minutes

**Date:** Thursday – 16 Feb

**Venue:** UNFPA office

**Time:** 11:00 AM – 13: 00 PM

### Attendance:

1. Dr. Farza Al Jalo
2. Deifallah Alsheikh – UNFPA
3. Dr. Hanan Najmi – MOH
4. Dr. Dina Jardaneh – UNHCR
5. Lana Khoury – JCAP
6. Ameera Amin – JPS
7. Isra'a AlShourafa – JPS
8. Nisrin Bitar – HSD
9. Ranad Fakhoury – Caritas
10. Israa Abu Jamous – SCJ
11. Makiko KOMASAWA - JICA
12. Elsa Groeveld – Medair
13. Aya Lafi – IOCC
14. Abeer Mwaswas - MOH
15. Samah AlQuran- JHASi
16. Mohamad Fouad – IRC
17. Ruba Atari – IMC
18. Abdullah Elnsour – IRC
19. Fadia AL Jabr - MOH
20. Nidal AL Masadeh - UNHCR

### Agenda:

1. Welcoming and Introduction
2. Follow up on last meeting minutes
3. Male Involvement/awareness raising update
4. Recommendations of the Essential Newborn Care training for health care workers
5. GBV intervention in Humanitarian Action
6. Camp update
7. Agency Update.
8. AOB

## 2. Follow up on last meeting minutes:

- ✓ UNHCR to share the referral analyses report of 2016 once it's finalized. **To check with UNHCR**
- ✓ MOH will share the soft copy with all partners of the maternal guidelines. **Not ready yet as it's not endorsed**
- ✓ Waiting for JICA approval to share the presentation: **the final presentation will be shared by JICA by next month**
- ✓ UNHCR to share the reports and a presentation regarding TOT trainings: **Done.**
- ✓ UNHCR to present the relevant sections of Nutrition survey for RH related group: **will be presented in the next HSWG meeting**
- ✓ Evaluation report for UNHCR cash program to be shared by Dr. Dina: **the evaluation ready and to be presented in the next RH meeting**
- ✓ UNFPA to share the presentation with RH SWG members: **Done**

3. Male Involvement/awareness raising update	
	<p>After the awareness session conducted in Azraq camp, Zaatari camp and urban the last update for it is:</p> <ul style="list-style-type: none"> <li>- IMC at Azraq camp conducting the RH campaign for all of their volunteers and this campaign targeted for male related to RH topics and services as well as some activities created by CHVs (like role play and Hakawati) related to this point and during next meeting through IMC will update more detail.</li> <li>- RH member at Zaatari camp is planning for RH campaign for all of volunteers at camp level and focusing on male involvement and message for male related to RH topics and the main topics will provided from filed staff</li> <li>- RH care provider ( gynecological. doctors, midwives, nurse..) they had meet at IRC clinic-Zaatari camp in order to coordinate their activity and cover the gap</li> </ul>
Action Points	N/A

4. Recommendations of the Essential Newborn Care training for health care workers	
Overview	<ul style="list-style-type: none"> <li>• Understanding the causes of Neonatal Mortality in Refugees situation studies were conducted: <ul style="list-style-type: none"> <li>-Farchana refugee camp in Chad in 2012,</li> <li>-Nyarugusu refugee camp in Tanzania in 2013</li> <li>-Za'atri refugee camp in Jordan 2015</li> </ul> </li> <li>• UNHCR developed Operational Guidelines to Improve New-born Care in Refugee Operations: <a href="http://www.unhcr.org/54bd0dc49.pdf">http://www.unhcr.org/54bd0dc49.pdf</a></li> <li>• Two-year project in January 2016 aiming to support and improve new-born health care interventions in refugee operations which was funded by the Bill and Melinda Gates Foundation (BMGF).</li> <li>• The project emphasizes the expansion of key low-cost, high-impact new-born care interventions: <ul style="list-style-type: none"> <li>–Proper cord care</li> <li>–Thermal care</li> <li>–Initiation of breathing and resuscitation (Helping Baby Breath, NRP)</li> <li>–Early initiation of exclusive breastfeeding</li> <li>–Kangaroo Mother Care (KMC)</li> <li>–Eye care</li> </ul> </li> </ul>
Activities in Jordan	<ul style="list-style-type: none"> <li>• Activities included: Baseline Assessment, Trainings, Procurements</li> </ul> <p><b>1. Baseline Assessment</b></p> <ul style="list-style-type: none"> <li>–New-born Health Baseline Assessment JORDAN</li> <li>–Neonatal Care Action Plan (Azraq and Za'atri Camp, June to December 2016)</li> </ul> <p><b>2. Trainings</b></p> <ul style="list-style-type: none"> <li>–Two Neonatologists Contracted by UNHCR</li> <li>–Develop a training curriculum (Match the Gap with a focus on low technology, high impact interventions)</li> </ul>

<p>General Recommendations Both Camps</p>	<ul style="list-style-type: none"> <li>–Conduct two trainings courses (four days each ) for HCW on in Essential new-born including Neonatal resuscitation</li> <li>–Identify potential trainers from amongst the trainees</li> <li>–Conduct follow up monitoring and supervision to both camp</li> </ul> <p><b>3. Procurements of Essential Medications and Equipment</b></p> <ul style="list-style-type: none"> <li>–Clinic or Primary Health Facility New-born Kit</li> <li>–Hospital New-born Kit</li> </ul> <ol style="list-style-type: none"> <li><b>1. To develop Standardized documentation to help in improving documentation and aid in identification of problems:</b> <ul style="list-style-type: none"> <li>–History form</li> <li>–Examination form</li> <li>–Breastfeeding observation aid</li> <li>–Discharge checklist</li> <li>–Neonatal resuscitation form</li> <li>–Code form</li> <li>–Postnatal growth charts</li> </ul> </li> <li><b>2. Standardizing practices using checklists and charts to improve practices and minimize medications error:</b> <ul style="list-style-type: none"> <li>–Neonatal resuscitation equipment checklist</li> <li>–Action plan posters for term babies and small babies</li> <li>–Resuscitation diagrams posters</li> <li>–Medication dose charts for intra-muscular injections.</li> <li>–Home visits at 1,3,7-14 &amp; 28 days for full term babies</li> </ul> </li> <li><b>3. Having the following posters posted in all delivery areas and new-born care areas will serve as visual reminders for evidence based practice:</b> <ul style="list-style-type: none"> <li>–Helping baby breathe.</li> <li>–Neonatal resuscitation flow diagram.</li> <li>–Essential care of every baby Action plan.</li> <li>–Essential care of small baby Action plan.</li> </ul> </li> <li><b>4. To establish a neonatal health team at each camp</b> <ul style="list-style-type: none"> <li>–Supervision, Training, regular meetings</li> </ul> </li> <li><b>5. Developing policy and procedure guidelines for all elements of essential new-born care</b> <ul style="list-style-type: none"> <li>–Weight check, calibration of weight scales and glucometers, V/S monitoring, bathing after 6 hrs, Breastfeeding, KMC, EyeCare, etc....</li> </ul> </li> <li><b>6. Having a regular schedule for training health care workers on essential new-born care. every 1-2 months, every 1-2 weeks, every 2 years</b></li> <li><b>7. Improving Parents education</b> <ul style="list-style-type: none"> <li>–Essential care for every baby &amp; Essential care for small baby educational leaflets for parents.</li> <li>–Providing antenatal education to families on skin to skin care, early initiation of breastfeeding, KMC, and expected length of stay after delivery.</li> <li>–Having posters of danger signs in waiting areas, providing danger sign educational leaflets for parents</li> <li>–Follow up visits on the 3, 7, 28 days for Full term Normal Babies</li> </ul> </li> <li><b>8. Continue to support incentives to mothers who give birth at health facilities by providing the mother and baby sets</b></li> <li><b>9. Encourage follow up new born visit either as at the health clinic or as outreach to assess the new-born at 3 and 7 days of life.</b></li> <li><b>10. Provide Growth charts for new-borns and older children for growth monitoring and follow up</b></li> <li><b>11. Procure transport incubator with built in ventilator that can be fitted in the ambulance or arrange this service to be provided by referral hospitals for ventilated babies requiring referral.</b></li> <li><b>12. Education about discharge counselling for all health care workers.</b></li> </ol>
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13. Maternal infectious disease screening during anti-natal period including hepatitis B, syphilis, +/-HIV.
14. Referral of babies weighing less than 1800 grams or less than 35 weeks gestation is recommended based on the level of care which can currently be provided at the health facilities.
15. Piloting critical congenital heart disease screening
16. Vitamin D supplements for all babies (Vit D deficiency is high in Jordan 30-90% av60%)
17. Iron supplements for babies at 4 months, and earlier if preterm ( anaemia in under 5yr is 48% in the camp setting)
18. Neonatal screening programs-CVS, hearing, blood spot
19. Providing phototherapy at hospitals-decrease referral rate
20. Making Sure all medications and equipment needed for essential new-born care and NR are available

**Areas of Excellence at this visit at health facility -Za'atri Camp:**

- Antenatal care documentation
- Good essential new-born care skills and equipment ready for use
- Skilled health care Live birth attendant
- Breast feeding initiation and counselling
- Trainers are ready to train once training equipment are available
- Availability of necessary medications
- Good communication among staff

**Areas Needing Improvements -Za'atri Camp:**

- Documentation of neonatal care after delivery
- Implementing the policy of 24 hours stay in the delivery unit in Za'atri as soon as possible. Antenatal counselling about the expected length of stay post-delivery and possibly
- Having neonatal care policies available and conveyed to all health care workers
- Discharge counselling of mothers
- Implementation of eye care
- Organising data registry system
- Having a schedule to sustain training in Essential new-born care

**Areas of Excellence at this visit at health facility Azraq Camp:**

- Antenatal care documentation
- Delivery room equipment ready for use
- Skilled health care Live birth attendant
- Trainers are ready to train once training equipment are available

**Areas Needing Improvement at Azraq Camp:**

- Documentation of neonatal care after delivery
- Having neonatal care policies available and conveyed to all health care workers
- Discharge counselling of mothers
- Implementation of pantograph use during delivery
- Continuity of care for new-borns and health supervision visits for new-borns
- Encourage flow up new born visit either as at the health clinic or as outreach to assess the new-born at 3 and 7 days of life.

<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ To share the presentation with all RH SWG members.</li> <li>✓ To share the results of the Nutrition survey with all partners</li> </ul>
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5. GBV intervention in Humanitarian Action	
	<p style="color: red; text-align: center;">To be filled by DR. Faeza</p> <ul style="list-style-type: none"> <li>• Improve the coordination of service providers on GBV</li> <li>• Availability and accessibility of protection 24/7</li> <li>• Available of women doctors in clinics</li> <li>• Raising staff awareness on GBV and referral pathways</li> <li>• Build the capacity of the health providers on the referral mechanisms for GBV survivors.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ DR. Faeza will circulate the template of Guidelines for integration GBV interventions to be reviewed and submitted by partners by 23<sup>rd</sup> Feb</li> </ul>

6. Camp updates	
Discussion	<p><b>JHAS:</b></p> <ul style="list-style-type: none"> <li>• In order to monitor activities related to RH, montghlyt meeting is held in Zaatari camp, attendees are from different organizations inside Zaatari.</li> <li>• Two major points were raised during the last meeting: <ul style="list-style-type: none"> <li>▪ All women in 36 weeks of pregnancy need to be referred to JHAS RH clinics to continue the antenatal care till the time of delivery</li> <li>▪ A suggestion was raised to have a meeting with all gynecologists and midwives in order to meet each other and to agree the work load and the flow of the work.</li> </ul> </li> </ul> <p><b>IMC:</b></p> <p><b>Community health updates</b></p> <ul style="list-style-type: none"> <li>• IMC has started it's 2017 program, the program is funded by UNFPA, UNICEF &amp; UNHCR</li> <li>• By the beginning of 2017, IMC received extra fund to include four pediatricians to be located in the mobile clinic to start the pediatric interventions</li> <li>• The community health volunteers started new trainings through the community health components</li> <li>• Last week of Jan, a volunteer Dr. from United States will support in Azraq Camp in the emergency hospital.</li> <li>• Clinics in village #5 is under construction, hopefully by end of Feb the clinics will be open.</li> <li>• To start the growth monitoring with UNICEF as it will be implemented in many levels starting with primary health care for both camps, Azraq &amp; Zaatari</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ N/A</li> </ul>

## 7. Agency Update:

### MoH:

- Is in the process of doing training of trainers and the process of developing the materials.
- Implanon is now available in most of MoH clinics and hospitals
- A refreshment course to be conducted for service providers.

### HSD:

- A committee from the MoH, JU and other partners was developed and HSD have developed three clinical procedures for Antenatal, Postnatal and child services and three clinical pathways for screening and management of anemia for children and management of maternal anemia and family planning services.
- Both policies and procedures were approved by MoH, and the health centers will start implementing them as soon as they are trained.
- HSD is planning to have a ToT for the MoH trainers in order to enable them to do trainings for service providers and the health centers.
- Still working on the collaborative approach for improving the quality of MCH services within 36 health centers with collaboration of MoH
- Focus group discussions in now conducted with women who are receiving services of the health centers for both Syrians and Jordanians.

### IRC:

- IRC have provided the RH services initially the primary health care services in Mafraq and Ramtha and mobile clinics in Irbid and Mafraq and Zaatari as well. IRC is in the final stages of negotiation of funding opportunities with donor for their reproductive health program.

### JPS:

- No major updates, same projects are running normally

### JCAP:

- Finishing the execution of the plan your pregnancy in the Eastern border campaign, and it will be finished in the coming 10 days.
- Embarking the behavior economic study, to identify the FPU to enhance the family planning methods.

### MEDARI:

- Started the new health project in the beginning of Feb
- Community health program and cash for health program (cash for delivery) is running on

### IOCC:

- The IYCF awareness sessions are still on going
- IOCC reached so far 20,000 beneficiaries and conducted sessions for adolescence about healthy diet

### Caritas:

- Is in the process of preparation to conduct health campaigns of three topics in 2017, the first one is about healthy living during pregnancy and preparation of delivery the second one is for breast feeding and infant care, and the final topic is about the healthy living to reduce the NCD risk.

	<p><b>JICA:</b></p> <p><b>UNHCR:</b></p> <ul style="list-style-type: none"> <li>• A thought to be brought by UNHCR; the IRD community health volunteer project for Iraqi refugees, this service is to be raised to the MoH for their approval to be provided for Iraqi refugees and other refugees for free same as Syrian Refugees.</li> </ul> <p><b>JHAS:</b></p> <ul style="list-style-type: none"> <li>• In January, it was noticed an increase of the total number of normal vaginal deliveries within JHAS clinic (same like 2016 report)</li> <li>• 28% increase of the total average</li> <li>• JHAS is following with neonatal care recommendations, as during Jan the Moroccan Field Hospital has used 4 blood units</li> <li>• Strong collaboration with IRD and SCJ. IRD covered 80% of ANC defaulters &amp; 88% PNC defaulters.</li> <li>• SCJ covered 86% deliveries that occurred in JHAS clinic in the month of JAN.</li> <li>• JHAS started conducting family planning awareness sessions</li> </ul> <p><b>SCJ:</b></p> <ul style="list-style-type: none"> <li>• Normal Health &amp; nutrition activity are going on.</li> <li>• SCJ incorporation with MOH conducted and finished IYCF training for 8 provinces: Amman, Aqaba, Karak, Ma'an, Tafila, Jordan valley (Ghour Safi, der Allah and Sheikh Hussien) as 12 health staff were attending each training in each province.</li> <li>• Anemia follow up for all anemic cases are going on</li> </ul> <p><b>UNFPA:</b></p> <ul style="list-style-type: none"> <li>• Situation at the berm, people are coming to the service area</li> <li>• Most of the deliveries are referred to Ruwaished Hospitals</li> <li>• UNHCR and UNFPA are providing primary health care, UNICEF is providing services to children and child feeding.</li> <li>• Many deliveries under age of 18 in addition to the injuries from the Rugban due to blasts.</li> <li>• All the caesarean cases referred to Ruwaished hospital and affiliated hospitals and governorates hospitals in other governorates</li> </ul>
Action Points	N/A

8. AOB	
	<ul style="list-style-type: none"> <li>- Call for proposal by OCHA, the new round of Mar 2017 was circulated by the Health Sector under two objectives and to be discussed in the HSWG meeting next week.</li> <li>- The work plan of RH SWG was circulated in Dec, no feedback was received from any partners.</li> <li>- <b>UNFPA:</b> Next meeting will be 23<sup>rd</sup> Mar 2017 at UNFPA office 9:30 AM</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ Dr. Faeza will circulate the revised final version of RH work plan, to be reviewed by partners and the deadline will be in the 23<sup>rd</sup> Feb for any comments.</li> </ul>



