

## Reproductive Health Sub-Working Group Meeting Minutes

**Date:** Thursday – 23<sup>rd</sup> March

**Venue:** UNFPA office

**Time:** 09:30-11:30

### **Attendance:**

1. Dr. Faeza Al Jalo-UNFPA
2. Deifallah Alsheikh – UNFPA
3. Ali Al-Gharabli - UNFPA
4. Dr. Hanan Najmi – MOH
5. Dr. Malak Al Ouri MOH
6. Dr. Dina Jardaneh – UNHCR
7. Nisrin Bitar – HSD
8. Ranad Fakhoury – Caritas
9. Israa Abu Jamous – SCJ
10. Elsa Groeveld – Medair
11. Aya Lafi – IOCC
12. Abeer Mwaswas - MOH
13. Samah AlQuran- JHASi
14. Fadi Owias – IMC
15. Nidal AL Masadeh – UNHCR
16. Amalia Mendes- Tdh Italy
17. Asami Veno – JICA
18. Megumi Shuto – JICA
19. Shereen Abu Hwaj- JICA
20. Randa kuhail- ECHO
21. Clive Omoke-IRC
22. Hanin Zoubi - IFH

### **Agenda:**

1. Welcoming and Introduction
2. Follow up on last meeting minutes
3. Male Involvement/ RH campaign in Azraq camp
4. Cash for health and the inter-agency nutrition survey
5. Camp update
6. Agency Update.
7. AOB

## 2. Follow up on last meeting minutes:

- ✓ To share the presentation with all RH SWG members: **Done**
- ✓ To share the results of the Nutrition survey with all partners: **shared on UNHCR web portal**
- ✓ DR. Faeza will circulate the template of Guidelines for integration GBV interventions to be reviewed and submitted by partners by 23rd Feb: **Done (feedback from Sector Chair)**
- ✓ Dr. Faeza will circulate the revised final version of RH work plan, to be reviewed by partners and the deadline will be in the 23rd Feb for any comments: **Done**

### 3. Male Involvement/awareness raising update - IMC

<b>Objectives</b>	<ul style="list-style-type: none"><li>• Increase male participation and involvement in RH and encourage couple counselling</li><li>• Increase awareness on Reproductive Health services available in IMC PHC Facilities (highlighting the importance of ANC/PNC visits, TT vaccination and Family Planning)</li><li>• Highlight medical, psychological, social and economic consequences associated with poor Family Planning</li><li>• Correct misconceptions associated with Family Planning methods</li><li>• Emphasize benefits for delaying early childbearing among adolescents</li></ul>
<b>Methodology</b>	<p><b>Training Sessions:</b></p> <ul style="list-style-type: none"><li>▪ RH and Family planning it was conducted by IMC Gynaecologists</li><li>▪ IMC Gynaecologists it was conducted by IMC Gynaecologists</li><li>▪ ANC/PNC follow up and the use of ANC card it was conducted by IMC Midwife</li><li>▪ Vaccination (including TT vaccine) and the use of vaccination card it was conducted by IMC vaccinator</li></ul> <p><b>Visits:</b></p> <ul style="list-style-type: none"><li>• During home visits CH team identified, documented, referred and followed up all cases in need for RH services<ul style="list-style-type: none"><li>▪ 3108 shelters visited</li><li>▪ 4305 adults educated</li><li>▪ 1539 males educated</li></ul></li></ul> <p><b>Events:</b></p> <ul style="list-style-type: none"><li>▪ 14 events conducted</li><li>▪ 391 participants</li><li>▪ 172 adult males</li></ul>
<b>Materials used</b>	<ul style="list-style-type: none"><li>• RH Brochure (MOH)</li><li>• Follow up Card</li><li>• Documentation Forms</li></ul>

<p><b>Challenges</b></p>	<ul style="list-style-type: none"> <li>• Female Gynecologist</li> <li>• # of children per Household</li> <li>• Couple counseling</li> <li>• Accessibility</li> <li>• Misconceptions about FP methods</li> <li>• Religious (Minimal effect)</li> <li>• Follow up on identified cases</li> <li>• Lack of awareness/ education level</li> </ul>
<p><b>Lessons Learned</b></p>	<ul style="list-style-type: none"> <li>• Continuous efforts</li> <li>• Follow up</li> <li>• Documentation (follow up &amp; card #)</li> <li>• Events (targeted &amp; focused)</li> <li>• Coordination (PHC)</li> </ul>
<p><b>Action Points</b></p>	<p>- To share the presentation by IMC</p>

<p><b>4. Cash for health and the inter-agency nutrition survey</b></p>	
<p><b>Background</b></p>	<ul style="list-style-type: none"> <li>• Over 4 million have fled Syria to neighbouring countries</li> <li>• 655,014 in Jordan (78.4% outside of camps mostly in major urban centres).</li> <li>• MoH allowed refugees to access health care at same level as insured Jordanians</li> <li>• Placed considerable pressure on the health system and resources</li> <li>• In 2013 &gt;9% of total patient visits in MoH facilities were by Syrians</li> <li>• November 2014 the government of Jordan ceased provision of free health services for Syrian refugees in out-of-camp settings</li> <li>• Syrian refugees have to pay the non-insured Jordanian rate when they use Ministry of Health services</li> <li>• Coverage of ante- and postnatal care fell and refugees incurred considerable out-of-pocket expenses to access delivery services up until March 2016</li> <li>• NGO-supported referrals to MoH were charged at a much higher rate than the non-insured rate charged to refugees who paid for services</li> </ul>

<p><b>Approach to Establishment of Cash for Health</b></p>	<p>themselves.</p> <ul style="list-style-type: none"> <li>• Cash assistance considered an efficient way to support access to certain essential health services</li> <li>• Lower costs charged per service</li> <li>• More women/girls could be provided with assistance</li> <li>• Well-developed banking system in Jordan</li> <li>• Refugee population already used to cash/vouchers in lieu of in-kind assistance</li> <li>• Little experience of cash-based initiatives (CBI) to improve health service access in humanitarian</li> </ul> <ul style="list-style-type: none"> <li>• Predictable health services for antenatal (ANC), postnatal care (PNC) and delivery were costed <ul style="list-style-type: none"> <li>– level of assistance based on expected cost</li> </ul> </li> <li>• Eligible pregnant women identified through UNHCR partner clinics of Jordan Health Aid Society (JHAS) <ul style="list-style-type: none"> <li>– Based on vulnerability criteria and medical criteria</li> </ul> </li> <li>• Counseling provided on: <ul style="list-style-type: none"> <li>– level of assistance</li> <li>– scope of services covered</li> <li>– health promotion on the use of these services</li> <li>– assistance collection point and procedures</li> <li>– time-frame for collection</li> <li>– hospitals to be approached for delivery</li> </ul> </li> <li>• List sent by JHAS to UNHCR Health unit for verification of eligibility</li> <li>• Lists of eligible beneficiaries sent to bank by UNHCR three times weekly</li> <li>• Monitoring and evaluation undertaken on <ul style="list-style-type: none"> <li>– Timeliness of bank notification and cash collection</li> <li>– Whether the cash was used for the intended purpose</li> <li>– Feasibility</li> <li>– Effectiveness i.e. coverage of services</li> </ul> </li> </ul>
<p><b>M and E</b></p>	<ul style="list-style-type: none"> <li>• Set of minimum questions collected through telephone survey</li> <li>• <b>Phase 1:</b> to evaluate the process of money transfer and the timeliness of money collection at the bank level</li> <li>• <b>Phase 2:</b> once the cash is successfully received and the cases has presumably received the intended services to monitor the use of money</li> <li>• Pilot phase: all cases</li> <li>• Afterwards: random sampling not only Maternal and All pre-defined level of assistance cases</li> </ul>
<p><b>Conditions Covered under CAEHS</b></p>	<ol style="list-style-type: none"> <li>1. Antenatal care (Before March, 2016)</li> <li>2. Normal delivery, planned caesarean section and postnatal care</li> <li>3. Neonatal complication necessitating hospitalization</li> <li>4. Emergency Admissions</li> <li>5. Elective Cold Exceptional Care Committee (ECC) cases</li> </ol>
<p><b>Targeting</b></p>	

<p><b>Challenges</b></p>	<ul style="list-style-type: none"> <li>➤ <b>Assistance directed towards vulnerable refugees</b> <ol style="list-style-type: none"> <li>1. Currently receiving regular monthly financial assistance through UNHCR</li> <li>2. Approved to receive financial assistance but are not yet receiving it, i.e. prospective beneficiaries</li> <li>3. Have received one time urgent cash assistance in the preceding twelve months</li> <li>4. Referred from other UNHCR Units, or partner agencies as being vulnerable (but not yet eligible for cash assistance) <i>Exceptions – high-risk pregnancy, pregnancy complications, medically indicated caesarean sections covered regardless of vulnerability</i></li> </ol> </li> <li>➤ <b>Experience of Receipt of Cash from Bank</b> <ol style="list-style-type: none"> <li>1. 65.4% received the money on timely manner</li> <li>2. 99.1% received the right amount of money</li> </ol> <ol style="list-style-type: none"> <li>1. In a context of declining levels of assistance for other needs cash is more likely to not be used for the intended purpose <ul style="list-style-type: none"> <li>- Syrians already value skilled attendance at delivery</li> </ul> </li> <li>2. Not possible to provide incentives to already overburdened health care providers <ul style="list-style-type: none"> <li>- Supply side initiatives are also needed</li> </ul> </li> <li>3. Timeliness of cash transfer was critical</li> <li>4. Need to explore reasons behind high use of private providers</li> <li>5. Coordination <ul style="list-style-type: none"> <li>- Other agencies providing support for reproductive health services including CBI</li> </ul> </li> </ol> </li> </ul>
<p><b>Lessons Learned</b></p>	<ul style="list-style-type: none"> <li>• CBI can increase health services utilization efficiently where the type and level of services needed and the costs are predictable</li> <li>• CBI most useful when the major barrier to accessing health care is financial</li> <li>• Counselling and health messages at enrolment important in increasing likelihood cash will be used for the intended purpose</li> <li>• Close monitoring of the process and the outcome is needed to identify and address problems early</li> <li>• Targeting of beneficiaries should be as simple as possible preferably with the use of an existing system of identification</li> </ul>
<p><b>Conclusion</b></p>	<ul style="list-style-type: none"> <li>• Regular referral mechanisms paid directly to the providing entity are the best option to ensure access to intended health services</li> <li>• However, initial evaluation indicates that CBI are an efficient means to support access to certain RH services in middle-income humanitarian settings where cash is more cost effective than direct payment by humanitarian agencies</li> <li>• Robust monitoring and evaluation and documentation of outcomes as the initiative is expanded will provide more evidence of effectiveness</li> </ul>

	and contribute to the evidence base in humanitarian settings
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ To share the presentation by UNHCR</li> <li>✓ MEDAIR to provide more information about home deliveries</li> </ul>

5. Camp updates	
<b>Discussion</b>	<p><b>JHAS:</b></p> <ul style="list-style-type: none"> <li>• In the process of finalizing the unified ANC card</li> <li>• Key messages are shared with all RH partners to have unified services provided</li> <li>• In order to monitor activities related to RH, monthly meeting is held in Zaatari camp, attendees are from different organizations inside Zaatari.</li> <li>• UNFPA informed all partners regarding the availability of KIT 5 incase needed</li> </ul>
<b>Action Points</b>	✓ N/A

6. Agency Update:	
	<p><b>MoH:</b></p> <ul style="list-style-type: none"> <li>• MoH is working jointly with other sectors at the national level to support the RH services for better impact on quality of RH services</li> <li>• Working jointly with UNFPA and other agencies to support the RH services regarding the provision of family planning commodities.</li> <li>• Developed roadmap to supporting the RH service at the level of 18 comprehensive centers based on the assessment recommendations.</li> <li>• Supporting the SGBV projects with the UNFPA and other agencies</li> </ul> <p><b>HSD:</b></p> <ul style="list-style-type: none"> <li>• In collaboration with Women and Child Health Directorate, HSD Finished the clinical pathways on ANC and PNC and Child care.</li> <li>• The clinical pathways for maternal anemia, child anemia and family planning were finished</li> <li>• The ToT was finished and a series of trainings will be conducted in 6 health</li> </ul>

coordinates in order to allow the service providers to practice the clinical pathways and procedures.

- In collaboration with MoH a ToT training was done on Implanon and on IUD's
- Both trainings were conducted last month

**IFH:**

- Currently working on the training plan for 2017 and it includes new subjects
- The 18 clinics are running across the country as usual

**IRD:**

- In Zaatari camp there was a celebration on the International Women Day
- Delivering RH messages and Nutrition messages during the celebration
- Targeting 120 women and the actual attendees were 200

**TDH Italy:**

- Supporting the RH services (ANC and PNC ) in Zarqa till end of April 2017

**MEDAIR:**

- Community health program and cash for health program (cash for delivery) is running as normal

**IOCC:**

- The IYCF sessions were paused till the new hygiene kit received (shipments)

**Caritas:**

- The awareness campaign with MoH doctors for RH services
- Educational sessions for the new born babies, how to handle
- Many topics were covered about the pregnancy and preparation of delivery

**JICA:**

- The project second year started from February 2017.
- RH services messages will be distributed and family planning services
- Mobile clinic will be available to provide primary health care services including RH services in rural areas in Irbid, Mafraq and Deir Allah/Balqa with special focus on access to Syrian refugees

**JHAS:**

- Start reporting activities of male involvements in Zaatari camp
- 44 males involved were targeted, 32 men and 12 boys in two sessions for RH services during February, both married and single and the topics which were covered are the Early Marriage and Family Planning.
- 16 sessions were conducted and the total was around 300 for WGBM
- 4.5% of the attendees seek the RH services after the sessions.
- JHAS celebrated the Women International Day in March, 49 women were targeted in two sessions.

**SCJ:**

- The male involvements were tagged in the IYCF sessions
- For Feb and Mar, total males who attend IYCF sessions in the camps: EJC: 15, Azraq: 217 and Zaatari: 455
- SCJ is supporting the EJC management with the coming campaign CDH for 160 cases and 60 cases outside the camps.
- SCJ is supporting UNHCR in Zaatari and EJC camps in the issuing the birth certificates campaign

	<p><b>JCAP:</b></p> <ul style="list-style-type: none"> <li>• JCAP concluded national campaigns regarding the family planning and it was finished in Feb 2017 and waiting for the results of both campaigns to reflect the achievements of the campaigns.</li> <li>• In the first week of Apr, the health work force week (WHO week) to celebrate through the activities of HRH</li> <li>• <b>Embarking the behavior economic study, to identify the FPU to enhance the family planning methods.</b></li> <li>• USAID completed the constructions of princess Rahma paediatric hospital in Irbid, the capacity of the hospital was increased by 35%</li> </ul> <p><b>UNFPA:</b></p> <ul style="list-style-type: none"> <li>• UNFPA is trying to do coordination in the camps between implementing partners to link male involvements with RH services with all partners working in Zaatari Camp.</li> <li>• The deliveries in Zaatari Camp under UNFPA and the unit for maternity clinic will be expanded to involve more about counselling, awareness raising sessions.</li> </ul>
<b>Action Points</b>	✓ Caritas to share the educational new born package with the group

<b>7. AOB</b>	
	<ul style="list-style-type: none"> <li>- Raised by <b>UNFPA:</b> <ul style="list-style-type: none"> <li>▪ Report any success stories to be documented by any partner and also to be shared with others.</li> <li>▪ The invitation of IAWG MENA Meeting in Amman, Jordan 5-6 April</li> <li>▪ The mapping of services, Dr. Faeza will revise the list and circulate it with other partners by next meeting</li> </ul> </li> <li>- Next meeting will be 20<sup>th</sup> Apr 2017 at UNFPA office 9:30 AM</li> </ul>
<b>Action Points</b>	✓ Dr. Faeza to circulate the list of mapping services