

Minutes

Reproductive Health Sub-Working Group Meeting

24 th July 2014

Chaired by: UNFPA-Jordan

Attendance:

UNFPA: Maysa Al-Khateeb

HSS: Tahrer Aqel

AMAN: Dr Reham Jarrar

AMAN: Mohamad Alissa

IMC: Dr Khalid Alabaeck

IRC: Andrea Patterson

JHAS: Ola Al-Tebawi

UPP: Paola Beltrami

UNRWA: Dr Ishtiwii Abu Zayed

IFH: Dr Deyana Abu Hassan

UNHCR: Ella Gough

Follow up on last meeting minutes:

- Family Planning policy word document. The policy document covers also ANC, breast feeding and PNC and is to be adapted according to organisation.

Action Point: Tahrer to send the word copy.

- Sharing dashboard with MOH. The dashboard was not shared with MOH but UNFPA shared FP consumption rate within FP unit. It was discussed that a stronger RH response was needed in collaboration with MoH , such as organizing of workshops with MOH which

involved partners. The provision of contraceptives needs to be rolled out under a unified national system, as currently national system involved at urban clinics but not in camps. As part of this UNFPA organised trainings with MoH to be conducted in September to ensure organizations could follow the national system in monitoring contraceptives.

- Performance checklists. Members of RHSWG were thanked for their contributions. Four checklists are ready. The checklist consists of 20 pages, as the four lists have been compiled into one. When using the checklist, it was asked that 3 guidelines to be provided for use as a reference.

Action Point: The full checklist to be provided to all members of RHSWG for Trial/IRC and Aman will provide their feedback next RH meeting.

Action Point: Pilot testing of checklist to be conducted in clinics by IRC.

- Nutrition Survey. Maysa attended NSWG meeting. The prevalence of anaemia was high according to surveying both in and out of camps. The NSWG has a plan for intervention, but upon review the main RH component it relates mainly to screening pregnant women and providing Folic Acid and Ferrouse during pregnancy which is part of ANC protocol.

Action Point: Maysa to share information in order to bridge between NSWG and RHSWG.

- Amani campaign. A question about prevalence of referral cards was raised. Neither IRC nor IMC had received referral cards, but other materials had been received. It was explained that the referral cards were used to make sure GBV survivors or those seeking services are referred with needed information and to facilitate access to MHPSS services. The referral card has

hotline numbers.

- RH Action Plan. The peer review deadline will be at the end of August. The assessments are currently not entirely coordinated and organised.

Action Point: RHSWG to try and keep track of all assessments, even regarding patient satisfaction etc.

- UNHCR has separated the joint assessment review document.

Performance checklist

- No discussion was required as the necessary actions had been taken.

Family planning main indicators presentation - Dr.Nisreen al Bitar

- FP main indicators presentation was kindly presented by Tahrer Aqel, and was followed by discussion.

- Main FP indicators are: TFR (total fertility rate), CPR (contraceptive prevalence rate), CYP (couple years of protection), the percentage of post-partum women who receive counselling before discharge from hospital, and health facilities that provide 4+ modern contraceptive methods (including one long-term method such as IUD).

- The following statistics were presented using Jordan as case subject. Average TFR for whole kingdom 3.5 children/woman. CPR at 61% (of which 42% modern methods, 19% traditional methods such as withdrawal).

- A discussion about the reliability of CYP was held. It was agreed that it was important to remember that CYP assumes regular use of contraceptive

method, CYP remain proxy indicator as it depends on prescription of FP methods .

- The need to follow up women who visit a different clinic in order to change contraceptive methods was highlighted, as it is difficult to be sure if contraceptive methods are being used regularly or irregular or whether use has stopped completely.

- Methods of increasing outreach were discussed. It was suggested that the task could be shifted to vaccination teams, as post-partum women who are taking their infants to be vaccinated are part of the same target group as women whom FP messages should reach. Questioning to enquire whether a woman was pregnant, intending to become pregnant, or using contraceptives, should be used at all contact with WRA.

- The need to ensure that supplies were available in case of increased demand was highlighted.

- Indicators for the new RRP were discussed. The current indicator for RRP6 is the number of girls under 18 and women over 18 who receive ANC. A couple of problems were raised with the use of this indicator, namely, that one women might visit an ANC provider many times, which was unnecessary, but still counted towards the total number. The lack of an indicator suitable for males was pointed out. CYP was suggested as a proxy indicator, data supposed to be collected monthly but indicator impact used at half-yearly or yearly intervals.

Action point: To consider how to incorporate males into RH indicators.

Reproductive health survey /Za'tari - Maysa Al-Khateeb

- A brief presentation of highlights of the analysis was given. These include the following:

1. Awareness about available RH services: 23% unaware.
2. Unplanned pregnancy: 28% had experienced unplanned pregnancy.
3. Complications during deliveries: 26% had experienced complications.
4. Arrival time among pregnant: 9% of pregnant women don't know how far along the pregnancy is upon arrival.
5. Pregnant women who accessed RH services: 17% did not access services.
6. Age among pregnant women: 8% age 15-18. 35% age 18-24. There has been an increase in deliveries to girls under 18 during first half of this year. (11% up from 5%).
7. Current FP method: Pills 18% IUD 17%, 45% don't use FP. Trad methods around 5%. This depends on the availability of methods, and availability of male/female doctors.
8. Age categories for women: 6% under 18.

- The need to focus on awareness was highlighted, and the need for usage of different methods of awareness raising. The lack of use of contraceptive methods is possibly linked to lack of awareness, but there may also be a gap because women know about available RH services, but don't want to use, or are afraid to use them.

Training coordination

- The following trainings will be provided:
 1. MISIP trainings x4: MoH targeted, as NGOs have enough training.

2. RH protocols training x1: NGOs targeted.

3. RH logistics trainings x2: NGOs targeted.

- The dates for trainings are pending MOH approval.

Update from group members

- JHAS – working in urban and camps for RH. Focus on FP methods. No change from last report.

- UPP – no major updates.

- IRC – 2 clinics for RH and PHC. Starting mobile clinic in Mafraq – doing rapid assessment at moments to find vulnerable communities. Mobile clinic will have doctor, midwife, nurse, health officer, who focus on RH and PHC. (The project is PRM funded, so main target RH but also need to offer PHC). Mobile clinic to be running by mid August. 12 volunteers to do outreach and health promotion. KAP survey being put together. Target group is 300-400 women to be surveyed on Protection/RH.

Action Point: Draft of KAP survey to be shared with RH team for suggestions.

- IFH – planning for mobile clinic in Aljoun training took place.

- UNRWA – 14.000 Palestinian refugees coming from Syria, and are hosted mainly in Palestinian camps or areas around camps. These refugees use UNRWA Health Centres free of charge. UNRWA and JHAS are serving refugees in CyberCity for free.

- IMC – Clinic opened in Azraq. Project for 4 medical mobile units (PHC and RH) covering whole Kingdom in one year, with a focus on IDPs. Two additional mobile clinics with APT as of October, and two mobile clinics

with CARE.

AOB

- A request for materials relating to Early Marriage in Arabic was made.

Action point: Maysa to check.

- Anaemia – the recommendation was made last meeting to delay clamping.

Research regarding this has been shared by NWSG.

- Gender Focal Point Network (GFPN). The coordinator for GFPN wants a representative from RHSWG to attend meetings and trainings.

Action point: Maysa will send contact information

- Tetanus vaccines: Vaccination is under the national umbrella. It was recommended that all women who come to RH clinics are referred to the nearest PHC to receive tetanus vaccine, as part of ANC protocol, and for non-pregnant women too.

- Introduction of MISP estimation website. The website produces information charts based on an input of population size. A useful tool for planning, as charts can be downloaded in Excel.

Action point: The MISP estimation website to be emailed to members of RHSWG.

Web site:

<http://misp.lacrounfpa.org/unfpa/mispcalculator/advocacy/NjA3NDQzOzQwOzI0OzU7MA=>

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