

Minutes

Reproductive Health Sub-Working Group Meeting

23rd September 2014

Chaired by: UNFPA-Jordan

Attendance:

Maysa Al-Khateeb – UNFPA

Yara Maasri – UNHCR

Maria Al Homsy – UPP

Nisreen Bitar – HSSII

Shereen Abu Hweij – JICA

Ritsuko Arisawa – JICA

Samah Al-Quran – Save the Children Jordan

Elsa Groenveld – Medair

Rawan Qurashi – USAID

Nagham Aub Shakra – USAID

Eman Ameen Abu Qamar – IFH

Latifeh Omer – JWU

Ishtaiwi Abuzeyd – UNRWA

Action points follow-up:

- Nutrition Response Intervention strategy and Nutrition Fact Sheet to be shared with the group once finalized.
- UNFPA shared latest recommendation on cord clamping from WHO with Moroccan Field Hospital, IMC and JHAS and there was a training in Zaatari on the practice, will be implemented.
- Amani campaign: referral business cards not yet finalized, GBV WG working on it, once ready RH WG will be informed.

- RH map was updated. Zaatari camp has very good coverage. Scope of services differ; most comprehensive is UNFPA/JHAS clinic. For current camp population, services are more than enough. Another RH clinic will open in EJC (population around 5,000). Azraq (population around 12,000): IMC already established two clinics, Village 3 and Village 6.
 - UNFPA/JHAS clinic in Irbid closed. Another four clinics in the area (Ramtha and Irbid) are listed on the map: IRC announced they will have RH activities in Irbid; UPP/JWU; MdM- France in Ramtha; MSF hospital. Urban community also have MoH facilities.
 - Mafraq also covered. Amman well-covered. Zarqa has some clinics.
 - Might have a mobile clinic in the South.
 - Jordan Valley health assessment showed there is a need for RH clinics.
 - NGOs supporting Syrian crisis in particular. Clinics should support at least 30% Jordanians. Data shows Jordanians supported more than Syrians through mobile clinics. Services included on the map should be free of charge.
 - Organizations are not included on the map unless they provide updates themselves, so some organizations are missing.
- UNFPA shared UNFPA/IFH training plan with concerned agencies. Emergency obstetric care training happened in Zaatari last week, very good feedback was received.
- FP, ANC, PNC logbooks were shared with IFH and UPP.
- Urban HIS was shared with agencies.
- Gender dashboard was released and can be downloaded here:
 - Gender Equality Traffic Lights
<http://data.unhcr.org/syrianrefugees/admin/download.php?id=6964>
 - Gender Dashboard
<http://data.unhcr.org/syrianrefugees/admin/download.php?id=6966>
- UNFPA met with Community Health Task Group to discuss increasing outreach for RH services; RH WG need to contribute more to campaigns.

Action point: UNFPA to share RH messages

- FP logbook was introduced.

3RP/JRP update

- Regional Refugee and Resilience Plan (3RP) will replace the RRP at a regional level, led by UNHCR. Government is leading the Jordan Response Plan at a national level. Health Sector workshop is being held tomorrow to discuss objectives, outputs and indicators.
- Comments on last year's indicators:

- Number of consultations does not necessarily reflect number of beneficiaries reached – might be 10 consultations for the same person. It would be ideal to differentiate first visit and repeat visit, if possible. However, not all organisations have the capacity to record unique visits. We have to choose indicators based on what we can report.
- Referral indicator does not provide information about types of cases referred. Are they compliant with clinical guidelines for referrals? Would also be good to see feedback from referral system, number of forms returned, for example.
- For some indicators, it would be better to have percentages rather than figures – but difficult to guarantee quality of reporting. Percentages can be estimated using MISP calculator:
<http://misp.lacrounfpa.org/unfpa/mispcalculator/advocacy/NjA3NDQzOzQwOzI0OzU7MA==>
- According to information collected from partners, percentage of pregnant women may be higher than usual estimates
- Group recommends keeping ANC indicator for RH
- GBV indicator is not just for RH (not just for SGBV). Can it be split into SGBV and GBV? Issues of confidentiality, people might stop reporting.
 - i. Suggest to add a timeframe: within five days. Major interventions provided: 72 hours PEP, after five days cannot do good medical intervention.

Action point: Analyse who is reporting on the GBV indicator – are they all Health actors?

- SGBV logbook is being worked on with MoH, sensitive issue because it involves Protection and confidentiality. Clinical Guidelines for Management of Rape are also being worked on.
- IYCF indirectly supports ANC, encourage pregnant women to go to clinics for check-ups
- % of deliveries: better to be the number and types of deliveries.
- Community health suggested indicator: number of WGBM attended RH awareness sessions

RH SWG Monitoring Framework

- It would be good to have WG-level indicators to further monitor the RH response. This includes efficiency of RH working group (how many organisations attend meetings, for example).
- There are already 10 national RH indicators agreed upon with MoH.

Action points: UNFPA to share proposed indicators; HSSII to share national indicators; group members to look at the proposed indicators and provide feedback. Further discussion will take place at next meeting.

Inter-agency standard operating procedures for prevention of and response to GBV in Jordan

- Available in English (<https://data.unhcr.org/syrianrefugees/download.php?id=3143>) and Arabic (<https://data.unhcr.org/syrianrefugees/download.php?id=3144>); currently undergoing revision.
- Very comprehensive document; GBV pathways specify how to refer cases of SGBV.
 - Challenges: some telephone numbers changed, and some locations do not work 24 hours. GBV WG is working on both issues. In the meantime, contact UNHCR Protection hotline numbers if you face challenges related to referral pathways.

Updates from group

- Medair looking into what they can do for RH
- JICA surveying seeing what can do next fiscal year
- UNFPA:
 - Conducted a meeting to address referral challenges with MoH with Mafraq hospital. Azraq similar concern, referring delivery cases, huge concern, Azraq no provider for emergency obstetric care. MoH overwhelmed with referrals.
 - HIS roundtable discussion in Zaatari where gynaecologists and midwives reviewed logbooks and provided feedback.
 - Infection control training for RH partners
 - Due to funding constraints, had to close JHAS clinics in Irbid, Mafraq, Zarqa, Amman. RH map was updated with other service providers in these areas.

AOB

- UNFPA developed a RH profile, as RH providers are constantly asked for information on the current situation.
 - Can be updated on a quarterly basis, as the profile will change.
 - General introduction about importance of RH services, background of RH so far, includes figures (MISP calculator-provided estimations). Specific information about Zaatari camp.
 - Contributions asked for in needs, goals and interventions/timeframe.

Action point: UNFPA to share the document and partners to send feedback. Will be further discussed at next meeting.

Next meeting: Thursday, 23 October, 10-12 am, UNFPA office