

Minutes
Reproductive Health Sub-Working Group Meeting

20th November 2014

Chaired by: UNFPA-Jordan

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA

Maysa Al-Khateeb – UNFPA

Yara Maasri – UNHCR

Roberta Businaro – UPP

Cecilia Trevisan – UPP

Ola Al Tebawi – JHAS

Reem Abu Samra – MdM

Hana'a Farajallah – SHOPS

Hanin Zoubi – IFH

Dr Midori Sato – UNICEF

Tahani Ibrahim – IRC

Jacinta Hurst – IFRC

Nisreen Bitar – HSS II

Action points follow-up:

- Nutrition survey report should be finalized and launched next month.
- Feedback on RH core messages was received from JHAS, HSS II and MdM. Further discussion today.
- Mapping of IYCF activities to be done.
 - What does attending IYCF mean? It should be broken down into different components to get information about utilization of each component.
 - What about adding lactational amenorrhea method (LAM) to IYCF? Syrian refugees are reluctant to use modern family planning, and breastfeeding can be

seen as family planning. Requires careful approach; anecdotal evidence suggests that some women stopped breastfeeding altogether after being told about LAM, as they wanted to get pregnant again. LAM requires follow-up of the mother, and we don't know how much we can follow the mothers.

- Also teaching danger signs to women who have just delivered. Linking maternal and newborn health to home visits as well.
- UNHCR to update RH map to include JHAS Madina clinic.

Reproductive Health core messages revision

- Prior to today's meeting, UNFPA received different types of feedback according to different areas of expertise. In today's meeting, small groups were formed to discuss the different messages.
- Feedback from groups:
 - Target group is important to keep in mind. It is useful to have a matrix detailing which messages are for which target groups.
 - Language should be modified according to target group, also depending on means of communication used (leaflets can have more information than posters, for example.)
 - Men to be included in family planning.
- Recommendations from the CHTG, who is also doing the same thing in their group:
 - Many materials are printed only in Arabic, and non-Arabic speaking staff in the organisations cannot read them, when reviewing different IEC materials. Useful to make sure there is at least a Word document with the translation.
 - Adding a date to publications, even if in very small font, is also helpful.

Action point: Groups to provide feedback on each of their topics. IFRC to share the RH-related CH messages.

RH WG Monitoring Framework

- No feedback was received.
- The idea of this framework is for there to be a common baseline for group members to have an idea of what is happening in terms of RH activities; there is only one RH indicator in ActivityInfo which people report on.
- There can be no accurate picture of RH in Jordan if people do not provide data.
- For example, many partners say family planning needs to be strengthened but we do not actually have data on uptake from different organisations.

- The numbers in the Excel sheet should reflect this year's figures; can be filled out next month. Organisations can also write "N/A" for indicators they do not have data on.
- Methodology of data collection should also be kept in mind.

Action point: Document will be shared again today. Feedback to be provided by Tuesday 25th, then will be sent out to be filled in.

Reproductive Health profile

- Profile was developed in response to many requests for feedback, to try to standardize responses given to such requests. Figures and statistics taken from UNHCR, and UNFPA MISP calculator.
- Also no feedback received. Feedback is necessary, especially on the "Needs" section, to reflect areas that the group as a whole think needs improvement.

Action point: Document will be shared again for feedback. Organisations providing feedback will have their logs added. Endorsement at next meeting.

FP logbook

- Different organisations sent feedback on the FP logbook and agreed to use the form. JHAS has already printed it.
- Feedback received was positive did not incur modifications to the template. Partners themselves can make their own modifications.
- Emergency contraceptives were not added because they are not registered in the country for FP.
- Female condoms were not added as not used by population. Should not be introduced without an action plan.

Action point: UNHCR to add FP logbook to the portal with a note if people want the Excel sheet, to email UNFPA.

Reproductive Health capacity building plans update

- Last quarter, since beginning of October, UNFPA and IFH held eight training workshops for IFH/UNFPA partners, and anyone else who was interested. Trainings were on RH protocols (one in Amman and one in Irbid); FP counselling (one in Amman and one in Irbid); CMR (one in Amman); three trainings for CBO members in Jordan Valley, Irbid and Amman – fourth to be held next week in Ruseifa.
 - CBO trainings are on RH basics, GBV, code of conduct, inter-agency referral pathways, to give them an idea of these subjects so when they work with refugees or vulnerable Jordanians they know where to refer.

- One MISP training was also conducted in Madaba last week for MoH staff (midwives), UPP/JWU, MdM, and some new IFH staff. Another MISP training will start on Sunday in Amman.
- Total number of participants so far: 25 – 28 in each training.
- Question: which curriculum is being used? RH protocol developed with UNFPA, USAID and MoH.

Action point: HSS II to send framework to IFH to check if using same counselling protocol curriculum.

- MoH requested MISP training from UNFPA for staff as contingency; workshops conducted for MoH staff, UNFPA currently supporting this training and the below trainings:
- RH protocol training first week of December.
- FP logistics training currently ongoing; many staff nominations were received and 32 participants were referred to MoH. This training is particularly important as it covers how to report in a more systematic way and enrol agencies under the national umbrella.

Update from group members

UNFPA: In November, UNFPA supported three MISP trainings for MoH staff; Reproductive health protocols training for NGOs; Family planning logistics training for NGOs. In total , 32 gynaecologists, GPs, nurses and midwives attended the trainings. UNFPA also supported IFH to conduct reproductive health protocols, MISP, CMR, and family planning counselling trainings during October and November 2014, attended by different NGOs, INGOs and CBOs.

By 1ST of October, 2083 deliveries in Zat`rai camp through UNFPA/JHAS clinic.

UNFPA team is currently developing Miscarriage line listing registry which will be shared next RH meetings

UNICEF: The new infant and young children feeding caravan in Azraq camp supported by UNICEF implemented by SC-J is receiving a good turnout of mothers coming for counselling. After the opening of the IFRC hospital in the camp every woman who delivered in the camp has been given direct support by SC-J to initiate and continue breast-feeding.

JHAS:

-JHAS UNFPA clinics participated in the 16 Days of Activism against Sexual and Gender-Based Violence, which is taking place November 25th till December 10th 2014.

-JHAS UNFPA nominated staff for the following training: RH Protocols – Irbid City \ November 2 – 3, 2014 (2 staff) , For FP counseling – Irbid City \ November 4 – 6, 2014, and for RH & GBV Basics, CoC, Referral System – Irbid City \ November 2 – 3, 2014 (one staff). This training held by IFH/ UNFPA.

-Due to referral problems, JHAS started referring normal or C/S to Al Najah or Greek Hospital after going through the normal channels with MOH. Referral to Najah or Greek Hospital for limited cases.

MdM: started using family planning registry regularly

UPP/JWU : During the month of November, 12 staff including gynaecologists and midwives attended several trainings organized by UNFPA/IFH and MoH and covering the following topics: RH protocols, family planning counselling, RH&GBV basics, CoC, referral system, Family Planning Logistics, MISIP.

IFH/NHF: Ongoing training activities (see capacity building section update), two reproductive health campaigns conducted with the support of UNFPA at Swelieh and Al Hashmi centers/Amman.

IFH activities during 16 days of activism will address SGBV, in particular early marriage and the needed medical and psychological support.

RH assessments

- IFH planning an assessment in Madaba and Ruseifa.

AOB

- UNFPA suggested compiling a monthly document outlining RH activities, major events.

Action point: Circulate the template document for feedback.

- UNFPA shared checklist of risk factors which can be used in the camp to identify low and high risk pregnancies according to the score. Referral during ANC should come through this list and scoring. Referral at two levels: ANC, when most cases should be diagnosed and referred early; and during labour.
 - There is now strengthening on training regarding partograph so issues can be detected as early as possible. Training was done last September in Zaatari on emergency obstetrics, including partograph.
 - When using referral forms, doctors and midwives should write as clearly as possible.
 - Even if camp is referring in a timely manner, there is an issue with acceptance at level of health facilities. JHAS also does referrals for ANC, such as congenital abnormalities, but these cases are also being refused. There needs to be a balance between early referral and acceptance. UNFPA is in contact with UNHCR team regarding issues of referrals from Zaatari.
 - There are RH referral guidelines disseminated by UNFPA, who are now in the process of reviewing these guidelines and to ensure they fit with national guidelines.

Action point: List of risk factors be translated into English and circulated. UNFPA to send IFRC partograph.

- UPP, in coordination with ARDD-Legal Aid, took part in the “Syrian Hour” radio show last Sunday to discuss the current marriage registration initiative by the government. An informative message is also playing on the UNHCR hotline during waiting time. JWU working on awareness-raising campaigns. This is a significant intervention to guarantee the rights of newborns, and it is very important to spread the message. RH clinics are an ideal place for awareness-raising as this information can be shared with women before and after delivery. The initiative ends on 13th December but whoever applies during this period will still benefit. UPP only covering urban, if any organisations want to distribute leaflets in the camp, they can contact ARDD.
- ITS guidelines shared by ISWG; they are interested in identifying orgs working with this population (around 15,000 in Jordan). IRC interviewed volunteers to do home visits for ITS. Will have 80 volunteers, until now Irbid in needs assessment stage, in Mafraq 31 volunteers, will add nine to train in RH messages.

Action point: UNFPA to share ITS guidelines with IRC.

- UNFPA received referral business cards from Amani campaign to increase awareness of GBV services.
- UNHCR, UNFPA and MoH met to discuss hepatitis screening in camps this week, will meet again next week. Idea is to screen all pregnant women, not just in camps. More feedback next week.
- TT vaccination is happening in EJC but not being properly recorded. Was discussed at last Health Coordination Meeting and UNICEF was going to follow up. Can we add Cyber City and KAP to the discussion?

Next meeting: Thursday, 18 December 9-11 am, UNFPA office