Minutes

Reproductive Health Sub-Working Group Meeting

19th of March 2015

Chaired by: UNFPA-Jordan

Venue: UNFPA/Jordan Office

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA
Maysa Al-Khateeb – UNFPA
Aqsa Durrani – UNHCR
Fiona Ben Chekroun – UNHCR
Dr Nisreen Bitar – HSS
Ola Al-Tebawi – JHAS
Lina Hamidi – IMC
Cobi Rietveld– MdM
Iman- IFH

Follow up on last meeting minutes

- *Partners should contact UNFPA with the exact addresses of the location of their RH centers:* The purpose is to create a referential document with the exact location of RH centers in urban area. Most agencies have responded and UNFPA have a document consolidated with feedback. It miss the JHAS info.
  Action Point: Complete it ASAP and put it on the Portal.

- *UNFPA will share the inter-sectoral assessment guidelines, ethical consideration for research guidelines with partners*: Done.

- *Have the updates of the agencies on the implementation of the high risk pregnancy scoring form*:
  Updates from agencies:
  - ◊ MdM: The form had been implemented but there are no follow up yet. MdM also asked for a soft copy of the form – they already have the hard one.
  - ◊ IMC: The form has been implemented since the beginning of the pilot form's implementation. The form is implemented , consolidated within the medical record recommended by UNFPA
  - ◊ JHAS: The form is implemented , consolidated within the medical record recommended by UNFPA

  Next steps: The next RH meeting in Zaatari is planned for next week. Dr Faeza will attend to it and see how the implementation of the form in the camp is going. She will do a quick presentation of the Antepartum high-risk pregnancy and be available to collect data and give information to the personnel of RH facilities.

  For the urban setting: Need updates from IFH and conduct another round table discussion.

  Action Point: Need to conduct three round table discussions about the implementation of the form in Zaatari, Azraq and in urban setting. The central place would be Amman but possibility to do it in Irbid too (request from MdM). These round tables should happen during the next week.
  Action Point: UNFPA will share the soft copy of the form to MdM.
  Action point: Need to provide training in the camp for capacity building. Moreover, each partner of the RH meeting should follow up the implementation of the form, orient the personnel of their RH centers. It is important to keep refreshment.
  Action point: Add a complement (narrative information) to the score of high pregnancy is better for the referring. Put on the Agenda of the Zaatari coordination meeting of next week.
- *Partners should be involved in the monitoring and if applicable, add the matrix indicators*: Set out during the meeting.

- *Ensure the unification of collection of the indicators and data*:
  - ◊ MdM don`t do post abortion care and so all of them are referred. So, they do not use the logbook but, they should do. Indeed, they should complete the logbook, item when it is a complete abortion because in this case, no need to refer but it is important to complete the form.
  - ◊ JHAS: The logbook is implemented and it is important to follow up its utilization.
  - ◊ IFH: but the participant didn't provide clear answer.

- ◊ IMC: As MdM, IMC refer miscarriage and write the essential information are in the gynecologic log book. But, these logbook is not complete and they should also complete the miscarriage logbook.

The aim of implementing this log book is to know the causes and find solution so we need the info from the logbook

It is important to use the form and to follow up the implementation. Every partner, even when they refer the women, needs to complete the form. As a pilot, every partner has to try to use it in order to know the causes of the miscarriage and find a solution. The pilot is going to end at the end of April so UNFPA encourage the partner to implement the log book and follow up the use.
Action Plan: The pilot ends in April. UNFPA need information and updates from each partner.

- *UNFPA should add the definition in the log book and share the presentation will be share with the minutes*: The definition has been added and UNFPA will share the presentation.
  Action Point: UNFPA will share the PowerPoint to the RH partners.

- *UNFPA should share the URL with the RH Partners:* Done.

- *UNFPA will send an invitation to partners for their participation*: Invitation sent to the RH partners, do not forget the deadline for the registration. Some partners asked to reduce the time of the training. Indeed, 5 days of family planning training is very long because the midwife cannot stop work for a so long period. For UNFPA, it is also a question of quality of the training. The aim of the training is not just to provide the information but also for a better practice and behavior. And after the training, there is a need to follow up trainees by on-job and supervision. But there are a deadline for the registration so the partners who would like to their midwives to participate should register them.

- *Partners send GFP ToRS, partners to nominate candidates*: The RH partners need to mention highlight about gender and do a list of indicator. UNFPA propose a small task force to see what could be applicable and prioritize.

Follow up on last meeting minutes

For the particular facts and figures please refer to the attached “The Initiative: Making Pregnancy Safer”.

Indicators are really important and collecting data permit having better services. Some of the health care providers working in the field are not aware that these indicators and why they are so important to be collected as for. (eg the Ante natal care coverage 4th visit indicator is important as it is within the targets of MDG 5.At the end, the main thing is not just having numbers but also seeing the impact and know more about the quality of the RH services.

The Eight Millennium Development Goals for 2015:

The MPS initiative is seen as crucial for wider strengthening on health system and a key element of efforts to achieve the MDGs by end of 2015. Development partners a civil societies collaborate in achieving universal coverage of skilled care for all women and new born.

Five Specific goal (MDG 5) was put in place comprising two sub-goal:

Target 5A: reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.
Indicators:

- Maternal mortality per 100 000 live births
- Births attended by skilled by skilled health personnel

Target 5B: Achieve, by 2015, universal access to RH
Indicators:

- Contraceptive use among currently married women 15-49 years old, any method, %(modern, condom, adolescent birth date)
- Ante natal care coverage (at least one visit)
- Ante natal care coverage (at least 4 visit)
- Unmet need for family planning. (People than use the family planning but don't reach them). Difficult to have for the monthly reporting but more with surveys.

The continuum of care: The home and the community is really important. RH partners need to work in community. For life service major, the 1st level of facilities is the most appropriate. If complication, RH partners refer to the hospital.

Comment/discussion:

- The number of early marriage and early pregnancy is increasing. All RH partners should look at how to counsel families, communities and young couples to postpone the pregnancy among married girls under 18 years of age.
- Implementation of family planning is not easy task. It depends on how you approach the women but there are also other factors: Culture, Husband, member of the family…
- Need to interpret the data and not just send it to UNFPA.

Integrating GBV guidelines with Reproductive Health Service

For the particular facts and figures please refer to the attached Integration of SGBV services within RH clinics" presented by Ola Al Tebawi (UNFPA/JHAS)

The integration of SGBV services within RH clinic is primordial to achieving project goals in primary prevention, secondary prevention, tertiary prevention and referrals.

SGBV should be implemented all along of the implementation of a program:

A. Design phase: before a program start:

- Learn more about SGBV norms
- Create a Referral List of community resources and services.
- Engage the community and partner organizations in program planning.
- Include SGBV indicators in M&E plan.
- Add SGBV prevention activities in program.
- Allocate SGBV resources in the program budget for GBV-specific inquiries and trainings.

B. Implementation phase of Sectoral Programming:

- Give a staff training in order to improve the staff SGBV/Gender's knowledge. Key points: Capacity-building in supporting SGBV's survivors, define SGBV, ensure the importance of theprivacy and confidentiality.
- .
- Engage the community through a protocol pertaining to what actions should take place when and if incidents of SGBV occur during program implementation.

C. JHAS-UNFPA clinics:

- Only clinics (four clinics in four different district of Zaatari) that are integrating SGBV services. Ensure other partners to integrate GBV services in their centers.
- Important having a 24h/7services
- Important to have both gender: female and male doctors/gynecologists.

Action point: Need to advocate about SGBV issues in Jordan, need to follow up on SGBV integration and utilize available resources.

Agency Update

- MdM: No updates.
- HSS: Trainings for physician have been organized with the collaboration of MoH. HSS is working on preparing a pre-conceptional model for Jordan. A meeting is organized on 26th of March, at 2pm at MoH Office. Dr Faeza is cordially invited to take part to this meeting. The purpose of this meeting is preparing the nodal or at least to start the preparation of the pre-conceptional model.
- UNHCR: The HIS report is almost finalized.
- IFH: CMR training last day, next month x training plan was shared with partners , contact IFH one week before deadline to ensure inclusion of your staff
- JHAS: no major updates. JHAS have 3 persons nominated for the clinical management of rape training.
- IMC: nominate 1 person to attend to the clinical management of rape training and 3 for the post abortion care training.
- UNFPA: Conduct a post miscarriage care training next week. Counseling, referral guideline, post abortion care. It is for miscarriage not abortion.

Action point: See what happen in urban setting

AOB

- IYCF mission is finalized. Now, as RH SWG, we need to be coordinating with other sector, particularly the Nutrition SWG.
- Need to check the SWG primary attendance list.
- Action Point: Every participant should send an email to be added or removed from the mailing list for the RH SWG meeting.
- Every agency should send the name of focal point to attend the meeting and the alternative

Next meeting :Thursday 23rd April 2015