

Reproductive Health Sub-Working Group Meeting Minutes

Date: Thursday 20 Oct 2016

Venue: UNFPA office

Attendance:

1. Dr. Faeza Abo Jalo- UNFPA
2. Dr. Hanan Najmi - MoH
3. Heba Ebbini – SCJ
4. Nisreen Bitar - HSD
5. Nidal AL Massadeh – UNHCR
6. Hala Awad – PU-AMI
7. Ritsuko Arisawa – JICA
8. Yasmin Yoshino – JICA
9. Elsa Groenveld – Medair
10. Nawal Najjar – IRD
11. Samah Quran – JHAS
12. Rand Al Fakhoury – Caritas
13. Ghadir AL Majali – IRC
14. Dhaif Allah ALSheikh - UNFPA

Agenda:

- Welcoming and Introduction.
- Follow up on last meeting minutes.
- Defaulters/coordinating at Zaatari camp
- MoH guidelines
- Camp update.
- Agency Update.
- AOB

2. Follow up on last meeting minutes:

- **UNFPA to circulate the ToRs after being reviewed by partners:** Shared on web portal
- **UNHCR /MENA Protection Service** is undertaking a study on sexual violence against refugee men and boys in the Syria crisis, as a follow up on the recommendations from a 2015 regional workshop .This is good to know as we are addressing issues related male involvement with RH SWG.
- **UNFPA gave a brief on JRP/3RP, all agencies & inter-agencies in addition to NGOs and MOH were on a three day work shop in Dead Sea** and we managed to submit all PSS and appeal for budgets for both Refugees & Resilience.
- **UNICEF: discussion if they will start the neonatal screening:** Still under discussion as no updates from UNICEF received.
- **UNFPA to circulate the RH core messages again:** to be reviewed by UNFPA and shared by the end of October
- **UNHCR: to share RH core messages on portal once finalized:** Waiting to be finalized by UNFPA

3. Defaulters/coordinating at Zaatari camp – P.P.P

Introduction:	<ul style="list-style-type: none"> - Zaatari, currently hosts over 79,000 refugees of which more than 20% are women of reproductive age. JHASi-UNFPA was one of the first organizations who responded to health needs of this affected population and has been providing reproductive health services in four clinics inside the camp. - JHASi-UNFPA also started providing normal vaginal deliveries inside Zaatari in June 2013; So far, we were able to support more than 6,000 safe deliveries with zero maternal death within Z3 clinic - As an emergency response JHASi-UNFPA has been providing reproductive health services according to MISP (minimum initial service package) international guidelines at early stages followed by comprehensive reproductive health services.
Challenges:	<ul style="list-style-type: none"> - One of the major challenges JHASi-UNFPA and all RH partners face through provision of RH services is the compliance of pregnant women to Antenatal care (ANC) and Postnatal Care (PNC) visits. - World Health Organization (WHO) sets standard indicators for ANC as minimum of 4 visits during the three trimesters and at least 3 PNC visits during the first six weeks after delivery. - According to HIS reports shared by UNHCR in Zaatari, indicators for ANC coverage is (80%) and PNC coverage (70%). Both are below standards (90%).
Community health Approach to enhance ANC and PNC visits coverage:	<ul style="list-style-type: none"> - IRD has 80 trained community health volunteers (CHV) who work on house-to-house approach delivering key health messages and referring people to health facilities inside the camp. The volunteers also educate families about healthy behaviors. - JHASi have had a successful collaboration with IRD CHV in implementing community-based management of acute malnutrition (CMAM) program in Zaatari which enhanced compliance to the program and decreased default rates of Severely Acute Malnourished SAM children. - JHASi/UNFPA in coordination with IRD, are working on increasing the ANC and PNC coverage inside Zaatari camp.
Methodology:	<ul style="list-style-type: none"> - The collaboration started on April 2016 first for the ANC visits. JHASi and IRD assigned one focal point for this purpose. JHASi focal point shared a list of names pregnant women who did not come to the ANC visit appointment written in the ANC card. The list contained: address, contact number, ID number. CHV visited the defaulters provided them with information about the importance of periodic ANC visits for the mother and the fetal wellbeing and encouraged them to visit the clinic to receive the proper care. - CHV provided feedbacks of their visits to RH focal point in IRD who shared those outcomes on bi-weekly bases with RH project coordinator and clinic manager in JHASi. - A total of 384 pregnant women defaulted from ANC visits during the period May – July 2016. Out of which 335 (87%) were accessed through IRD CHV and 261 (68%) were referred for ANC visits in JHASi clinic.

<p>Three months Results:</p> <p>Conclusion and Recommendations:</p>	<ul style="list-style-type: none"> - The table shows the breakdown of ANC defaulters in the respective three months. - Collaboration with IRD in the support of community health approach to reproductive health services showed promising results during the first three months. In August JHASi and IRD started coordinating a similar methodology for sharing PNC lists with CHV and anemic cases with IYCF counselors of Save the Children Jordan. - JHASi recommends that all RH implementing partners in Zaatari to collaborate with IRD's community health project in order to enhance RH indicators in Zaatari and increase ANC and PNC coverage rates to reach standards. <p>Other example of projects that can support RH indicators is the Infant and Young Child Feeding (IYCF)project implemented by SCJ.</p>
<p>Action Points</p>	<p>N/A</p>

4. MoH guidelines	
	<ul style="list-style-type: none"> - Several formal letters received from MoH on : <ul style="list-style-type: none"> ▪ IUD insertion: the letter stating that midwives can insert the IUDs in the centers & hospitals of MoH. The job description was changed accordingly to include counselling, family planning services and reproductive health services & including IUDs insertion. (Only in premises of MoH). Job Description: To provide health care nursing integrated and comprehensive for pregnant & lactating women within the approved standards in the Ministry of Health to improve the health indicators in the field of maternal and childhood. ▪ To provide all medical services for maternal and neonatal care & family planning for all Syrian Refugees providing that they hold valid Asylum Seeker certificate & Mol cards.
Action Points	<ul style="list-style-type: none"> ✓ UNFPA to raise a letter to MOH regarding the way that some of staff working at MoH centres deal with Syrian Refugees. ✓ SCJ suggested to have a focal point to follow on humanitarian issues at MOH centres. ✓ UNFPA to translate into English and share the letters of MOH

5. Camp updates	
Discussion	<p>JHAS:</p> <ul style="list-style-type: none"> - JHAS, UNFPA & UNHCR conducted a joint visit to all RH partners to ensure that everyone is using same logbook and all necessary documents to avoid any variation and proper documentations. - What was noticed that not all partners are filing the ANC cards. IRC clinics are using their own cards. Also, some clinics are not using same logbooks. - No updates regarding the blood transfusion. - Internet connection is now established in the RH clinics, very soon there will be a functioning Clinical Data Management (CDM) system for all services. - All the population of CC camp was transferred to KAP, the RH services will be maintained for the refugees. - Two neonatal trainings were conducted for health staff under supervision of UNHCR. Total of 37 staff (JHAS, IMC & affiliated hospitals). The training contained a comprehensive assessments and studies regarding neonatal according to UNICEF guidelines and American association for paediatrics. <p>IMC:</p> <ul style="list-style-type: none"> - The fencing area of none screened refugees in V2 will be empty soon as refugees moved to V3. - New mobile clinic for V2 provided by IMC. - New mosque in V5 <p>Berm Situation:</p> <ul style="list-style-type: none"> - Many cases of mothers and children are suffering from the bad health situation in the borders. - Inter-agency meetings were held to discuss the health situation at the berm, and all agencies were advised to be on standby in order to provide health services including RH services at the berm. - Primary & secondary health care will be provided by UNFPA through small hospital at the berm, once the situation is resolved and agencies are allowed to proceed.
Action Points	<ul style="list-style-type: none"> ✓ JHAS to provide logbooks to all clinics providing RH services in Zaatari camp.

6. Agency Update:

MOH:

- Maternal guidelines will be ready soon. (These guidelines are on six topics related to causes of maternal death)
- The guidelines are under process and waiting for the minister of health approval.

SCJ:

- For The Nutrition Survey iwas completed on the 8th of Oct 16 (the survey covered Azraq Camp, Zaatari camp & urban settings).
- The primary results were shared with MoH.
- Waiting for the final report and results to be shared by UNHCR by end of October.
- SCJ was part of the first breastfeeding conference which was held in Jordan for the first time. (6th October)
- SCJ is looking to conduct IYCF Sessions with private sectors/hospitals.
- SCJ is working with Jordan breast cancer campaign to highlight the link between breastfeeding and minimizing the breast cancer. (more update in the next meeting)
- SCJ had a brief orientation session for 33 women from CHV. They were briefed about referring the mechanism of referring cases and IYCF.
- A session was presented by breast cancer program organization regarding the examination and the referral of the cases.

MEDAIR:

- Community outreach projects are still going on.
- Three projects are currently combined, two projects will be done by end of October and the third one by end of this year.
- Waiting for approval from the Canadian government to have funding to start new projects.
- Updates on post distribution monitoring for cash for health programs.

IRC:

- No updates

HSD:

- The retreat meeting was conducted with some of NGOs and MoH.
- The action plan for 2017 is ready now.
- Already started working with 38 health centres from 6 health directorates and 8 NGO clinics, in order to improve the RH services and RMNCH health services.
- The main goals are to decrease maternal & neonatal mortality rates and increase family planning.

JICA:

- JICA is implementing the project "Improvement of Services at Village Health Centres in Rural Host Community of Syrian Refugee".
- As one of input of the project, JICA is going to provide a mobile clinic to MoH which will be used for project activities in Irbid, Mafraq and Deir allah in Balqa.
- The mobile clinic is expected to be provided in February 2017

Caritas:

- Three campaigns are running now and till the end of this year.
 - Obesity-related Chronic Diseases
 - Osteoporosis
 - Breast Cancer
- The projects are running now in Mafraq, Amman & Zarqa and the plan is to cover all the places of Caritas
- In addition to the above, Caritas is planning for these campaigns in coordination with MoH
- Also, Caritas is preparing now new programs for Healthy pregnancy and delivery.

PU-AMI:

- PUI-AMI is implementing community-based activities that take place in 2 community centres; one in Hai Nazzal (East Amman) and one in Rusaifa (Zarqa). Our activities include case management for health, education and protection; informal education; psychosocial counseling; community health awareness and campaigns as well as outreach home visits to disseminate key messages related to health, education and protection.
- We also started providing cash for health (deliveries) last month, we are targeting 50 pregnant women/month until June 2017. The amounts are 100 JoDs for normal deliveries in public hospitals, 350 JoDs for C-sections in public hospitals, and we also cover complications on a case by case basis. We are liaising with UNHCR, caritas and Medair on this as well.
- We do not provide direct clinical RH services, but our community health facilitators provide counselling and awareness sessions that focus on ANC, PNC, family planning, nutrition for pregnant and lactating women and infant and young child feeding. Our Community Volunteers are responsible of disseminating key health messages at household level, which may also include basic RH information.

IRD:

- The Community Base Support for Refugees (CBSR 2) is working with Syrian Refugees in Za'atari camp, where 80 CHVs are using a health assessment form that has been developed with UNHCR and includes a good part on Reproductive Health. At the same time, CBSR 2 works with Iraqi Refugees in urban area, namely Amman and Zarqa. Currently, there are 33 community health volunteers who started their work recently late August this year. The CBSR 2 program is funded by UNHCR.
- The Health Support for Iraqi and Syrian Refugees (HSISR 2) program, will be starting its operations shortly in partnership with MoH. Around 80+ CHVs will be covering 38 comprehensive and primary health centres in several governorates and will be using the above mentioned Health Assessment form that includes extensive part on reproductive health. The HSISR 2 program is funded by U.S. State Department's Bureau of Population, Refugees and Migration (BPRM).
- CHVs will be using tablets for filling their HA forms and they are

	<p>undergoing extensive training.</p> <ul style="list-style-type: none"> ▪ In the occasion of Breast Cancer month, Breast Cancer awareness sessions have been carried out in Za'atari camp. The focus in these sessions were more on risk factors (Modifiable and the non-Modifiable). The main resource was www.who.int/cancer/detection/breastcancer/en/index1.html <p>UNFPA:</p> <ul style="list-style-type: none"> ▪ UNFPA will support 2 days training on Implanon NXT which was initiated by MoH as UNFPA have procured Implanon NXT for MoH. The training will be in the mid of November. The training will be supported by MSD and UNFPA in coordination with MoH ▪ The training will be for 25 doctors. (15 from MoH & 10 from IPs) ▪ State of World Population 2016 global report launched on the 20th October and is entitled for 10 facts of a 10 years old girl. ▪ At 10, a girl is approaching puberty, when many people start to think of her as an asset—for work, childbearing or sex (Bruce, 2006, 2009). If her rights are not well protected, through appropriate laws, services and investments, the chance to bloom in adolescence and become a fully-fledged adult forever slips away. ▪ In some sense, today's 10-year-old girls—just over 60 million in number— are the point where achieving the 2030 Agenda begins, since they are among the population groups most in danger of being left behind. ▪ To encourage the building capacity for staff on how to write success story, and to be reflected on the next meetings in order to make changes on improvements of attitudes.
Action Points	N/A

7. AOB	
<p>- UNFPA: Next meeting will be confirmed later on</p>	
Action Points	N/A