**Reproductive Health Sub-Working Group Meeting Minutes**

**Date:** Thursday 18th Jan

**Venue:** UNFPA office

**Time:** 09:30-11:30

**Attendance:**

1. Dr. Faeza Abo Jalou - UNFPA
2. Ali Al-Gharabli-UNFPA
3. Deifallah Al Sheikh-UNFPA
4. Amani Al Faqer-SCJ
5. Basma Al Hanbali-SCJ
6. Dina Jardaneh - UNHCR
7. Laura Ciuadad-Alianza
8. Nawal Al Najar-IRD
9. Nidal AL Masadeh – UNHCR
10. Dr. Hanan Al Najmi – MoH

*List to be completed*

**Agenda:**

* Welcoming remarks
* Follow up on last meeting action points
* New Recommendation on Emergency Obstetric Care (EMOC)
* Discussion Q&A
* Break
* Camp Update (Zaatari and Azraq)
* Agency Update
* AOB

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| 1. Follow up on last meeting minutes:
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|  | * **UNHCR will share the CHV tool kit (In Arabic) to be reviewed with the partners: Will be shared after piloting it in camps.**
* **UNFPA will share the training plan with all partners as per IFH request: still under discussion with IFH and new center for trainings with IRD.**
* **IFH to share the policy brief once finalized: Pending**
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| 1. New Recommendation on Emergency Obstetric Care (EMOC)
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| **Overview:** **Activities in Jordan:** **Recommendations:**  | * Two-year project in January 2016 aiming to support and improve new-born health care interventions in refugee operations which was funded by the Bill and Melinda Gates Foundation (BMGF).
* The project emphasizes the expansion of key low-cost, high-impact new-born care interventions:
	+ Proper cord care
	+ Thermal care
	+ Initiation of breathing and resuscitation (Helping Baby Breath, NRP)
	+ Early initiation of exclusive breastfeeding
	+ Kangaroo Mother Care (KMC)
	+ Eye care
* **Activities included: Baseline Assessment, Trainings, Procurements**

1. Baseline Assessment * + New-born Health Baseline Assessment JORDAN
	+ Neonatal Care Action Plan (Azraq and Za’atri Camp, June to December 2016)

2. Trainings* Gynaecologist Contracted by UNHCR
* Develop a training curriculum (Match the Gap with a focus on low technology, high impact interventions), based on priority and in consultation with UNFPA
* Conduct two trainings courses (four days each ) for HCW on in Emergency obstetric Care
* Identify potential trainers from amongst the trainees
* Conduct follow up monitoring and supervision to both camp
	+ - **References available**

3. Procurements of Essential Medications and Equipment * + Child Birth Simulators
	+ High over shoes
	+ Dose meter
	+ Calcium
	+ Iron Sulphate, Fumarate??
* It is recommended to have a minimum of 8 ANC contacts throughout pregnancy
	+ - **Table available**
* It is advised for the last antenatal contact to be at 40 weeks and for the pregnant woman to return for delivery at 41 weeks if she doesn’t give birth (for low-risk pregnancy).
* It is recommended that ultrasound scan is done only once before 24 weeks as opposed to at every visit. The main purpose of ultrasound before 24 weeks is to confirm dating of gestation and due date, which should be documented in the medical record, and to exclude twin pregnancy.
* Full blood count should be done at booking, instead of checking hemoglobin only by
* Mid-stream urine culture should be made available at the facility for diagnosis of asymptomatic bacteriuria, so that appropriate antibiotics can be given for treatment (Antibiotics should only be given according to urine C&S).
* all pregnant women should be on iron supplements during pregnancy (Availability of sulphate or fumarate is preferable over gluconate as they contain more elemental iron per tablet, this results in less tablets and more compliance).
* Calcium supplementation should be given during antenatal period to reduce the risk of pre-eclampsia.
* Grey cannula should be available on labour wards (in the emergency tray) to be used in cases of postpartum haemorrhage while green cannula should be used for women in labour.
* Low risk and High-risk pregnancy scoring system in place
* Every pregnant woman should have an assessment for risk factors for venous thromboembolism as early as her booking visit. This should be documented in her medical card.
* Postpartum Family Planning is to be discussed with the woman at booking, second and third trimesters and postpartum before discharge
* WHO modified Partogram should be the one used.
* To apply the rule of fifths to assess descent of fatal head by abdominal examination prior to vaginal examination
* High risk labours with the need of continuous electronic foetal heart rate monitoring should be identified.
* It is recommended that active management of third stage of labour should be implemented on all delivering women.
	+ - **More recommendations can be found on the presentation**
		- **A discussion was posed during the presentation about the recommendations**
		- **The discharge counselling should be taking into consideration and the counselling throughout the pregnancy.**
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| **Action Points** | * **UNFPA to share the presentation with all partners**
* **UNHCR to share the posters for UNFPA with all partners**
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| 1. Camp updates
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| **Discussion** | **Azraq Camp:** * **IRC** is operating three RH clinics, in V#3, 5 and 6.
* In the process of finalizing the budgets and will be moving forward of getting the necessary and pending supplies.
* Received shipment of Iron and will be waiting for final decision to be distributed for all pregnant women in the camp.
* Now hiring and interviewing gynecologists in Azraq camp.
* **IMC**: working along with IRC for the referral process with CHW, and make sure that all women in the camp are attending the ANC and PNC visits.
* An RH refresh training was conducted for the 36 CHW
* **UNFPA:** The IUD insertion was finalized including IRC, IFH, JHAS and in coordination with UNFPA and MoH
* Village #2 still closed as AMR used to run the clinic there. UNHCR, UNFPA and UNICEF are seeking to find solutions to reopen the clinic. In meanwhile, all cases are referred to village#3.
* UNFPA conducted a refresher STI session for the filed staff.

**Zaatari Camp:*** **IRD:** The CH project will be handed over to SCJ (SCJ will be shadowing the IRD health officers for two months)
* The essential new born training will be conducted for 25 CHV for 5 days.
* The RH information will be continued in the ANC and PNC from all service providers in the camp.
* **IFH:** working hours were changed in Zaatari camp and EJC camp on Thursdays only, in order to reach more beneficiaries.
* **IFH** hired male educator in Zaatari Camp.
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| **Action Points** | **More updates on King Abdullah Park by IFH** |

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| 1. Agency Update:
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|  | **MDM:** * Starting again in Jordan, and focusing on PHC and Mental Health.
* Coordinating with Caritas and MoH to do some assessments.

**IFH:** * New agreement with UNFPA regarding the training program.
* Final agreement and the plan of the year to be shared with all partners.

**UNFPA:** * In process of finalizing the work plan with all partners (NGOs and Ministries) and now in final stage.
* More packages for SRH services in addition for the ANC, PNC and FP services.
* Reduce the maternal morbidity and mortality is the main aim for UNFPA and MoH, also working on the maternal surveillance system with cooperation of HSD.
* Doing more trainings in 2018 related to Emergency Obstetric Care and CMR.
* Providing servicers for the berm, depending on JAF and security situation there.

**Allianza:*** Continuing with the project of Mobile clinic which is funded by Spanish cooperation in Jarash, Ajlun and Irbid.
* Another project funded by the Municipality of Madrid to be confirmed later.

**UNICEF:** * UNICEF in process of finalizing the work plan with the government and NGOs and private sectors and universities.
* Continuing the work on three levels, the level of **policy** and now UNICEF is generating evidence as there is a national study on Micronutrient deficiencies and the effect of the deficiencies (the preliminary will be by end of 2018). The second level will be **raising awareness** regarding new born care in camps and urban settings on the national level. For the technical level, UNICEF will start digitalizing the neonatal death audit system establishment with JUST University. Continue with the **community** to raise the awareness of the services of MoH.
* Continue with IYCF for the nutrition and concentrate on nutrition education.

**HSD:*** MMSR (Maternal Mortality Surveillance and Respond System) the system started by beginning of this year and started receiving reports from all hospitals in Jordan on daily basis.
* Started last Oct working with 55 Health Centers, 10 NGOs and 8 hospitals, with total of 120 service delivery points from MoH, RMS and NGOs.
* Collected the base line data for those centers and now collecting the first quarter data, there will be improvement on the indicators.
* Finished the preparations of the outreach program, and it will be active by Mar.
* The community outreach will work on maternal and child health care in addition to family planning.
* On behalf of JCAP project the campaign of Anemia for children and Antenatal Anemia started last Sunday, the ads will be over T.V and Radio.
* The training on Implanon and IUD is ongoing according to the plan with MoH.

**IRC:** * IRC secured fund for community health programming in Mafraq and now in hiring process.
* The RH messaging will be developed and circulated in the CH program

**IRD:*** The Community Health programs are closing in IRD
* In process of finalizing agreement for the training and community centers in Zaatari Camp with UNFPA

**PUI:*** Waiting for MoPIC approval to be able to start the cash for delivery project in East Amman and Zarqa
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| **Action Points** | * **HSD to circulate the posters and forms of the clinical pathways and clinical procedures for child management and treatment.**
* **HSD to update the group of the Implanon trainings (number of attendees per facility, materials...)**
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| 1. AOB
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|  | **By 2018 the group needs to do the following:** * The Nutrition sub-working group updates and the Community Health sub-working group updates to be shared during the coming meetings. In addition to camp coordinators updates.
* Update the TOR and the work plan for 2018 during the next meeting.
* To update the Mapping Services with all partners by utilizing the Services Advisor System.
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| **Action Points** | * Next RH meeting: 15th Feb - 10:30
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