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

**Date:** Thursday 16th Aug

**Venue:** UNFPA Jordan CO

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

**Attendance:**

1. *Ali Al-Gharabli - UNFPA*
2. *Faeza Abu Al-Jalo – UNFPA*
3. *Thawab – AMR*
4. *Tala Dabbas – JHASi*
5. *Nidal Massadeh – UNHCR*
6. *Elsa Groenveld – MEDAIR*
7. *Nawal Najjar – IRD*
8. *Neveen Al Samhouri - IFH*
9. *Federico Turchetti – TDH Italy*
10. *Laura Ciudad – Alianza*
11. *Lubna Shannis – Caritas*
12. *Renad Fakhouri – Caritas*
13. *Rana Sabha –SCJ*
14. *Razan Mousa - IMC*
15. *Khalil Abu Lamoun – IRC*
16. *Dr. Hanan Najmi – MoH*
17. *Dima Hamasha - UNFPA*

**Agenda:**

-              Welcoming remarks

-              Follow up on last meeting action points

-              Jordan GBV IMS Annual Report 2017

-              Camps RH Coordination Updates

-              AOB & Updates

|  |
| --- |
| * Follow up on last meeting minutes:
 |
|  | * ***Coordinator is to share the CMR mapping tool: Will be shared after the meeting***
 |

|  |
| --- |
| * Jordan GBV IMS Annual Report 2017
 |
|  | ***Overview of the system :**** Created in 2006 in response to the absence of effective and standardized tools for data collection and compilation.
* The aim of the GBVIMS was to harmonize GBV data produced by specialized GBV service providers in humanitarian settings.
* GBV IMS was rolled out in Jordan in 2014. Reports 2015-2017
* Newly signed ISP
* Strategic directions: Recommendation to improve programme

 ***Sex of Survivors:**** Almost 95% of survivors are female, women and girls are disproportionally affected by SGBV. More or less constant between 2015 - 2017, decrease in percentage of girls is due to change in data entry (only child survivors of early marriage seeking GBV services were entered in second half of 2017, while all child spouse were entered in GBV IMS in previous years).
* Peak in July 2017, rumors about cash cuts contributed to increase IPV.
* Nationalities: 74% increase in Jordanian survivors assisted

***GBV Types:*** * ***Emotional abuse*** (often humiliation by intimate partner, also include verbal sexual harassment)
* ***Physical assault*** (mostly intimate partner violence)
* ***Forced marriage*** (mostly child marriage of girls 15-17, negative coping mechanism b/c of worsening socio economic situation and social norms).
* **Sexual violence/Assault:** is one of the most severe form of SGBV, yet due to severe social stigma it is often not reported. Marital rape, sexual exploitation by local community, child marriage for the purpose of sexual exploitation
* ***Rape***
* ***Denial of resources, oppurtunities of services***

***Reccomendations for RH WG:**** Clinical management of rape services mapping for SGBV referral pathways.
* Availability in urban location conduct facility based trainings followed by monthly coaching sessions.
* Advocacy with MoH on good practices
* Free service delivery

***The Full 2017 -GBV IMS Report:*** [***https://goo.gl/agQuwC***](https://goo.gl/agQuwC) |
|  | * ***UNFPA to share the presentation with all partners***
 |

|  |
| --- |
| * **Mapping tools**
 |
|  | ***UNFPA:*** * The mapping tool was discussed few months ago but the template was not finalized yet
* To follow up with CMR mapping sheet already circulated as limited number of partners responded to that
* For the nutrition; the final mapping tool will be shared soon
* To add the sub services provided under each service provided
* To indicate where the partner functioning, which governorate and which area is covering, the targeted population Jordanian or other population.
* In addition, it’s highly recommended to add the cash for health services agencies and the partners providing the support and the services
 |
|  | * ***To share the nutrition mapping matrix***
* ***To share the CMR mapping sheet***
 |

|  |
| --- |
| * Camp RH Group Updates
 |
|  | ***Zaatari Camp:**** The RH coordination meeting took place two days ago and it was about the coordination of RH services in the camp.
* A presentation from UNHCR about neonatal deaths audits was presented and it was intersted to know that the neonatal deaths audits in Zaatari camp are more than Azraq camp.
* Most of the causes of death were to the low birth weight of the maturity
* Also, it was revised the process of unifying all the data in the RH card
* To encourage the outreach teams of the community volunteers to make more awareness about the servicers and where to go in the camp
* For IFH training schedule, it was postponed this month. The new date will be circulated among the RH working group

***Azraq Camp:**** The RH coordination meeting is taking place in Azraq camp on monthly basis.
* The last meeting discussed the lab services in Azraq camp and the referrals of all patients to the only lab in village 2 (IMC hospital).
* The services are being slightly effected because of the lack of capacity and the huge number of beneficiaries
* The group have discussed the modality of referrals from the clinics to the lab.
 |
| **Action Points** | * ***N/A***
 |

|  |
| --- |
| * **Agency Updates:**
 |
|  | ***MEDAIR****:** *MEDAIR to plan a meeting for the partners providing community health services for volunteers.*
* *Trying to set up the CH meeting around the 5thSep*
* *Contact details to be updated*

***SCJ:*** * *A training was conducted for the volunteers on ANC, PNC and new born.*

***Caritas:*** * *Training for staff (nutritionist and nursesr) on neonatal and pregnant women health*

***PUI:*** * *Started cash for health in Amman and Zarqa for deliveries (200 normal delivery and 500 for CS)*
* *Will start new project cash for health (Jarash, Ajlun, Madaba and Mafraq)*

***IFH:**** *CMR triaining was postponbded, new appointment will be scheduled soon.*

***IMC:**** *Last two weeks IMC screened all the Azraq camp for pregnant women to have a list to follow up on the ANC visits, and this list will be updated on monthly basis*

***IRD:**** *IRD is continuing the RH dismenation msgs and trying to adresss the women in reproductive age and older, and disminating the msgs through the case management and community mobilization staff member and the Syrina outreach volunteers.*
* *All the staff are trained on the SOPs and they have the key messages whenever they visit the families they will distribute them*

***IRC:**** *IRC provide RH services in Ramtha and Mafraq (A and B shifts)*
* *Lack of family planning methods in village 2 in Azraq camp*
 |
| **Action Points** | * ***N/A***
 |

|  |
| --- |
| * **AOB**
 |
|  | * *Next RH Meeting 20th Sep at UNFPA*
 |