

MINUTES

Reproductive Health working group Meeting

21st January 2014

Chaired by: UNFPA-Jordan

Agenda

Topic	Time
Welcoming and Introduction	5 minutes
Follow up on last meeting minutes	5 minutes
TORs for RH SWG (group discussion)	20 minutes
Need assessment results in EJC CAMP/presentation by Doctor Manal Tahtamouni (IFH)	20 minutes
RH map of services	5 minutes
Update from group members	30 minutes
AOB	10 minutes

Attendance

MOH: Dr Hanan Najmi

UNFPA : Maysa Al-Khateeb

Aman Jordanian Asociation: Nuha Al Majali

Aman Jordanian Association: Walaa Abu Nijem

HSS II: Dr Nisreen Bitar

IFH/NHF : Dr Manal Tahtamouni

IMC : Pranav Shetty

MDM: Maria Vittoria Carlin

MDM France: Dr Luis Rosa

MSF France: Dr Yin Win Khin (Momo)

Solidaridad Internacional-APS: Patricia Garcia

Solidaridad Internacional-APS : Lidia Hernandez

UNHCR: Yara Romariz Maasri

UPP: Roberta Businaro

Follow up on last meeting minutes:

- RH mapping: was shared by email but no updates were received. PHC clinics that provide RH services have also not responded.
- Suggestion to conduct beneficiary satisfaction survey regularly needs further planning
- IRC orientation on GBV and CP SOPs conducted at the Zaatari meeting on 5 January, will also be done at next Amman meeting in February

TORs

TORs were reviewed by those present at the meeting, comments have been incorporated and updated version is being circulated for further feedback.

Action points: TORs will be circulated for feedback, endorsed at next meeting; Agencies to share IEC materials at next meeting, to agree on certain common messages and materials to be provided under the WG.

EJC survey

Presentation by Dr Manal Tahtamouni on findings of a rapid assessment done over two weeks in August 2013

Summary :

Around 3,400 refugees were living in the Emirati Jordanian Camp at the time of assessment, where the main health services provider is the Emirati Red Cross. Family planning is not a component of primary health care. Most people in the camp are in the 19–45 years age range. Only families with a minimum of five members are admitted. Population largely from Deraa.

- 61 percent of those in the camp have elementary level education
- 19 percent of the women are currently pregnant;
- Of those who have already given birth in the camp, 84 percent have never had any postnatal follow-up
- 58 percent are not using any method of family planning
- 93 percent never attended any reproductive health awareness sessions while in the camp

Based on this rapid assessment, IFH/NHF opened a family planning clinic supported by UNFPA in the camp in August 2013. They are working directly and in coordination with EJC in provision of services, family planning in particular. GBV screening and primary intervention provided through counselors in the team – one-to-one sessions and group counseling, and awareness activities also being held. They also have plans to expand their pilot intervention. Midwife and doctor screening for domestic violence and GBV, if a case is found, referred for counseling. MISP and CMR training was also held for EJC staff.**(presentation attached)**

IMC will begin community-based and psychosocial support and clinical and mental health services including a psychiatrist, funded by UNHCR.

UNFPA also conducted field visits , meeting some refugees and service providers, review to medical records, and found that the clinic was working very well, with around 100 people being seen per day. The fact that there is a female doctor has seemed to encourage more women to approach the clinic.

Action point: Presentation to be circulated.

RH map

The map is shared every meeting, and needs to be updated constantly due to the dynamic nature of the situation. Partners are responsible for updating and sending back. PHC who provide RH services are not included on this map

PHC centers only provide services to registered cases; those who are not registered have to go to NGO clinics.

Question: What are the services provided by PHCs exactly? Different responses from refugees on this topic.

Suggestion to include Geographic Information System, once it is available on the MoH website, on this map. It provides the real numbers of hospitals, PHC, comprehensive HC, clinics, and so on.

Many partners providing mobile clinic services, trying to see if there is an overlap, using a type of template to report on their activities so to not duplicate services in terms of coordination.

Action point: Share the template of mobile clinic services, bring to next meeting to discuss.

AOB

- Some facilities were not aware of the different types of RH kits UNFPA provide; each kit provides supplies for different Family Planning services. NGOs have to write to Maysa and she can secure the kits. Some are suitable for hospitals, others for specialized centers, etc. Family planning kits include IUDs, injectable contraception, etc. Available for providers all over the country.

Action point: Presentation about different types of RH kits to be held at next meeting.

- There has been a duplication of services observed in Zaatari, on the refugees' part; pregnant women have been frequenting different clinics and having several ultrasounds. This should decrease when UNHCR implements a new health card system with a unique identifying number for easy tracking. In communities, government is working on what they call a "clever card".
- Are refugees allowed to go to the RMS hospitals? UNHCR have an agreement for Tafileh and Aqaba but not other places.
- Mafraq coordination meetings are held every two weeks to discuss health issues in the governorate. At the last coordination meeting, the high level of referrals to governorate hospitals was discussed.

- Action plan for the group: mentioned as a tool in the TOR, think about priorities based on services we provide and how we can support the field. IEC material, linking more with GBV, service guide/referral pathway
- How to see where are the gaps on the map? Services and use of services. Frequently comes up. Middle to the north good coverage of services. Some places have nothing but that is also linked to distribution of refugees.
- NGO co-lead has received no nominations, opportunity for interested NGOs.

Action point: Share the NGO co-lead criteria again for nominations.