

MINUTES

Reproductive health working group meeting

March 25th, 2014

Chaired by: UNFPA-Jordan

Attendance

UPP: Roberta Businaro, MSI: Andrew Miller, HSS II: Dr Manal Jresat, IMC : Dr Nada Al Ward, MSI: Dr. Ashraf Badr, SCJ: Samah, SHOPS: Maha Al Saheb, IFRC: Jacinta Hurst, UNFPA : Maysa Al-Khateeb

1. Follow up on last meeting minutes

- Regulations regarding what RH services are allowed to be provided outside MoH communicated to members: IUDs and Implanon not allowed to be inserted by midwives not working for MoH, to resolve this ongoing negotiation with Jordanian Nursing Council.
- RH awareness posters were produced for Za'atari and now there is a plan to produce posters for Azraq. The aim is to raise awareness about health services and increase access to services. RH awareness campaign activities include prevention materials (i.e. posters, leaflets) and community outreach. Through the Y-Peer network, UNFPA provided ToT training for IRD, IRC and JHAS on running an RH campaign, the volunteers represented both sexes from different ages, and initiatives by trainees will be discussed next week for implementation.

2. RH services in urban settings

Analysis: RH SWG Members created a map shared through the portal, the map indicates higher concentration for NGOs in the North and middle of Jordan. Data on UNHCR website shows lower concentration of refugees in the south. Refugees do not generally settle within a certain geographical area: they often moved because of better living conditions or environmental circumstances such as cold temperatures.

MISP Assessment 2013: in March 2013, MISP was widely implemented in Jordan, in urban setting there was inadequate staffing, unclear RH protocols, high transportation costs for refugees, long waiting lines, and sometimes reported disrespect by health care providers. Finally, women requested more than RH services such as eye, dental care and primary care.

- Other issues discussed: Transportation costs are a financial and physical barrier for refugees
- Para mapping could help to highlight where are the services closest to refugees, that will help not only to highlight RH NGOs system but also other available system (MoH, PHC and private).

Action point: Maysa to share GIS so that to increase awareness where are services provided in Jordan, please click over the following link: <http://www.moh.gov.jo>

- Lack of adequate staffing in urban areas and women Syrian refugees prefer female doctors

At MoH PHC you will find at least a midwife providing reproductive health services, and we would need to coordinate and advocate with MoH to hire more midwives/nurses. In the most affected areas this might be challenging due to the known shortage. The number of NGOs providing RH services in the north increased. Licensing Syrian doctors to work in Jordan could help to overcome the gap of staffing, also changing from female to male doctor services in some locations led to decrease accessibility of RH services as women have reported a preference for female doctors. MMUs is a mean to bridge the gap, as they increase accessibility to RH services. privacy is a concern, some services could be hard to provide in MMUs, and continuity of care is difficult to provide through MMUs. To increase accessibility to some services, providers should offer all options, and the client could then make an informed decision.

Reflection from Iraqi experience: Dr. Nada: Challenges could take a time to be accepted by refugees, one of the solution was creating a comprehensive service guide which could be replicated.

Recommendation: shortage of RH service providers could be lessened by building the capacity of GPs

Action point: to announce publicly working hours, to make sure at least one midwife will be available during working hours. Part timers could enhance accessibility.

Next meeting to follow up on progress

- Unclear RH protocols:

Jordan has a good data base of guidelines for example the ANC, PNC and FP guidelines.

Action point: RH group to develop performance checklist to be used by providers (this will include documentation review, availability of guidelines, compliance with guidelines...etc)

Next meeting to follow up.

UPP/JWU conducted a training on Syndromic management of STI using WHO guidelines and highlighting the use of Kit #5 for management:

Action point: UPP/JWU will share the presentation with the group.

TORs for RH SWG:

History of RH SWG establishment included within the ToRs.

Establishment of RH SWG in Jordan: in 2007 there was an estimation of 450,000 Iraqi in Jordan , Interagency appealed , in 2008 there was health sector working group, RH SWG established early 2009 UNFPA led the foundation of the group and co-chairing with WHO , members from many agencies including MoH. **Differences:** Number of Iraqi were less, eldest population, trend of more chronic disease, higher education, being older refugees most of them were already established their families.

Azraq camp RH SWG included in ToRs.

Action point: Ad-hoc meeting for Azraq camp RH SWG will be conducted during April, regular RH SWG for Azraq camp will start in May.

3. Update from RH partners

UPP/JWU: Clinics are functioning in Amman, Zarka, Mafraq and Irbid.

Community task force: IFRC chair the community health task force and they are linking with other groups and will do promotional activities on some topics and that will include RH and NCD.

IMC: Preparation to open Azraq camp

SCJ: Promoting hygiene practices inside schools and planning to introduce RH topics

UNFPA: Maternal and neonatal rapid assessment conducted in Za'tari by UNICEF, UNHCR and UNFPA, an action plan was developed, maternal and neonatal facility assessment is running now for 25 hospitals including MoH, RMS and university hospital, follow-up on CCASS training through mentoring visits conducted by IFH/NHS in collaboration with IRC and the trained organisations

4. RH map of services

No update.

Next meeting will be held on April 17th.