

## MINUTES

### Reproductive Health working group Meeting

22<sup>nd</sup> May 2014

Chaired by: UNFPA-Jordan

#### Attendance

JAHS: Ola Al Tebawi  
SHOPS: Maha Al sahib  
HSSII: Nisreen Al Bitar  
IFH/NHS: Maha Gathasheh  
JAFPP: Basam Daniel  
Save the Children Jordan: Samah Al Quran  
UNAIDS consultant: Lana Khoury  
Action aid: Souad Bourid  
IMC: Nada Al Ward  
UNFPA : Maysa Al-Khateeb

#### Follow up on last meeting minutes:

- Access to RH services:  
**Action point:** still partners needs to scan physical access to clinics and provide appropriate directions, working hours and what services
- Azraq RH: No need now to have RH meeting in Azraq , only IMC provide RH services and other PHC services, all topic are discussed during health meeting,  
**Action point:** UNFPA will be present consistently to follow up, suggestion to change time of Za`tari RH meeting .
- RH map updated by MSF and IFRC  
**Action point:** new map will be uploaded on interagency site.
- Guidelines for (Family planning counseling standards, long acting hormonal contraceptives: evidence based and manual for FP counseling)  
**Action point:** UNFPA will be pack guidelines and partners will be contacted, previously RH protocols shared (ANC, PNC,FP and STI )
- MoH counseling policy and procedures was shared through email, it has clear definitions, clear guidelines about (ANC,PNC,FP, breast feeding, safe medication practice), logistic supply procedure , it has some checklists to follow,  
**Action point:** recommendation to adopt it into organizations policies , Nisreen will share the word format copy.

#### RRP6 mid Year review:

Updated calendar shared by UNHCR previously (shared with partners during the meeting )  
UNFPA reduced some activities including some planned clinics , using categorization prepared by Dr Nada and criteria for NRP activities some activities were moved out.

JHAS no change on RH component

IMC might have MMUs so plans are kept as it is.

Table with financial revision will be produced this week. End of June the revised RRP6 plan should be ready.

**Action point:** to follow up on revision plan by all partners

Dashboard for March shared: progress for RH indicator is ok , it`s very important to keep entering data to reflect programmes achievements .

Some agencies didn`t appealed through RRP6 don`t report on services provided, MoH is not reporting though they are providing services , exception in reporting is to MoH , what about agencies support MoH to provide ANC services , who is reporting? No answer

**Action point:** to discuss reporting with health sector

To share dashboard with MoH to show NGOs response, and how much important to have data base for refugees.

### CCASS mentoring:

The International Rescue Committee (IRC), Nour Hussein Foundation and the United Nation Population Fund (UNFPA) has offered “*Clinical Care for Sexual Assault Survivors Training*” The goal of this training was to improve clinical care, psychosocial supports services and general treatment of sexual assault survivors by providing medical instruction and encouraging competent, compassionate, confidential care. The program is intended for both clinical care providers and non-clinician health facility staff. It is designed to be delivered in a group setting with facilitators guiding participants through the material and directing discussions and group participation as appropriate.

Follow up after the training through mentoring visits to meet with supervisors and health providers , facility assessment ,medical chart review and another post test

#### **Recommendations:**

1. All partners reflect high capability to implement and share their skills and information gained from the training, but still one training is not enough, they need more trainings in future to sustain all these skills and information, since there are high turnover between the staff.
2. Protocols must be clear and available at all sites.
3. Facilities must consider all the needs , confidentiality, privacy, and respect to all survivals to
4. SOP`s training is highly recommended for the staff.
5. IEC materials for survival and others are needed.
6. More trainings for the staff to manage for survivals needs .

**Action point:** action plan to be developed and shared for follow up

The RH WG oriented on Amani campaign to follow up on point number 5 and to improve awareness/refer to the email sent by Maysa/Material also available on interagency web portal RH providers/Supervisors should follow up on awareness on protocols

### Performance checklists:

General frame work for performance checklists been revised, Lana Khoury joined Mays to develop HIV/STI checklist, follow up meeting last month postponed due to many apologizes.

using this checklist should be by supervisors for the assessment of their facilities and to work on improvement. but it would be good to receive feedback from another colleague in another organization.

Draft template were shared with group to illustrate general methodology.

**Action point:** follow up meeting in UNFPA 8 th of May at 2.30 to further discuss and agree

## RH partners update:

**UNFPA:** regional mission provide technical support to the UNFPA country offices involved in the Syria response to forecast and develop a strategy to strengthen national procurement and other alternatives, stakeholders dealing with RH kits will be invited for meeting 3rd and 4th of June, 15 package for sexual and reproductive health training distributed during the meeting, those packages contains educational, training materials , reproductive health messages and facilitation guide , trainers and services providers from different levels could utilize it in the field and for arranging trainings, those packages developed in collaboration with Queen Zein Al Sharaaf institution. increase in UNFPA/JHAS facility birth rate by 60% relevant to March 2014.

**JHAS:** training for JHAS staff on RH and MISP training 5 days , there is an increase in UNFPA/JHAS facility for delivery , rate became 40 delivery/week , before it was 25/week, RH Za`tari meeting is co-chaired between UNFPA and JHAS, finally JHAS/UNFPA facility approaching 1000 birth.

**HSSII:**AL Nadeem hospital, Ghour El Safi, Queen Ranya, Al Ameera Eiman hospitals providing post partum, post abortion family planning

**SCJ:** No update

**Action aids:** Not active now in Za`tari , only in Urban areas.

**UNAIDS:** lana Khoury Consultant from UNAIDS provided feedback on HIV/STI checklist, will be participating in RH SWG and work in close collaboration with MoH to address HIV , FSW and other related issues , participated with MoH on survey collecting information about sex workers in Jordan.

**IMC:** opened RH clinic in Azraq camp, two deliveries refered to Tutanji (NVD) distance for referral 90 minutes, one C/S delivered also in Tutanji, no incubator and baby kept outside, IMC indicate the priority of opening IFRC hospital for maternal and neonatal care , IMC participated in finalizing POA and nutrition strategy and integrated the importance of breast feeding during ANC. Counseling and emphasizing LAM highly supported, delaying clamping cord to combat anemia, RH SWG requested evidence based papers. **Nutrition survey:** WFP,UNHCR,UNICEF,WHO and UNFPA conducted intersectoral country wide nutritional survey, results shows around 45% of WRA are anemic, similar results for children, RH SWG needs to discuss this issue next meeting,

**Action point:** preliminary results will be shared again for group preview and recommendations

## AOB:

For Azraq camp IMC will provide emergency obstetric in case of crowning baby, some pregnant women are referred from Raba Al sarhan to AZraq, so far 5 deliveries, baby kits sent from IFRC for the babies.

Development of RH SWG plan of action July –December 2014

ANC card used in Azraq camp by IMC team, same card used in Za`tari.

Reports should show sex disaggregation as men and boys might be beneficiaries for condoms, STIs and awareness.