Minutes

Reproductive Health Sub-Working Group Meeting

23rd October 2014

Chaired by: UNFPA-Jordan

Attendance:

Dr Faeza Abu Al-Jalo – UNFPA

Yara Maasri – UNHCR

Reem Abu Samra – MdM

Mary Sweidan – WHO

Hana'a Farajallah – SHOPS

Hanin Zoubi – IFH

Dr Hanan Najmi – MoH

Dr Midori Sato – UNICEF

Shereen Abu Hweij – JICA

Ritsuko Arisawa – JICA

Samah Al-Quran – Save the Children Jordan

Tahani Ibrahim – IRC

Action points follow-up:

- Nutrition intervention strategy to be finalized this week; Nutrition Survey to be shared with group once finalized. Fact sheet was finalized: https://data.unhcr.org/syrianrefugees/download.php?id=7202
- JHAS/SCJ last week had a discussion regarding issues surrounding MUAC screening in pregnant women.
- Confirmed that those reporting on the GBV indicator in Activity Info are all Health actors.
- UNFPA/IFH training plan shared with concerned agencies. Only members of the Working Group (WG) who sent nominations were MdM France and UPP. The trainings are very important and all WG members are encouraged to send participants. There is a limit on number of participants per training (20–25).

- RH protocols and FP counselling trainings in Amman were already conducted, today finalizing the CMR. Participants from different MoH health centres, MdM France and UPP. The MISP training scheduled from 26– 30 October was shifted to end of November, due to national polio campaign on same dates in October, other trainings due to be conducted on time.

Action point: Organisations to nominate 2–3 staff to take part in the trainings and send the nominations as soon as possible to Hanin from IFH.

- Why are MISP training still being conducted at this point in the crisis? Idea was to cover areas that had not been covered earlier, mostly in the south (other than a training in Aqaba in 2012). Madaba area has been identified to have many Syrian refugees with very few organisations providing services, so MISP is still relevant there.

- MoH will also conduct two or three trainings in November and December.

- IFH trainings are conducted by certified trainers.

- Is there any post-training evaluation or follow-up? One evaluation was conducted in June, evaluated JHAS clinic and other providers. UNFPA suggested to start the follow up process of trainees as part of monitoring the impact of the training courses so that to identify gaps and improve the training curriculum. In previous phases used to conduct MISP and CMR trainings together, merged them into one training over five days (usually each takes five). In this phase decided to go back to original five days each.

Reproductive Health core messages

- Goal is to better raise awareness of the targeted population as well as health care providers. Best to have everyone providing the same messages; it is very confusing to the population if different organisations are saying different things. Core messages discussed by the group are currently in English but will be translated into Arabic.

- Testing the messages is very important. They can be printed on simple brochures, and certain areas can also be linked, but the messages have to be accompanied by counselling.

- Family planning is a good area to bring in men. UNFPA and other agencies are looking forward to engaging men in family planning. Currently the message is very general, should be a bit more specific.

- Antenatal area is very important and needs to be strengthened. Different definitions of ANC, but standard according to WHO is 4 visits minimum. National protocol includes almost 12 visits. High risk pregnancies require more visits as advised by physician.

    - Needs to be considered in monitoring framework and how it is reported. Good to count any visit.

- Current message is not specific enough, does not mention coverage, number of visits, importance of attending even in early stages of pregnancy. For example: "Once you feel that you are pregnant (early sign of pregnancy which is amenorrhea), you should attend health services".

- Simple messages around importance of iron, considering the anaemia problem highlighted by latest nutrition survey, are very important.

- From field visits, it can be observed that many men blame women for having baby girls, believing that what they eat during the pregnancy determines the baby's gender; even some women believe the same. This is an area that perhaps should also be covered in these messages, or in awareness-raising sessions with smaller groups, after conducting a focus groups discussions to assess knowledge and attitudes of targeted population (women and men).

- For neonatal care, this is also an important area that should be emphasized especially immediately after delivery by -keeping baby warm, not only in winter and initiate breast feeding in the first hour.

- Nutrition sub-Working Group (SWG) also developing standardized IYCF messages.

- Should also integrate a youth component.

Action points: Feedback to be provided on the core messages by 28 October. RH WG to liaise with NWG to coordinate messages particularly in IYCF.

Breastfeeding recommendations

- It is a good idea to have refresher sessions at these meetings, according to different agency specialisations. Today's presentation was done by MoH.

- Breast-feeding is a cost-effective way to save lives.

- DHS 2012 indicators for breastfeeding showed that: 1) early initiation in first hour is very low at 19%. Significant decrease from 2007, when it was about 39%. 2) Exclusive breastfeeding rate: 23% in babies less than 6 months, and 3) Duration of continued breastfeeding: median about 12.5 months.

- Usual practice in hospitals to take baby away from the mother right after birth, with anecdotal evidence suggesting some nurses say that there is no point in trying to breastfeed so soon as milk is not yet flowing. MoH encourages women to ask for the babies to breastfeed; but hospital staff should also be made aware of the importance of early initiation, and discouraged from taking the baby away. Burden should not be on the mother.

- MoH have posters available regarding the 10 Golden Steps for successful breastfeeding to be implemented in baby-friendly hospitals, which have been distributed to all health centers and hospitals, and can be distributed to other clinics as requested. There are also brochures available, regarding IYCF, breastfeeding in the first hour, exclusive

breastfeeding until 6 months, then complementary feeding until 2 years of age including other foods.

- Gifts should never be accepted from breast-milk substitute companies. Breastfeeding should be promoted in emergency situations.
    - Nutrition SWG developed documents about this:
        - Standard Operating Procedures on Donations, Distribution and Procurement of Infant Formula and Infant Feeding Equipment (https://data.unhcr.org/syrianrefugees/download.php?id=5528)
        - Guidance Note on Appropriate Infant and Young Child Feeding Practices in the Current Refugee Emergency in Jordan (https://data.unhcr.org/syrianrefugees/download.php?id=4103)
- Step 10 is very important: foster the establishment of breastfeeding support groups and refer mothers with problems in breastfeeding to them on discharge from hospital or clinic.
    - Happening at SCJ caravans in camps (Zaatari, EJC and Azraq). IFH also has breastfeeding support groups. SCJ is funded by UNICEF for this activity, and they have been discussing carrying out collaborative mapping to see where the activity is being done, if and where it needs to be scaled up.
- Prolonged breastfeeding is also not good, as does not met nutritional needs.

Action point: UNICEF will call a meeting to coordinate breastfeeding support activities

RH WG Monitoring Framework

- Template was circulated, needs feedback. Intend to start next year.
- Important to know which agencies can report on what, if they have the capacity to report and on which indicators.
- Intervention timeframe is a guide.

Reproductive Health profile

- Developed because RH providers are constantly asked for interviews, information, etc. Provides a summary of available information, indicators collected from the field, etc. Will be updated on an annual basis. Includes specific information from Zaatari camp.
- Background numbers given should always be the same. Demographics taken from UNHCR and reflect number of registered Syrian refugees.

- Some of the figures were calculated using the MISP calculator.

Reproductive Health capacity building plans follow-up

- Indicators document was circulated. Will help in assessment and monitoring, should be followed by all RH WG members.
- Not necessary to take all indicators but pick the indicators that fit with your services and your institute.
- Includes clear definition on how to collect the data, etc.
- Anyone who needs assistance on any indicators, how to do it, etc., UNFPA is ready to answer, can contact Dr Faeza and also MoH.

Action point: Re-circulate indicators document.

Update from group members

- JHAS: In Zaatari camp earlier this week, a woman delivered twins in the UNFPA/JHAS clinic; mother and babies are in good health. After the closure of the UNFPA/JHAS clinic in Amman in September, JHAS started providing RH services at its UNHCR/JHAS clinic in mid-October. A gynaecologist is available three times a week, and a midwife is available six times a week.
- UNICEF: Nutrition activities and IYCF through SCJ. Worked on action plan from MoH which covers a lot of activities on newborn health; discussion on this could be included in the next meeting agenda. Coordinating with Community Health Task Group to discuss post-natal and newborn health home visits. Will be supplementary, more basic, covering nutrition, danger signs, importance of essential newborn care practices at home; women in the camps are already attending clinics for PNC, where these topics are covered.
- IFH: Three training workshops already concluded (see above). RH protocols and FP planning attended by between 26–28 people, CMR by around 22.
- IRC: Fixed clinic and mobile clinics. Interviewing 40 volunteers to be in the ITS and high-refugee population areas, will be trained about RH protocols, RH guidelines and health awareness messages to raise awareness in refugee population. This month trained seven volunteers from fixed clinics about RH guidelines. Majority of them are Syrian, preferably those with medical background.

RH assessments

- None planned.

AOB

- Survey on RH in emergencies, UNFPA is asking all implementing partners to reply ASAP, to assess the experience and response of RH in the region. Should only take 10 minutes.

A consultant will analyse the data collected come up with recommendations. Link: http://goo.gl/forms/sPdywcmE0O

- In last meeting, mentioned there was a new RH clinic opening in EJC, who is opening it and where? There is already an IFH/UNFPA clinic providing RH services including ANC, FP and other gynaecological services. In the past month have been negotiating with health facility management regarding continuation of providing the services because they have a new gynaecologist in their own facility. Negotiations are ongoing.
- SGBV is an issue that needs to be emphasized; early marriage and SGBV need to always be kept in our monitoring process.
- FP logbook: piloting until end of October. Once finalized will be shared with all members.
- Action point: More details to be shared with the group about the RH awareness campaign in Zaatari, if anyone wants to participate.
- Suggestion to have presentations at these meetings from different agencies with figures to reflect scope of their work.

Next meeting: Thursday, 20 November October, 10-12 am, UNFPA office