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

**Date:** Thursday – 18th May 2017

**Venue:** UNFPA office

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

**Attendance:**

1. **Dr. Faeza Al Jalo-UNFPA**
2. **Deifallah Alsheikh – UNFPA**
3. **Ali Al-Gharabli - UNFPA**
4. **Dr. Hanan Najmi – MOH**
5. **Nawal Al Najar-IRD**
6. **Fadia Al Jaber-MOH**
7. **Israa Abu Jamous – SCJ**
8. **Nidal AL Masadeh – UNHCR**
9. **Etimad Abbas –WHO**
10. **Makiko Komasawa – JICA**
11. **Buthina AL Khateeb –UNICEF**
12. **Dima Hamsha – UNFPA**
13. **Elsa Groenveld – MEDAIR**
14. **Nisreen Al Bitar- HSD**
15. **Fadi Owais – IMC**
16. **Sarah Aladdin – JCAP**
17. **Hanin Zou’bi – IFH**
18. **Heba Seder – PUI**
19. **Ola Hattab - JICA**

**Agenda:**

1. Welcoming and Introduction
2. Follow up on last meeting minutes
3. Male Involvement/Camp and urban settings
4. Village Health Center (VHC) project progress/JICA
5. Emergency RH kit#3 (new drug list)
6. Camp update
7. Agency Update.
8. AOB

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| 1. **Follow up on last meeting minutes:** | |
|  | * MEDAIR to provide more information about home deliveries: **Still pending** * Dr. Faeza to circulate the list of mapping services: **Done, circulated during the meeting** * UNICEF will discuss with MoH about the neonatal national program to include more people and to figure the cost: **Under Process** * UNFPA to make sure IFH includes in the trainings they are conducting now for the CBOs on adolescent’s nutrition: **RH members to identify the most needed trainings in order to prepare training packages** * Nutrition WG to develop unified key messages on Adolescents girls nutrition and share it with the RHWG to make sure partners providing RH services to have these key messages integrated through their clinics activities: **Will be discussed in the next NWG meeting** * UNFPA will add to mapping services matrix a row for agencies to fill if agencies are doing MUAC screening for CBA women in their clinics. Once clinics identified trainings will be conducted by key agencies on MUAC screening and a referral pathway will be established. Agencies will be kindly requested to comply and follow up with the clinics on the integration process when requested: **Circulated and will be finalized after the meeting** |

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| 1. Male Involvement/Camp and urban settings | |
|  | **Azraq Camp:**   * The matrix represent the effect of the campaign of the male involvement which was conducted in Azraq camp. * The first column represent the number of services provided: TT Vaccine, PNC visits, ANC visits, Family planning users and Family Planning counselling. * All the percentages were increased in comparison to previous months * In April, 1273 males were educated in Azraq camp about RH services (in caravans)   **Zaatari Camp:**   * RH campaign in Zaatari Camp was postponed till after the holy month of Ramadhan * SCJ will share the number of male for IYCF percentage in Zaatari camp   **To share the matrix** |
| **Action Points** | **N/A** |

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| 1. Village Health Center (VHC) project progress/JICA | |
| **Action plans by each CHC**  **Future Plans** | **Approach 1 : Capacity development of VHC in 2016**  ■Training for VHC nursing staff and midwives   * Family Planning and Counseling Training (34 trainees, Oct 2016) * Family Planning Logistic Training   (46 trainees, Nov 2016)   * Reproductive Health Training   (46 trainees, Nov 2016)  ■Provision of medical equipment and furniture in May, 2017   * Starting FP, ANC, PNC and child care services   **Approach 2 :Health Promotion Activities in 2017**  ■Health Promotion Workshops in 3 governorates in April   * 140 Community Health Committees’ members   ■Health promotion kick-off ceremony in 14 villages (6 in Irbid, 6 in Mafraq and 2 Dayr Allah   * Up to 10th of May, completed 14 villages, Apr. 1000 attendants * 14 CHC made action plans for their prioritized **health issues**: e.g. Family planning practices, anemia of pregnant women/children, adolescent smoking, so on. * **Kinds of Actions**: e.g. Health education session at VHCs, awareness lectures at the charity associations or schools for both children and parents, group discussions at homes or mosques, home visit by VHC staff, so on. * Mobile Clinic handing over (July 2017) * VHC operation manual dissemination ( August 2017) * Refresher training for VHC nursing staff (September 2017)  1. Good practice booklet on Community Health Promotion (January 2018) 2. FP flipchart (August 2018) |
| **Action Points** | * UNFPA to share JICA’s presentation with the minutes |

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| 1. Emergency RH kit#3 (new drug list) | |
| **Introduction**  **Treatment regimen**  **Adverse effects** | * This kit aim to provide medical management of the immediate consequences of sexual violence. * Only trained and qualified medical doctors are responsible for medical care of survivors of rape. * In addition to medical care, other services must also be offered to survivors including:   1. Emergency contraception.  2. STI presumptive treatment.  3. Psychosocial support and referral for protection services   * In 2014, WHO released new guidelines for Post- exposure prophylaxis for HIV * New recommendation aim to simplify treatment prescribing and improve adherence by using better tolerated drugs. * The preferred preventive treatment consists of three Anti -Retro Viral (ARV) drugs, to be taken once a day (adults and adolescents) or twice a day (children) for 28 days. PEP treatment should be offered and initiated within 72 hours following exposure. * HIV testing is not conditioned for prescribing PEP treatment * Treatment duration is 28 days (compliance??) * Tenofovir (TDF) + lamivudine (3TC) are recommended as the preferred backbone regimen for PEP among adults and adolescents, and Atazanavir/ritonavir (ATV/r) is the recommended third drug. * Zidovudine (ZDV or AZT) + lamivudine (3TC) are recommended as the preferred backbone regimen for children 10 years and younger, and lopinavir/ritonavir (LPV/r) is the recommended third drug. * PEP is not contraindicated for pregnant or breastfeeding women. * Survivors reporting after 72 hours of the incident should be counselled about the possible risk of transmission and should be encouraged to undergo HIV testing 3 months following exposure. * Nausea, Vomiting, flu like symptoms and headache. ( Temporary but may affect compliance ) * Atazanavir may cause jaundice (not due to hepatitis) * Tenofovir (TDF) is C/I in a patient with pre-existing renal impairment (CrCl <50 ml/min). * (If no creatinine testing, avoid use in DM, HTN and in patients receiving nephrotoxic drugs). * Avoid zidovudine (AZT)/lamivudine (3TC) if there is clinical signs of anaemia and/or if Hb is < 8 g/dl.   **(Adult PEP treatment Protocol and Children PEP Treatment Protocol: to check the presentation attached)** |
| **Action Points** | * UNFPA to share the presentation with the minutes |

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| 1. **Camp updates** | |
| **Discussion** | **Zaatari Camp:**   * In the process of following on RH services defaulters about ANC and PNC visits, with coordination with IRD and JHASi volunteers * In Apr the number of defaulters were two cases only (ANC and PNC) * In comparison with previous months it was Zero for Feb and 8 cases for Mar (both ANC and PNC) * The target is to have zero defaulters in the coming months and to follow up with ANC and PNC. |
| **Action Points** | * **N/A** |

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| 1. **Agency Update:** | |
|  | **MoH:**   * To establish work plan and RH protocol   **HSD:**   * Finished the 3rd collaborative project along with MoH, the project was focusing on asking the community and the service providers about the clients of the health centers about the services taking, the action plans were built according to their feedback. * Assisting MoH (Woman and Child Health Directorate) in conducting several trainings workshops such as ToT for IUDs and ToT for Implanon insertion and removal   **WHO:**   * WHO expressed their readiness to provide any technical support and updated guidelines needed   **IFH:**   * Regular work on providing RH services and FP is continues in the 18 locations after the opening of Karak clinic * The trainings was started in march and Apr and conducted FP counseling and RH protocols and CMR and other RH and GBV   **MEDAIR:**   * Community health program and cash for health program (cash for delivery) is   running as normal in Mafraq, Zarqa and East Amman   * Asking for referrals for SC with a real and justified proof from MoH to be provided by beneficiaries   **JICA:**   * The mobile clinic will be operative in Jul * Working in Irbid and Mafraq to operate the mobile clinic   **JWU: no major updates**  **PUI:**   * Community volunteers working in Amman and Zarqa (Ruusaifeh) * Provide cash for SC and cash for education * Other projects are still under planning (documentation phase)   **IRD:**   * The community health volunteers program is running in partnership with MoH and UNCHR * Integrated services with SCJ for child feeding and malnutrition * The theme of the month of May was hypertension * A free medical day was conducted in Apr, and 350 families (Iraqis, Somalis, Sudanese and vulnerable Jordanians) attended this medical day   **UNFPA:**   * The launch of the sector dashboard by UNCHR (<http://scs.raisunhcr.org/>) * More details will be presented in the next HSWG meeting * UNFPA successfully completed the training for the hospitainer which was purchased for maternal mobile clinic and it will be sent to the berm to provide RH services including CS and normal delivers. * A selected staff from JHASi were trained to run the hospitainer   **SCJ:**   * SCJ met with UNICEF, UNHCR and other agencies who will start handover process in the camps. * Regarding the male involvement in IYCF session kindly find below the numbers for the time from 20/04 – 20/05/2017: * Zaatari: 191 * Azraq: 115 * EJC: 21 |
| **Action Points** | * **RH members to identify the most needed trainings in order to prepare training packages by IFH** * **HSD to share the sheet of records for each training conducted and the attendees who finished their practical training including newly trained** |

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| 1. **AOB** | |
|  | * Raised by UNFPA: Call for proposal Reproductive Health and Gender Based Violence services in Azraq Camp (Village 3, Village 6 and Village 5) and it was shared on UNHCR web portal, and the deadline will be 21st May * The report on IAWG meeting that was held in 5-6 April 2017, was shared with UNFPA and Dr. Faeza will circulate to all members after the meeting. * Next meeting will be 22nd Jun at 10:00 am |
| **Action Points** | * N/A |