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

**Date:** Tuesday 24th Oct

**Venue:** UNFPA office

**Time:** 09:30-11:15

**Attendance:**

#### Ali Al-Gharabli-UNFPA

#### Deifallah Al Sheikh – UNFPA

#### Nawal Al Najar-IRD

#### Nidal AL Masadeh – UNHCR

#### Ranad Fakhoury – Caritas

#### Haneen Abu Laila – MEDAIR

#### Amani Al Bohisi-TdhItaly

#### Gemma Dominguez-MSF France

#### Raeda Al Momani – NWHC

#### Basma Al Hanbali-SCJ

#### Amani Al Faqeer - SCJ

#### Nadia Al Safadi-MOH

#### Hanana Najmi – MOH

#### Cristina Fontanilla – Alianza

#### Laura Ciudad Rioja – Alianza

#### Safaa Al Nadi – JWU

#### Majd Al Shamayleh - JWU

#### Clive Omoke – IRC

#### Siris Soud - PUI

**Agenda:**

###### Welcoming remarks

###### Follow up on last meeting action points

###### Community Health Component by Ms. Nawal Najjar/ IRD

###### Challenges and lessons learned on JRP, 3RP, ActivityInfo

###### Camp Update (Zaatari and Azraq)

###### Agency Update

###### RH related trainings: What’s needed and who’s providing it?

###### AOB

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| 1. **Follow up on last meeting minutes:**
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|  | * UNHCR to share the recommendation of the emergency obstetric care: **will be presented and circulated by next meeting**
* UNFPA to share the presentation of miscarriages with all partners: **Done**
* UNHCR +UNFPA: to identify a team to revise the CHV tool kit: **Already provided a feedback**
* NHW to share their SOPs once finalized (end of Aug): **the SOPs under printing, will be presented once finished**
* UNICEF will discuss with MoH about the neonatal screening program to include more people and to figure the cost: **Still pending**
* UNFPA to circulate the CSS presentation which was presented by HSD: **Done**
* HSD to share the IUD training schedule with UNFPA: **Pending**
* HSD to share with all partners the clinical pathways for maternal anemia and screening and management for child anaemia (under 5): **Pending**
* UNFPA to share the RH and Nutrition key messages with all partners: **Will be shared again**
* UNHCR to share the comments of MoH regarding the Hepatitis B screening: **Will be finalized soon and shared accordingly**
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| Community Health Component by Ms. Nawal Najjar/ IRD |
| **Health Support to Syrian and Iraqi Refugees in Jordan (HSISR-2)****Community-Based Support to Refugees in Jordan (CBSR-3)****Community-Based Support to Refugees in Jordan (CBSR-3)****Importance of Community Health projects****Work Approach****Selection and Training of CHVs****Collaboration with other IRD’s projects****Challenges****Coordination Meetings** | * Funded by the Bureau of Population, Refugees, and Migration (BPRM) – US Department of State
* September 2016 – December 2017
* Budget: $US 2,000,000
* Funded by United Nations High Commissioner for Refugees (UNHCR)
* January 2017 – December 2017
* Budget: $US 5,152,169.62
* Works in: out-of-camp setting (Amman, Irbid, and Zarqa governorates); camps (Za’atari and King Abdullah Refugee Park (KAP))

Goals: 1. Improve access to primary healthcare for persons of concern;
2. Enhance access to services;
3. Strengthen and expand community self-management; and,
4. Improve access to reproductive health and HIV services

**Za'atari Camp*** 80 community health volunteers (CHVs) conducting home visits (HV), making referrals and follow-up visits.
* Disseminate health messages
* Collaborate with health partners to distribute non-food items such as hygiene kits, and diapers.
* Conduct awareness sessions and health campaigns

**Urban:*** 33 CHVs in Amman, Balqa, and Zarqa governorates
* Target Iraqi and non-Syrian refugees
* Home visits, make referrals and accompany visits
* Train CHVs on non-communicable diseases (NCDs), communicable diseases (CDs), Family Planning, First Aid, etc.

**Goal:** * IRD’s Community Health programs in Jordan operates on the community level targeting Syrian and non-Syrian refugees, and vulnerable Jordanians.
* The overall goal of this program is to:
1. Improve the health status of vulnerable refugees living in urban areas and Za’atari camp through increased access to and awareness of healthcare services;
2. Awareness raising in health related issues such as non-communicable diseases (NCDs), communicable diseases (CDs), antenatal, postnatal, and neonatal care through communication, health education and promotion.
* According to WHO, Community Health programs can make an effective contribution if they are carefully selected, appropriately trained and –very important- adequately and continuously supported.
* Community health thrive in mobilized communities but struggle where they are given the responsibility of galvanizing and mobilizing communities.
* Community Health programs remain a good investment, since the alternative in reality is no care at all for the poor living in geographically peripheral areas. Community health workers/volunteers represent an important health resource whose potential in providing and extending a reasonable level of health care to underserved populations.
* We need always to examine the links between health systems and communities.
* WHO recently is focusing on developing Community Engagement relevant to quality, integration and people centered approaches.
* CHWs increase the coverage and equity of health service delivery compared with alternative modes of service organization (Walker & Jan, 2005).
* A total of 182 community health volunteers (CHVs) work in IRD’s Community Health projects:
* 80 Syrian CHVs in Za’atari camp (34 females and 46 males);
* 102 female CHVs in urban (65 Syrian, 35 Iraqis, 1 Sudanese, and 1 Somali) in 10 governorates: Amman, Irbid, Zarqa, Mafraq, Ajloun, Jerash, Madaba, Ma’an, Karak and Balqa to achieve the objectives of this project by:
1. Conducting home visit assessments;
2. Referring cases of NCDs, reproductive health (RH), and neonatal to healthcare providers;
3. Accompanying refugees to Ministry of Health (MoH) clinics;
4. MOH staff capacity building training;
5. MOH capacity building medical equipment donation;
6. Health education sessions and health awareness campaigns
* The CHVs are recruited from the same nationality of refugees that they will be working with.
* IRD builds the capacity of identified CHVs and continuously trains them in order to be able to assess the family health status. CHVs are trained to collect data on tablets using Open Data Kit System (ODK) enabled with a Global Positioning System (GPS). Trainings include:
1. Behavior change;
2. Effective counselling;
3. Psychology of adult learning;
4. Family Planning;
5. First Aid;
6. Antenatal, postnatal, and newborn care;
7. Communication skills;
8. Mental health; and,
9. Management of NCDs
* Trainings are done through IRD’s Health Specialist, JHASi, IMC, University of Jordan, Jordan Paramedic Society, UNHCR, and other health consultants
* The Community Health project collaborates with other projects such as the community mobilization by receiving referrals that require home visits by the CHVs.

A free medical day took place on 29th April 2017 for approximately 317 Iraqis, Sudanese, Somalis refugees as well as vulnerable Jordanians in coordination with the Pioneers School. The beneficiaries were seen by different physicians including dentist, orthopedic doctor, family doctor, and ophthalmologist.* High turnover of CHVs;
* Recruitment of CHVs that live in the community that they are going to work in with health background;
* Long waiting periods with service providers;
* Distorted address and contact numbers of beneficiaries given to RH service providers including human error in registration; and,
* Limited number of service providers for non-Syrian Refugees.

**IRD actively participates in coordination meetings, along with other I/NGOs and governmental entities, specifically the different health sector working groups:**1. Health Sector Working Group;
2. Health Task Force Working Group;
3. Reproductive Health Sub-working Group
4. Nutrition Sub-working Group; and,
5. Mental and Psychosocial Working Group.
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| **Action Points** | * **UNFPA to share the presentation with all partners**
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| Challenges and lessons learned on JRP, 3RP, ActivityInfo |
|  | * The second stage of the JRP/3RP was to develop the project summary sheets (PSS).
* During the Dead Sea workshop, all partners decided to go through 13 indicators under 20 objectives.
* The partners compiled all the PSS and were submitted to the MoH.
* No hardcopy were submitted for the 13 PSS, all was entered through MoPIC website.
* Total of 22 organizations were submitted through the JRP, and one additional organization were submitted to 3RP only.
* The total under REF is $83m, and the total submission for RES is around $15m, submitted by 7 organizations.
* The submission for JRP is the same of 3RP for 2018 and same data will be entered to Activity Info system
* The third stage after submission the PSS is MoPIC clearance for all sectors.
* Health sector succeeded to maintain the same balance as last year in order to make the Health Sector case easy to be reviewed and accepted by the government and to avoid any last minute reduction.
* To collect all information related to 3RP and data collection, UNHCR is utilizing the Activity Info System, and the data are extracted on daily basis.
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| **Action Points** | * **N/A**
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| 1. **Camp updates**
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| **Discussion** | **Azraq Camp:** * The hand over completed between the IRC and IMC at Azraq camp and the UNFPA’s new partner is functional now to provide the RH services at Azraq camp
* All of IRC staff now on board and only few position still under process and will be finalize soon.
* All orientation session did for the field staff and with coordination from between UNFPA and UNHCR the HIS and tally sheet reporting system session done for IMC, IRC and AMR staff.
* Through coordination with all health partners, the health coordination meeting member at Azraq camp updated the 4W matrix and discuss the internal and external referral pathways at Azraq camp level.

**Zaatari Camp:** * IRD had an activity for the beneficiaries on the World Food Day, IRD suggested to distribute olive oil this time
* IRD did a mental health and psychosocial trainings with IMC volunteers
* The home visit program is running on till 15th Nov
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| **Action Points** | * **RH coordination meeting will be held next Monday at Zaatari Camp**
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| Agency Update: |
|  | **MEDAIR:** * Medair’s community health project is running, we are functioning in Amman, Zarqa, Irbid and Mafraq. Medair has around 60 community health volunteers who are doing home visits in which they do awareness about RH topics. Cash for health component of the project is still running as well focusing on covering deliveries (Normal vaginal Deliveries and caesarian deliveries) and some urgent medical surgeries. Medair is now covering vulnerable Jordanians and Syrians having difficulties to access health care in MoH.

**MoH:*** The RH guidelines are under process and will be finalized within two weeks.

**Alianza:*** Alianza is responding to the needs of the population in Jordan through interventions focused on a multi-sectorial response to Gender Based Violence (GBV), which involves the provision of sexual and reproductive health services, psychosocial support, legal aid and monitored referral.
* The GBV strategy intervention additionally combines strong components on advocacy and communication on women´s rights, particularly the right to live free of violence, as well as awareness, empowerment and capacity building actions. This comprehensive intervention is currently being implemented through various projects funded by the Spanish Agency for International Development Cooperation, among others.
* To establish a mobile clinic in the rural areas in Ajloun, Jarash and Irbid to provide RH services. And the response will be in December for the fund.

**JWU:*** JWU will provide a detailed email regarding their monthly updates.

**TDH:** * TDH is running a project in Zarqa for RH activities
* The main component for this project is to provide comprehensive package of RH, maternal, child and neonatal care as form of ANC, PNC and family planning and also Nutrition.
* The second main component is about establishing mobile unit and equipping it with the needed equipment, the mobile clinic will be ready to be functioning in the second phase of this project.
* The third component is about capacity building as TDH will collaborate with MOH to provide a comprehensive RH training for13 medical staff.

**PU-AMI:*** PUI is working in three dimensions:
* Psychological
* Health
* Education
* PUI will be funded by Nov for 18 months to continue their activities
* PUI are doing group and individual sessions for health by their volunteers and can arrange for home visits.
* PUI beneficiaries are 17 Syrian, 20 Jordanian and 10 other nationalities.

**UNFPA:** * A new call for proposal will be out on the first week of November to address the training needs of service providers operating in Zaatari camp, and improve refugees’ community engagement through community mobilization that will enable their participation in a wider initiatives in the camps.
* RH services in Azraq has been resumed through a new partner (IRC) on 19th October. IRC is expected to work on full capacity within a couple of weeks.
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| **Action Points** | * **N/A**
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|  RH related trainings: What’s needed and who’s providing it? |
|  | This agenda item will be discussed in the upcoming meetings regularly to identify the needs and to utilize the trainings in the best way in order to serve all members. Trainings on topics of family planning, CMR, EmONC..etc. is to be announced during the meetings. |
| **Action Points** | * N/A
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| AOB  |
|  | **UNFPA:*** A call for proposal will be launched for a training centre in Zaatari Camp very soon, for interested agencies can apply once the call for proposal is launched.
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| **Action Points** | * Next RH meeting: 21 November 2017
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