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

**Date:** Thursday – 17th Aug 2018

**Venue:** UNFPA office

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

**Attendance:**

#### Dr. Faeza Abu Al-Jalo – UNFPA

#### Ali Al-Gharabli - UNFPA

#### Deifallah Al Sheikh – UNFPA

#### Dr. Hanan Najmi – MOH

#### Laith AL Qssous - TDH

#### Nawal Al Najar-IRD

#### Dr. Dina Jardaneh - UNHCR

#### Nidal AL Masadeh – UNHCR

#### Ranad Fakhoury – Caritas

#### Nisreen Al Bitar- HSD

#### Fadi Owais – IMC

#### Elsa Groenveld – MEDAIR

#### Buthina AlKhatib-UNICEF

#### Safaa Nadi - JWU

#### Dr. Fouad – IRC

#### Raeda Al Momani – NWH

#### Rahma Jebrel –NHW

**Agenda:**

#### Welcoming remarks

#### Follow up on last meeting action points

#### Reporting on Miscarriages in Zaatari and Azraq Camps 2016

#### JRP, 3RP Brief

#### Camp Update (Zaatari and Azraq)

#### Agency Update

#### AOB

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| 1. **Follow up on last meeting minutes:**
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|  | * UNICEF will discuss with MoH about the neonatal screening program to include more people and to figure the cost: **Still pending**
* Official letter to be shared with MoH regarding the donation of 6547 packs of Iron Supplement – Ziron: **By UNFPA**
* UNFPA to share IRC presentation with partners: **(Done)**
* To share the OCHA brief with all partners: **(Done)**
* UNFPA to share the award announcement with the submission form with all partners: **(Done)**
* UNFPA to share IRD presentation: **(Done)**
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| 1. **Reporting on Miscarriages in Zaatari and Azraq Camps 2016**
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| **Definition:** **Types of Miscarriage:** **Data Analysis:** **Recommendations:****Distribution by cases:** **Types of miscarriage:**  | * Is the spontaneous end of a pregnancy at a stage where the embryo or fetus is incapable of surviving independently, generally defined in humans at prior to 20 weeks of gestation.
* Still many countries defined it at prior to 24 weeks (most Arabic countries including Jordan, UK, Italy, Spain)
* The term abortion is limited now to iatrogenic termination of pregnancy.
* **Occult miscarriage:** Occurs before the women knows that she is pregnant **(50% of all pregnancies**)
* **Early pregnancy loss (chemical pregnancy):** Spontaneous abortions that occur before the 6th week. Proved by pregnancy test (positive hCG). Account for **15 – 20% of all pregnancies**
* **Clinical pregnancy loss (Clinical pregnancy):** Those that occur after the sixth week’s gestation. Proved by ultrasound scan. Account for 8 – 10 % of all pregnancies between 6 – 8 weeks and 2% after that.
* Data collected (1st Jan - 31st Dec.2016):
* UNFPA/ JHASi Clinic in Zaatari camp,
* UNFPA/IMC clinic at Azraq camp.
* Total number of cases :
* Zaatari camp : 210 women
* Azraq camp : 180 women
* Improve reporting and data collection.
* Revision of the miscarriage template to ensure documentation of Recurrent( Habitual Miscarriage)
* Implementation of the template at host communities.
* Improve the post abortion care services and family planning counseling

**Zaatari Camp:** * Age: Below 18
* No. Of Cases: 27 (12.9%)
* Age: 18-24
* No. Of cases: 73 (34.8%)
* Age: Above 24
* No. Of cases: 110 (52.4%)

**Azraq camp:** * Age: Below 18
* No. Of Cases: 13 (7.2%)
* Age: 18-24
* No. Of cases: 52 (28.9%)
* Age: Above 24
* No. Of cases: 115 (63.9%)

**Zaatari Camp:** * Threatened: 41 (19.5%)
* Incomplete: 54 (25.7%)
* Complete: 17 (8.1%)
* Missed: 98 (46.7%)

**Azraq camp:** * Threatened: 79 (43.9%)
* Incomplete: 15 (8.3%)
* Complete: 48 (26.7%)
* Missed: 38 (21.1%)
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| **Action Points** | * **UNFPA to share the presentation with all partners**
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| 1. **JRP, 3RP BRIEF**
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|  | * The JRP process launched last week officially.
* MoPIC made the process of four stages:
* Preparation stage: which includes the documentation of the sector vulnerability assessments and impacts and this stage will end by 30 August. The task force chair (MoH) called for launching meeting with the core group -SAG (Sector Advisory Group) – to discuss the steps of developing the needed documents. At this stage, the SAG needs to develop three documents: Comprehensive Vulnerability Assessment (CVA), Sector Vulnerability Assessment (SVA) and the Sector Impact Analysis. The documents need to be ready by 17 August.
* Development of response strategy and PSS: will start on the third week of Aug, and the sector members will be involved in this stage in order to discuss their plans. Sector Chair will call for a workshop for sector members to discuss the sector objectives, outputs and indicators. All partners will be receiving an invitation for a half-day workshop and a guidance for the planning and monitoring phases.
* Finalization Stage: this stage will take place in Dead Sea workshop on 10th – 12th Sep after that the PSS should be submitted between 12th-25th Sep to have the final chapters of PSS and submit them to MoPIC
* Plan endorsement and publishing: this stage will be between MoPIC and Cabinet, were the final approval process will take place (Nov-Dec)
* The process of JRP/3RP is a time consuming process but all the steps will be clear for the partners in order to avoid any unnecessary hiccups
* Once instructions received from MoPIC and MoH, a workshop will be called by Health Sector to setup the objectives, outputs and indicators.
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| **Action Points** | * **N/A**
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| 1. **Camp updates**
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| **Discussion** | **Zaatari Camp: by IRD and UNFPA*** Community health projects will be handed over to a local entity by end of Dec 2017. Now working on the handover plan.
* A training will take place to the local entity on the community health projects.
* All the health activities are running normally in the camp.
* The RH information will continue to be collected normally.
* Awareness session for volunteers in Zaatari camp done by UNFPA, the sessions were like knowledge refreshment for the volunteers through RH coordination at Zaatari camp and targeting all organizations working in Zaatari Camp.
* Next week UNFPA will have RH coordination meeting in Zaatari Camp, and any organization would like to participate are most than welcome.
* New counting for new pregnant women, now in process of data compilation, for family planning issues

**Azraq Camp:*** GBV and RH services resumed in Aug.
* Working in less capacity regarding doctors in the clinics but services are being provided for refugees in need.
* Hospital services are still available as well with full capacity.
* IMC still identifying cases for community health component for RH that need RH services, such as FP, ANC and PNC visits.
* Still celebrating the breastfeeding week in Azraq Camp.
* Handover process to IMC is undergoing and will be done by 1st October for RH services in the camp.
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| **Action Points** | * **N/A**
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| 1. **Agency Update:**
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|  | **IRD:** * For Iraqi components, the health services will be handed over to a local entity by end of Dec 2017. And now working by half capacity, due to certain number of volunteers already resigned.
* For PPRM project will be ended by Aug 31st and will be continued till end of this year with no cost.

**IRC:** * Providing RH services normally in Zaatari camp.
* For mobile clinics, the project was suspended in Apr 2017 due to funding challenges.
* Expecting to resume some of the community health programs very soon with limited number of community health volunteers.

**UNHCR:** * As part of preliminary Bill Gates fund project to decrease neonatal and maternal mortality, UNHCR conducted the first training for emergency obstetric care and it included staff from IMC, JHAS and Al Khansaa Hospital.
* The second round of training will happen next week.
* Major recommendations will come out from this training and UNHCR will share it with the group in addition to the management of JHAS and IMC
* UNFPA and UNHCR finalized a draft of Hepatitis B screening protocol for the camps, a letter with the final version of the protocols to the MoH.
* MoH will assign a committee to review the protocols and give approval to go ahead with Hepatitis B screening protocol in both camps.
* UNHCR hired a consultant to develop the CHV tool kit manual for maternal and neonatal care, this will start in both camps.
* Any agency is interested in providing feedback in revising the CHV tool kit are welcomed (from Camps and Urban)

**MOH:*** MoH celebrated breastfeeding week.
* Conducted awareness session in every governorate regarding the breastfeeding week.
* In the process of updating the RH guidelines.

**NHW:** * NHW with support from UNFPA finished reviewing and revising SOPs about programing care sittings.
* The SOPs give details about women visiting the clinics how to deal with them.
* The SOPs contains best practices and quality aspects and what are the best practices for screening and counselling.
* The SOPs already piloted in in Tafileh.

**HSD:** * Working closely with MOH and Women and Child Health Directorate
* Continuing with the field visits, which is done with MoH staff to the health centers working with.
* Working on the reproductive health, maternal, neonatal and child health in addition to nutrition and gender based violence adding to that the management of anemia.
* A training was done for family planning on Implanon targeting doctors working in the health centers, and on job training was conducted, so the trainer went to field and did the training at the health center.
* The didactic training is done by MoH trainers and a national consultant from OPGYM who usually do the practical training.
* Collected baseline data from the expanded health centers that HSD will start working with during next year.
* Still working in the counselling messages with Women and Child Health Directorate.

**MEDAIR:*** MEDAIR have checked with all agencies attending CHTF, to know which agency working where and doing what.
* The data was collected with some missing data from Zaatari Camp.
* For urban sittings, CHVs have been reduced for example there is one CHV for 3576 Syrian Refugees (The numbers of CHVs are very low) due to funding issues.
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| **Action Points** | * **UNHCR to share the recommendations of the Emergency Obstetric Care.**
* **UNHCR +UNFPA: to identify a team to revise the CHV tool kit.**
* **NHW to share their SOPs once finalized (end of Aug)**
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| 1. **AOB**
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|  | * **UNFPA:**
* Next week UNFPA will have a Stakeholder meetings about country program new cycle (the 9th cycle for five year) the meeting will be next Monday.
* The stakeholders meeting will present and finalize the plan (Five Years Plan) and the result framework.
* MISP (Minimal Initial Service Package), this regional training will be conducted 22nd – 25th Aug.
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| **Action Points** | * UNFPA to do presentation regarding the MISP and the 9th Cycle meeting (in the coming RH meetings)
* HSD to present the CSS (Client Service Station) next meeting
* Next RH meeting will be confirmed later on
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