Terms of Reference: Reproductive Health Sub-Working Group

Jordan-2014

Background

The Reproductive Health Sub-Working Group (RHSWG) was initially established in 2009, in response to the presence of Iraqi refugees in Jordan. Under the leadership of UNFPA, the RH SWG was reactivated in response to the Syrian refugee crisis, as one of the functional groups under the Health Sector. The RH SWG plays a major role with other SWGs such as the Gender-Based Violence, Nutrition, Mental Health and Psychosocial Support SWGs, in addition to working with other relevant working groups such as the Non-Food Items (NFI), with the purpose of coordinating a comprehensive response to crisis demands.

The main mission of the RHSWG is to ensure that reproductive health needs of women, girls, boys and men are identified and that accessible and quality services are established to respond to these needs.

The group is working towards serving Syrian refugees and host communities in order to scale up the capacity for long term responses and resilience of the community.

Background statistics:

As of the end of March 2014, statistics show that approximately 600,000 registered Syrian refugees are currently present in Jordan. The cities with the highest concentrations of Syrians are Mafraq, Amman, Irbid and Zarka, respectively. Between 70 percent and 75 percent of these refugees are women and children, with the assumption that around 25 percent of the affected population are women of reproductive age.

Purposes of RH SWG

- Ensure that reproductive health issues of the target populations are brought forward in the humanitarian response agenda in Jordan, and that needs and service gaps are identified and responded to through a strategic and comprehensive approach;
• Support interventions aiming to raise community awareness of the available reproductive health services, and work in coordination with other relevant sector working groups and SWG to ensure consistency of actions.

The RHSWG will:

• work to identify needs and services gaps;
• follow up on the implementation of sustainable solutions;
• develop RH strategies for the humanitarian response, including priority interventions.

Membership, meetings frequency and attendance:

Core members of RHSWG are:

1. UNFPA Reproductive Health officer as a chair for the meetings and coordinator of the SWG;
2. Representatives from NGOs, UN agencies and other humanitarian organizations providing RH services or implementing RH programmes;
3. Representative from MoH and possibly other relevant national institutions.

Meetings are conducted on a monthly basis (or more frequently if the need arises) and all members are encouraged to attend all meetings. If unable to attend, they should send a replacement, or as a last resort, submit written comments via email.

Other persons, including technical experts and donor representatives, may be invited to the meetings, when appropriate to the agenda of the meeting or as needs emerge.

Objectives of the RHSWG:

The group specific objectives are:

1. To promote coordination and collaboration among implementing agencies and relevant RH stakeholders, including MoH, NGOs (local and international), and the affected populations;
2. To liaise with other interagency working and sub-working groups, to avoid duplication of the information generated and of the interventions and services (refer to Jordan refugee response coordination structure);

3. To prioritize the health needs and services required and review the allocation of available health services against these priorities;

4. To promote the application of the appropriate international / national standards in planning RH programmes and providing services;

5. To ensure implementation of the Minimum Initial Service Package (MISP) and Clinical Management of Rape (CMR) standards among all reproductive health care providers and ease transition to comprehensive reproductive health services;

6. To put in place measures to protect affected populations, particularly women and girls, from sexual violence in the services implemented by humanitarian agencies and National Health Service providers;

7. To strengthen a coordinated referral system that facilitates transport and communication from the community to the health center and between health center and hospital or among partners to facilitate better comprehensive response;

8. To advocate for RH to policy and decision makers and relevant partners.

**Decision-making:**

Consensus will be the basis of decision-making for the group. However, in case unanimous consensus cannot be reached, the majority opinion will be followed.

**Reporting Line:**

The RHSWG Coordinator reports to the Health Sector lead through monthly meetings, emails, written comments or any other means agreed. Reporting may include: needs, services established, capacity building activities and achievements.

**Zaatari/Azraq RHSGs:**

Zaatari and Azraq RHSGs are part of the general RHSWG and report directly to it, as well as to the Health Coordination Group in Zaatari and in Azraq. Similar
objectives apply to the two groups but the purposes of establishing these separate groups are:

1. To strengthen the RH response on the field level especially in Zaatari and Azraq.
2. To ensure a continuum of coordination within and among the various levels of providing RH services;
3. To ensure representation of all RH partners;
4. To highlight areas of concern relevant to RH and identify proper solutions in coordination with the SWG;
5. To follow up on the quality and performance improvement on field level relevant to RH.

**Tools to be used by the RHSWG:**

1. RH mapping
2. RH action plan
3. Quality checklists
4. IEC materials
5. RH kits

**References:**

1. MoH / Jordan health policies, procedures, protocols and clinical guidelines
2. Interagency field manual on reproductive health in humanitarian settings, 2010
3. MISP checklists and MISP assessments
4. 2014 Syria Regional Response Plan 6
5. Child protection and gender-based violence Standard Operating Procedures (SOPs)

*Reproductive health group within Jordan refugee coordination structure*