

REPRODUCTIVE HEALTH SUB WORKING GROUP (RH SWG)

HUMANITARIAN RESPONSE IN JORDAN

TERMS OF REFERENCE

Background:

Syria crisis remains the largest humanitarian crisis on the global stage with 13.5 million people in need of assistance. As of the end of September (UNHCR statistics) 2016, there are 655,483 registered Syrian refugees in Jordan with 50% females. Around 20% are hosted in camps (Zaatari, Azraq, EJC,CC and KAP) . Syrians are highly concentrated in four cities: Mafraq, Amman, Irbid and Zarka. Between 70% and 75% of those refugees are women and children with the assumption that around 25% of the affected population are women of reproductive age.

As the crisis continues, there is a need to shift focus from short-term interventions to longer and more sustainable ones, expanding national capacity to respond to this, and future crises. During that transition, adequate health coverage must continue to be provided for all affected populations. The humanitarian situation at the north-eastern border (Berm) is of increasing concern. The provision of quality health services, in particular reproductive health services remain a priority for the Syrian residing in Jordan. High fertility rates and early pregnancies among

The main mission of the RH SWG is to ensure that sexual reproductive health needs of women, girls, boys and men are managed and; accessible and quality services are established to respond to the needs and also to scale up the capacity for long term responses and resilience of the community.

The RH SWG plays a major role in participation with other sub-working groups (SWG) and task forces (TF) such as the S-GBV, nutrition, mental health and psychosocial support, youth and community task force; and also works with other relevant working groups such as the Non-Food Items (NFI); with the purpose of coordinating a comprehensive response to crisis demands.

MOH plays a major role in providing quality health care service including RH and family planning for people in Jordan including Iraqi, Syrian and other refugees, through its health facilities that exist in all the governorates. Also, has contributed significantly in tangible achievements in health care resulting in positive health indicators (e.g. decrease in infant and maternal mortality ratio). MOH worked on developing national RH protocols and takes the leading role in capacity development interventions for other concerned stakeholders in Jordan on RH issues.

OBJECTIVES:

The main objectives of the RHSWG are:

- To ensure that Sexual reproductive health issues of the target populations are brought forward in the humanitarian response agenda in Jordan taking into consideration that the process of analyzing needs and service gaps is a continuous process and should be responded to through a strategic and comprehensive approach .
- To support intervention aiming to raise community awareness of the available reproductive health services and to work in coordination with other relevant sectors and sub-sector working groups to ensure consistency of actions.
- To support and strengthen the national capacity in responding to the reproductive health services in humanitarian setting through information sharing and coordination with all partners and stakeholders.

CORE FUNCTIONS

To attain the objectives, the RHSWG members agree to work together to fulfill the following functions:

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 ensure that the engagement of different partners responds to the needs.
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 protocols and standards in planning and implementation of SRH services;
5. To ensure implementation of the Reproductive Maternal neonatal child health and nutrition (RMNCH), 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 the monitoring and evaluation procedure to ensure quality RH services are provided by partners.
8. To ensure an effective inter-sectoral referral system is in place through proper linkage and communication between the community, and the health center and hospital or among partners to facilitate better comprehensive response; and to advocate for RH programmes to policy and decision makers and relevant partners.

9. To work in close collaboration with the S -GBV Sub Working Group to implement minimum standards and GBV mainstreaming in other sectors.
10. To develop necessary documentation (e.g. strategy, protocols, policy, .. etc) and tools to enable stakeholders to integrate men and boys in sexual reproductive health planning, activities and advocacy

STRUCTURE AND WORKING MODALITIES

The RH SWG is chaired by UNFPA Reproductive Health officer as RH SWG Coordinator. The RH SWG Coordinator reports to the health working group lead and will call for meetings, document their proceedings and disseminate relevant documentation. The meetings minutes are supported by UNHCR health sector coordination associate. Reporting may include: Needs, services established, capacity building activities, achievements and assessment reports.

Meetings are conducted on monthly basis ,and all members are encouraged to attend all meetings. If unable to attend, they may submit written comments or send a substitute, as well as sending comments via email. The venue is at UNFPA premises. The duration of the meeting will be a maximum of 2 hours.

The Core members of RH SWG are:

1. Representatives from NGOs, UN agencies and other humanitarian organizations providing RH services or implementing RH programs;
2. Representative from MoH and possibly other relevant national institutions.
3. Gender focal points from other groups.

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

A focal point from each agency providing reproductive health services is assigned, the focal point will be responsible on regular attendance to represent his agency and ensure proper coordination with actors, during the year only three times absence for the focal point is allowed , but in such a case the alternative focal point should attend the meeting.

RELATIONSHIP WITH THE FIELD BASED HEALTH SECTOR COORDINATION MECHANISMS:

Za'atri and Azraq RH SWG (is part of the general RH SWG and reporting directly to it and to the health coordination group in Za'atri and Azraq. The RHSWG in Azraq camp is planned to be established in 2017. Similar objectives apply to the two groups but the purposes of establishing this group are:

1. To strengthen the RH response on the field level especially in Za`tari 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 SWG; and
5. To follow up on the quality and performance improvement on field level relevant to RH.

TOOLS AND REFERENCES USED BY THE RHSWG:

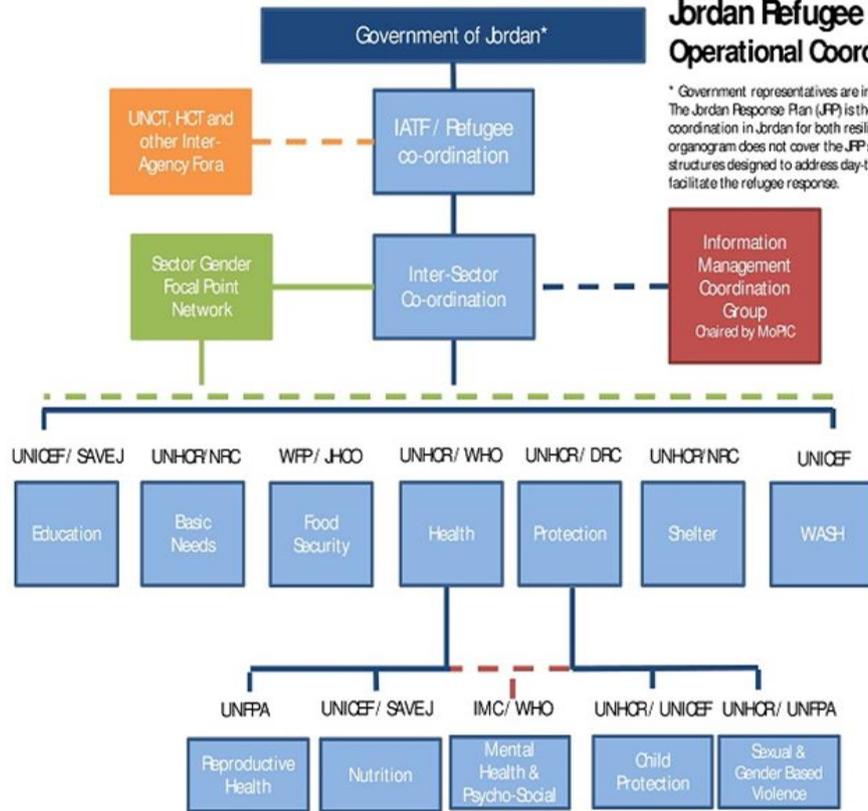
1. RH mapping
2. RH action plan
3. Reproductive health core messages Reproductive health supervisory checklists

References:

1. *MoH / Jordan health policies, procedures, protocols and clinical guidelines*
2. *Jordan Response Plan 2016-2018*
3. *Interagency field manual on reproductive health in humanitarian settings,2010*
4. *Child Protection and gender-based violence Standards Operating Procedures (SOPs)*
5. *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations*
6. *Newborn Health Baseline Assessment in Jordan(Zaatari and Azraq camp), UNHCR,2016*
7. *Assessment of Reproductive Health services for Syrian refugees in host communities, HPC/UNFPA 2016*

Reproductive health group within Jordan refugee coordination structure

Jordan Refugee Response 2015 Operational Coordination Sectors



* Government representatives are invited to attend all sector meetings. The Jordan Response Plan (JRP) is the primary government-led strategic aid coordination in Jordan for both resilience and refugee pillars. This organogram does not cover the JRP structures but only those inter-agency structures designed to address day-to-day operational coordination to facilitate the refugee response.

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