

National Health Coordination Meeting

Date: Thursday 19th of December 2013 **Venue:** Conference Room/ UNHCR - Amman/ Deir Ghbar

Time: 12:00 – 2:00 pm

Participants: UNHCR, WHO, UNICEF, IOM, IMC, CVT, Aman Association, UNFPA, Caritas, HI, SCJ, Medair, USAID, MdM France, JHAS, Saudi Clinic, PU-AMI, IRD, QRC

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| 1. Introductions |
| 2. Review of action points from previous meeting |
| 3. Situation update - UNHCR |
| 4. Polio update (WHO, UNICEF) |
| 5. Community Health Task Force Update - IFRC |
| 6. Health agency updates |
| 7. Sub-working group updates - MHPSS, RH, Nutrition |
| 8. Introduction to GBV and Child Protection SOPs and next steps for the Health Sector |
| 9. AOB |

Minutes:

| 1. Review of the action points from the previous meeting | |
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| Summary of Action points | <ol style="list-style-type: none">1. Registration renewal/mobile registration desks<ul style="list-style-type: none">• South of Jordan: For registration, UNHCR usually arranges for buses to bring refugees to/from Amman to register. There are Health desks in Maan, Karak, Mafraq and Ramtha (plan to establish in Tafileh and Aqaba) that people can approach and put their name, and they will then be contacted to be informed about the buses. The buses are arranged for a minimum of 400 people. For renewal, refugees to need arrange their own transportation for the time being, although discussions are in place regarding possibility of similar arrangements in the future.• As the snow caused damage to the registration center in Khalda, UNHCR is taking telephone numbers and will be calling people to come in when repairs are completed. For the south, there will be a mobile registration unit in Maan soon. For exceptional health cases where people cannot physically reach UNHCR, Field Team will go to houses to register and return the document, or re-register.• Birth certificate is responsibility of the parents. Women who deliver at hospitals are given birth declaration. Then the family has to take this and go to Civil Status Department and issue birth certificate, same for Jordanians.• One of the problems for registered Syrians to access MoH facilities is related to their registration status with the police/Minsitry of Interior.• 6-month expiry is a requirement of the government, there have been discussions to extend to 12, but not yet confirmed. |

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| | <ul style="list-style-type: none"> Decision from Prime Minister in March 2012 for all Syrians to have access to medical services, but there was no operational guide issued for those in the field; best option is to advocate for issuance of such guides. Next meeting at MoH will raise the issue of people with expired registration certificates relating to medication, etc. <p>2. UNICEF to share lessons from immunization campaign</p> <ul style="list-style-type: none"> Joint strategy to combat rumours had very good results; a post-campaign evaluation will be held shortly <p>3. Community Health Task Force</p> <ul style="list-style-type: none"> List of agencies with community health activities was shared, task force was formed and already met <p>4. RRP table of submissions: done</p> <p>5. HI survey was distributed more widely: nevertheless, only five responses received</p> <p>6. UNFPA to send RH co-lead criteria to INGO forum for re-circulation: done</p> <p>7. UNHCR to summarize the mobilization activities from the last campaign</p> <ul style="list-style-type: none"> Comments on draft received from UNICEF, MoH, IOM and WHO |
| Action Points | <ul style="list-style-type: none"> ➤ Follow up on idea of operational guide on how to deal with Syrians at MoH facilities and raise this at the next meeting with MoH ➤ UNCHR to share draft of mobilization activities more widely when finalized |

| 2. Situation update- UNHCR | |
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| Summary of discussions | <ul style="list-style-type: none"> • Total population up to 18th December: 571,536 registered (including 81,000 in Zaatari) • New arrival trends: August: 11,877; Sep: 18,607; Oct: 15,964; Nov: 11,273, up to Dec 13th: 2,806 • EJC: almost 4,000 refugees; main provider for Health Services is Emirati Red Crescent, included in all activities related to vaccination campaigns, situation relatively stable, a few referrals to Zarqa governorate • Azraq: ready for health services through implementing partners, but no decision on opening as of yet |
| Action Points | ➤ None arising from this meeting |

| 3. Polio update (WHO, UNICEF) | |
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| Summary of discussions | <ul style="list-style-type: none"> • Next round of National Immunization Campaign was delayed by one week because of the bad weather, except in Zaatari where there was no delay and campaign will go on as planned from 21 Dec-24 Dec (four days); National campaign: 28-31 December • Vaccine has been released, will be dispatched and made available • Social mobilization and awareness campaign: meeting today at 2:30 in WHO with CBOs, NGOs and key players, will agree on focal points for NGO, IEC material has been printed and will be distributed soon <ul style="list-style-type: none"> ○ Out of camp refugees are the big challenge, NGOs encouraged to attend |

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| | <ul style="list-style-type: none"> ○ Based on feedback will agree on number of teams for each governorate today ○ One lesson learned was that delivering IEC material to each NGO individually was difficult and there was a delay, especially with the weather conditions; this time there will be one main focal point in each governorate and material will be delivered to them • Material for Zaatari was delivered today; Zaatari focal points are Brendan Dineen, Carine and Dr Mohamed ; there will be tent or caravan marking and finger marking • Polio Control Room (PCR): discussing technical issues and during the campaign and preparation addressing rumours; during the campaign meetings on alternative days, normally meet once a week (Thursday) • There will be another round in January as well, there will be a PCR meeting next week to discuss; prior to that there will be a meeting with EPI focal points of 12 governorates • Still 17 polio cases in Syria and there was a campaign conducted in Syria in December |
| Action Points | ➤ None arising from this meeting |

| 5. Community Health Task Force Update | |
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| Summary of discussions | <ul style="list-style-type: none"> • First meeting was held on 3rd of December, chaired by IFRC • Attended by around six or seven NGOs, shared what everybody is doing, a lot of discussion about role of volunteers, what activities are being carried out, still in |

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| | <p>brainstorming phase - what people are doing now, what the plans are for next year; develop monitoring tools, etc. for volunteers</p> <ul style="list-style-type: none"> • Another meeting at the beginning of January • Any agency working in community health is encouraged to take part in the task force, as it is time-limited; idea is to harmonize approach to community health and in particular the stipend for volunteers - different agencies are paying different amounts and would be good to have an agreement, and areas covered so as to not have too many agencies in one governorate and none in another |
| Action Points | <ul style="list-style-type: none"> ➤ None arising from this meeting |

| 6. Health agency updates | |
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| Summary of discussions | <ul style="list-style-type: none"> • IOM: In Rabaa al-Sarhan, have fixed five areas plus reception area with the help of UNHCR; waiting for furniture which was delayed because of snow; will discuss with UNHCR and authorities when work will be starting, it's ready to go and teams are in place <ul style="list-style-type: none"> ○ IOM will be involved in National Immunization Campaign and Zaatari • MdM: current project primary health care and psychosocial support for Syrians in north has been extended until end of 2015, clinic in Ramtha and one in Zaatari, looking to add two more sites where there are needs, interested in assessments and needs |

especially in the north

- Medair: in collaboration with JHAS will start treatment of malnutrition very soon, waiting for WFP to get the food released
 - New health education material on IYCF to be distributed
- JHAS: clinical level for MAM and SAM, hired a nutritionist in each clinic as a focal point to follow up on all procedures, ready to start treatment for SAM, had a meeting with Jordan University Hospital with UNHCR
 - In relation to snowstorm, staff in Zaatari split into two units and covered districts, followed up on refugees who were evacuated to Child Friendly Spaces; Zaatari currently has 2 ambulances from ECHO, another ambulance from OCHA, UNHCR is in a process to procure globally to be designated to Zaatari
- IRD: continue working very closely with 26 MoH comprehensive health centers; 10 in Irbid, Mafraq, Ramtha, Salt and Maan, Karak; 7 governorates have received equipment procured by IRD based on an assessment jointly done with a UNHCR and MoH comprehensive health assessment team, addressing gaps found
 - In Irbid, Mafraq, Ramtha and Salt, directors of health facilities and head of clinics they are working with asked for unscheduled supplies delivery of items they had a shortage of related to mass vaccination campaign and increased patient load. Items included gloves and sharp containers (not exclusively related to vaccination).
 - May have these items for distribution again, but will coordinate with WHO to not duplicate .

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| | <ul style="list-style-type: none"> ▪ Such items should go to directorate who are managing the whole governorate who might be able to redirect, through UNHCR or WHO. ○ Similar to all facilities, will be starting polio mobilization on Saturday in Zaatari and in urban settings as well as 10 governorates. • IMC: Azraq primary health care services are ready to be delivered, looking to repurpose staff with UNHCR and UNFPA, trying to reach populations who are not able to access health facilities; carried out an assessment of which health conditions are most heavily impacting Syrian refugees in non-camp settings and access to health services <ul style="list-style-type: none"> ○ Continuing work with JHAS on surgical interventions and clinic at Rabaa al-Sarhan • UNFPA: new clinic in District 8 includes women safe space, screening for breast cancer inside clinics, teaching self-exam, nurse can also deliver service, introduced form to collect data about findings, would like to share these forms <ul style="list-style-type: none"> ○ Need to discuss breast cancer screening further to see who will cover costs, who is being targeted, who will follow up ○ Planning a number of trainings with WHO, asking other partners to deliver RH messages to increase health-seeking behaviour for ante-natal care • Saudi Clinic: Finished construction of clinic in Zaatari (District 5), 22 rooms including a delivery room; started vaccination in all the clinics in District 4, will move to new clinic next year |
| Action Points | <ul style="list-style-type: none"> ➤ IRD to share list of equipment with WHO and UNHCR so they can know who is supplying what where. ➤ UNICEF to share distribution plan ➤ IMC to share results of assessment |

| 7. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR) | |
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| Summary of discussions | <ul style="list-style-type: none"> Nutrition: finalized MAM and SAM guidelines first draft and circulated for feedback; finalized anaemia protocol which will be shared with MoH; Nutrition surveillance system to be raised with MoH; raised issue of fortified bread with MoH, as the budget for this might be cut next year; finalized survey protocol for Nutrition Survey to be conducted in March |
| Action Points | <ul style="list-style-type: none"> ➤ None arising from this meeting |

| 8. Introduction to GBV and Child Protection SOPs and next steps for the Health Sector | |
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| Summary of discussions | <ul style="list-style-type: none"> IRC provided a brief orientation regarding the national SOPs for CP and GBV response developed by CP and GBV WG over past year, currently in the process of rolling out to every WG and organization, currently focusing on CP and GBV organizations but Health Sector is amongst most important sectors with whom they work to provide response services to CP and GBV National Council for Family Affairs oversees family violence and protection laws; IRC and SCI have been mandated to develop and lead initiative on training around the procedures From field visits, it was noted that many places don't know who to refer to, highlighting the significance of rolling out the SOPs quickly; services are there but many people don't know, matter of linking everyone up with the services. Next steps for Health Sector: <ul style="list-style-type: none"> ○ Finishing the final training of trainers, would like to work primarily with Health |

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| | <p>Sector in being able to provide training for staff on how to use these SOPs and what are the components, procedures</p> <ul style="list-style-type: none"> ○ Trainings are usually three days long but can be organized according to time of staff, usually done area-based, per governorate which also allows people from different organizations to get to know each other ○ Not specialized, meant to be for any health service provider ○ More discussions to be had about it and think about starting trainings in late January, early February |
| Action Points | <ul style="list-style-type: none"> ➤ Circulate IRC presentation and SOPs in Arabic and English |

| 9. AOB | |
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| Summary of discussions | <ul style="list-style-type: none"> • Jordan Valley assessment <ul style="list-style-type: none"> ○ Finished on the 5th of December; from 21-28 November, two-day training done for 21 persons from different organizations (JHAS, Aman, IMC and UNHCR) ; four teams, 24 sites targeted from Middle and North, Balqa and affiliates up to Irbid and affiliates ○ Used interagency task force rapid assessment tool, modified for the context of Jordan, Jordan Valley and Syria; split into three main tools: focus group discussion, community leader interview and observation ○ Includes protection and registration components, access to health services including immunization education, WASH, shelter |

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| | <ul style="list-style-type: none"> ○ Main findings: Registration: almost all families were registered with UNHCR and MoI; Access to Health: main note was nature of people, mobile, registered with UNHCR but security card was issued somewhere else so many are being refused services; some places serve them while others do not. Most of the people moved from Mafraq to Jordan Valley, rural Amman is the second population, third from Madaba; Immunization: people were targeted by vaccination campaign mobile teams, coverage was good but routine vaccination is a major gap because of mobility of people and accessibility of health centers - providers don't have catch-up schedule and don't know how to vaccinate children who've missed vaccines, some don't vaccinate them at all because of expired cards or different location cards. This needs to be put into 2014 plan and reflected to approach donors for supporting this intervention ○ Education: major gap in Jordan Valley, almost all children are not attending school at all because of mobility and lack of awareness ○ WASH: people are buying water, no fixed water provided through governmental system, costly for them, 3 JD per cubic meter; No proper sanitation facilities, using communal latrines, no separate toilets ○ Food: accessibility to voucher shops difficult; Shelter: cold area <ul style="list-style-type: none"> • 5Ws <ul style="list-style-type: none"> ○ Might look very basic but a lot of work has gone into compiling ○ Many agencies have not yet inputted their information ○ Left-hand side is a list of things developed by Global Health Cluster of what should be in place, although some things are not relevant to this context (such as routine HIV testing in pregnancy) ○ Brown is where there is nothing, largely because people haven't inputted |
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| | <p>their information</p> <ul style="list-style-type: none"> ○ Numbers should be 0 or 1 (have activities, or do not have activities) but some agencies have inputted target numbers which is incorrect ○ Will be by governorate, so we can look and see for example, there is no obstetric care ○ Sooner we get this, sooner we can start to generate useful products to look at where the gaps are |
| Action Points | <ul style="list-style-type: none"> ➤ Jordan Valley Assessment: UNHCR to share final report (tentatively end of December) ➤ When results are final, there will be a presentation and recommendations can be discussed ➤ 5Ws: Agencies to input information; UNHCR to follow up after the break with those who have not |

Attendance Sheet

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