

Minutes of Health Coordination Meeting 15/Jan/2013

Date: 15th January 2013

Time: 12:15 p.m.

Venue: UNHCR – conference room

<u>Agenda:</u> 1. UNHCR briefing 2. Sectors briefing (Nutrition, Mental health, Reproductive Health) 3. Health Sector Contingency Plan 4. Breast milk substitute guidelines 5. SOPs for unsolicited donation of infant formula 6. Brief partners update (Syrians and Iraqis programs) 7. Mapping update 8. AOB	
<p style="text-align: center;">1. <u>UNHCR briefing</u></p> <p>Days of heavy rain and then snowfall coupled with below freezing temperatures created a serious situation in Za'atri Camp. Some areas of the camp were flooded and the material of many tents became soaked. Many people spontaneously moved into the prefabs (caravans) which were awaiting WASH and kitchen facilities. This was followed by an organized move of affected families into the remaining caravans. Many people sought shelter in communal spaces e.g. schools, Rub halls, IMC "protection" centers. Several hundred new arrivals were housed in reception areas.</p> <p>Incidence of upper and lower respiratory tract infections and influenza-like illness remains stable except for 30% increase in upper respiratory tract infections in under-fives from week 52 to week 1.</p>	

7,836 new arrivals received between the 2nd and 8th of January (morning). The daily average during that time was 1, 119 persons. IOM and JHAS continued screening and triage.

The number of refugees in need of referrals for life saving treatment or severe conditions in need of investigation has increased dramatically in the last 2 weeks especially amongst new arrivals. We are getting many people coming across with complex medical problems but with a few exceptions UNHCR is the only one supporting them (most supporting war wounded).

Urban Update 2012:

Through 2012 UNHCR provided 84,566 health assistances provided at primary and secondary level for all beneficiaries, 95.8 % provided on out-patient basis. 13,283 Assistances provided for Iraqis, 92.1 % provided on out-patient basis.

Among Iraqis no significant difference noted with disease nature (chronic and acute). Most prevalent chronic disease among Iraqis was hypertension followed by diabetes.

Through 2012 over 60,000 health assistances provided for Syrians refugees, 98% provided on out-patient basis.

Among Syrians most prevalent diagnosis was acute diseases (82.1 %): Most prevalent acute diseases among Syrians were URTI and disease of digestive system. Most prevalent chronic disease among Syrians was HTN followed by DM. Around 6000 health assistances provided for other nationalities.

UNHCR exceptional care committee received 968 applications through 2012, 577 were Iraqis, 321 were Syrians and 70 others. 730 application were approved with total amount of 899,067 JDs (580,826 for Syrian cases)

Top 2 reasons for application among Iraqis were disease of cardio vascular and Cancer, while among Syrians were emergency life-saving and cardiovascular diseases.

In response to Syria situation rapid assessment has been done for north health sector, most urgent gaps and needs identified for 6 governmental hospitals, large donation of medical equipments are under procurement for all governmental hospitals in north this include blood banks, emergency departments, new natal ICUs, pediatrics wards, ICUs and labs. This donation is worth 1.6 million USD.

UNHCR has developed a strategic plan jointly with MOH for health sector response toward Syria crisis and it will launch soon.

Achievements in Za'atri

1. All seven partners now reporting in the HIS; need to focus on quality of reports and coverage (IPD, RH is incomplete) and also expanding to nutrition once activities start 2. Referral guidance finalized 3. New arrival screening and triage draft is being implemented and modified as needed; MUAC is to be added. 4. Improved coordination and collaboration amongst agencies working in the camp "Convalescent" network set up for new arrivals in need of beds for one to two days until social circumstances sorted out; case conferences for complex cases has been started

Action point (1): UNHCR urges those considering supporting secondary and tertiary care to consider those other than war wounded.

2. Sub sector working groups briefing

Mental Health IMC

- Launch of the MHPSS was held on 14th/Jan/2013, 17 organizations endorsed.
- MH group are preparing for four assessments in Feb. and March using UNHCR/WHO Tool Check List in Emergency Settings, as follows:
 - 1- Literature and Desk review (Lead by IRD).
 - 2- 4 Ws mapping will cover protection and MHPSS programming. This is an Annual exercise (FEB).
 - 3- Camp and Community: Tool 2 and tool 11 from the checklist. WHO will be contracting the Eastern Mediterranean Public Health Network (EMPHNET) for that purpose. IMC and WHO will assist EMPHNET by a working group exercise and 10 field surveyors after finishing their budget negotiations.
 - 4- MHPSS group has drafted a monthly tracking form for the situational reports. The group consensus was that weekly reports are too much
 - 5- Next MHPSS working group will be held January 30th from 1:00-2:30 at MOH.
 - 6- Clinical MH meetings for service providers, in the camp, continue on a weekly basis in Zaatari, every Tuesday from 12:30-2:00

Reproductive health (UNFPA):

- A meeting was held with the Director of RH in MOH, results were as follows:
 - Standardization of RH indicators were shared among all RH providers: agreed to have a good quality data collection
 - A new MOH template will be shared with service providers for better description of service providers, and number and quality of services being provided. HIS is working well in Zaatari but work needed outside the camp.
 - Services are going to be distributed as follows:
 - 1- JHAS and PAC will provide primary level services
 - 2- GSF and MFH will provide secondary level services
 - 3- Tertiary level will be provided by Mafraq Gov. Hospital
- Emergency Reproductive Kits have been received.

Nutrition (UNHCR)

1. Categorization of level of malnutrition is “poor”. Results presented to MoH. Still awaiting for clearance by MoH before can take next steps.
2. SAM, MAM implementation planning - no approved product for treatment of SAM and MAM in Jordan. WHO reports that JFDA has indicated that the products can be imported as long as being used on a small number of children. A letter needs to be written regarding the products needed and the numbers in need. WFP shared the estimated

Action Point (2): UNHCR will follow up on who will be allocated to provide MH services in the new Zarqa Camp.

Action point(3): UNFPA to aim for at least the continued provision of basic EMOG services in Za’atri camp

Action point (4): Any agencies who are contacted about or receive donations of infant formula should contact UNHCR

<p>numbers. Protocols on screening for malnutrition in new arrivals awaited</p> <ul style="list-style-type: none"> 3. Donated milk products with JHCO –Reno and Nido could be used in the school feeding program with onsite consumption. 4. Guidance on IYCF in Context of Jordan Emergency and SOPs on Donations of Breast Milk Substitutes shared with the group. Not yet endorsed on paper by MOH but endorsed verbally at the meeting by Dr. Nasr. 	<p><u>or UNICEF as in the SOPs.</u></p>
<p style="text-align: center;">3. Health Sector Contingency Plan</p> <p>This was shared and it was explained that only inputs from UN agencies had been received so far</p>	<p><u>Action Point(5): UNHCR to share contingency plan by email and ask for inputs from NGOs within one week</u></p>
<p style="text-align: center;">4. Brief partners update (Syrians and Iraqis programs)</p> <p>MOH:</p> <ul style="list-style-type: none"> • Functions of the new PHC in Zaatari were clarified: <ul style="list-style-type: none"> 1- To coordinate with other health centers and hospitals working in Zaatari 2- To monitor medical services provided by health centers and hospitals in Zaatari, especially there were a lot of misdiagnosed cases, and death cases because of diarrhea. 3- To follow up on the Health situation in Zaatari; Vaccination, public health problems, etc.. 4- Prioritization 5- To Participate in future planning • MOH is willing to have information about health services in the new camp. • MOH is concerned about the food shops opened in Zaatari in terms of the hygiene level maintained. <p>WFP:</p> <ul style="list-style-type: none"> • Transitioning vouchers to the host communities will start in February in phases • WFP will be working with women in CBOs that were mandated by JHCO. • Assessing the size and needs of Zaatari market. <p>Amman Association:</p>	

<ul style="list-style-type: none"> • Provide primary and reproductive health services in collaboration with JHAS in 2 new areas: <ol style="list-style-type: none"> 1- Azraq: serves 200 people 2- Jorf AL-Daraweish areas: serves 100 people, 20% are women. • Continuous to provide primary and reproductive health services in collaboration with UNFPA in Hashmi and Hay Nazzal areas (Amman). 753 women were served. • Awareness sessions are being conducted. 2 awareness sessions/week are being conducted to cover subjects of Breast cancer, ANC, PNC • Provide services to Jordanians, Iraqis, and Syrians, <p>IRD:</p> <p><u>Iraqi:</u></p> <ul style="list-style-type: none"> • Continues to provide it services to the Iraqi refugees. <p><u>Syrian:</u></p> <ul style="list-style-type: none"> • No health interaction so far; currently there is no assistance provided for Syrians, • Many hepatitis cases were discovered during conducting home visits for financial assessment- the intensive out reach. Workers were not able to deal with these cases. • IRD in collaboration with UNHCR worked to prepare and furnish some shops for food in Zaatari, to be compatible with the hygiene standards. However, because of the bad weather conditions, these shops were occupied by people were looking for a shelter from the rain. • The hygiene supplies are distributed but are hardly being used given the poor design of the kitchens in Zaatari , as they designed to have no water • Still waiting the approval of UNICEF for the livelihood interventions. • Health awareness massages about serious diseases like hepatitis for people are highly recommended <p>CVT:</p> <ul style="list-style-type: none"> • Starting mid-September, CVT started providing psychosocial physical therapy for Iraqis and Syrians in Amman, Zarqa, Mafraq, and Rusaifeh, through mobile units • Extended the scope of their service to include MH and Physiotherapy for Iraqi and Syrian refugees. • Provide third-level/specialized interventions for victims of torture. 	<p><u>Action Point(6): MOH to share a paper with non-health organizations, which contains names and contacts for focal points to whom workers in such organizations can refer discovered hepatitis cases.</u></p> <p><u>UNHCR to update service guide for Syrian refugees and share with relevant partners</u></p>
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JHAS:

- Continues to provide primary, secondary, and tertiary health services to all persons of concern under UNHCR,
- All services are being provided through 4 static clinics, 2 mobile medical clinics, a roving team, and out-reach team.
- Services are provided to Syrians in Ramtha, Mafraq, and Amman,
- All services are provided to all nationalities as well in Al-Madina Clinic,
- Continues to provide secondary and tertiary health care services for Iraqi refugees under WHO project. The agreement for 2013 with WHO will be signed tomorrow.
- Continues to provide rehabilitation and physiotherapy services in Zarqa, Irbid, and Zaatari clinics, as MOU for 2013 had been signed with Handicapped International
- Agreement had been signed with UNRWA to provide primary health care services for Palestinian refugees in Cyber-city. UNRWA approved by this agreement the provision of medication to be used for the treatment of **Palestinian and Syrian refugees**.
- Continues to provide mental health services through Abu-Nusair and Zarqa Clinics in partnership with IMC. Agreement of 2013 had been signed with IMC.
- Signed an agreement with UNFPA to expand the reproductive health project to include 3 clinics in Zaatari; the current one will continue its normal work, second one will include an equipped room for delivery, and a third one will be for consultations and family planning.
- Signed an agreement with Medair for a nutrition screening project in host communities **only**-does not include the camp.
- New referral guidelines for Zaatari cases under UNHCR, as well as for the out-reach cases.
- Continues to receive injured Syrians in JHAS Trauma Center at Dhleil Hospital.

UNICEF:

- Continues to have a routine immunization that is expected to cover all children in Jordan in addition to Syrian children,
- Working to increase vaccination capacity through a mobile vaccination team as a temporary solution to cover the high number of children.

<p>WHO:</p> <ul style="list-style-type: none"> • Planning to provide 6 interagency kits • Continues to support Iraqis through ECC in 2013, • Providing mental health support • No funding for Syrian yet <p>Medair:</p> <ul style="list-style-type: none"> • Agreement was signed with JHAS to perform screening for acute mal-nutrition in host communities, in order to: <ol style="list-style-type: none"> 1- Establish community based-management for acute mal-nutrition especially in pregnant and lactating women. 2- Ensure proper feeding for infants and young children outside the camp. 3- Medair recommends governorate level coordination meetings <p>Caritas:</p> <ul style="list-style-type: none"> • Continue to provide primary and secondary services for registered Iraqi, non-Iraqi, and vulnerable Jordanians in Amman (Hashmi), Zarqa, and Hosson clinics <p>HI:</p> <ul style="list-style-type: none"> • Continue to provide services for injured and persons with disabilities in Zaatari through 4 mobile teams in caravans, and partnership with JHAS. • Provided services in Ramtha and Mafraq for 2150 injured persons • In Za'atri Lack of working space, this affects the quality of work (in need of a caravan). HI states the problem is land. If they can be allocated land then they can try to provide a caravan. 	
<p>5. Mapping of health services</p> <p>The health agency mapping needs to be updated. This will be shared and inputs form agencies requested.</p>	<p><u>Action Point(7): UNHCR to share current mapping and asks agencies to update or add their</u></p>

	<u>activities according to the format</u>
	<u>Date of next meeting:</u>To be notified

Attendees:

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