National Health Coordination Meeting

Date: Thursday 29th of May 2014 Venue: Conference Room/ WHO - Amman/ Duar Dakhlia
Time: 12:00 – 14:00
Participants: MoH, UNHCR, WHO, JFRC, HI, PU-AMI, MSFF, Medair, SNAP, CVT, REACH, IOM, Islamic Relief, UNOPS, IMC, UNICEF, SCJ, JHAS, IRD, IRC, EMPHNET, IFRC, UNFPA, SCJ

Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update – UNHCR
4. Polio update (WHO, UNICEF)
5. RRP 6 update and Revision Process (UNHCR/WHO)
6. War wounded coordination update (UNHCR)
7. MERS Update – short presentation (WHO)
8. Draft Research Guidance for the Health Sector in Jordan
9. Contingency planning
10. Health Agency Updates
11. Zaatari (UNHCR), Azraq (IMC, IFRC)

12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)
13. Task Force Updates: Community Health Task Force (IFRC) + Non Communicable Disease Task Force (WHO, MoH)
14. Proposed Assessments
15. AOB

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	1. Training of staff organized by UNHCR: content was shared with NCD task force, received feedback, consultants have made modifications to the content, will be arriving in country soon. 2. RRP6 update and revision process: meeting was held on 4 May. 3. ERF proposals: six were received for the Health Sector, will be reviewed by a small committee of agencies working in the health sector and recommendations made. Possibly only two will be funded.

3. Situation update- UNHCR	
Summary of discussions	• Registered Syrians: 598,360. • This month, 9,931 newly registered Syrians; 6,716 new arrivals. Difference is accounted for by people who've been here or who arrived through official border channels and did not come through Rabaa Sarhan. Average from May 1st–24: 268 per day. • Iraqis: numbers have also gone down, from 945 in March and 590 in April, to 374 from 1st–22 May • Azraq: population is now around 7,000. o More difficult to be bailed out of Azraq. Probably won't see sharp reductions of people leaving like what we saw in Zaatari.

	• Zaatari verification process concluded 21 May; 114,000 individuals were called for verification, 73,081 were verified. Population of Zaatari is around 80,000; at some point stopped verifying people arriving through Rabaa Sarhan, as they are doing iris scans there.
Action Points	• None arising from this meeting.

4. Polio update (WHO, UNICEF)	
Summary of discussions	• No new cases in Syria, but last weekend in Iraq, new case of wild polio virus reported, indigenous case, means virus is circulating in Iraq. • 13 AFP cases in Jordan, 1.3% rate. Low standard. • Coverage of third polio campaign: 93%. • Supplementary Immunization Activities: sub-National Immunization Days (NIDs) in high risk areas in all governorates, from 8–11 June. All micro-plans have been submitted to MoH, training activities will be submitted next weekend. • What is meant by high risk areas? Certain criteria for identifying: cases of low coverage during previous NIDs, routine coverage in these areas is low. Remote areas, plus high risk population (Syrians, displaced). • How will we evaluate impact of high risk approach? New in Jordan; by the end of the campaign, if we have good access to areas and populations, planning on conducting post-evaluation campaign surveys. If immunization coverage is increased, it was successful. Also considered areas that are far away from primary healthcare centres (PHCs). • What is happening to confirmed cases in Syria and Iraq? NIDs conducted, critical situation in Iraq area. Cases will be used as valuable resource information for tracing epidemiologically, and will receive proper treatment if they develop more symptoms. • Participants of the Community Health Task Group have been contacted by UNHCR to coordinate who can help in mobilization and in what areas; today will receive brochures regarding the campaigns which outreach workers and Community Health Workers will be using. ○ Most effective way is communication. More than 10 organizations are working in mobilization, encouraging families to take their kids to nearest PHC.

	• UNHCR will be sending out two rounds of SMS, 3 days before, then 1 day before start of campaign. Though mobilization is done in high risk areas, all PHCs in the Kingdom will be providing the vaccine. • WHO provided 100 tablets to be used by health facilities. • Estimation of expected number of children to be reached: 170,000–200,000.
Action Points	➢ WHO to share list of high risk areas with REACH ➢ Organisations who have not been contacted regarding mobilization but would like to help, to contact UNHCR (Rana Tannous tannous@unhcr.org)

5. RRP 6 update and Revision Process (UNHCR/WHO)	
Summary of discussions	• Going through revision process, ActivityInfo closed last week, still compiling the comparisons so we can see what changes have been made; this information will be made available to Sector Chairs on Sunday, then discussions held as necessary with agencies who made or did not make changes. • Certain criteria guiding the revision; major one includes whether or not project could be covered under NRP; another was dual funding (NGO and UN agency appealing for same funds); and if a project was not funded, budget had to be reduced. • We have been asked to develop 2–3 sector priorities, as well as cross-sectoral ones. So far came up with three sector priorities: 1. Improving access, uptake and quality RH 2. Post-operative care 3. CH interventions o Still developing cross-sectoral ones but will probably relate to 1 and 2. • Good practices snapshots: RH, IYCF and NCD management and different models, one model of care.

	• Will be contacting some of you next week to discuss changes. Reminder that overall budget for the sector cannot go up, has to go down, but Health will probably not have an issue with that. • Suggestion made for a presentation to be done on the review process after it ends; will be very educational for the group. People can learn certain projects are more likely to be accepted, others were removed, etc. o SAG developed and circulated criteria so people could look to see where their projects fell. Short-term humanitarian assistance focusing on assistance to refugees: RRP, longer term focusing on national capacity, NRP. • Sector Chairs will not remove projects, but will discuss with relevant organisation; if there is no decision, it will go to the IATF. • Since we are revising the activities, is there a chance to revise the targets themselves? Yes. • People started reporting in February, so we have missing data from January: can be added regardless, system allows for entering of data from previous months.
Action Points	➢ None arising from this meeting.

6. War wounded coordination update (UNHCR)	
Summary of discussions	• Last met in August 2013; group now relaunched by UNHCR. • First meeting on 14 May, around 17 agencies participated, started doing mapping of war wounded services, establishing connections and communication between all providers. • Several visits to the borders (both eastern and western) lately, looking at channels of evacuation; toward the eastern border there are 3 unofficial crossing points; situation there is around 5 cases on monthly basis, but more in terms of cold cases, as acute cases very low. • Most acute cases crossing western border and going to Ramtha, so most interventions are focused there.

	• Based on Handicap International/HelpAge report published in April 2014, 2,500 acute cases crossed into Jordan from January to April.
	  o One out of 15 Syrians suffered a war injury; very high figure.
	  o Jordan has highest proportion of war wounded, followed by Lebanon, then Turkey and Iraq. Possible reasons for numbers being so high in Jordan: easy access to the border, availability of services.
	• Most projects target acute war injuries, surgical rehabilitation and functional rehabilitation, identified as a priority.
	• Post-operative care, non-acute care for war wounded is a major gap, currently filled by informal Syrian networks. Would like to see more agencies working in this area, even if by supporting local partners.
	• Major gaps both in Zaatari and outside. Most affected area is Zaatari, followed by Amman.
	• Minor technical gaps related to inter-agency coordination in terms of evacuation; some people are sent from hospitals back to Rabaa Sarhan; other protection issues being addressed.
	• For the mapping of services, around 50% of participants submitted their updates. Deadline is today.
	• Other statistics: 13.1% of war wounded have severe impairments, 32.8% of these have difficulty performing daily living activities.
	• Next meeting: around two weeks from now.

Action Points	➢ None arising from this meeting.

7. MERS Update – short presentation (WHO)	
Summary of discussions	• Virus belongs to the same family as Severe Acute Respiratory Syndrome (SARS); was first identified in Saudi Arabia in 2012.

	○ Since then, 636 cases identified globally; 193 deaths, nearly 30%. Reported in 19 countries. Most cases in Saudi Arabia and UAE. • During upcoming periods of increased travel (Ramadan, Umra, Hajj), risk might increase. • In Jordan, three deaths so far in 2014, all in health care workers (two ICU workers and one respiratory therapist) who were in contact with infected patients, exposed to droplets. Secondary cases; currently no evidence of community transmission. ○ People who were in close contact with infected patients are being contacted by MoH for tests. A few cases identified in Jordan were done through tracing. Anyone with symptoms after 12–14 days is a suspected case. • MoH hospitals are doing the testing. WHO planning to provide more kits so other hospitals like RMS and JUH can do it; depends on the situation. • Specific guidelines for transportation of samples? Being collected in the hospitals, nasopharyngeal swab. Only hospitals can actually do the testing, have to meet the definition which is severe acute respiratory. • General recommendations: keeping hygiene measures, no restrictions on movement or travel. • Virus has a high fatality rate. Public health risk. Relief workers, travel a lot, people need to be informed. • Dr Lana Meiqari is the WHO focal point (meiqaril@who.int). Updated information can be found on: http://www.who.int/csr/don/archive/disease/coronavirus_infections/en/ • Scaling up biosafety measures. Training is being done for hospital staff in Zaatari and Azraq, but not yet in PHCs in Amman. • WHO received request to support MoH to produce thousands of brochures for information. • Is it advisable wear a mask when traveling? Europe cases, no evidence there was transmission in the plane, airports, houses. Contact tracing was done but there was no evidence virus was transmitted. • Most of the times people with secondary exposure have milder symptoms, some cases can be asymptomatic.

Action Points	➢ Share presentation and latest MoH guidelines.

8. Draft Research Guidance for the Health Sector in Jordan	
Summary of discussions	• Documents were circulated to sector members; deadline to comment 3 June. Developed by the Health Sector Strategic Advisory Group, based on similar guidance developed elsewhere. • Objective is not to control or stop research, but to better manage it. Guidelines outline why we think this is necessary. • Global IASC MHPSS group also developing guidelines and provided feedback on ours so we can synchronize. • Sector receives large number of research requests; researchers do not always take into consideration refugee issues, do not explain participation will not affect their access to assistance or protection. Much of the research has no benefit for the refugees. • Guidelines do not override and negate need for ethical clearance, but this is not always enough in a refugee situation. There have been examples of cases who were given ethical clearance which have not taken into consideration protection concerns for refugees. • Something similar being done by Protection, unclear yet whether or not we will join the two. They provided feedback on the forms which will be incorporated. • There will be an approval process involving the Health Sector; does not negate government approvals. • Health Sector would look at relevance of the research and evidence, whether it can be conducted outside of a refugee population. Clinical trials are out of the question. • Research results should benefit everyone, pose minimum risks, and referral mechanisms should be in place for those who need further support. • Issues of confidentiality need to be addressed, refugees know they can withdraw at any time. • Documentation that the research meets the Jordan Ethical Review Board requirements. • It's a way to facilitate the process but also to ensure that refugees are protected. • Once feedback is received and consolidated, final document will be circulated and there will be a trial run.

Action Points	➢ Sector members to provide feedback by 3 June.

9. Contingency planning	
Summary of discussions	• We have been asked by the government to revise the contingency plan. • RRP6 planning figure for 2014 is 800,000 and that is the most likely scenario. • Each sector has been asked to revise contingency plan. Most of the planning centers around Azraq. • Scenario of 7,500 new arrivals a day is unlikely, but 3,000 new arrivals a day could be possible, happened before. Not out of the question. • Document was circulated to UNICEF, WHO, IMC, IOM, UNFPA, JHAS, MdM, because they have stocks and standby rosters which can be used. Any other agencies have stock and would like to fill out? None. • Should it be one for Azraq and one for the community? One compiled document, whatever is available at central level will be used for Azraq anyway. • WHO does not have a separate stock; directly transfer to MoH. Will work with them to find out what stock they have. • Completed document to be submitted by 5 June.
Action Points	➢ Circulate the final version.

10. Health Agency Updates	
Summary of discussions	***SCJ*** • In coordination with IOM, started Mid-Upper Arm Circumference (MUAC) screening at Rabaa Sarhan. From 14-24 May, screened 400 children under 5; four cases were identified and referred to health facility in Azraq. One Severe Acute Malnutrition

	(SAM) and three Moderate Acute Malnutrition(MAM). Very few cases being sent to Zaatari. **JHAS** • Total number of newborns in JHAS/UNFPA clinic in Zaatari since opening in July 2013 will reach 1,000 in the coming days. • Finalizing an agreement with IOCC to receive anti-lice medication with combs to be used in urban and camp. Can distribute to other organisations. **IRC** • Received funding from PRM for small pilot community mobile outreach team in Mafraq. Team: doctor, midwife, nurse and health officer. Services: RH and other PHC, disabled and wounded population. Doing a needs assessment in Mafraq. Providing nursing care to wounded as well. **HI** • Fixed points in: Amman: Makassed Hospital, Al-Jazeera Hospital, Aqleh Hospital, JHAS Al Madina clinic, Abu Nseir clinic, and Basma Sahib Center; Irbid: Basma Bani Kanana clinic, Basma Aidon clinic, JHAS clinic; Mafraq, Basma City Center clinic; Zarqa, Al Dulail and CBR centre. • Zaatari: present in reception area from 8:30 am to 5:30 pm, working with other agencies to let them know cases arriving outside those hours should be referred to their sites in the camp (Districts 2 and 6). No longer present 24/7 because now present 24/7 in Azraq. • Azraq: present 24/7 in reception area, also have a mobile team. Found some cases (such as external fixator cases) that should have gone to Zaatari instead of Azraq. If they need to be hospitalized even for convalescent care, should go to Zaatari; if they are fairly independent, can go to Azraq. o Will follow up with UNHCR and IOM. **WHO** • WHO projects are channelled through MoH. Also launching a health facility assessment focusing on NCDs with EMPHNET; JHU household survey in pipeline; drug availability survey assessment joint project with JFDA. • 58 health facilities in Mafraq will be using tablets for reporting, end of June one-click reporting in most of facilities in Jordan. • Continuous training given to GPs through MoH.

Action Points	➢ None arising from this meeting.

11. Zaatri (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	**Zaatari** • Increase over last few weeks in cases of watery diarrhoea, number of stool samples taken, seems to be viral but not rotavirus (was tested). Four of the samples grew Shigella Flexneri, but this is not thought to be the cause. • Now 14 ORS sites, big expansion. Also a lot of community mobilization around hygiene. • Sudden increase in stillbirths in the camp; 2 in February, 2 in March, 5 in April, 8 in May. UNHCR, UNICEF and UNFPA looking at gathering information on at least each of the May cases to see if any congenital abnormalities, symptoms during pregnancy, birth weight, etc. Meeting to be held next week on maternal and neonatal health. • All students in Grades 1 and 10 in camp schools have been immunized; Grade 1, OPV and Td vaccine (total of 2541 children), Grade 10, Td vaccine (total of 223 children). o Very good initiative, UNICEF hopes programme will be expanded to EJC and Azraq, and even community. **Azraq** • IMC clinic has seen 3,227 cases since beginning of provision of services; 150 to 200 cases per day. No cluster of cases. • Five deliveries (one caesarean), two spontaneous abortions; few mental health cases, but there is an increase. • Nutrition: received two SAM cases. One is 6 months and the other 14 months, no complications, receiving PlumpyNut. o Up to 15 MAM cases in the camp, partner has not yet started doing MAM treatment, but there is a list. o ICYF and breastfeeding: 42 cases came for formula, 18 have received formula after being assessed, high proportion, working with midwife to not prescripe lightly. Cases assessed for about 30 minutes with a midwife. One case was a mother of triplets. Database recording all mothers being prescribed formula. Many mothers coming from Syria were feeding their children formula there, so formula needs to be provided here during relactation. Counselling also being provided.

	○ Some teething problems with coordination with partners, but working very closely with SCJ. • UNICEF and UNHCR opened an ORT corner. UNICEF provided 5000 1-litre packs of oral rehydration solution. ○ UNICEF can provide the sachets for all clinics in all camps. • Immunization: 28 cases were vaccinated, started two weeks after inauguration of camp. ○ Camp will be part of high risk area immunization campaign for polio. ○ MoH sending team on Sundays and Wednesdays, space allocated including fridge. Every child presenting to the clinic has their immunization history checked and staff try to fill any un-received immunizations. ○ Trying to accelerate TT. • Referrals, 65 emergency; 160 elective cases are awaiting referral as there is a waiting list and SRAD approval. • One death so far, 50-year-old man presented with blurred consciousness, referred to Tutanji hospital, died after CVA, 27 May. Buried in Amman. • IMC developed a list to be updated every month on consumption of medication per 1000 in camp, based on that will be estimating consumption rates. • Psychiatrist available once a week, there is also a psychologist; case manager available five days a week. Coordinate with referral services. • GBV SWG in Azraq held an informal session with refugees, some women reported not using the bathroom frequently because of men sitting outside. GBV coordinator mentioned it and will be looked at. GBV assessment was done recently, and issue will be raised at Azraq level.
Action Points	➢ None arising from this meeting.

12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)	
Summary of discussions	**RH** • UNFPA will have a meeting next week with regional mission to assist and provide technical assistance to offices in Iraq,Turkey, Syria, Jordan and Lebanon. 3-4 June. Expecting shipment arrival next week of family planning methods.

	• IRC, Nour Hussein Foundation and UNFPA organised a training on Clinical Care of Sexual Assault Survivors. Main challenges identified: high turnover of staff, absence of IEC materials. • Monthly coordination meeting held 22 May, another meeting to follow up on performance checklists being held 8 June. • Reports of no requests for PEP kits related to sexual violence, even though NGOs received it (included in kit number 3). There is no CMR protocol. **Mental Health** • Monthly meeting 21 May, discussed transportation payment for beneficiaries coming to receive services, some organisations are providing transport costs. Will continue to discuss next month. Presentation from HI on Hidden Victims report and updated group on RRP6 review. • WHO reported the opening of a new inpatient clinic in Maan in collaboration with MoH. **Nutrition** • Day-long session on 20 May to update plan of action and interventions strategy; in order to improve quality of nutrition activities carried out, identifying what needs to be done for different age groups. Micronutrient deficiencies needs more attention . • Out of 65 ANC consultations provided, 30 women had anaemia with haemoglobin levels of 7.5 to 10. o Must also be large number of women with depleted stores of iron. o Situation in Syria is deteriorating which may affect food security. This is why we're doing MUAC screening in Rabaa Sarhan. • MAM cases in Zaatari covered by WFP blanket distribution of SuperCereal Plus. Hopefully will start soon in Azraq.
Action Points	➢ None arising from this meeting.

13. Task Force Updates: Community Health Task Force (IFRC) + Non Communicable Disease Task Force (WHO, MOH)

Summary of discussions	• CHTG: Working on a more detailed mapping of services, following a broader one last month; number of volunteers per location, nationalities, exact services. Good updates from UNHCR, emphasizing messages for newborns, home visits. Will help in mobilization for polio. IRC will start attending monthly meetings. • NCD: In next meeting will be endorsing a list of basic drugs and equipment which should be available in a comprehensive healthcare centre or PHC. MoH will share existing guidelines. Two 6-day trainings to be held for doctors, separate one for nurses and educators, English and Arabic and all materials will be in Arabic.
Action Points	➢ Circulate invitation to trainings.

14. Proposed Assessments	
Summary of discussions	• As indicated in the Coordinated Needs Assessments SOPs, each meeting will have an agenda item for proposed assessments to be discussed. • No proposed assessments were brought up.
Action Points	➢ None arising from this meeting.

15. AOB	
Summary of discussions	• Reminder about Needs Assessment Registry: need to register proposed needs assessments to make sure planned one is not duplicating other assessments that have been carried out. If unsure about how to access registry, email Yara (maasri@unhcr.org) • Most clinics run by UNHCR or other partners have seen an increasing number of patients with scabies, so medication consumption is increasing. UNHCR has imported permethrin cannot continue to support other partners. MoH has benzyl benzoate but not enough. Soon, UNHCR will have to stop providing international agencies with permethrin and they should look at the possibility of importing it through international channels. No longer sustainable for UNHCR to be sole provider. o UNHCR and JHAS can help explaining the process. For further information, contact Rana (tannous@unhcr.org). • Suggestion made for new partners attending the meetings to give a brief on who they are and what they are doing, to orient other members.

	• UNFPA: Reporting medical response of SGBV cases, so far not well reported. Reporting comprehensive services but not specific. • Regional office EMST, statistician, epidemiologist, IM officer, starting epidemiological bulletin, started with cases in Jordan especially diarrhoea, unprecedented number is happening in Jordan, thousands of cases. There is a problem. Is it case definition? Are we duplicating numbers? Develop case definition, simplified, standardized of all communicable diseases. UNHCR has sentinel surveillance of diarrhoea in Zaatari. MoH also has its guidelines, updated in 2010, currently revising existing guidelines, to be launched shortly.
Action Points	➢ New agencies to give a brief introduction of their agency at their first sector meeting

Attendance Sheet

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