National Health Coordination Meeting

Date: Thursday 28th of August 2014 Venue: Conference Room/ WHO - Amman/ Duar Dakhlia
Time: 12:00 – 14:00
Participants: MoH, UNHCR, WHO, WFP, Medair, UNFPA, MSFF, JHAS, FETP, IRD, IFRC, IRC, IMC, UNICEF, IOM, MdM-France, Relief Initiative, Handicap International

Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update – UNHCR
4. Polio update (WHO, UNICEF)
5. Services mapping pilot Irbid and Mafraq - demonstration of online tool
6. 3RP development process and timeline (UNHCR)
7. War wounded update (UNHCR)
8. SGBV and the Health Sector – Feedback recent consultations
9. Gender Focal Points
10. Medical Resettlement
11. Health Agency Updates
12. Zaatri (UNHCR), Azraq (IMC, IFRC)

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

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	1. No meeting during Ramadan. Last meeting 26 June. 2. Circulate weekly polio update – being done. 3. 5Ws – further analysis will be done and circulated. 4. JHU Survey on out-of-camp Health access for refugees – final draft was to be circulated by end of July, Dr Said will update when back. 5. Needs Assessment Registry – updated, all completed needs assessments on there, JHU report will be uploaded once final.

3. Situation update- UNHCR	
Summary of discussions	• 612,868 Registered Syrians • New arrivals steadily decreasing; in comparison, 14,500 in April and 6,400 in July; 5,500 1st three weeks of August. Increased slightly over last few weeks. • Tighter control at the borders • As of 15 July – UNHCR asked to not issue asylum certificates for people who have not been officially bailed out of the camps by a Jordanian bailer. Government will not issue MoI cards either. ○ This means people will not have access to MoH services. UNHCR-supported JHAS clinics provide services regardless of registration status, but not secondary and tertiary care.

	○ How many people are currently in this state? Probably quite a lot, significant numbers leaving camp and not being bailed out. • Iraqi new arrivals increased: 554 registered in a 5-day period, 17-21 August. ○ Last time was 70 people a day, now 100 people a day. Iraqis can still access through legal borders. ○ 66% of these newly registered had arrived one month prior; mostly coming from Baghdad, Ninewa, Anbar and Salahedine.
Action Points	➢ UNHCR to check if figure of those unofficially leaving camps available.

4. Polio update (WHO, UNICEF)	
Summary of discussions	• MoH, UNICEF, WHO, UNHCR, IOM just finished a hard-to-reach campaign targeting high-risk areas. Post-campaign evaluation survey will be carried out by another partner on Thursday, Saturday, Sunday and Monday. Good coverage administratively, 94% (99 for Syrians and 92 for Jordan). • Two national campaigns later this year: October 26th-29th and Nov 30th-Dec 3rd. • Main activities: focus on campaigns and strengthen AFP surveillance, UNHCR/WHO/IOM developing a system to reach children for routine immunization in hard-to-reach areas. • No new cases, but security situation in Iraq is bad, might be affecting identification and reporting • Last week 3-day regional workshop on 2nd phase of Middle East response, zone 1 and zone 2 countries, mapping of access for hard to reach areas. For Jordan, more or less 246 locations identified as such. Better situation than other countries in the region. Previous campaign, post-campaign assessment showed low coverage, trying now to keep above 95%. ○ High risk group left out of national campaigns, so for 2nd phase agreed to concentrate on these areas. Overall number is high, but per governorate, ITS, small numbers, like 5, 10 families; trying to group them based on that and pay

	attention to Supplementary Immunization Campaign. 15 to 20% of total target, total 1 million; including 200,000 in five camps. o Use the opportunity from now until October to start EPI in these areas, UNICEF working together with UNHCR, MoH. • Everyone is expected to help in the preparation especially those engaged in community level, CBOs.
Action Points	➢ UNICEF to share map of hard-to-reach areas.

5. Services mapping pilot Irbid and Mafraq - demonstration of online tool	
Summary of discussions	• Recently developed a new database in ActivityInfo in order to map services available to refugees. Final product is a public interface available to everyone showing services mapping for all sectors, not only Health. • Name of database in ActivityInfo: JOR-Ref-Services. Reflects what we have on the ground, combination of services found under RRP6 but also others not included in RRP. • November 2013, first Coordination meeting in Irbid governorate, identified need to map all the services for north of Jordan. Now replicated to Mafraq governorate, and involved partners there. • Added value of the database: detailed information on how to refer, accessibility, different agencies providing different services. Can also be used as an offline tool so you don't have to be online. Reports can be extracted, pivot tables, assist you or case managers. Beneficiary-friendly as well, can see exactly which service can be provided, where, how it can be accessed and who can be referred – but contact information of focal points is not visible in version open to beneficiaries. • Goals are to improve referral process and use info to create services guide. • Currently in pilot mode. Once map becomes operational, information inputted on one day will be reflected on the next.

	• When a refugee approaches your organisation and asks for a service you cannot provide, you can use the site to check where they can be referred. • Also mobile friendly, to be used in the field. • It will also be available in Arabic. • Those wishing to enter information need access to ActivityInfo and editing rights. Irbid and Mafraq have ActivityInfo focal points for each organization. • Health Sector, UNHCR entered information from existing services guide, some details not available in the services guide, so someone might be contacting you for further information. Health will be piloted in Irbid and Mafraq, then if there is demand, nationwide. • Database is not used for making referrals, just checking where to refer. Not responsibility of referring agency to guarantee service being provided.
Action Points	➢ UNHCR to share the link and guidelines to ActivityInfo.

6. 3RP development process and timeline (UNHCR)	
Summary of discussions	• 3RP (Refugee and Resilience Response Plan) replacing RRP this year. We have been asked to submit a final version of the plan for 2015, launched in mid-December. Between now and then, work towards developing the plan. • Similar structure to last plan but with a humanitarian component and resilience component. • In Jordan, government already has NRP. Government will provide the resilience component to the 3RP; not clear if they will take the whole plan or take a prioritized component for 2015. Still being discussed, with MoPIC and line ministries. • Next week, 2-day regional workshop involving sector chairs to look at defining what goes under humanitarian and resilience. Jordan is already advanced in this process because we've already done this for NRP, mid-year review and criteria developed for Health Sector.

	• Sector Chairs will submit a very rough draft towards middle of September. Get back with further planning. Probably like last time, 1-day workshop for participating agencies to define objectives, activities, etc. • RRP6 had 800,000 refugees plus 700,000 host community – will we increase the Jordanian affected population in 3RP? Will the NRP continue? NRP is much broader than RRP6 and includes much more. Population of 700,000 is what the humanitarian agencies said they would be able to reach. Resilience component will include the government component. Unclear if humanitarian component will include national population.
Action Points	➢ None arising from this meeting.

7. War wounded update (UNHCR)	
Summary of discussions	• Last meeting, mapping was completed for war wounded services. o 17 different programmes ranging from evacuation to rehabilitation. Cover more or less all needs, but room for improvement regarding quantity of services and targets of programmes. o More networking established, inter-agency referrals improved. Protection services enforced, better coordination with UNHCR. Hospitals have to notify UNHCR when treatment ends. Three cases were protected from deportation in August. o Next meeting will be in second week of September. • Protection is big issue, big gaps also in medium- to longer-term care. Good for agencies to think about that in terms of planning for 2015. At the moment being filled by a lot of Syrian actors, not officially working in Jordan, not a satisfactory solution. Want to try to formalize that and improve the care.
Action Points	➢ None arising from this meeting.

8. SGBV and the Health Sector – Feedback recent consultations	

Summary of discussions	• Global Protection Cluster mission took place, supported by UNFPA and UNHCR. Aim to introduce new guidelines for GBV to be rolled out next year. Jordan was chosen for the health component piloting.
	  ○ 2-day workshop attended by around 30 people, looked at GBV component and integrating into health programming. Recommendations were shared with GBV working group.
	  ○ Went through some indicators to integrate in the HIS, trying to bridge the gap between Health and GBV. Not a lot of info sharing between two due to privacy and confidentiality, trying to think of ways to better to do so. Aggregate data can be shared.
	• Amani campaign (which means "my safety"), UNHCR, IRC, SCI, UNICEF, UNFPA: cross-cutting between GBV, Health, RH, increase awareness, entry point. Messages developed with GBV WG as well as participation from refugees in Zaatari and urban..
	  ○ Posters with key messages, early marriage, how to respond to GBV; small business cards distributed to healthcare providers showing where services are. Content of messages could be used and adapted to your own communication materials.
	• Not every health actor should be able to provide GBV services but ALL should know referral pathways. ALL health actors should be part of that training. A lot of training has been done in the camps. People access health services very late; quality of care could be improved as well.

Action Points	➢ Circulate info on GBV SOP referral pathway training. ➢ Share link to referral pathways and Amani materials.

9. Gender Focal Points	
Summary of discussions	• Sector Gender Focal Point (SGFP) network reactivated. Request for volunteers for Health Sector focal points was sent out, two SGFPs were nominated: Yara Maasri from UNHCR (maasri@unhcr.org) and Elsa Groenveld from Medair (healthpm-jor@medair.org) • Attended three-day training led by Merrin Waterhouse (Senior Gender Capacity Advisor to the IATF & HCT) on Gender in Humanitarian Action, action plan being developed

	• Role of SGFP is to support gender mainstreaming in the sector, try to ensure gender is considered at all different stages of programming, from planning to monitoring – highlight the importance of Sex and Age Disaggregated Data (SADD), provide training on the Gender Marker
Action Points	➢ None arising from this meeting.

10. Medical Resettlement	
Summary of discussions	• Resettlement is one of three durable solutions for refugees (others are voluntary return and local integration). For Syrians so far not major part of response, especially as many refugees wish to return to Syria once situation improves. • Becoming a bigger part of operation, some countries have offered places for medical resettlement. Examples of cases being considered: children with congenital abnormalities who will benefit from surgery not available/accessible in Jordan, post-renal transplant patients who need monthly immunosuppressant medication which is very costly, patients with cancer that have a good prognosis. • Refugee needs to want to resettle, this is the first question they will be asked. • UNHCR have already submitted a number of cases, mainly children with disabilities who are very vulnerable, single mother with a number of children. Currently putting together a list of cases for a mission from Czech Republic, if anyone knows of any that may fit the criteria (urban or camp), to share with UNHCR. Staff will discuss with them and see if it's an option they want to consider. • Cases will need to undergo refugee status determination; other criteria will also be looked at.
Action Points	➢ Organisations who know of any cases who might fit criteria for medical resettlement to contact UNHCR (burton@unhcr.org)

11. Health Agency Updates	
Summary of discussions	IRC • Won an award to launch a community health programme, currently piloting a mobile clinic, recruiting 12 community health volunteers in Mafraq. Will add 80 CHVs in Irbid and Mafraq and adding a mobile clinic in Irbid (RH and primary health). Donors: UAE. Contract not yet signed but upcoming, hoping to start a month from now. IMC • New health coordinator. • Launched Village 6 clinic in Azraq, operating 24/7, morning and night shift. Other clinic still working from 9 am-8 pm. Any night cases will be referred to Village 6. • Participated in polio campaign, GBV referral pathways training. • Recruiting CHVs in Azraq camp, should conclude before end of next month. MdM • District 4 clinic in Zaatari will downsize as of January 2015, extra support will be transferred outside, coordinating with MoH to see where support will be better focused. Clinic 2 is more comprehensive and will remain. EMPHNET • Health assessment NCD survey finalized, final stages of report writing. Will be shared once finalized. UNICEF • Provided 5,000 sachets of ORS for ORT corners in Azraq. IRD • 27 volunteers referred patients to clinics • End of August last day of health project and now preparing next project starting September, waiting for approval from MoPIC – funded by BPRM, another health centre in Aqaba, and includes health centres in Zarqa. • Zaatari: participated in vaccination campaign.

Action Points	➢ IRD to send list of clinics included in next health project.

12. Zaatri (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<u>Azraq</u> • IFRC hospital: MoU was approved by MoH and is with MoPIC. Up to a month for it to be approved. Consortium could agree to open before MoU, but that's not final. <u>Zaatari</u> • Saudi clinic in Districts 2, 4, 6 • MdM still running EPI, not planning to hand over. • JHAS and IOCC secured shampoo for head lice to be provided in schools, available in JHAS warehouse. UNICEF will coordinate with them if combs are not available. • UNICEF only has 5,000 sachets or ORS left, and has not ordered more, based on need.
Action Points	➢ None arising from this meeting.

13. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)	
Summary of discussions	<u>RH</u> • Finalized and piloted performance checklists, positive feedback received. Lists will be posted on the portal. • FP logbook will be introduced to agencies working in RH, starting next Sunday. • UNFPA will close a number of clinics with JHAS, facilities need to share their contact info with JHAS to make sure services will continue. • Delivery concerns in Azraq, standby site prepared but not fully functional. Delivery is only for emergencies, other patients are still being referred outside.

	• In EJC, TT vaccinations will be provided on Wednesdays. <u>MHPSS</u> • Guidelines on MHPSS projects and 4Ws mapping will be finalized very shortly. <u>Nutrition</u> • Nutrition survey report and response intervention strategy both being finalized . • Prepared a statement regarding infant and young child feeding at the border related to managing of needs of infants under one year. • MAM? WFP deciding whether or not to include another product, expiring end of August, distributed all of it, doing focus groups to see acceptability of other products. Planning blanket future distributions inside Zaatari. • We need to decide how to manage children with or without a product.
Action Points	➢ None arising from this meeting.

14. Task Force Updates: Community Health Task Force (IFRC, FRC) + Non Communicable Disease Task Force (WHO, MOH)	
Summary of discussions	• CHTG: At last meeting shared key messages divided by areas, undertook revision of ToRs for Health Committees and final version of home visit form. • NCD: No meeting in July, Dr Tarawneh and Dr Said were travelling. Will meet again soon.
Action Points	➢ None arising from this meeting.

15. 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.* • Routine vaccination coverage survey

Action Points	➢ None arising from this meeting.

16. AOB	
Summary of discussions	• Princess Badea hospital in Irbid not accepting referrals from JHAS in Zaatari or MSF. Meeting between MoH and MSF, MoH confirmed they will not accept referrals unless a major emergency. Hospital unable to absorb caseload. o Big increase in MSF activity in Ramtha and Mafraq, but they have no surgical capacity. o JHAS: Zaatari cases first being referred to Mafraq hospital but they are overloaded, so referring to Irbid. Pregnant women from host community also pressuring because of lack of beds for them. o JHAS with UNHCR in the process to identify a private hospital with reasonable prices to be a back-up plan. Two designated in Irbid, Zarqa and Amman. Also need to look at capacity of other MoH hospitals in Irbid such as Yarmouk. o UNFPA attended the last national health coordination meeting, seems there is a confusion as to criteria of who should be referred to MoH. In Mafraq, perception that all refugees are being referred from Zaatari, when this is not the case. ▪ Training in Zaatari might reduce level of referrals. Referral guidelines will be shared with Mafraq, emergency obstetric training will start next month. • UNHCR policy for deliveries will change as of 1st September. Every woman who is pregnant and expects to deliver around the time that her registration expires, or has an appointment to renew, needs to go in advance to JHAS and they will communicate with UNHCR for an urgent renewal appointment. o Partners need to share this message. The woman needs to go to JHAS at least a month in advance. Text message has gone out, and many people have come forward to get registered. o Exceptions will be made for certain cases. o Does not apply if registration has just expired a couple of days, should still notify JHAS within 48 hours of admission. o Large numbers of women with registration expired since 2013 were delivering and UNHCR had to cover the cost, when if their registration is up-to-date, they

	have access to free healthcare. Spending a significant amount of the referral budget. Drastic changes had to be made due to funding constraints. • Has insurance for refugees ever been considered? UNHCR looked at the issue for Iraqis but not cost-effective, exclusion criteria for insurance companies. It would cost the same, but exclude quite a lot, mental health, other criteria. Would be the same for the Syrians.
Action Points	➢ Meeting to be held with MoH regarding referrals.

Attendance Sheet

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