

National Health Coordination Meeting

Date: Thursday 2nd June 2015, Venue: UNHCR Khalda

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of action points of previous meeting
3. Ministry of Health Update - MoH
4. Situation update (new arrivals, urban verification process)–UNHCR
5. Update on Border Situation (ICRC/UNHCR)
6. Cash Assistance to Facilitate Access Health Services for Syrian Refugees –Pilot Project (UNHCR)
7. Jordan Response Plan 2016-2018 Next Steps (WHO/UNHCR)
8. TB Programming Update Presentation- IOM
9. Health Agency Updates
10. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF)
11. Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)
12. Proposed Assessments/Research
13. AOB

Minutes:

2. Review of action points of previous meeting	
	<ol style="list-style-type: none">1. Circulate VAF report (with context) around Health departments Done2. UNICEF shared soft copy of target for vaccination – to be circulated later with explanation of REC approach3. 100 Feet to Walk Towards Peace – further info, contact to ICU Circulated4. Agencies to take part in NCD workshop; send in names of staff who want to attend. Another workshop will be conducted in the future. Done

3. Ministry of Health Update - MoH	
	Postponed due to no representative from MoH present at the meeting.

4. Situation update (new arrivals, urban verification process)–UNHCR	
	<p>3,341 new refugee registrations in June. In May, the number of departures outnumbered new arrivals. Urban verification is going slowly; as of 25th June 124,800 Syrians who have received MoI service documents. 101 police stations across country working on this. Health certificate negotiations ongoing.</p> <p>As of August, WFP will cease to provide food vouchers in Urban areas, though the programme will continue in the camps for the foreseeable future at 20 JD a month. Counselling will need to be provided, and WFP will provide a document outlining FAQs to assist – this will be circulated. Camp return is an option and not to be encouraged. All those returning to camps will be sent to Azraq, only going to Zaatari in special cases, e.g. family reunification.</p> <p>Iraqi 801 new arrivals in June, numbers slowing down. 48945 in total. There were 801 new refugees registered in June; there are now 48,945 Iraqi refugees in total.</p>

	<p>In light of the new offensive in Dara'a, June has seen an increase of war wounded (123 cases). The majority of these have more complex injuries (49% head and spinal injuries). 31% were admitted into Ramtha and 11% died. Ramtha MSF has team of 6 surgeons and 5 anaesthetists as well as national doctors but still have limitations linked with the capacity of ICU. Patients unable to be referred to other agencies receive support from MoH with ICU access but this is stretching their capacity of blood transfusions, beds, facilities etc. Overall, numbers of war wounded has fallen from an average of 100 a month in 2014 to an average of 70-75 in the months of 2015 before June. Blast injuries made up 74% of the cases and gunshot wounds around 7%.</p> <p>In general, there are not many problems at border regarding access though reports from last night say 14 patients, including three children and two women, are stuck at the border.</p>
Action Point	<ul style="list-style-type: none"> • WFPs' FAQs will be shared with the sector: members asked to make sure all staff understand the cuts to food assistance and how to respond to refugee questions • Follow up on the issue of denial of access. Will be discussed further at the War wounded coordination meeting on Tuesday next week

5. Update on Border Situation (ICRC/UNHCR)	
	<p>Public health and protection teams were granted access to eastern border on 23 June. Poor conditions were discovered at the berm – no latrines, needs for shelter, blankets etc. 1950 individuals stranded – most from Aleppo, Sweideh and rural Damascus. Prioritisation of admittance based on medical need, with a focus on the elderly with chronic illness, pregnant women and babies under 5 months of age. On June 28, 150 refugees moved to a transit facility. General needs identified were latrines, plastic sheets, blankets, medical care and more regular visits from humanitarian agencies. Many refugees fitting the criteria are still stranded and not receiving the help they need. ICRC confirmed that border entry requests were less frequent. Those with medical cases to be admitted as priority. Situation is stable. Raba Sarhan is straining to facilitate the wounded due to the recent hospital closure of Duleil</p> <p>Regarding advocacy, UNHCR continues to advocate for entry at the border to all seeking asylum, with emphasis on the admission of vulnerable people. Regular missions on a rota basis with UNHCR, ICRC, UNICEF, and IOM to the border are planned</p>

6. Cash Assistance to Facilitate Access Health Services for Syrian Refugees –Pilot Project (UNHCR)	
	<p>A PowerPoint presentation was given by UNHCR outlining the pilot programme. The process of referrals would take up to 72 hours, and the same card would be recharged according to medical needs. The project would aim to reach 100 new patients a month. It is hoped that the money saved by the project would enable more vulnerable refugees to access medical care. There is a concern that, due to WFP cuts, the money on the card would be spent on food rather than treatment. Questions were asked about the programme worked in the event of complications during pregnancy. UNHCR reimburse the patient if money had to be borrowed to pay for a procedures resulting from complications during childbirth, as long as the receipt was kept. It was emphasised that the referral system through JHAS will still function for those not eligible for cash assistance or where it is not the most appropriate modality. UNHCR confirmed that emergency operations during pregnancy would be covered by the scheme, and would be covered through existing referral systems if they fit the criteria.</p>
Action Point	<ul style="list-style-type: none"> • Document referred to in PowerPoint to be circulated by UNHCR

7. Jordan Response Plan 2016-2018 Next Steps (WHO/UNHCR)	
	<p>On Tuesday this week, new Comprehensive Vulnerability Assessment for Health Care (resilience and refugees) has been submitted. A three day workshop planned in late August; summary sheets and other preparations to be submitted. One day workshop of workers in Health WG, where current indicators and outputs will be reviewed in an attempt to ensure consultation is finished before the beginning of 3 day conference, will run after Ramadan.. There is still potential to review submission.</p> <p>ERF proposals – small technical working group meeting to review cases and will make recommendations.</p>
Action Points	<ul style="list-style-type: none"> • None from this meeting

8. TB Programming Update Presentation- IOM	
	<p>Presentation was given by IOM. TB awareness is done through pamphlets and other literature, and through group meetings and community health workers. It was noted that IOM presented at community health working group but not a strong link and further development was encouraged to ensure that community health volunteers can recognise the symptoms. Two mobile TB screening clinics are currently in action. In addition, there are 16 specially trained</p>

	<p>Syrian nurses supporting the program. Refugees moving from their addresses was flagged as a potential obstacle to continuous treatment, though so far, thanks to active attempts to relocate them, the number of cases is very small (2%). The cure and completion rate is very high (93%). On paper, this initiative is for Syrian refugees, though other refugees with suspected TB may be referred.</p> <p>SOPs regarding cross border movements of TB cases , recently drafted , will give another presentation in a few months.</p>
Action Points	<ul style="list-style-type: none"> • IOM to share list of TB focal points which will be shared with all agencies. • IOM to check origins of Syrians MDR TB • Agencies providing health services, please check to see if their staff are trained to recognise suspect TB and know the referral mechanisms for suspect TB cases

9. Health Agency Updates

	<p>For RS numbers we screened 334 children under 5 , with 1 SAM case and 4 MAM cases , but we have seen significant increase with the new admissions to the SFP in camps , 37 cases were admitted in Zaatari and 20 in Azraq with most reported cases having suffered from diarrhea for the previous 2-3 weeks. Issue being raised at Health Coordination meetings. Medair confirmed that the trend was not seen outside of the camp.</p> <p>Alianza por la Solidaridad introduced their clinic in Madaba. It is running awareness sessions for CBOs. The centre will provided consultations for mainly pre-natal care, family planning, GBV and legal support. It is available for all – refugees and Jordanians. Information for matrix will be sent out.</p> <p>UNICEF are running a mop-up campaign for children who have not completed their polio vaccinations, focusing in Al Karak and Azraq. There will be no more national or subnational polio campaigns. A routine vaccination programme (Reaching Every Community) will be launched, targeting 23,000 people, Syrians and Jordanians, with 23 teams aiming to reach 1,000 children. UNICEF requests that NGOs and CBOs mobilise and assist in the project. Every month, an email will be send out detailing the monthly objectives.</p> <p>IRC are seeing a large increase in new patients (44% increase) and consultations (23% increase) in Ramtha. It was suggested that the jump is caused by seasonal factors, or might be influenced by the closure of MSF France’s clinic and two Islamic Aid clinics in Mafraq. IRC is to circulate a breakdown of cases and illnesses to interested parties. It was announced that they were funding 40 new community health volunteers.</p>
Action Points	<ul style="list-style-type: none"> • UNICEF to prepare a one page brief with governorate contacts on the REC approach • UNICEF to an email every month with the plans for the EPI mobilisation that month by governorate and detailing their requests to mobilize for EPI to NGOs and CBOs • IRC is to share a breakdown of cases and illnesses in their Ramtha clinic to interested parties. • UNHCR to explore if they can send SMS about the REC approach to refugees

10. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF)

	<p>Reproductive Health stated that post-natal care must be encouraged. Post abortion care should also be utilized more effectively, using counselling and family planning. The miscarriage logbook is to be recirculated, as it has been developed further since the pilot phase. More involvement of males using Reproductive Health services should be encouraged, and the success of the activities on WRD is to be expanded upon.</p> <p>Mental Health Task force on integration of MH into primary health care is still meeting</p> <p>The NWG is also conducting meetings with JUH , to arrange for a training on management of referred SAM cases with complications.</p> <p>UNICEF detailed a workshop with vaccinators and midwives, with the hope that all EPI staff will be trained.</p>
	<ul style="list-style-type: none"> • UNFPA to circulate results of miscarriage logbook. • RHSWG planned strategy to better include males in RH activities to be included in the planning workshop for the sector

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11. Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)	
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	<p>Community Health is developing ToT for home visits for the newborn. Currently MoH is reviewing materials and training packages, so approval is pending. ToT is developed with IRC and Save The Children.</p> <p>NCD concluded two missions and the resulting research is almost complete. Next meeting to be announced in mid-July. NCD Task Force to set a date for the next meeting</p>
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12. Proposed Assessments/Research	
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Action Points	<ul style="list-style-type: none"> • None

13. AOB	
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	<p>None UNFPA requested that the four Ws for Syrian response be updated.</p>
Action Points	<p>UNHCR will arrange update of the 4ws when the new Associate Coordination officer arrives</p>

Attendance Sheet

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