

National Health Coordination Meeting



Date: Thursday 27 April

Venue: WHO

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of action points of previous meeting
3. Situation update – UNHCR
4. 2016 Annual Review/Cash for Health Program – PPP by UNHCR
5. Health Agency Updates
6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
7. Proposed Assessments/Research
8. AOB

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> ✓ EMPHNET to share with all partners the results of the neonatal death auditing: The results are ready to be shared ✓ IMC to share the national action plan for MHPSS workshop: waiting for MOH approval ✓ UNFPA to share the RH referrals of 2016 & 2017: Pending ✓ Filing gap interventions between UNHCR & JPS as no war wounded cases received in the last two weeks: Pending ✓ UNFPA to give updates regarding the RH protocol with MoH: Pending ✓ The launching of NCD taskforce: In the process of reviewing the TORs once they are ready it will be shared with MoH to activate NCD taskforce.
Action Points	✓ N/A

3. Situation update-UNHCR	
Iraqis Refugees	<ul style="list-style-type: none"> • Total Iraqi refugees registered with UNHCR is 62,658 till mid of Apr • Newly registered in 2017 is 2,468 • 1,564 arrived in 2017
Yemeni Refugees	<ul style="list-style-type: none"> • Total Yemenis refugees registered with UNHCR is 7,856. • 1,899 refugees were registered in 2017
Sudanese Refugees	<ul style="list-style-type: none"> • Total Sudanese refugees registered with UNHCR is 3,466 with 211 arrived in 2017
Somali Refugees	<ul style="list-style-type: none"> • Total Somalis refugees registered with UNHCR is 791 with 17 arrived in 2017 • Other nationalities 1,467
Syrian Refugees	<ul style="list-style-type: none"> • Total Syrian refugees registered with UNHCR is 658,288 till mid of Apr • 9,192 were newly registered in 2017, of which 4,105 arrived are through normal and legal entries and the others are through the new born registration • Population in Zaatari camp is stable at 79,726 • Azraq camp have total population of 53,954 • Total population in EJC 7,484
Urban Verification	<ul style="list-style-type: none"> • As of end of Mar, total of 415,000 MOI cards were issued in different security centers • Of the total, 385,000 individuals registered with UNHCR which made 75% of urban registered refugees • However, HAUS showed 97% of Syrians in Urban setting have MOI card • Up to mid of March 83% of confiscated documents in Raba'a Alsarhan were returned to the refugees and stage 54 has been completed
JHF Update	<ul style="list-style-type: none"> • The March-Apr call was launched and we Health Sector (Jordan) have received 8 projects from 7 organizations (4 from international organizations and 4 from national organizations). • The proposals are under the review of the sector gender focal point and next week the sector advisory group will review the 8 proposals and give the feedback to OCHA. The deadline of the feedback is the 4th May • After that OCHA will start the process of advisory board review after receiving the final review from the sector advisory group

Border Update	<ul style="list-style-type: none"> • As total number of 2712 Syrian Asylum seekers were treated at the UN clinic in the berm since Dec 15th, 2016. Those who received secondary health care level were 146. • UN RC informed Jordan Humanitarian Partners Forum that UN agencies will resume the operation at the berm next week pending the outcome of the meeting with JAF. • UNICEF, WHO and UNHCR have discussed with JAF/HQ the possibility of conducting Emergency Vaccination Campaign (EVC) at the north-eastern border for the following antigens/supplement: <ul style="list-style-type: none"> ▪ Oral Polio Vaccine ▪ Vitamin A supplement ▪ Measles Vaccine ▪ Tetanus Toxoid (TT) Vaccine • Injectable measles and tetanus vaccine will be provided on a daily basis by MoH and RMS trained vaccinators in UN clinic located at the south of Jordanian berm in Rukban and mobile clinic in Hadalat as well as mobile vaccination site close to the berm. • Oral polio vaccine (OPV) and Vitamin A supplement: a trained community health workers will provide the vaccine (OPV and Vit. A) to the population living inside the berm on daily basis pending MoH and JAF approvals
Action Points	✓ N/A

4. 2016 Annual Review/Cash for Health Program – PPP by UNHCR

<p>Approach to Establishment of Cash for Health</p>	<ul style="list-style-type: none"> • Predictable health services for antenatal (ANC), postnatal care (PNC) and delivery were costed • level of assistance based on expected cost • Eligible pregnant women identified through UNHCR partner clinics of Jordan Health Aid Society (JHAS) • Based on vulnerability criteria and medical criteria • Counseling provided on: <ul style="list-style-type: none"> • level of assistance • scope of services covered • health promotion on the use of these services • assistance collection point and procedures • time-frame for collection • hospitals to be approached for delivery • List sent by JHAS to UNHCR Health unit for verification of eligibility • Lists of eligible beneficiaries sent to bank by UNHCR three times weekly • Monitoring and evaluation undertaken on <ul style="list-style-type: none"> • Timeliness of bank notification and cash collection • Whether the cash was used for the intended purpose • Feasibility • Effectiveness i.e. coverage of services
<p>Conditions Covered under CAEHS</p>	<ul style="list-style-type: none"> • Antenatal care (Until March, 2016) • Normal delivery, planned caesarean section and postnatal care • Neonatal complication necessitating hospitalization • Emergency Admissions • Elective Cold Exceptional Care Committee (ECC) cases
<p>Targeting</p>	<p>➤ Assistance directed towards vulnerable refugees</p> <ul style="list-style-type: none"> • Currently receiving regular monthly financial assistance through UNHCR • Approved to receive financial assistance but are not yet receiving it, i.e. prospective beneficiaries • Have received one time urgent cash assistance in the preceding twelve months • Referred from other UNHCR Units, or partner agencies as being vulnerable (but not yet eligible for cash assistance) • Exceptions – high-risk pregnancy, pregnancy complications, medically indicated caesarean sections covered regardless of vulnerability

Challenges	<p>➤ Experience of Receipt of Cash from Bank</p> <ul style="list-style-type: none"> • In a context of declining levels of assistance for other needs cash is more likely to not be used for the intended purpose • Syrians already value skilled attendance at delivery • Not possible to provide incentives to already overburdened health care providers • Supply side initiatives are also needed • Timeliness of cash transfer was critical • Need to explore reasons behind high use of private providers • Coordination: Other agencies providing support for reproductive health services including CBI
Lessons Learned	<ul style="list-style-type: none"> • CBI can increase health services utilization efficiently where the type and level of services needed and the costs are predictable • CBI most useful when the major barrier to accessing health care is financial • Counselling and health messages at enrolment important in increasing likelihood cash will be used for the intended purpose • Close monitoring of the process and the outcome is needed to identify and address problems early • Targeting of beneficiaries should be as simple as possible preferably with the use of an existing system of identification
Conclusion	<ul style="list-style-type: none"> • Regular referral mechanisms paid directly to the providing entity are the best option to ensure access to intended health services • However, initial evaluation indicates that CBI are an efficient means to support access to certain RH services in middle-income humanitarian settings where cash is more cost effective than direct payment by humanitarian agencies • Robust monitoring and evaluation and documentation of outcomes as the initiative is expanded will provide more evidence of effectiveness and contribute to the evidence base in humanitarian settings
Action Points	<p>✓ The final results were shared on UNHCR web portal in addition it was shared with all partners</p>

5. Health Agency Updates

JICA	<ul style="list-style-type: none"> The JICA's project in collaboration with Woman and child health directorate is focusing on arranging health promotion workshops at the level of village health centers (Irbid, Mafraq and Deir Alla) The project is running on its second year. The project providing ANC, PNC and family planning services in addition to screening of malnutrition cases of women and children Established 14 community health committee in focus village health center area and conducted three workshops for health promotion activity to train them about how they make action plan and how to support the project for the specific community
JPS	<ul style="list-style-type: none"> About General referral project : JPS served in total (46 cases) for the month of Apr divided as the following: <ul style="list-style-type: none"> - Day case (2 cases were served) - One day admission (7 cases were served) - Emergency live saving (5 cases were served) - Normal Vaginal Delivery (20 cases were served) - C/S delivery (6 cases were served) - NNC (6 cases were served) In March, NGOs were invited for complementary first aid course and it was conducted on the 5th Apr. 9 NGOs participated (Medair, IOCC, MSF, IRD, IRJ, IRC, Chain of hope, TDH Italy, UNOPS) and total number of attendees was 18 Two sessions were conducted one in Arabic and the other in English covering basic first aid principles and CPR JPS is working on community first aid project and it will cover different places over Jordan but it's still under discussion
HumaniTerra	<ul style="list-style-type: none"> HumaniTerra is implementing surgical projects in Irbid Princess Basma Hospital in cooperation with MoH. The project will provide surgical capacity building inside the hospital in the burn unit and in the plastic surgery unit, and will provide surgeries from French surgical team coming from France. HumaniTerra is ready to receive cases of plastic & burn surgeries referred by partners The first surgical mission will happen after Ramadan.
EMPHNET	<ul style="list-style-type: none"> World Health Day celebration was conducted in Zaatari Camp during second week of Apr. Integrated school health program is running in the three camps with dental and physical examination, and total of 10,000 children were examined and the highest number was in with 6000 from Zaatari Camp EMPHNET provided vaccination OPV, TD and Measles Vaccine for the 7th grade Training was provided for around 800 school teachers and school health committees on how to conduct the physical and dental examinations and how to refer medical cases (Referral Mechanism) with a brief on who to operate the mobile tool for data collection. Invitation to the closing ceremony of integrated school health program in Zaatari camp on the 10th May

Chain of Hope	<ul style="list-style-type: none"> • Two missions were performed in March, Orthopedic & Cardiac • Next mission for children with cardiac pathologies are scheduled in Amman from May 20th-28th • Initial consultations are taking place throughout April and into May 2017 for pre-identification of patients for the mission • Pre-operative consultations for identified patients are scheduled on May 21st 2017 • Operations will be planned from March 22nd -27th on a final selection of patients • Post-operative consultations are scheduled on a case-by-case basis • Another two mission are planned to be conducted by end of 2017.
UNFPA	<ul style="list-style-type: none"> • UNFPA & MoH met to approve action plan to lower maternal mortality and to endorse the 6 new protocols that been developed on maternal health and guidelines. • The committee agreed the new 6 protocols and waiting for the endorsement of the minister • WHO in collaboration with MoH led a mission to review and update the national health strategic plan in Jordan • The mission consists of WHO, UNFPA, UNHCR, UNICEF and USAID
IRW	<ul style="list-style-type: none"> • The project will be ended by over by end of Jul. • IRW treated more than 500 patients on secondary and tertiary care in many hospitals • In Feb, IRW done a cleft lip pilot mission in association with PCRF in Lozmila Hospital for 23 patients • Running a mobile clinic for primary care, IRW treated so far more than 1500 patients mainly in North of Jordan and the next month will be in the South of Jordan for Syrian Refugees and Jordanian families in need. • IRW covered 10 patients with dialysis for more than two years, this service may stop due to fund issues
WHO	<ul style="list-style-type: none"> • Reviewing the structure of MOH in terms on functions and capacities • Developing Jordan health compacts by health partners to support Jordan in activating the universal health coverage • Provide technical assistance to adapt technical guidance on the diagnosis, treatment, case management, transmission control and surveillance of communicable Diseases. • Support Jordan to develop long term National Action Plans based on the Joint External Evaluation Finding to support International Health Regulation implantation and the Global Health security agenda. • Support MOH Integrated Electronic Public health reporting system that uses mobile tools for collection, analysis and reporting of surveillance data which enables MOH to generate structured monthly reports and share it with Health partners and supporting agencies. • Support Ministry of agriculture to establish Electronic Animal Health Surveillance system to prevent, protect, control the spread of zoonotic diseases. • Coordinate with UN agencies at the berm to implement the Emergency Vaccination Campaign, and other related emergency health issues.

<p>IRD</p>	<ul style="list-style-type: none"> • Out of 80 CHVs working in the urban area with the Syrian component 20 were identified as a core team giving health education sessions on different topics. • 20 health sessions were given in 20 MoH directorates and covered around 480 individuals (Syrian and Jordanian) • The next step is to cover the NCDs. • For Iraqi component, IRD will start a new training cycle with 33 volunteers.
<p>CARITAS</p>	<ul style="list-style-type: none"> • Caritas is planning to do assessment for the beneficiaries that have approached Caritas in 2016 • The assessment will include Iraqis, Syrians and Jordanians • The assessment will contain the type of disease, the type of services provided and it will be ready by Jun.
<p>Action Points</p>	<ul style="list-style-type: none"> ✓ La Chaîne de l’Espoir factsheet to be shared with all partners. ✓ HumaniTerra to share with partners the information sheet of the surgical projects

6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)

<p>RH (UNFPA)</p>	<ul style="list-style-type: none"> • The RH sub working have met last week and discussed the male involvement in RH services at Zaatari camp and RH core messages are provided on monthly basis. • The mapping of RH service were circulated to all RH sub working group members and waiting for the feedback from partners in order to map the RH services according to the service advisor system. • Inter-agency nutrition survey recommendations were discussed in the last RH meeting • The maternal mobile unit is ready to be moved to Ruwaished and partners from JHAS will be trained to use the mobile clinic • The next RH meeting will be on the 18th May
<p>Mental Health (IMC/WHO)</p>	<ul style="list-style-type: none"> • A training of CBOs Amman and Russaifah on psychological first aid and training for teachers about early detection of mental health problems among students. • Zaatari sub working group agreed to discuss only level 3 and 4 interventions (clinical interventions) at the level of organizations which providing mental health services at Al-Zaatari • Discussion about keeping Confidentiality in sharing patients' information between organizations which providing mental health services at Al-Zaatari, in order to avoid duplication in treatment as some people visit different agencies and take medications from different sources • Dr. Ahmad will share final T.O.R for MHPSS sub working group • No MHPSS sub working group in Azraq camp so: • Implementing a psychosocial assessment in Azraq camp is under discussion by UNICEF and UNHCR • IMC will conduct assessment for MHPSS services all over Jordan including camps—in proposal stage • Robust and consolidated rationalization about the need for continuity and expand Level 2 MHPSS Intervention (level 2) Updating the government to support the argument of MHPSS interventions is important as food and shelters
<p>Community Health Task Force (Medair/IRC)</p>	<ul style="list-style-type: none"> • Working on the supervision tools in order to improve the quality of the CHVs by increasing the number of trainings and more supervision. • IRD and MEDAIR will be co-chairing the Community Health Task Force till the end of this year and then it will be open for any partners to co-chair the subsector working group • Next meeting will be on 10th May in IRD office
<p>Action Points</p>	<p>✓ N/A</p>

7. Proposed Assessments/Research	
	✓ N/A
Action Points	

8. AOB-MoH Announcement	
	<ul style="list-style-type: none"> • MoH sent official letter for all NGOs who are dealing with health projects to send progress report to MoH • MoH system need to be updated with all data regarding each NGO • Standardization of Procedures is requested by the minister in order to simplify the procedures of the NGOs working in Jordan
Action Points	✓ Next HSWG meeting will be confirmed later