

National Health Coordination Meeting

Date: Thursday 14 Jul

Venue: UNHCR-Amman

Time: 09:30-11:30

Agenda:

| |
|--|
| 1. Introductions |
| 2. Review of action points of previous meeting |
| 3. Situation update –UNHCR |
| 4. Border Health response strategies and scenarios |
| 5. Health Sector Gender Analysis Report – PPP by GFP (Medair+JHAS) |
| 6. Health Agency Updates |
| 7. Subsector working groups - RH (UNFPA), Mental Health (IMC), Nutrition (Save the Children Jordan/UNICEF) |
| 8. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH) |
| 9. Proposed Assessments/Research |
| 10. AOB |

| 2. Review of action points of previous meeting | |
|--|--|
| | Reviewing the agenda of the previous meeting <ul style="list-style-type: none"> • UNHCR: Health Projects submission and approval guidelines uploaded on the web portal • UNHCR: Health Assessment and research protocols and guidelines uploaded on the web portal • Healthcare Assessment Of Syrian And Iraqi Urban Refugees In uploaded on the web portal |
| Action Points | N/A |

| 3. Situation update-UNHCR | |
|---------------------------|--|
| Iraqis Refugees | <ul style="list-style-type: none"> • Total Iraqi refugees registered with UNHCR is 56,133 till end of June • 700 on monthly basis new arrivals since the beginning of this year up to May, and significant increase noted in June with 900 individuals newly registered • Total registered this year is 4,455 • 3,364 arrived in 2016 while 1,091 arrived before 2016 but was registered in 2016 |
| Yemeni Refugees | <ul style="list-style-type: none"> • Total Yemenis refugees registered with UNHCR is 4,434 (significant increase) |
| Sudanese Refugees | <ul style="list-style-type: none"> • Total Sudanese refugees registered with UNHCR is 3,058 |
| Somali Refugees | <ul style="list-style-type: none"> • Total Somali refugees registered with UNHCR is 782 |

| | |
|----------------------------------|---|
| <p>Syrian Refugees</p> | <ul style="list-style-type: none"> • Total Syrian refugees registered with UNHCR is 657,134 till end of June • 39,442 newly registered in 2016. Arrival in 2016 is 31,541 • Stable population in Zaatari Camp with 79,282 • Azraq camp 54,712 & EJC 7,062 with significant increase because of relocation of KAP refugees to EJC Camp. <p><i>(All the statistical information available on UNHCR web portal and regularly updated)</i></p> |
| <p>Urban Verification</p> | <ul style="list-style-type: none"> • Up to the end of June the total refugees who have issued MOI cards are 374,694, out of them there are 349,645 registered with UNHCR which is around 68% Of urban refugees issued MOI cards • The documents return activity is under process; 77% of the documents confiscated have been delivered to the refugees (Until end of Jun). • Excepting within two months to finish the document return process • The JOR GOV has announced recently the extension of the grace period of issuance a free work permit to another three months (Syrian Refugees) • 20,283 work permits were issued to Syrian refugees till end of Jun • The MoL is asking to use the same health certificate issued for MOI cards for issuing work permits, addressed in writing to MOH and waiting for approval. |
| <p>Action Points</p> | <p>UNHCR: to follow up with MOH on using MOI test for work permit issuance</p> |

| <p>4. Border Health response strategies and scenarios</p> | |
|--|--|
| | <ul style="list-style-type: none"> • More than 100,000 refugees stranded between Rukban (93,000 refugees) while in Hadalat is (11, 000 refugees) • Since the bombing attack on the Rukban area (21st June) no access were granted for any health actor to provide any health services. • Since the middle of June no food distribution • Water is going to now regularly to the camps but in less amount • No health assistant is reported in the two camps since the 21st of Jun |

| | |
|----------------------|--|
| | <ul style="list-style-type: none"> • The main concerns at the two camps after the consultation with the community leaders are the Water & the Food • The only choice is to keep advocating for the access • Food distributions will be limited to one to five days in both sides (Rukban & Hadalat) • 379 people at Ruwashed transit site (already in Jordan side) but haven't been transferred to the camp (ICRC is providing health services for them) • All people in Azraq camp at the reception area have been moved to village #5 • Since 21 June there have been no new arrivals from the north-eastern border. In addition, no war wounded have been received via the north-western border. • By the mid of June, some hepatitis cases were detected in Azraq camp because of the bad WASH situation at the berm. |
| Action Points | N/A |

5. Health Sector Gender Analysis Report – PPP by GFP (Medair + JHAS)

| | |
|---|---|
| Background | Syrian refugees have been seeking safety, shelter, and dignity in Jordan since the start of the Syrian crisis in 2011. As of April 2016, there are 638,633 registered Syrian refugees residing in the kingdom, with roughly 520,000 registered outside of camps. Without an end to the conflict in sight, the integration of gender dimensions into humanitarian health services – delivered under three overarching areas of Community Care, Primary Care and Secondary & Tertiary Care - remains an imperative. |
| Purpose and Objectives of the Gender Analysis | The health sector gender analysis was undertaken to identify the different needs of women, girls, boys and men and potential barriers that they face and to ensure that they can access health services equally. The specific objectives of the gender analysis were to analyze: (i) Refugee population demographics; (ii) Biological factors of refugee women and men against health-related dimensions; (iii) Sociocultural factors affecting women and men against health-related dimensions; (iv) Access to and control over resources by women and men against health-related dimensions; and (v) Review gender Key Performance Indicators (KPIs) in the Health Sector M&E System. |
| Gender Dimensions of Access and Use of Health Services | <p>Women's ability to bear children increases their access to and utilization of health services for RH and newborn and young children's healthcare. As a result, they are more likely to be diagnosed with STIs. Nonetheless, majority of pregnant women in both camp and urban settings said that even if transportation cost was secured, movement is difficult in latter gestational weeks.</p> <p>The gender analysis established that due to costs associated with health care, Syrian refugees can be compelled to seek healthcare for a given condition after they start showing symptoms. For the same reason some females indicated lack of commitment to seek antenatal care. Likewise, fear</p> |

| | |
|---|--|
| Gender Dimensions of Health Seeking Behavior | of stigma and other social consequences for STIs perpetuates transmission in the Syrian refugee population in Jordan. Male resistance to condom use and women's inability to negotiate safer sex are key factors in STI transmission. In addition, stigma of being a "refugee" has been reported by refugee women and men approaching MoH facilities. Specifically for RH, pregnant women are often criticized for getting pregnant within current "unstable war condition". |
| Conclusions: | <p>Overuse and misuse of male gender power privilege is a factor limiting appropriate health seeking practices. Moreover, health ignorance and illiteracy among different refugee population groups has further victimized women, young boys and girls - in particular - as all are dependents of the male head of household and thus, are obliged to abide by rules endorsed by male providers of the household.</p> <p>In primary health care, females seek health services under reproductive health (RH) more than males. Male resistance to condom use and women's inability to negotiate safer sex are key factors in STI transmission. While men under report STIs, women get checked and treated in the process of seeking antenatal care and family planning services. However, movement is difficult for pregnant women in latter gestational weeks.</p> |
| Action Points | <ul style="list-style-type: none"> ✓ UNHCR: To share Medair & JHAS presentation with partners ✓ Training on 2nd Aug by Medair & JHAS at UNHCR office about the Health Sector Gender Analysis (Email to be circulated by UNHCR) |

| 6. Health Agency Updates | |
|---------------------------------|--|
| UNFPA | <ul style="list-style-type: none"> • UNFPA & JHAS decided to close the three urban clinic in Mafraq, Irbid & Zarqa as of 1st July, as MoH decided from the 1st Mar granted a free access to all Syrian refugees for the essential maternal & child health services. • Circulating invitation letter for UNFPA/MOH on NWHCC event to launch the results of 18 health centers assessment study. |
| USAID | <ul style="list-style-type: none"> • USAID & MoH defined the policy of midwives to be allowed to insert IUDs. A training will take place by USAID to train more midwives • USAID started new project will be working in the north governorates for the first phase Mafraq, Irbid, Zarqa & north Amman. • From the south will be working in Karak governorate. |
| AMR | <ul style="list-style-type: none"> • AMR is interested in providing services to the needy including the poor and refugees. • Establish and manage hospitals and therapy centers & provide treatment to patients suffering from physical disabilities & improve the health situation through nutrition programs • Provide appropriate medical devices and appliances to different health conditions. • There is a comprehensive medical center in Al Za'tari camp |

| | |
|--|--|
| <p>EMPHNET</p> <p>IOCC</p> <p>MSF</p> | <ul style="list-style-type: none"> • External transfer department, taking care of transferring patients in need of treatment to hospitals outside the camp • Mobile wounded team providing services to patients who can't reach to the center such as injuries from wars & paralysis. • They provide cash assistance for patients admitted to hospitals • Some activities were done in Jun supported by UNICEF in all Jordan governorates • In the month of Jun, up to 500 children under the age of one year have been vaccinated in Zaatari camp clinic • The data entry of the School Health Project inside ZC. The data is under process now • This School Health Project is under the UNICEF umbrella and under the MoH supervision • Three workshops and trainings were conducted in Mkanai for the Students who drop out of school • Emergency program training to be done in this month for MoH staff (Hospitals Focal Points) and the governorates • 6 trainings were done in Mafraq for the month of Jun • Upcoming trainings to take place in Iraq (For health staff working in the field) • Planning an expansion of its activities with persons with disabilities (PWD), focusing on those with hearing and visual impairments and disabilities, in Azraq Camp. IOCC has been coordinating with UNHCR health staff in Amman, as well as UNHCR community services in the camp to identify gaps and needs for additional assistance for PWD. • IOCC has also coordinated with UNHCR camp management in Azraq, as well as SRAD. • IOCC has applied for MoPIC approval and will be meeting with MoH next week. • Ruwashed project is on hold due to the last situation at the borders. • No referrals received of the war wounded from Ramtha hospitals |
| <p>Action Points</p> | <ul style="list-style-type: none"> ✓ UNHCR to circulate the UNFPA invitation ✓ USAID to share the new project details by email, there will be 35 primary comprehensive health centers, 7 hospitals and now in the process of mapping NGOs to select 7 NGOs to participate in the project ✓ AMR to coordinate with Cash for health task force to eliminate possible duplication ✓ EMPHNET to share reports regarding Jun activities |

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

| | |
|---|---|
| RH (UNFPA) | <ul style="list-style-type: none"> • Approval received from MoH for training of NGO doctors on IUDs insertion (to be discussed in the next RH meeting) • To check if the approval from MoH is for all midwives or the midwives of MoH (Check with Dr. Malak) • RH sub working group will start mapping and will in the next meeting for all NGOs that provide RH • Next meeting will be 21st Jul at 10:00 am at UNFPA office |
| Mental Health (IMC) | No presence |
| Nutrition (Save the Children Jordan/UNICEF): | <ul style="list-style-type: none"> • Upcoming nutrition survey: The deadline for offer submission was 13th Jul, opening the biddings was in same meeting day to decide which will be the implementing agency |
| Action Points | N/A |

8. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)

| | |
|--|---|
| Community Health Task Force (Medair/IRC): | <ul style="list-style-type: none"> • The monthly meeting was held yesterday (13th Jul) • The next meeting will be on the 10th Aug |
|--|---|

| | |
|--------------------------------------|------------|
| NCD Task Force (WHO/MoH): No updates | No updates |
| Action Points | N/A |

| 9. Proposed Assessments/Research | |
|----------------------------------|------------|
| | No Updates |
| Action Points | N/A |

| 10. AOB | |
|---------|---|
| | <ul style="list-style-type: none"> • Disability task force guidelines feedback: the group just launched online survey to get feedback after six month of implementation and was concluded on 3rd July. Feedback and comments still welcomed from the HSWG on this tool and can be shared directly the disability task force chairs (UNHCR and HI) • The health sector performance survey is under development and will be launched by the end of this month, an email will be circulated by UNHCR to encourage all NGOs to participate in this survey • To revise HSWG TORs and to recirculate them. It's an opportunity For the new coming partners to familiarize themselves and be aware about the purpose of this group and what is expected from them • Next HSWG: group agreed to re regularize the meeting and hold it on 25 August. |