

National Health Coordination Meeting

Date: Thursday 29 Sep

Venue: WHO-Amman

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of action points of previous meeting
3. Situation update – UNHCR
4. 3RP/JRP process update
5. Sector performance Survey –PPP
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	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> ✓ UNHCR to share OCHA factsheet with all partners: The factsheet was circulated after the last HSWG meeting. ✓ WHO to share the specifications of prefabs for the sector for potential recipient who might benefit from this: only IOCC communicated with WHO; to follow up. ✓ UNFPA to share the study of Syrian refugees assessment on the RH services in urban: circulated to all partners and shared on portal ✓ UNFPA to share with all partners the RH core messages after reviewing them: still pending as UNFPA is waiting for updates ✓ UNHCR to translate the letter from MoPIC and share it with partners: 16 comments were translated and circulated to all partners. ✓ Health sector performance Invitation for the survey to be circulated again: survey concluded and results will be presented in this meeting.
Action Points	N/A

3. Situation update-UNHCR

Iraqis Refugees

- Total Iraqi refugees registered with UNHCR is 58,470 till mid of Sep.
- 800 individuals newly registered on monthly basis
- Total registered this year is 6,205
- 5,933 arrived in 2016 and the rest were in Jordan before 2016 but approached UNHCR to be registered in 2016

Yemeni Refugees

- Total Yemenis refugees registered with UNHCR is 4,848 till mid of Sep (increasing)
- ~ 200 refugees were registered last month

Sudanese Refugees

- Total Sudanese refugees registered with UNHCR is 3,123 (20 new cases last month)

Somali Refugees

- Total Somalis refugees registered with UNHCR is 766 (no new registration)
- Other nationalities 1,312

Syrian Refugees

- Total Syrian refugees registered with UNHCR is 656,270 till mid of Sep (no increase noticed in camps as the borders are closed since Jun)
- 45,620 newly registered in 2106. Arrival in 2016 is 35,415
- Slight increase in Zaatari Camp due to return from urban to the camp with 79,884
- Azraq camp have total population of 54,241 with slight decrease due to the movement to the urban and EJC.
- Total population in is EJC 7,394 with
- The transfer of refugees from Cyber city camp to KAP is on hold as MoI didn't authorize the movement yet.
- MoH approved to transfer the JHAS clinic to KAP along with the refugees
- ~ 300 refugees resides in cyber city (Syrian and Syrian-Palestinian)

<p>Urban Verification</p>	<ul style="list-style-type: none"> • Up to end of Aug the total refugees who have issued MOI cards are 389,353. Out of them 362,788 refugees already registered with UNHCR. • 70% of urban refugees registered with UNHCR issued the new MOI cards (till end of Aug). • 83% of confiscated documents were returned to the refugees. • Document return process will be finalized within the coming weeks.
<p>Border Situation</p>	<ul style="list-style-type: none"> • The western border is still closed since last Jun (crossing border for war wounded) and no cases were admitted since then. • Slight increase in the Rugban area in the number of population (Eastern border) • Hadalat is almost the same population. • Several meetings were held between JAF and UNHCR and other UN agencies in order to find a way to deliver the health services to the people residing at the berm. • In the month of Sep, 6 medical cases were evacuated from Hadalat only. One case sent to back Hadalat after finishing the medical treatment. • The five medical cases were evacuated to Amman • The six cases were injured cases (war and non war related injuries). • Water supply is still 7ltr per person in Rugban area, in Hadalat is 20ltr per person. • Major health issue are the watery diarrhea and bloody diarrhea, the acute Jaunice Syndrome and there are increasing in the number of cases which reflect the possible outbreak of hepatitis A. in addition to upper respiratory tract infection.
<p>Action Points</p>	<p>N/A</p>

4. 3RP/JRP process update

Background	<ul style="list-style-type: none">• The first task force meeting was launched at the JRP level one month ago, starting by reviewing and developing the CVA (MoH and MoPIC).• The CVA was updated and submitted to MoPIC.• Health sector conducted a workshop within the health sector to develop the 3RP and JRP (refugee and resilience component).• The two processes were started together so each partner or organisation can submit their request at once. Also, it eliminates duplication in work.• During the last week workshop; the main goal was to develop the objectives, outputs and indicators for the refugees' component.• The main three objectives are still the same. HSWG came up with 14 outputs and 17 indicators in total.• Three documents were presented for the process of 3RP/JRP to be filled and submitted to JRP secretariat.• Total appeal for the refugee component in 2017 is about 76 million USD until now.• For the resilience component, WHO circulated the Project Summary Sheet and the full submission will be finalized by the end of next week.• Regarding the Dead Sea workshop (4th – 6th Oct), the invitation was sent to all organizations by MoPIC. Online registration is open.• Most of the work for the health sector was done and health chapter will be finalized during Dead Sea workshop.• Once the plan is finalized it will be shared with all agencies.• By the mid of November the first draft should be ready where the validation workshop will be conducted.
Action Points	N/A

5. Sector Performance Survey	
Introduction	<ul style="list-style-type: none"> • In August 2016, the Jordan Refugee Response sectors conducted an anonymous on-line survey of sector members. • The purpose of this survey is to get feedback on the current performance of sector coordination. This follows a similar sector survey conducted in August 2013, June 2014 and in September 2015.
Objectives	<ul style="list-style-type: none"> • To assess current sector leadership and representation, with a focus on the effectiveness of sector delivery. • To collect suggestions on how to strengthen coordination and participation across. • To analyse feedback on the level of improvement in the performance of sector coordination since the last review.
Tool components	<ol style="list-style-type: none"> 1. Sector and Organization Survey 2. Sector Meeting Organization 3. Management of sector meetings (quality of chairing, selection of content) 4. Respondents' participation in sector meetings 5. Sector leadership and representation 6. Overall Sector performance 7. Information Management 8. Inter-Sector Coordination
Main Findings	<ul style="list-style-type: none"> • A total of 183 respondents answered the survey online. • On these 53% worked for an international NGO, 31% for an UN agency, 12% for a national NGO. • 21 respondent from main health sector, 4 from MHSWG, 4 from RHSWG and 2 from nutrition WG.
Other findings	<ul style="list-style-type: none"> • 100 % see themselves given sufficient opportunity to participate in sector or area-based meetings • Enhance MOH role in coordination and focus on advocacy to influence decisions were main suggestion to improve the effectiveness of sector delivery. • Effective information sharing, identification of needs and joint development of strategies seen as major successes within the sector. • 62 % see meeting management has improved compared to the last year while 38 % see no change made.
Participants Recommendations	<ul style="list-style-type: none"> • Scale up level of representation at the coordination meeting, or delegate participant's focal points more authorities to take decisions at the level of operations • Having MOH representative available in all scheduled meetings, to support the agencies • Involve the NGOs when decisions is taken by Government entities to refugees response.
Action Points	<ul style="list-style-type: none"> ✓ UNHCR: To share the Health Sector Survey analysis with all partners

6. Health Agency Updates

<p>WHO</p>	<ul style="list-style-type: none"> • WHO donated three caravans to UNICEF to Azraq Camp for the use of mental health and other preventative health activities • WHO donated an additional two BIO clinics to RMS for the use at the Syrian Boarder • Four caravans are on stand by for IRC, however if they are not in use, WHO welcomes interested organizations to contact them • External assessment mission was conducted in reply to the Government implementing international health regulations (IHR) for addressing public health issues of international concern. Results will be shared. • Technical mission from the 9th-13th of October will review the Health Information System currently in use in Jordan • An additional technical mission will be conducted in November to review the status of universal health care coverage in Jordan • There will be an economic study on tobacco use in Jordan
<p>UNFPA</p>	<ul style="list-style-type: none"> • Regarding the procurement of contraceptive as it can't be done through any NGO except UNFPA and MoH. UNFPA provided the contraceptive to MoH. Any NGO would like to request any family planning should approach MoH. • Review the ToR for the RH SWG and will share the revised final version with UNHCR to be posted on portal • Coordination with MoH to conduct training for doctors and Midwives working at INGO's on IUCD insertion by MoH certified trainers. • Within coordination between RH implementing partners in the camps (JHAS and IRD) , Follow up on RH defaulter by community health volunteers is ongoing and the analysis will be presented in the coming RH SWG meeting. • The English version of the RH assessment study report for Syrian refugees in Urban is in process and will be shared on UNHCR portal soon
<p>IRD</p>	<ul style="list-style-type: none"> • IRD will proceed with the second phase of the health program to support Iraqi & Syrian refugees • IRD signed an agreement with BPRM (funder of the program) so they will proceed with this program till 31/Aug/2017 • IRD is expanding their work to targeted areas; such as Jarash, Ajloun & Madaba in close coordination with MoH and inter agency referrals with any NGOs. • IRD is currently working on developing the tools for data collection using home visit forms & referrals forms and in coordination with the health specialist in their agency and UNHCR. • IRD is planning for NFI distribution with the coordination with UNHCR for the most vulnerable people in addition to medical equipment donations to 19 medical centers in 10 governorates.
<p>IOCC</p>	<ul style="list-style-type: none"> • IOCC just received second year of funding, will be continuing work with persons with disabilities: primarily visual and hearing, and will be expanding in the second year to Mafraq. They will be in urban Amman, Balqa and Mafraq. (There is already a disability taskforce – hosted by UNHCR - it is under community service)

<p>EMPHNET</p>	<ul style="list-style-type: none"> • Is working both in Azraq and Za’atari, conducting vaccinations in a big compound donated by UNHCR. They will share detailed information with distribution of vaccinations according to age group. • Conducted auditing with the help of UNHCR and up to today they do not see the need for any interventions, no significant public health problem. • Are doing trainings for health workers at camp level: are asking participants kind contribution (projectors, chairs, table) • School health (supported by UNICEF) is nearly completed, hopefully they will share the data analysis next month • Neonatal project is provided with help of Bill Gates foundation
<p>UNHCR</p>	<ul style="list-style-type: none"> • Update about the cash finance project, output and indicators for the cash for health project are added: access to essential health services. UNHCR is scaling up with 1,200 cases already received cash to access essential health services (mostly safe delivery services). The plan for next year is to scale up and reach about 1,500 beneficiaries. Next month there will be an assessment for the ongoing cash projects to identify gaps, needs and opportunities.
<p>Action Points</p>	<p>✓ IRD: To share the SOPs for their work & the referral procedures to MoH and inter agency referrals to INGOs</p>

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

<p>Community Health Task Force (Medair/IRC):</p> <p>NCD Task Force (WHO/MoH): No updates</p>	<ul style="list-style-type: none">• No update• The invitation to next meeting will be shared next week. • NCD committee was reshaped as it was established in 2011, and currently looking for National Professional Officer in Communicable Diseases Surveillance/Emergency Health Officer. (This job was advertised before in 21st Aug 2016).
<p>Action Points</p>	<p>N/A</p>

9. Proposed Assessments/Research	
USAID	<ul style="list-style-type: none"> DHS: Demographic Health Survey and it happens every 5 years. The process of DHS was started by discussing the modules covered in this activity. The data collection will start next year (July or Aug) and it will last for three months. The preliminary results will be shared by the end of 2017 and final report will be in the mid of 2018. The DHS contains 9 essential modules and another 5 modules will be added. The age group will be increased to 64 in order to focus more on NCD. The age sample will include male in addition to Syrian Refugees and non-Jordanians.
Action Points	N/A

10. AOB	
	<ul style="list-style-type: none"> Next HSWG meeting will be on 27th Oct. Venue to be confirmed later on
Action Points	N/A