

National Health Coordination Meeting



Date: Thursday 29th Mar

Venue: WHO

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of last meeting action point
3. Situation Update
4. Knowledge transfer PPP / UPP
5. New Health Policy Impact and way forward / PPP
6. Health Agencies Update
7. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
8. Proposed Assessment/Research
9. AOB

2. Review of action points of previous meeting

	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none">✓ UNCHR to share the OCHA call once received: No information received yet from OCHA, once received will be shared by email through the sector.✓ UNHCR to share IRD presentation with all partners: Done✓ UPP to share their referral contacts: Done✓ SAMS to provide their factsheets of the upcoming missions: Pending✓ RH Sub working group to share with partners the reviewed ToRs: Will be discussed during the meeting✓ UNHCR to share the HAUS (summary of findings): Published on UNHCR data portal
Action Points	N/A

3. Situation update-UNHCR

3. Situation update-UNHCR	
	<p>Statistical Update as of 15 March</p>
Iraqis Refugees	<ul style="list-style-type: none"> ▪ Total registered: 66,468 ▪ 737 registered in 2018, 346 arrived in 2018
Yemeni Refugees	<ul style="list-style-type: none"> ▪ Total registered: 10,700. Total registered in 2018 is 1300
Sudanese Refugees	<ul style="list-style-type: none"> ▪ 4100 Sudanese registered with no significant increase
Somali Refugees	<ul style="list-style-type: none"> ▪ 810 Somali. Only 13 arrived in 2018 with no significant increase
Others	<ul style="list-style-type: none"> ▪ 1,594, with 164 registered in 2018
Syrian Refugees	<ul style="list-style-type: none"> ▪ Total Registered: 659,577. ▪ About 5600 newly registered in 2018 of which 184 arrived in 2018. ▪ Approximately; 80,000 in Zaatari, 52000 in Azraq and 7,000 in EJC
Urban Verification	<ul style="list-style-type: none"> ▪ A total of 437,102 cards were issued in different security centers. Of the total, there are 404,977 individuals registered with UNHCR, while there are 32,125 individuals who are not registered with UNHCR. ▪ A total of 192,284 Syrian Documents belong to 133,755 Individuals were delivered. 85% of confiscated document delivered
Amnesty campaign	<ul style="list-style-type: none"> • Rectification of Status Campaign (“amnesty”): Following the 4 March commencement of the rectification of status campaign to regularize the legal status of unregistered Syrian refugees in Jordan, 10th of thousands approached UNHCR and been issued appointments through UNHCR office locations: Amman, Irbid, and Mafraq.

Berm Updates	<ul style="list-style-type: none"> ▪ A total of 26,500 visits to UN joint clinic for consultation, management and treatment were received since December 2016, in addition to 907 cases were admitted till 26/03/2018 for emergency or lifesaving interventions.
	<p style="text-align: center;">✓ N/A</p>

4. Knowledge transfer PPP / UPP	
<p>Background</p> <p>Our Approach</p> <p>Our Services</p>	<ul style="list-style-type: none"> • Un Ponte Per... is a humanitarian organization established in 1991 for solidarity to the Iraqi populations affected by the Second Gulf War. Throughout the years, the organization expanded and is now operating in Italy, Kosovo, Serbia, Palestine Lebanon, Syria, Iraq, and Jordan. • In Jordan since 2004, we are now active in the Education, Health, and Livelihoods sector. • Our interventions prioritise people with mental and physical disabilities, with efforts towards a cross-sectoral and comprehensive support to the refugee and Jordanian host communities. • We target community needs in: <ul style="list-style-type: none"> ▪ Rehabilitation ▪ Home-based care ▪ Mobility Aids ▪ Mental Health ▪ Psychosocial Support • Our Areas of Intervention in Jordan: <ul style="list-style-type: none"> ▪ Irbid Governorate ▪ Amman Governorate • Home assessments • Physiotherapy • Occupational therapy • Customised mobility aids (prostheses, orthoses, & other assistive devices)

<p>Findings</p>	<ul style="list-style-type: none"> • Psychological counselling & support groups • Individual trainings on mobility aids maintenance • Individual trainings on home-based rehabilitative exercises • House adaptations and furniture modifications • Access to referral pathways • Radio awareness campaigns • ToTs for MOE-selected trainers on school MHPSS with a package developed by WHO and Jordanian MoH • Training sessions for teachers and counsellors conducted by the ToT newly formed trainees • Awareness raising sessions to promote social inclusion of MHPSS themes in CBOs (in partnership with Our Step) <p>Needs:</p> <ul style="list-style-type: none"> • Convalescent care and specialised assistance for PWD • Effective coordination with service providers for PWD • Financial support to PWD • Psychosocial assistance and inclusion • Mental health issues awareness and acceptance • Involvement of families in early identification of MHPSS needs <p>Challenges:</p> <ul style="list-style-type: none"> • Mapping of service providers for PWD • Long-term services and interventions aimed at inclusion • Obstacles in discussing mental health issues and acceptance <p>Results & Best Practices</p> <ul style="list-style-type: none"> • Connection of different services to provide holistic assistance to PWD • Cross-sectoral and internal referral pathways • Community involvement • Involvement of national stakeholders and institutions • Inclusion of WHO package in ministerial curriculum • Holistic approach <ul style="list-style-type: none"> • 284 PWD and war-wounded targeted by specialised services • 625 mobility aids
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<p>Quantitative Impact</p> <p>Referral Contacts:</p>	<ul style="list-style-type: none"> • 307 physiotherapy and occupational therapy sessions • 25 participants to PSS group sessions for caregivers • 196 referrals received • 124 referrals conducted • 16 home adaptations • 250 caregivers trained on mobility aids maintenance and home-based rehabilitative exercises • 30 MOE-selected trainers trained on mental health in schools • 421 teachers and counsellors trained • 100 community members received awareness and training sessions on empowerment and inclusion of MH users • 11 schools benefitting from staff with MHPSS skills <p>For referrals:</p> <ul style="list-style-type: none"> ▪ Marta Malaspina, Project Manager: marta.malaspina@unponteper.it ▪ Esraa Al Ahmad, Protection Officer: esraa.alahmad@unponteper.it
<p>Action points</p>	<ul style="list-style-type: none"> ✓ UNHCR to share the presentation with all partners ✓ MEDAIR will be doing the next presentation followed by IRJ: MAY, SAMS: JUN, CVT: JUL

5. New health policy impact and way forward / PPP	
<p>Background</p> <p>The New Decision</p> <p>Expected Impact</p>	<ul style="list-style-type: none"> • March 2012 GoJ allowed urban registered Syrian refugees to access MoH services free of charge. • November 2014 GoJ ceased free access to health services in MoH. Syrian refugees had to pay the non-insured Jordanian rate • A new decision issued by Cabinet on 16th January, 2018 stated that the old decision (access at non-insured rate) is cancelled and all Syrian refugees have to pay 80 % of Unified price (foreigner rate) directly to the MOH health facility when they access all types of health services. • All waivers granted before were cancelled as well including free access ARVs, ICF + blood trans., antenatal care+ • The decision come to be fully effective at all levels toward end of February to the beginning of March.

<p>Summary of Impact</p>	<ul style="list-style-type: none"> • Cost of access to Primary health care almost doubled but it's still below the cost of access to private sector: <ul style="list-style-type: none"> ▪ Scenario A: 4 years old baby with URTI accessed PHC for consultation and medication will pay on average 6-7 JDs compared to 2-3 JDs at noninsured rate ▪ Scenario B: adult accessed PHC suffer from DM or/and HTN for consultation, investigation and medication will pay 18 – 22 JDs on average compared to 9-10 at noninsured rate. ➤ Take into consideration the cost of travel and other barriers refugees encounter when they access public health services they may turn to private sector including access to open drug markets without being properly treated or diagnosed. • Cost of secondary and tertiary health care will be 2-5 times of old rate: <ul style="list-style-type: none"> ▪ Scenario A: 4 years old baby with mild trauma accessed emergency room for stabilization will pay on average 20 -24 JDs compared to 5-7 JDs at noninsured rate. ▪ Scenario B: pregnant woman admitted to the hospital for normal delivery will pay on average 200 – 240 JDs compared to 40 -60 JDs at noninsured rate. ➤ The new rate here will be a major barrier for refugees and might turn the majority to the unsafe practices (home deliveries or traditional healers) or to private sector as it will be less costly. • Prior to this decision, the majority of registered Syrians were able to receive healthcare services at the non-insured Jordanian rate from the ministry of health facilities. Though the non-insured Jordanian rate was normally affordable for non-vulnerable individuals this is expected to cause considerable hardship for all refugees regardless their vulnerability.
<p>Action taken</p>	<ul style="list-style-type: none"> • UNHCR HC has addressed his concern to PM regarding this decision. • UNHCR and WHO Reps. have met minister of health to explore solutions. • UNHCR and WHO working with different stakeholder (officials and donors) to address the issue and find solution for better access for refugees (Key messages for Brussel conference). • UNHCR maintain current level of assistances for target beneficiaries and absorb some lifesaving needs (Thalassemia, HIV)
<p>Strategic Directions</p>	<ul style="list-style-type: none"> • Intensify advocacy efforts with key stakeholders (GoJ and donor) to maintain the integration of refugees within the public health care system. • Support resilience to enable public health care system absorptive capacities (JRP/3RP). • Adapt one team approach to deliver assistances to the most vulnerable group of refugees (one provision policy) • Improve coordination at field level to maximize use of resources and expand coverages. • Continue monitoring the impact on refugee's access and utilization behaviors.

Action points	✓ UNHCR to share the presentation with all partners
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6. Health Agency Updates

	<p>JPS:</p> <ul style="list-style-type: none"> • JPS continues its activities in support of the Syrian war-wounded. JPS supported 4 cases in March (2 from Tal-Shahab, 1 from Rukban, and 1 planned case from Azraq RC), which brings the total number of cases since last October to 46 (incl. 12 Ophthalmic cases, 6 multi-injury case, 11 Neurosurgical cases, 10 Orthopaedic cases, 3 Chest injury cases). JPS could still support 4 to 6 war-wounded cases in this project during April and May, 2018. • JPS continues its General Referral project in support of BEmOC & CEmOC with access to NNC & LSE from Syrian refugee camps. JPS supported 17 cases in March (incl. 14 EOC, 1 CS, 1 NNC, and 1 LSE from Rukban), which brings the total number of cases since last November to 192. JPS is dealing with the very last few cases in this project which will end in April, 2018 <p>MEDAIR:</p> <ul style="list-style-type: none"> • Open for referrals for registered and unregistered beneficiaries (Irbid, Mafraq, Zarqa and Amman) for cash for health cases. <p>HI:</p> <ul style="list-style-type: none"> • Focusing on people with disabilities • Did some inclusion training sessions for men and women with disabilities • Open up for referrals <p>Jordan Medical Association:</p> <ul style="list-style-type: none"> • The project of (My safety in my school) was discussed as it was approved by the MoE, and waiting for financial support from social development and other institutions. • A meeting was held with school health administrator with a focus on the first aid kit • A first aid team was employed which consists of six members as follows; four students and two teachers • Preparing a vest and a first aid kit bag in order to dispatching to the school first aid team • The initiative will be implemented within three years to the less fortunate schools in the governorates and the number of schools is 1,000 schools
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	<ul style="list-style-type: none"> Submitted application to the (Abt) / USAID, The application topic was " Improving the quality of existing gender-based violence (GBV) screening, referral and counselling" and waiting for the approval. <p>SAMS:</p> <ul style="list-style-type: none"> The next medical mission will start 30th Mar, in different places in Jordan and many types of surgeries (Cardiology, General, and plastic surgery) For Zaatari clinic, the clinic is working full capacity <p>CDE:</p> <ul style="list-style-type: none"> Finished the last mission -Paediatric ORTHOPEDIC surgery (lower limbs) - operated on 20 children. Performed DDH in Mafraq Emirati Hospital, and it was operated for over than 100 children (recurrent dislocations of the patella; Club foot; and other deformities of the foot malformations)
Action points	✓ N/A

7. 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 last meeting was 22nd Mar, discussed the JICA presentation (VHC project) and how to apply the linkage between VHCs and communities, also it was discussed the changing people’s attitude towards Reproductive Health /Family Planning practices and healthy life style ▪ EMPHNET used the presentation and findings to discussed their coming survey on improved sexual reproductive health services among Syrian Refugees (the survey to be conducted by EMPHNET and dates to be confirmed later)
<p>Mental Health (IMC/WHO)</p>	<ul style="list-style-type: none"> ▪ MHPSS had their monthly meeting last week, and discussed the UPP presentation on a project to be implemented, ▪ The action plan presentation was postponed as WHO and MoH are working on Mental Health Strategy y for the coming year and action plan based on it, this will be discussed the coming meetings ▪ In Zaatari Camp, the Moroccan Field Hospital stopped providing mental health services, in the meantime, SAMS are on contact with MoH and their donors to obtain approval to start with mental health services in Zaatari Camp. ▪ Discussed the transportation matter for people who are receiving services. ▪ The next meeting will be the 3rd week of Apr.
<p>Nutrition (Save the Children Jordan/UNICEF)</p>	<ul style="list-style-type: none"> ▪ The nutrition meeting took place last week ▪ In process to update the nutrition service matrix as new partners started to implement nutrition services in Jordan and there are partners left the sub working group. ▪ A meeting took place between JHAS, Caritas, IMC and SCJ to update the nutrition and malnutrition questionnaire for the camps and ITSS ▪ UNICEF will share the updated information about the micronutrient survey
<p>Action Points</p>	<ul style="list-style-type: none"> ✓ SCJ to share the updated nutrition services matrix with all partners ✓ SCJ to share the updated nutrition/malnutrition questionnaire with partners.

8. Proposed Assessments/Research

	<p>IRC:</p> <ul style="list-style-type: none">• A research grant for research grant for optimizing community base model for case identification and monitoring and prevention of NCD among Syrian Refugees.• Still in the approval process and will be shared once finalized.
Action Points	<p>✓ IRC to share the assessment and research details with UNCHR in order to be recorded on data portal</p>

9. AOB -

	<p>UNCHR/USAID:</p> <ul style="list-style-type: none">• The DHS survey (Demographic Health Survey 2017) was conducted and it included Syrian Refugees.• The preliminary reports are expected by May 2018.
Action Points	<p>Next HSWG meeting will be 26th Apr at UNHCR</p>