

National Health Coordination Meeting



Date: Thursday 26th April

Venue: UNHCR

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of last meeting action point
3. Situation Update
4. Knowledge transfer PPP / MEDAIR
5. Minimum Expenditure Basket (MEB) exercise / RAIS recording and coordination – 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

Reviewing the agenda of the previous meeting:

- ✓ UNHCR to share UPP knowledge transfer presentation with all partners: **Done**
- ✓ UNHCR to share the presentation with all partners (Impact of new policy): **Done**
- ✓ SCJ to share the updated nutrition services matrix with all partners: **Pending**
- ✓ SCJ to share the updated nutrition/malnutrition questionnaire with partners: **Pending**
- ✓ IRC to share the assessment and research details with UNCHR in order to be recorded on data portal: **Still on contacting phase, the information will be shared once the assessment is finalized and registered on the assessment registry.**

Action Points

N/A

3. Situation update-UNHCR

Statistical Update as of 15 Apr

Iraqis Refugees

- Total registered: 66,624
- 971 registered in 2018, Registered in April is 100 only

Yemeni Refugees

- Total registered 10,972. Total registered in 2018 is 1564 and 384 arrived in 2018

Sudanese Refugees

- 4,114 Sudanese registered with no significant increase, 138 registered in 2018 and 27 cases arrived in 2018

Somali Refugees

- 811 Somali. Only 14 arrived in 2018 with no significant increase

Others

- 1,623 with 221 registered in 2018, no significant increase.

Syrian Refugees

- Total Registered: 659,577.
- About 5,600 newly registered in 2018 of which 227 arrived in 2018 the rest are new born registrations
- Approximately; 80,000 in Zaatari, 44,600 in Azraq and 6800 in EJC

Urban Verification

- A total of 442,718 cards were issued in different security centers. Of the total, there are 410,414 individuals registered with UNHCR, while there are 32,304 individuals who are not registered with UNHCR.
- A total of 192,786 Syrian Documents belong to 134,234 Individuals were delivered. 85% delivered

Amnesty campaign

- Since the commencement of the amnesty on 4 March, a total of 12,164 individuals have been processed and issued with asylum-seeker certificates, enabling them to request Ministry of Interior service cards. only 61 individuals have been found ineligible to benefit from the 'amnesty', while 1,577 individuals remain pending verification by the Syrian Refugee Affairs Directorate (SRAD).
- Azraq camp in an irregular manner maintaining the population at 52-54,000, the rectification of status exercise is facilitating the alignment of the figure with that of the actual population, representing a 12.5% reduction in the population of the camp

<p>JHF:</p> <p>Berm Updates</p>	<ul style="list-style-type: none"> ▪ Health Sector picked up as one of the priority sector for March call while the sector define it priority under “Projects that support secondary health care for priority cases, such as Basic Emergency Obstetric care and Newborn Care (BEmONC) and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) including supporting priority medical referrals from the borders and camp”. ▪ The indicators are: <ul style="list-style-type: none"> 1. # of deliveries in presence of skilled attendant 2. # of WGBM referred for secondary and tertiary care 3. # of WGBM received cash assistance to access health services ▪ There is a significant increase in the number of patients at the beginning of last week (324). The average of patients per day is 230. A total of 30,730 visits to Rukban clinic for medical consultation, management and treatment and 942 cases of admission to Jordan since December, 2016 ▪ Acute medical conditions: <ul style="list-style-type: none"> ▪ Upper respiratory tract infections are the most common acute health conditions with 25% of acute consultations being for this reason. Other morbidities were skin and urinary tract infections ▪ Chronic conditions: <ul style="list-style-type: none"> ▪ The leading of chronic conditions is hypertension constituted 29% of all chronic consultations. Trends in chronic health conditions vary due to clinic accessibility challenges. Management of chronic diseases requires regular periodic visits to monitor diseases and evaluate therapeutic outcomes which necessitates enhanced accessibility of those morbid diseases to the health care facility <p>Brussels II Conference: Supporting the Future of Syria and the Region</p> <ul style="list-style-type: none"> ▪ The second conference on “Supporting the future of Syria and the region”, co-chaired by the EU and the UN, took place in Brussels from 24-25 April. The conference aims to mobilise humanitarian aid to Syrians inside the country and in the neighbouring countries, to garner political support for the UN-led peace process, and to advocate for increased humanitarian access. UNHCR operations across the region have been heavily involved in the preparations and are represented in Brussels. ▪ In a statement on 24 April, the High Commissioner, the Emergency Relief Coordinator and the UNDP Administrator urgently called for increased support for vulnerable Syrians, refugees, and host communities. Only USD 2.3 billion of the total USD 9.1 billion needed in 2018 has been received so far. UNHCR has warned of the impact of underfunding on Syrian refugees across the region, with the 2018 Regional Refugee and Resilience Plan (3RP) currently only funded at 27 per cent.
	<ul style="list-style-type: none"> ✓ Once the MoH decision is announced, a presentation should be done regarding the details of the decision to make it clear to all partners. (UNFPA)

4. Knowledge transfer PPP / MEDAIR

Introduction:

- Medair is a humanitarian organisation inspired by Christian faith to relieve human suffering in some of the world's most remote and devastated places. We bring relief and recovery to people in crisis, regardless of race, creed or nationality.
- Started programming in Jordan since 2013, main focus cash and health
- Medair is working in Amman, Mafraq, Irbid and Zarqa.

Medair's Health Approach: Community Health

- Cash For Health
- Capacity building and awareness
- Referral Support

Objectives:

- Support vulnerable Syrian refugees and Jordanian households to have increased access to urgent health services (through cash-for-health) and support WGMB in targeted communities to have increased awareness, understanding and individual capacity to adapt healthier behaviours
- Increased cash availability to vulnerable Syrian refugees and Jordanians for payment of health care

Selection process: Please see the link: <https://goo.gl/Ywc2hm>

Distribution Methods:

- Uncomplicated delivery: 200-230 (ATM or IRIS)
- Caesar an section delivery: 450 (ATM or IRIS)
- Other urgent Health cases: 550 (Average – Direct to HF)

Challenges for cash for health programming and post distribution monitoring findings:

Changes in the health policy, for the same amount of money less beneficiaries reached

- ✓ Chance for Duplication
- ✓ Beneficiaries wide spread in the governorates
- ✓ Follow up – due to movement of refugees
- 54% of C4H beneficiaries went to a MoH/government facility and 46% went to a private facility.

	<p>Identify what the cash was used for:</p> <ul style="list-style-type: none"> ✓ The usage of the cash towards the healthcare 95% of beneficiaries spent cash towards health-related purposes, while 5% were spent it on basic needs. <p>Measure the impact of the health education provided:</p> <ul style="list-style-type: none"> ✓ 79 % of beneficiaries went for 4 or more ANC visits, 46 % of beneficiaries went 8 times or more ✓ 51% of pregnant women said that they went to the doctor for postnatal care within one week after delivery. Only 3% within 3 days. ✓ 91 % of women were aware of at least two symptoms noticed by pregnant women that are considered as danger signs that require a visit to a special doctor. ✓ 58% of pregnant women were aware of at least two danger signs during pregnancy. ✓ 95% of pregnant women knew at least two benefits of breastfeeding. ✓ 65% of the mothers that delivered and had received cash for health reported they do exclusively breastfeeding for their newborns (based on 24-hour recall). <p>To understand the effectiveness of Medair’s cash transfer process:</p> <ul style="list-style-type: none"> ✓ 98% did not experience any difficulties in withdrawing the cash and they confirmed that the process was secure and very easy due to the Medair staff member who assisted them during the process. ✓ Satisfaction with C4H: 78% were satisfied, while 22 % that amount that was provided needed to be increased <p>Conclusions and Recommendations: Overall positive feedback about the cash for health assistance and the process</p> <p>Areas further to be explored/action points:</p> <ul style="list-style-type: none"> ✓ Impact of new health policy ✓ Reasons for low PNC uptake ✓ Lack of birth certificate ✓ Strengthen coordination with agencies and emphasize on RAIS submission ✓ Improve follow up on referrals
Action points	<ul style="list-style-type: none"> ✓ UNHCR to share the presentation with all partners ✓ IRJ will be doing the next presentation followed by SAMS: JUN, CVT: JUL

5. Minimum Expenditure Basket (MEB) exercise / RAIS recording and coordination – PPP

- MEB: tool to determine the average cost the refugee family needs to meet their basic needs (Health, Education, Food...)
- The average cost of a refugee family is updated on yearly basis after studying the market and updating the table.

Please see the presentation attached: <https://goo.gl/aa8vzB>

Action points

- ✓ UNHCR to share the presentation with all partners

6. Health Agency Updates

JPS:

- ✓ JPS continues its activities in support of the Syrian war-wounded. JPS supported 11 cases in April (6 from Tal-Shhab, 5 from Rukban), which brings the total number of cases since last October to 57 (incl. 13 Ophthalmic cases, 6 multi-injury case, 16 Neurosurgical cases, 14 Orthopedic cases, 7 multiple injury cases, and 3 Chest injury cases). JPS could still support 1 to 2 war-wounded cases - depending on the severity of the injury - in this project during May, 2018.
- ✓ JPS has completed its General Referral project in support of BEmOC & CEmOC with access to NNC & LSE from Syrian refugee camps and the borders. JPS supported 199 cases (27.6% more than target) incl. 44 EOC, 106 CS, 35 NNC, and 14 LSE, from Zaatari (70.6%), Azraq (18.6%), and Rukban (2.1%). Cases incl. 68.8% Women, 28.7% Boys & Girls, and 2.5% Men.

IRD:

- ✓ IRD in partnership with UNFPA is establishing a Community and Training Center in Za'atari Camp. The goal of the program is reducing maternal and neonatal morbidity and mortality. The CTC will focus on building the capacity of service providers (national and international partners in ZC) in 3 themes:
 1. Reproductive Health, 2. Gender Based Violence 3. Youth, and use the CTC for community outreach including engagement of youth in SRH and gender issues.
- ✓ The infrastructure work of the CTC is starting soon, IRD will primarily be starting to implement some of the prospective activities in IRD centers meanwhile the infrastructure and maintenance work is completed.

PUI:

- ✓ No Update from PUI regarding activities implementation still blocked at MoPIC level. .
- ✓ None the less, Through the Protection consortium that PUI is part of, a survey is ongoing and would monitor the Health policy change impact on coping mechanism strategy in Urban Syrian refugee's population.
- ✓ The survey and monitoring is done by Impact which has been invited to contact HWG focal point to get feedback on the questionnaire and a technical advice as well.
- ✓ The results will feed the consortium protection monitoring report and be shared with partner including health ones.

IRJ:

- ✓ Moving the mobile clinic from Ramtha to Irbid for one week and moving to Jarash for Ramadhan, after that the mobile clinic will go back to Irbid.

WHO:

- ✓ Acute Flaccid Paralysis (AFP) surveillance program is doing well both at national and subnational level. AFP cases are reported from almost all governorates.
- ✓ Active surveillance visits are conducted in all governorates and districts in collaboration with MoH
- ✓ No new cases of Circulating Vaccine Derived Polio Virus (cVDPV2) have been reported from Syria in 2018. The total number of cVDPV2 cases remains 74. The last cVDPV2 case was reported in Sep 2017.

MEDAIR:

- Open for referrals for registered and unregistered beneficiaries (Irbid, Mafraq, Zarqa and Amman) for cash for health cases.

QRC:

- ✓ QRC implemented last month the second campaign for Cardiac Catheterization & Percutaneous Coronary Intervention, the mission was conducted through visiting medical team from Hamad institute, by which we succeeded to serve and screen 194 Patients among them 61 patients deserves intervention.
- ✓ Majority of patients were recruited in collaboration with MSF-OCA and MSF-OCB clinics for NCDs specialized primary health care in North Jordan.
- ✓ The screening part was done in the clinics itself and the intervention part in Jordan university hospitals by the Qatari team.
- ✓ Regarding the Kidney Dialysis program for Syrian Refugees in out of camp setting, unfortunately we are still facing difficulties in funding the ongoing activities and I regret to announce that 119 patients are exposed for discontinuation of the life sustaining activities of Kidney dialysis care after the 25th of April.
- ✓ Worth to mention that QRC implemented 7 Phases of this program in the last five years, by which more than 41,146 dialysis sessions were provided; this program has been funded by different donors, including the Qatar Fund for Development, the International Islamic Charity Organization, Kuwaiti Beith Al-Zakaa Organization, HPF reserve allocation and private donors.
- ✓ Since the beginning of 2018 the patients were covered by HF reserve allocation (2000 sessions 50 %), QRC internal Fund (1500 sessions 40 %), SIMA (500 sessions 11%), SAMS (230 sessions 5 %) and Islamic relief (200 sessions 5 %).
- ✓ QRC is communicating with its back donor, but we seeks to meet urgently the critical needs of Syrian refugees suffering from End-Stage Renal Failure for at least two months.

	<p>IRC:</p> <ul style="list-style-type: none"> ✓ The JHAS clinic in Ramtha has been closed, and no partner has resumed the operation in the clinic. ✓ Caritas will have the mobile clinic in Ramtha, Jarash and Ajloun which will be twice a week in each location. ✓ The numbers of patients are going higher every day. ✓ IRC is operating with maximum capacity in Ramtha clinic, and now don't have the capacity to absorb any additional cases. ✓ In the month of Mar, 1000 cases were refused due to capacity and this number will be increased in Apr. ✓ IRC requested to share the details of the patients who were not treated but with no commitment from any partner that the backlog will be treated soon. ✓ In the primary health care clinic there are three doctors with the capacity of service provision of 150 patients for each doctor, the clinic capacity is 170 cases including the RH. The situation will be deteriorating if 200 patients approached the clinic. (flexible with acute cases) ✓ The clinics are operating in a building which can't afford to have more people in the same building, and IRC proposed to a donor to have second shift in the same clinic by having additional staff to absorb additional cases, but still no response from the donor yet. ✓ In Zaatari, in coordinating with UNHCR and UNFPA, the current situation of fund is not good and the clinic may be closed in Sep if no fund received.
Action points	<ul style="list-style-type: none"> ✓ 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 meeting took place last Thursday. Updates on MoH policy where discussed. ✓ HAUS for Syrian Refugees were discussed focusing on Reproductive Health Services. Recommendations from the members on the difficulties of accessing the RH services. ✓ Discussed with the RH members the mapping tool which will have full services of RH provided by partners. ✓ Initiate special meeting for RH services in Azraq Camp. (Next Month and on monthly basis)
<p>Mental Health (IMC/WHO)</p>	<ul style="list-style-type: none"> ✓ The group is adopting online for the 4ws mapping, and in contact with MHPSS.NET global network to support implementation of the 4Ws online mapping ✓ WHO and MoH launched the new updated Action Plan 2018-2021. Soft copy to be shared)
<p>Nutrition (Save the Children Jordan/UNICEF)</p>	<ul style="list-style-type: none"> ✓ The nutrition meeting was postponed till next week. ✓ The questionnaire of the planned micronutrient survey was finalized and the data collection will be in Sep.
<p>Action Points</p>	<ul style="list-style-type: none"> ✓ WHO to share the updated action plan.

8. Proposed Assessments/Research

	<p>UNHCR:</p> <ul style="list-style-type: none"> ✓ Most of partners are encountering some issues with approval process for some projects, and email will be shared with partners to enquire feedback about any possible limitation your organization are facing or have recently faced during the project approval process with MOPIC or with line ministries. ✓ This exercise is conducted as part of wider exercise being done by inter sector group to find out whether these were isolated issues or whether there is more of a trend seen in the response within the 3RP activities that would need to be addressed with the GoJ. ✓ The feedback on any instance of problems encountered by any organization in the project approval process is expected by Thursday, 3 May COB.
<p>Action Points</p>	<ul style="list-style-type: none"> ✓ UNHCR to send separate email for partners to give their feedback on MOPIC approval process.

9. AOB -

	<p>N/A</p>
<p>Action Points</p>	<p>Next HSWG meeting will be 31st May at WHO</p>