

National Health Coordination Meeting

Date: Thursday 31st of October 2013 Venue: Conference Room/ UNHCR- Amman/Deir Ghbar

Time: 12:00 – 14:00

Participants: UNHCR, WHO, UNICEF, UNFPA, IOM, French Red Cross, IFRC, CVT, HI, UPP, IMC, Aman Association, MdM, IFH/NHF, MSF OCA, IRD, Caritas, JHAS, UPP, IRC, OPM, Saudi Clinic, Relief International, UNRWA, USAID, IRJ

Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update and national campaign (WHO, UNICEF)
5. Task forces - Community health and chronic diseases
6. Proposal for Formation of Health Sector Steering committee
7. RRP 6 Update - UNHCR
8. 5Ws
9. Sub-sector working groups- RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR)
10. Camp updates
11. Health agency updates
12. AOB

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"> 1. Draft of CD strategy was circulated 2. IMC to develop TOR for task force - more later 3. MRP campaign starting on Saturday, list of centers was shared by NGOs, Rana also shared list of materials 4. In relation to NGO co-chairs, Nutrition and RH shared the process and criteria, feedback invited, selection will be done at their next meetings 5. TOR of WG was shared to be revised, discuss mechanisms of NGO engagement 6. Salbutamol inhalers: done, shared with the agencies <ul style="list-style-type: none"> ▪ Requested over 150, still have a stock of over 200 with UNHCR, can be requested by agencies; passed quality testing in Jordan 7. ActivityInfo training: done 8. 5ws (discussed below) 9. Youth Assessment in Zaatari by IMC, results to be shared and forwarded 10. Agencies interested in MISP and Clinical Management of Rape Trainings to contact Maha Ghatasheh from NHF/IFH

3. Situation update- UNHCR	
Summary of discussions	<p>Figures (27th of October)</p> <ul style="list-style-type: none"> ○ 423,040 registered in urban ○ Zaatari WFP distribution (22nd October): 108,000 ○ EJC: 3868 ○ New arrivals: 8253 (average of 285 people per day) ○ Number of returnees: September - 4474; October - 6067 ○ Raba Sarhan is supposed to open on 20th of November
Action Points	➤ None arising from meeting

4. Polio update and national campaign (WHO, UNICEF)	
Summary of	<ul style="list-style-type: none"> ○ Upcoming national campaign will start 2nd November, covering all 12 governorates

discussions	<ul style="list-style-type: none"> i. 920,000 for polio including Zaatari, EJC, Cyber city, KAP (aged 0-5 years); ii. Vitamin A, 720,000 excluding Irbid and Mafraq (aged 6-59 months) iii. Target 3.4 million persons for measles and rubella, aged 6 months to 20 years Most of the target (60%) are students (1.7 million in schools and 300,000 in universities, public and private), so coordinating closely with MoE who've been very cooperative iv. awareness part is almost done (3 different types of flyers, through schools and public sectors, mosques, health facilities) <ul style="list-style-type: none"> ○ UNHCR, MoH are monitoring activities during next 3 weeks' time ○ NGOs invited to submit feedback via hotline or informing directly, reporting on mistakes or issues. ○ A lot of effort has been done to reach Syrians in particular, mobile teams were sent to clinics with high numbers of Syrians, registration site in Irbid, etc. Or at least information on how to reach. ○ UNRWA coordinating to address Palestinians in camps, schools, health centers. 50 teams already established. ○ How is it being communicated to the community that everyone needs to receive the immunization regardless of previous immunization? Media campaign, newspaper, radio, TV, more than 2.5 million flyers (1 through school, 1 through health facilities, and 500,000 through mosques) where it specifically says this. Will continue till the end of the campaign. ○ Zaatari OPV campaign: 19,000 children 0-5 years were vaccinated in over three days. Fixed, outreach and mobile teams. Evaluation will be done at the end of every week to see if there are any gaps. Finger marking to avoid duplication or overlapping. ○ Post-campaign survey and evaluation are being done with MoH, UNHCR, WHO and UNICEF ○ Thanks to all the NGOs who participated in the awareness campaign and hopefully will continue their effort during implementation. Strategy of communication is appreciated by WHO.
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	<ul style="list-style-type: none"> ○ IRD 120 volunteers; 18,720 were vaccinated and 31 received IPV, 262 people were (mistakenly) not vaccinated as they'd already been vaccinated, IRD distributed 20,000 flyers ○ Children with disabilities, any information on how they are being reached, since they are not going to schools? Based on location, if there is a fixed team close to that area and they cannot access that area, they can be covered by a mobile team. IRD volunteers offered to help getting them vaccinated in primary health center. Douaa (UNHCR) can be contacted if any children with disabilities have not been vaccinated. ○ National campaign was planned before the cases of polio were confirmed in Syria. UN agencies in Jordan and MoH are working closely to identify a strategy to follow up any cases, at the same time, have agreed to have an emergency control room for polio specifically, working closely with all health providers to be shared by MoH and NGOs and UN agencies. Syrian new arrivals up to age 15 are being vaccinated. ○ New Iraqi arrivals are on a waiting list to access UNHCR registration, many of them are not going to schools; lack of services nowadays. Iraqis will be reached through the national campaign, they have free access to immunization services, information has to be disseminated and reach them. Need to look at numbers of Iraqis. Also a campaign of immunization to start in Iraq very soon. ○ Another area that needs a lot of work is surveillance, recently work done in Zaatari on case definition, reporting mechanisms. MoH circulated this advisory to doctors and paediatricians but not to NGO clinics. ○ Need to introduce zero reporting for acute flaccid paralysis in the urban clinics. WHO in Mafraq and Irbid can provide support for surveillance.
Action Points	<ul style="list-style-type: none"> ➤ NGOs requested to pass on the information that everyone will receive the polio drops, regardless of previous immunizations, and it is safe to do so. ➤ UNHCR to follow up on reporting mechanisms for acute flaccid paralysis advisory

	circulated to doctors and paediatricians, to share with NGO clinics.
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5. Task forces - Community health and chronic diseases	
Summary of discussions	<ul style="list-style-type: none"> ○ One of the main issues (not unique to this crisis but compared to refugee crises globally) is high burden of NCDs; very little guidance on NCDs in humanitarian settings. ToR was developed and circulated and INGO forum agreed to look at this and see if it was something they'd be willing to take forward. ○ Assessments and best practices: Assessment Task Force belongs at the Inter-Sector Working Group level, to be looked at by head of sectors.
Action Points	<ul style="list-style-type: none"> ➤ UNHCR will update the existing ToRs and circulate them again; comments are welcome, as so far there has been little other participation in the process. ➤ Re assessments IMC will raise at the next ISWG meeting.

6. Proposal for Formation of Health Sector Steering committee	
Summary of discussions	<ul style="list-style-type: none"> ○ In relation to humanitarian actors within the health sector. Several months ago INGO forum proposed having co-leads for WGs and SWGs. Health sector already has UNHCR, WHO and MoH. Idea came about to have a Steering Committee. 5 or 6 agencies, NGOs, INGOs, donors (particularly development donors), in lieu of an NGO co-lead for the Health sector. Still at the proposal stage. TORs for health sector WG need updating, WHO and UNHCR could do that but much better if it's a collaborative process. ○ USAID has received a request from MOPIC to be part of the HCP but don't want to create parallel structures ○ INGOs have been discussing the aid architecture coordination system, move to have a Host Community Platform (HCP) that focuses on host communities but specifically work happening in Jordan for Jordanians. In discussions with UNDP and donor group, recommendation has been put forward to have a linked system at a strategic level talking about all of Jordan, and then HCW talking about refugees in Jordan. Still needs to be defined, hasn't been decided by UNDP or

	<p>donors; HCP discussion went forward before the other discussions had been finalized.</p> <ul style="list-style-type: none"> ○ Needs Assessment for Jordanians to be conducted to measure the burden of the Syrian crisis on Jordan; task force will include UN agencies, government, NGOs and USAID. ○ Steering Committee is for the Health Sector but by including donors in that it'll be linking it to the HCP. Should be a sense of what the commitment in it will be. Agencies should express interest and have a separate meeting, to ensure more NGO involvement. Still very preliminary.
Action Points	<ul style="list-style-type: none"> ➤ Set up a meeting of interested agencies to further discuss, to take place after the 12th of November; invitation will be sent out and anyone interested can reply

7. RRP 6 Update - UNHCR	
Summary of discussions	<ul style="list-style-type: none"> ○ Thank you to all the agencies who submitted, still going through ActivityInfo, will be closed on Monday. 101,300,000 currently requested for the Health Sector. Breakdown of prioritization: 55% life-saving, 36% preventing deterioration, 9% capacity-building/resilience. May get back on some of those ○ 4 objectives: primary health, secondary health, community based and support to existing health system; 35% under Objective 1, 27% under Objective 2, 6% under Objective 3, 32% under Objective 4. ○ If budget needs to be revised, what will the process be? Going to Agency HQ, feedback before 6th, and until the 12th will be looking at feedback and looking at individual chapters and getting back to agencies, requests might go out to ask agencies to reduce budget, UNHCR will not do it themselves
Action Points	<ul style="list-style-type: none"> ➤ None arising from meeting

8. 5Ws	
Summary of discussions	<ul style="list-style-type: none"> Information has not been inputted by many agencies Two databases on ActivityInfo: One is RRP6 and the second is for the 5Ws. Based on the global health cluster format, list of which activities should be in place for each governorate and which activities actually are. Gaps analysis.
Action Points	<ul style="list-style-type: none"> ➤ Partners to input information on their activities. ➤ Email to be circulated with instructions on how to input information on activity info (Hawraa will be contacting people this week to ask about inputs; whoever doesn't have a username should write to Hawraa to get one)

9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR)	
Summary of discussions	<p>RH</p> <ul style="list-style-type: none"> Established fixed vaccination point in Zaatari Patient satisfaction survey in Zaatari ERH kits waiting for new arrivals RH services supporting doctors and midwives <ul style="list-style-type: none"> Facing some gaps in secondary level C-sections and vaginal deliveries in Zaatari camps, discussion with IFRC to deploy staff fill the gap to assist staff in Moroccan hospital; EMU at Azraq which is not being utilized, looking at opportunities to provide support elsewhere. Interest by IFRC is high. New partner interested in RH: Pathfinder coming to work with Jordan Family Planning (JFP) in Jordan to address gaps in some areas of Jordan where clinics already exist and are willing to extend to RH, open to any proposals. First meeting was held with JFP. <p>Mental Health</p> <ul style="list-style-type: none"> Meeting last Wednesday, mostly RRP6, discussion about WHO quality assessments for facilities they support in MoH.

	<p>Nutrition</p> <ul style="list-style-type: none"> ○ Reviewing Action Plan and preparing to update for 2014. ○ JHAS and SCJ have drafted anaemia protocol which is being circulated; developed operational guidance for SAM and MAM, treatment will be starting soon outside of Zaatari ○ Nominations for NGO co-chair in process ○ Nutrition survey has been postponed until March of next year because consultant was only available in December and it'd be too cold. Meeting next week to finalize budget for that survey. <ul style="list-style-type: none"> ○ Jordan valley assessment, awaiting feedback internal and external, then will be shared to get more information in case they need it. MoH approval was received, interested agencies are JHAS, IMC and Aman association, and UNHCR. 5 teams will be created, next week will have a planning meeting to kick off and assessment will take place late November. Covers north and middle Jordan valley, Irbid and Balqa-affiliated areas. Wadi Safi has a very low number of Syrians so not concerned with it.
Action Points	<ul style="list-style-type: none"> ➤ None arising from meeting

10. Camp updates	
Summary of discussions	<p>Azraq</p> <ul style="list-style-type: none"> ○ IMC: not many updates after last meeting. Will be providing primary and community health services. Right now essentially just finalizing infrastructure development, contacting partners to discuss repurposing of staff. Standby mode. ○ IFRC: Secondary level hospital, standby and suspension mode. Ensure operation requirements are completed so if camp opens, provide level of service as requested. Italian government-donated prefab structure is coming up, on track to be completed in December. <p>EJC and Zaatari</p> <ul style="list-style-type: none"> ○ Polio campaign will be done next week <p>Zaatari</p> <ul style="list-style-type: none"> ○ EPI team educated by JHAS, MoH. With MoH approval able to establish 5

	teams, 5 MoH staff for each team; increase routine EPI coverage among Syrian refugees in camps
Action Points	➤ UNFPA, UNHCR and IFRC to further discuss how support can be provided to Zaatari, what's already available and what is needed, and IFRC to then discuss with Geneva

11. Health agency updates	
Summary of discussions	<ul style="list-style-type: none"> ○ HI continuing services in Irbid, Mafraq and Zaatari and looking into surveys to continuing these services in Amman. If anyone has information on existing services in Amman, please share. ○ Disability working group in Zaatari, referral workshop was held by Handicap International, produced guidelines on needs and services for people with disabilities. Next Sunday another meeting, all agencies working with children with disabilities are invited to attend. New agencies coming to the camp. Coordination to avoid duplication. Sunday at 2 pm, 3 November, HI, compound 5. ○ DoH request support of UNHCR and WHO to start a coordination meeting with Mafraq, will happen soon. ○ Access to healthcare Johns Hopkins study will take place in February ○ UNHCR arranged multiple staff briefing sessions for the immunization campaigns, not all orgs were contacted due to time shortage, information will be circulated
Action Points	<ul style="list-style-type: none"> ➤ Handicap International will circulate email about survey re existing services requesting anyone with relevant information to share this information with them ➤ UNHCR to share information on these sessions, so those who were not contacted/unable to attend can have access to it

12. AOB	
Summary of discussions	○ None
Action Points	Tentative date for next meeting: four weeks from now

Attendance Sheet

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