

## National Health Coordination Meeting

Date: Thursday 26<sup>th</sup> of November 2013    Venue: Conference Room/ WHO - Amman

Time: 9:00 – 11:00

Participants: UNHCR, WHO, UNICEF, UNFPA, IOM, French Red Cross, IFRC, CVT, HI, IMC, Aman Association, MSF OCA, MSF OCBA, Caritas, JHAS, IRC, Relief International, Mdm, Medair, IRJ, Volunteer Doctors Cyprus, JRC

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. Community Health Presentation - IFRC
6. RRP6 Update - UNHCR/WHO
7. Health agency updates
8. Zaatari (UNHCR), EJC (ERC), Azraq (IMC, IFRC)
9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR/SCJ)
10. AOB

## Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"> <li>1. Polio update and campaign (now completed): AFP advisory was shared with all the urban clinics, surveillance poster was given to many clinics, still some left over if agencies with urban clinics need any</li> <li>2. Task force for community health and NCDs: ToRs were updated and circulated to the INGO forum</li> <li>3. ISWG meeting didn't happen yet so issue of Assessment Task Force not raised</li> <li>4. Steering Committee: series of meetings around HCP and task force on HCP, decided to wait until the situation was clarified before we start to look at the Health Sector Steering Committee for Humanitarian Coordination</li> <li>5. 5Ws: Email was circulated with instructions and SOP, Hawraa will follow up with technical assistance</li> <li>6. Handicap International circulated the survey: Zaatari is done, communities are still waiting for feedback, last day is this week</li> </ol>

3. Situation update- UNHCR	
Summary of discussions	<ul style="list-style-type: none"> <li>○ As of 24 Nov, 556,875 refugees registered, 440 of those in urban. Data for Zaatari is still based on WFP distribution figures = 110,827</li> <li>○ EJC: 3622</li> <li>○ New arrivals: steady flow, 19 Oct-22nd of Nov: 9,828 (237 per day on average)</li> <li>○ Returns: 1-24 November 2727 returns (during the same period, 5,782 new arrivals)</li> <li>○ Rabaa Al-Sarhan will be opening on Thursday 27<sup>th</sup> November at the latest (reception of new arrivals and registration will take place there)</li> <li>○ Verification in Zaatari will start at the latest on 8<sup>th</sup> December</li> <li>○ Number of health services are being carried out during that process</li> <li>○ Question regarding expired registration: does renewal need to take place at the same location as the original registration?</li> </ul>

	<ul style="list-style-type: none"> <li>• Many people were given appointments well into 2014 but as the registration backlog is now cleared, their appointments might be moved forward and they will be contacted</li> <li>• In the meantime, health services will continue but they will need to seek coverage from JHAS rather than MoH facilities; financial assistance will continue; there is also fast-track registration for vulnerable cases</li> <li>• Note: UNHCR infoline has an average waiting time of five minutes so callers should wait at least that long before hanging up</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR will confirm the answer about location of renewals, and share this information along with information about mobile registration and schedule for the related busses.</li> </ul>

4. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>○ Campaign was extended until 26th of November because some schools were not covered; might also continue in Zaatari tomorrow and after tomorrow</li> <li>○ Training for post-campaign evaluation to be held on 27<sup>th</sup> November, coverage to be shared</li> <li>○ 1.1 million Jordanians, Syrians and other nationalities were vaccinated against polio; more than 3.3 million were vaccinated against measles and rubella (almost 100% of the target); 700,000 children received Vitamin A</li> <li>○ Next round of campaign: 21<sup>st</sup> December, maximum 3-5 days, only children 0-5 years, and only polio drop</li> <li>○ Hope to have ICE material distributed before 15<sup>th</sup> December, lesson learned from this campaign</li> <li>○ Polio Control Room: UNHCR, UNICEF, UNRWA, WHO, IOM supporting MoH, RMS <ul style="list-style-type: none"> <li>▪ Meeting three times a week, sharing information and experiences, following up on the campaign and planning</li> <li>▪ Useful effort, issues from the campaign were dealt with on the spot in the PCR; don't have Syrian coverage data yet</li> </ul> </li> <li>○ Number of confirmed cases in Syria is still 13; Syria campaign being conducted on 8<sup>th</sup> December</li> <li>○ Awareness raising and social mobilization are crucial, will start on 10<sup>th</sup></li> </ul>

	<p>December with MoH</p> <ul style="list-style-type: none"> <li>○ WHO 's recruitment of one AFP Surveillance Officer for each governorate is pending a response from MoH (expected in the next couple of days); 15 medical doctors to be recruited and trained by the team on AFP and measles, based in each DoH, active for surveillance, covering public system, private and NGO clinics</li> <li>○ Question regarding dosage: if child was vaccinated 2-3 weeks back, still has to be vaccinated again</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNICEF will share lessons learned and are asking for feedback, suggestions on how to improve. "Lessons learned" session to be held before next campaign.</li> </ul>

5. Community Health Presentation - IFRC	
Summary of discussions	<ul style="list-style-type: none"> <li>○ Community-based health and first aid (CBHFA) aims to empower communities and volunteers to take charge of their health <ul style="list-style-type: none"> <li>▪ Consists of different modules and includes standardized methodology and an integrated approach</li> <li>▪ Main outcomes: National RC society capacity building; community system strengthening; knowledge increase; behaviour change</li> <li>▪ Volunteers: en cascade training (start by training trainers), volunteers manuals and tools, meet their community needs and carry out assessments, coaching supervision and retention</li> </ul> </li> <li>○ Guiding principles: community-based volunteers, community participation, links with health facilities, positioned for health surveillance and response to emergencies including epidemic outbreaks and partnerships</li> <li>○ CBHFA in Jordan: Syrian refugee crisis, adaptation to the context of Jordan; expand on UNHCR's community health workers (CHW) strategy; JRCS/IFRC/FRC involvement</li> <li>○ Agencies interested in the Task Force should set up a meeting to further discuss (IRC, IOM and FRC with Jordan Red Crescent and the Federation); task force to be led by the FRC</li> </ul>

	<ul style="list-style-type: none"> <li>▪ All agencies who asked for funding for community health activities ideally should be part of this task force, will help to get funding if it's part of a harmonized approach</li> <li>○ ToR will be part of the planning</li> <li>○ To what extent is MoH involved? Is there a national structure for CHW? Some structure does exist, do not have access to surveillance system. The link with MoH on the Syrian crisis is missing. Information gap needs to be met.</li> <li>&gt;&gt; To be discussed in a separate meeting.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR to circulate list of all the agencies who proposed community health activities.</li> </ul>

6. RRP6 Update - UNHCR/WHO	
Summary of discussions	<ul style="list-style-type: none"> <li>○ Health: US\$109,713,600 dollars requested; 48% in Category 1, 46% in Category 2; 6% in Category 3</li> <li>○ 31 agencies submitted, system is now closed</li> <li>○ ActivityInfo will be opened up to donors at a later stage, agencies will be invited to make changes to the narrative prior to that, to make it more acceptable for a wider audience. Donors will not be able to share it.</li> <li>○ The INGO forum has time and again acknowledged UNHCR's approach to the RRP6 especially in Jordan, were given more of a seat at the table and more participation in the process, very positive process, have shared this feedback with the donors.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR will send around a final table of submissions to make sure there are no major glitches.</li> </ul>

## 7. Health agency updates

Summary of discussions	<ul style="list-style-type: none"> <li>○ IMC: building of basic structure in Azraq camp is ongoing, working with UNHCR on repurposing of staff; MH clinics are still functioning in Zaatari, conversations about having a mobile team go to EJC to provide those services</li> <li>○ HI: continuing activities as before but with the difference that from next month, two centers will hopefully be opened, one in Irbid and one in Mafraq, fixed points; assessment in Amman, should have activities in late December; 1st of December is disabilities day, will organize small activities <ul style="list-style-type: none"> <li>▪ Have compiled data on Zaatari, would like to communicate on the gaps they have found, but for communities still need to receive feedback</li> </ul> </li> <li>○ MdM France: under negotiation in Zaatari to open a fixed immunization center in District 4, will begin series of capacity-building sessions on management of communicable diseases in coordination with DoH Mafraq governorate, sharing experience working with outbreaks, for health staff who work at MoH level outside of Zaatari</li> <li>○ JRC: clinic at the Jordan Red Crescent hospital for all diseases except cancer and open-heart surgery, will open another one next week at Hashem al-Shmaily, cancer and open-heart surgery cases</li> <li>○ Caritas: opened two new clinics, one in Madaba and one in Mafraq, GP clinic for primary and secondary health, registered Syrians only, as well as Jordanian and Iraqis</li> <li>○ IOM: started yesterday fixed routine posts within Saudi Clinic after MoH approval and UNHCR coordination in Zaatari</li> <li>○ MSF: after 6 weeks finalized assessment <ul style="list-style-type: none"> <li>▪ Reproductive health immediate needs are covered;</li> <li>▪ Non-communicable diseases and needs among Syrian operation focused on Irbid; due to supply deficiency existing in the Jordanian health system prior to the crisis, there are needs related to those services; unfortunately information and statistics shared do not allow to identify the scope of that need, will propose to the health authorities having mini-projects started in Irbid for a period of four months, one or two health facilities receiving bigger load of Syrian patients, providing HR and drugs support to be able to identify real needs</li> <li>▪ Data was either not available, not shared, and/or inflated; definitely worth looking into, access to registry books was denied in some cases</li> </ul> </li> <li>○ WHO sub-offices in Mafraq and Irbid are both working with DoH on making</li> </ul>
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	<p>data available, hopefully they will share reliable data soon; also working with them on how to improve the quality of services, supervision of public health facilities, identified gaps in quality of health services provided, will support them in training cycles during the next three months; in December, training for directors of hospitals on strategic data management</p> <ul style="list-style-type: none"> <li>▪ Working very closely with MoH on surveillance and early warning systems; MoH will likely start sharing a bulletin (weekly and monthly) of the communicable disease situation; WHO will also coordinate with them very soon on a cycle of refresher trainings on surveillance systems for eight diseases, looking into including NGOs, nationwide covering the whole country, start by Irbid, Mafraq and Zarqa; negotiation with MoH regarding private sector</li> <li>○ UNHCR: Irbid health coordination meeting restarted today, will be held every other Tuesday</li> <li>○ UNICEF recruited 12 Field Assistants, one for each district in Zaatari, responsible and accountable for all the activities going on there; three EPI teams, fourth one will start soon</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ HI will send their survey to UNHCR who will re-circulate for better distribution</li> </ul>

8. Zaatari (UNHCR), EJC (ERC), Azraq (IMC, IFRC)	
Summary of discussions	<ul style="list-style-type: none"> <li>○ Addressed in the Agency updates</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ N/A</li> </ul>

9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> <li>○ <b>Reproductive Health</b> <ul style="list-style-type: none"> <li>○ EJC: gynaecologist and midwife now providing RH services</li> <li>• Distributed RH kits for all agencies who requested</li> <li>• Joined IFRC on a one-day mission to Zaatari looking at sites and making recommendations; IFRC decision pending</li> <li>• Normal vaginal deliveries starting in District 3</li> <li>• District 8 clinic will start working 1st week of December, also fixed vaccination point, opportunity for family planning;</li> <li>• Small-scale survey for patient satisfaction, main complaint was about long waiting time, will support another gynaecologist in District 5;</li> <li>• From June to 15 November, 340 normal vaginal deliveries in District 5;</li> <li>• Started to map RH services, found that few services are provided in the south but interested in knowing scope of services provided by primary health clinics, to coordinate;</li> <li>• No submissions were received for NGO co-leads; INGO forum stated that NGO co-leads were advocated for really strongly with UNHCR, and this is a great opportunity for NGOs to participate</li> </ul> </li> <li>○ <b>Nutrition</b> <ul style="list-style-type: none"> <li>○ SCJ was chosen as co-lead</li> <li>○ Nutrition survey was approved by MoH, study protocol has been drafted and circulated, waiting for feedback</li> <li>○ Recruitment of consultant IYCF ongoing, person will start in December</li> <li>○ Task force formed for revision of anaemia in pregnancy and SAM and MAM protocols; MAM will be reported by WFP on monthly Food dashboard</li> </ul> </li> <li>○ <b>Mental Health</b> <ul style="list-style-type: none"> <li>○ Finalized discussions on RRP6 specifically 60-40 split</li> <li>○ Had a presentation on Protection SOPs, any agencies who want the SOPs, can contact Mary Jo Baca or Zein for access to those;</li> <li>○ CARE will be doing case management, ensuring vulnerable cases are</li> </ul> </li> </ul>



	<p>managed and have access to services;</p> <ul style="list-style-type: none"> <li>○ Triangle G H will be conducting activities through Bright Future</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Action point: UNFPA to send Reproductive Health SWG NGO co-lead criteria to INGO forum for re-circulation.</li> </ul>

10. AOB	
Summary of discussions	<ul style="list-style-type: none"> <li>○ Throughout the national immunization campaign, UNHCR visited different governorates (NGO clinics, public health centres) to see how things were progressing, looked at communications, ICE material, if there was a vaccination team, coordination with IOM for mobile teams.</li> <li>○ Urban partners: baseline appraisal for quality of care health information system for refugees in urban clinics, next Health meeting: debriefing of how move forward.</li> <li>○ JHAS conducting SAM screening for children at community level, accept referrals from other agencies for malnourished children.</li> <li>○ HCP: intent as stated by UNDP is for it to become a national coordination structure for the sectors, each sector has worked on doing what they're calling an assessment, secondary data review and trying to determine needs; workshop last week to review assessments by sectors, room for improvement and refinement of data to make sure needs are met; government and UNDP has allowed one spot for each sector for NGOs, IMC will be the co-lead for Health</li> <li>○ Question about whether any vaccinations are recommended for adult health workers working with refugees: Matter of having vaccines and boosters up-to-date, no specific vaccines required for working with refugees</li> <li>○ Question about whether or not IYCF and MUAC screening can be moved to Rabaa Al-Sarhan: number of agencies who can work there is limited; caravan</li> </ul>

	for IYCF, specific passes are required, so other staff can be trained
Action Points	➤ UNHCR report will be produced to summarize these mobilization activities (can be shared at the "lessons learned" discussion).

### Attendance Sheet

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