

Minutes of Health Coordination Meeting 28th February 2013

Date: 28th February 2013

Time: 09:30 a.m.

Venue: UNHCR – conference room

<p><u>Agenda:</u></p> <p>Review of previous meeting's action points</p> <ol style="list-style-type: none"> 1. Sub-sectors briefing 2. Contingency plan updates 3. Sector mapping updates 4. Health Sector Assessment 5. AOB 	
<p style="text-align: center;">Review of previous meeting's action points</p> <p>Action point (1): UNHCR urges those considering supporting secondary and tertiary care to consider those other than war wounded;</p> <p>Action Point (2): UNHCR will follow up on who will be allocated to provide MH services in the new Zarqa Camp; <i>Followed up IMC will be the agency providing mental health services</i></p> <p>Action point(3): UNFPA to aim for at least the continued provision of basic EMOC services in Za'atri camp; <i>UNFPA will open up delivery services in Za'atri camp</i></p> <p>Action point (4): Any agencies who are contacted about or receive donations of infant formula should contact UNHCR or UNICEF as in the SOPs; <i>UNHCR reports that more and more agencies are reporting donations of infant formulae and agencies are reminded of the need to adhere strictly to the guidance circulated on this issue.</i></p> <p>Action Point(5): UNHCR to share contingency plan by email and ask for inputs from NGOs within one week; <i>Contingency plan shared but still no inputs from health NGOs only UN agencies</i></p> <p>Action Point(6): MOH to share a paper with non-health organizations, which contains names and contacts for focal points to whom workers in such organizations can refer discovered hepatitis cases. UNHCR to update service guide for Syrian refugees and share with relevant partners; <i>Short services guide shared and more detailed one to follow</i></p>	

<p>Action Point(7): UNHCR to share current mapping and asks agencies to update or add their activities according to the format; <i>shared and still waiting for inputs from some agencies</i></p>	
<p style="text-align: center;">1. Sub sector working groups briefing</p> <p><u>Mental Health IMC</u></p> <ul style="list-style-type: none"> • New mental health team members in both the French and Moroccan Field Hospitals, • New teams are on board with the new HIS categories and will train their respective medical teams, • Members of the group were provided the case definitions of the 7 categories and IMC and WHO will provide a presentation on the case definitions to share with members to guide their orientations, • Orientations aim to be completed by March 14th, • IMC will cover JHAS clinic and MdM, • WHO will cover RMS, and SA (PACT), • French FH covered by the French team and the Moroccan FH, • Funding constraints from WHO will delay the MHPSS assessments in both the camp and community. IMC and WHO working to locate an additional 25K. <p><u>Reproductive health (UNFPA):</u></p> <ul style="list-style-type: none"> • SGBV continues to be a concern in Amman & camp, • Za'tari emergency cases continue to be an issue, • A team will be coming to Jordan in March (from CDC and other agencies) to do a survey on MISP services in the area. <p><u>Nutrition (UNHCR)</u></p> <ul style="list-style-type: none"> • MoH has approved the survey results. Now planning interventions including SAM and MAM. Draft protocols for the management of acute malnutrition have been shared with the MoH and feedback is awaited. If and when the protocols are approved we will be seeking fast track approval of the products to treat SAM and MAM including RUTF; RUSF; F75 and F100. • MoH has also approved the Guidance note on IYCF in the context of Syrian Emergency in Jordan and produced a memo on this. Main points: Neither the distribution of breast milk substitutions nor the tools used for feeding with formula milk (like feeding bottles, teats) shall by any means take place; All forms of formula milk donations shall not be accepted. 	

<p style="text-align: center;">2. Contingency Plan Update</p> <ul style="list-style-type: none"> Human resources factor is very important; NGOs have emergency response teams, Hospitals capacity reached 100%, Most cases in north areas are chronic and life-saving, with some war wounded cases, in addition to renal failure, New channels were opened with different sites to refer cases to (through RMS), For secondary and tertiary cases, a fast track mechanism has to be adopted in order to provide hospitals needs quickly, MoH has shortage in chronic disease medications supply Transporting cases outside the camp (Za'tari) remains an issue, which could also be speculated in the new camp, in which ambulances have to wait for paper work (bailing out process) to be completed before being able to transfer cases to hospitals in Amman or other governorates, AP As for mental health, there still remain some missing inputs on mental health. 	<p><u>Action Point 1: Look for possibilities of increasing/providing chronic medications</u></p> <p><u>Action Point 2: to find out what is currently available and what gaps need to be addressed</u></p> <p><u>Action Point 3: partners have been requested to provide their inputs on contingency plan within 2 weeks</u></p>
<p style="text-align: center;">3. Sector-Mapping Updates</p> <ul style="list-style-type: none"> A newer version of the 3Ws has been adopted and is being worked on by UNHCR, WHO, and MoH, aiming at finding gaps or overlapping services, The new format is a mapping of activities provided by NGOs that aims at sharing information and knowing where the gaps are, and verifying what primary and secondary services are being covered. AP 	<p><u>Action Point 4: to send new format to partners after being finalized, for updating in terms of geographical areas.</u></p>
<p style="text-align: center;">4. Health Sector Mapping</p> <ul style="list-style-type: none"> <u>WHO</u>: WHO, UNICEF, UNFPA, and UNHCR are working with MoH to undertake an assessment on what resources are available and from understanding the impact of Syrian refugees on health system in the five north governorates (Mafraq, Irbid, Zarqa, Jerash, and Ajloun). First step of the assessment will be to work on primary health facilities and hospitals, by collecting information to identify the needs. <u>IOM</u>: there are hundreds of families living in villages in the south areas who have needs that need to be addressed. The Syrian influx, high populations in north areas, has a strong impact on MoH services in which all hospitals reached full capacity, <u>UNHCR</u>: areas with the highest population will be assessed first, and the concept note is being prepared, <u>IRD</u>: a new donor has been identified to provide comprehensive primary health care centers in seven areas including Mafraq, Ramtha, Jarash, Maan, Karak, with a total of 10 comprehensive primary health care centers. Another 10 centers will be identified by MoH. Furthermore, IRD is ready to provide basic equipment to the centers in these areas 	

<p>(areas which need primary health care centers). Lab diagnostics will also be taken into account with regards to capacity development).</p> <ul style="list-style-type: none"> • UNFPA training materials will be used to improve quality of services in MoH facilities, • An early revision of distribution plan for equipment provided to MoH clinics and centers was done by UNHCR, • For HIV cases, some protection issues arise with regards to registration and deportation from Jordan, • <u>MDM</u>: have an agreement with MoH, services provided in KAP and Cyber-city, and beneficiaries are both registered and non-registered Syrians, • With regards to the white card issue, it was shared that it is not related to provision of health services and that it is more related to education (and statistical purposes), • As for new arrivals, a referral system relating to non-registered cases is being established where these cases are referred to JHAS (Irbid, Ramtha, and Mafrq). 	
<p style="text-align: center;">5. AOB</p> <ul style="list-style-type: none"> • <u>UPP</u> raised the scabies issue as numbers are increasing and there is not enough medications supply, AP • There will be a training held by UNICEF (with CDC) by the end of March (23-27) about health in emergencies, capacity is 15-17 persons per agency. 	<p><u>Action Point5:to find a solution in order to prevent outbreak and provide treatment</u></p>
<p><u>Date of next meeting:TBD</u></p>	

Attendees:

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