

## National Health Coordination Meeting

Date: Tuesday 30<sup>th</sup> of September 2014    Venue: EMOPS Meeting Room/ UNHCR - Amman/ Khalda

Time: 14:00 - 16:00

Participants: MoH, WHO, UNHCR, WFP, Medair, JHAS, UNFPA, MSFF, JHAS, IRD, IFRC, IMC, UNICEF, IOM, SCJ, JICA, Operation Mercy

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. Jordan Response Plan/3RP development process and timeline (UNHCR, WHO)
6. War wounded update (UNHCR)
7. Health Agency Updates
8. Zaatari (UNHCR), Azraq (IMC, IFRC)
9. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)
10. Task Force Updates: Community Health Task Force (IFRC)
11. Proposed Assessments
12. AOB

## Minutes:

<b>2. Review of the action points from the previous meeting</b>	
Summary of Action points	<ol style="list-style-type: none"><li>1. Numbers of refugees leaving camps without bailout: from 10<sup>th</sup> August: 210 cases/810 persons approached registration centre in Amman; 117 cases/444 persons in Irbid. A little over 1,000 people a month, significant number.</li><li>2. Map of hard-to-reach areas for vaccinations: to be shared with the group.</li><li>3. Other sectors using AidAdvisor have provided very good feedback. Organisations should tell their staff in Irbid and Mafraq about it.</li><li>4. Referral pathway training info was circulated. Some trainings were held in September.</li><li>5. Medical resettlement: Czech Republic will be coming mid-October. UNHCR submitted 51 medical cases for consideration. Thank you to agencies who suggested cases. Anyone interested in the criteria for medical resettlement can contact <a href="mailto:burton@unhcr.org">burton@unhcr.org</a></li><li>6. IRD to send a list of clinics: will follow up.</li></ol>

<b>3. Situation update- UNHCR</b>	
Summary of discussions	<ul style="list-style-type: none"><li>• 619,127 registered Syrians.<ul style="list-style-type: none"><li>○ 5,800 new arrivals between 31<sup>st</sup> Aug and 27<sup>th</sup> Sep. Entry to Jordan is tighter due to security concerns across the border. UNHCR and other agencies are discussing with government what their plans are for the border and monitoring the situation.</li></ul></li><li>• Iraqis: numbers have increased considerably. 2,659 new arrivals between 1<sup>st</sup> and 25<sup>th</sup> Sep, largest number this year. Most of them are coming by air and entering legally.</li></ul>
Action Points	➤ None arising from this meeting.

<b>4. Polio update (WHO, UNICEF)</b>	
Summary of discussions	<ul style="list-style-type: none"><li>• National immunization campaign 26-30 October for polio only. Preparations almost done. Three trainings and awareness campaigns for service providers, hygiene promoters and other supporting partners currently being held; vaccine carriers and preparations for cold chain ready; UNICEF finalizing with MoH to provide extra vaccine carriers for the mobile teams; stipends and incentives for service providers</li></ul>

	<p>provided by WHO.</p> <ul style="list-style-type: none"> <li>○ Campaign in camps will be held one week later, confirmed for Azraq as well.</li> <li>• Meeting conducted in Mafraq between UNHCR, WHO, MoH, agreed to monitor the number of Iraqis entering through Ruwayshed land border; if number increases, a vaccination team from MoH will be activated and everyone aged 0-30 years will be vaccinated against polio and measles. <ul style="list-style-type: none"> <li>○ Different age group to Syrians based on the fact that the crisis in Syria is only three years old but in Iraq has been ongoing for over ten years; public health situation uncertain. More reported cases of measles in Iraq have been in adults.</li> <li>○ Very small numbers coming by land. Should also consider possibility of vaccinating people at the registration centres; most people come to UNHCR to register within one month of arriving in Jordan.</li> </ul> </li> <li>• There will be a meeting in December at regional level to discuss planning for 2015. Currently unclear whether there will be rounds of campaigns in 2015. So far no new cases in Syria have been reported for over six months, could suggest situation is under control.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNICEF to share map of hard-to-reach areas.</li> </ul>

## 5. Jordan Response Plan/3RP development process and timeline (UNHCR, WHO)

### Summary of discussions

- We are currently in the planning phase of the Jordan Refugee Plan (JRP) and Regional Refugee and Resilience Plan (3RP). JRP and 3RP should be more or less the same for Jordan.
  - JRP: one-year plan, both refugees and resilience, government-led, Jordan-specific; first implementation plan for the NRP. At the same time, 3RP is a regional process being led by UNHCR and UNDP in 5 refugee-hosting countries with a multi-agency steering committee at regional level.
- First phase was needs analysis, based on secondary data review, done for both refugee and resilience components. Small group worked on findings of secondary data review and draft was circulated this week for feedback. Meeting last Wednesday 24 Sep looked at both refugee and resilience components, draft objectives, outputs and indicators were developed. These are still being worked on and will need to be approved by the Health Sector Task Force.
- JRP, under leadership of MoPIC, will have 12 Task Forces. MoPIC met with all line ministries and informed them they should activate these task forces.
  - WHO and UNHCR met with Director of Planning from MoH, Dr Khalil Adwan and his team, discussed and agreed first meeting of the Task Force will be held on 9 October at 10 am at WHO.
  - Task Force composition was decided at government level. Led by MoH, with WHO, UNHCR, UNFPA, UNICEF functioning as secretariat. In addition, two NGOs were appointed: one international, Handicap International, and the national one is still unknown.
  - Key timeline, **tentative** dates: 2<sup>nd</sup> of October MoPIC will call first meeting of the inter-agency task force, all actors working on the response plan will be invited. Main aim is to discuss needs assessment. 2-15 October, needs analysis will be finalized. After that, will define objectives, outputs and indicators at Dead Sea workshop from 21-23 October. JRP planning meeting 13 October. JRP draft should be finalized including intro and conclusions. By 15 December, plan should be finalized and launched. Even organisations not participating in

	<p>task forces can be involved through this forum, we will channel your input through the Health Sector Coordination mechanism.</p> <ul style="list-style-type: none"> <li>• Will any changes happen to Sector Coordination structure? Task Force structure is a planning structure for JRP. It has not been indicated as a Coordination structure. Sub-groups under task forces acknowledge refugee coordination going on and will continue.</li> <li>• We will be using ActivityInfo, probably opening up mid-October. Tight timeframe. Trainings for ActivityInfo so that each agency will have someone responsible to enter information. Not clear whether JRP will use same database.</li> <li>• Organisations considering activities should try to cover identified gaps.</li> </ul>
Action Points	➤ None arising from this meeting.

6. War wounded update (UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Group has been around for five months, started late April/early May. Met first week of September.</li> <li>• Number of war wounded crossing borders has stabilized since beginning of the year; on average, 130 persons on a monthly basis as acute injuries. Decreased slightly last two months. Information indicates this is related to improvement of field hospital services inside Syria.</li> <li>• Main partners range from acute stabilization of cases to rehabilitation. More than 10 organisations doing different activities.</li> <li>• Main partners MSF-Holland in Ramtha hospital and Al Moqassed in Amman</li> <li>• Established communication network to ensure protection component and to improve cycle of services. There is a sub-group looking specifically at physical rehabilitation. Developed a services matrix to organise activities and eliminate duplication.</li> <li>• Developed a guidance note on discharge procedures to be circulated to all organisations.</li> </ul>

	<ul style="list-style-type: none"> <li>• Last week a meeting was held with SRAD and attended by several agencies including UNHCR, ICRC, UNICEF, MSF, RMS. Discussed Ramtha hospital case discharge, wounded shelters, or home care centres; no clarity about certification or licensing of these, yet they are filling a major gap in existing services. <ul style="list-style-type: none"> <li>○ MoH will provide guidelines for organisations who are going to provide such services to be legal and licensed.</li> <li>○ MSF-Holland has noticed an improvement in delay of transfer of cases to Ramtha hospital due to security procedures; however, there is still a delay mainly due to availability of beds in the country. Country-wide shortage of intensive care beds also affected war wounded care; Convalescent care for persons who are recovering from injury and do not need to take up an acute bed but need home nursing. Currently being filled by Syrian networks, informal channels. Only two convalescent facilities doing this formally: MSF in Zaatari and IMC supported Aman Association in Mafraq.</li> </ul> </li> <li>• Anyone looking at gaps in the sector for project planning, we need agencies to provide some support to this to at least expand the network so there are more options for convalescent care.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Circulate guidance note on discharge procedures to relevant organisations.</li> </ul>

7. Health Agency Updates	
Summary of discussions	<p><u>IMC</u></p> <ul style="list-style-type: none"> <li>• Trained obstetricians on family planning in cooperation with UNFPA. First part of training will be finalized today, practical part will be done from 13-15 October in Azraq.</li> </ul> <p><u>IFRC/JRC</u></p> <ul style="list-style-type: none"> <li>• Trained 30 new community health volunteers earlier this month, mostly in Amman, but</li> </ul>

	<p>also Mafraq and Irbid, on violence prevention, first aid and will also be trained on NCDs.</p> <p><u>SCJ</u></p> <ul style="list-style-type: none"> <li>Received quantities of PlumpyNut from UNHCR in order to manage moderate acute malnutrition (MAM) cases in both Zaatari and Azraq camps.</li> </ul> <p><u>JHAS</u></p> <ul style="list-style-type: none"> <li>Along with Medair, managing MAM in community settings also using PlumpyNut. Continue to manage severe acute malnutrition cases in Zaatari along with SCJ doing MAM; in Azraq IMC manages SAM.</li> </ul> <p><u>IOM</u></p> <ul style="list-style-type: none"> <li>In the process of submitting a new proposal for TB treatment under Emergency Fund Grant to Global Fund. A meeting is being held with UNHCR in Geneva on Thursday. Joint proposal for Lebanon and Jordan, but being submitted separately.</li> </ul> <p><u>MSF in Irbid</u></p> <ul style="list-style-type: none"> <li>Surgical programme: same numbers for last three or four months, number of surgeons and beds are at full capacity.</li> <li>Maternity programme: number of weekly deliveries has increased, was 40 in last 2-3 months, now around 50.</li> <li>Neonates admission number also increasing. Reached full capacity with this project.</li> </ul>
Action Points	➤ None arising from this meeting.

8. Zaatari (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<p><u>Azraq</u></p> <ul style="list-style-type: none"> <li>IMC continue normal activities in camp.</li> <li>Past two weeks there has been an interruption of vaccinations in the camp; SRAD has not allowed the MoH vaccinators in. Due to tighter security measures, SRAD is requesting the names of health staff to be sent in advance. Meeting between UNHCR, MoH Zarqa level and SRAD this week to finalize this.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Since start of vaccination in Azraq, not the same people coming on regular basis. Best to nominate regular people and replacements.</li> <li>• IMC has the possibility of recruiting vaccinators to be there all day, MoH could train them. IMC will ask MoH to nominate people to work as vaccinators. <ul style="list-style-type: none"> <li>○ Coverage in Azraq is extremely low. Lesson learned from Zaatari is to have NGO vaccinating to be able to provide services all the time. Only two women received TT vaccine in the camp for all of August.</li> </ul> </li> <li>• Lately many women arriving at the camp in third semester of pregnancy. Four deliveries in the camp in September; 10 cases referred to deliver outside which has been an issue. <ul style="list-style-type: none"> <li>○ If patient is referred in early stages of dilation, being sent back to the camp and told to return at later stages. Transfer takes long and by the time they reach the camp they may be close to delivering and have to go back. Not related to bed availability. Around 7-10 cases have been sent back to the camp in this manner. Sometimes referring twins, pre-eclampsia, and patients still being referred back. <ul style="list-style-type: none"> <li>• The issue has been raised at camp level; similar problem in Mafraq and MSF have same problem in Irbid. Should also involve the referral hub.</li> </ul> </li> </ul> </li> <li>• IFRC camp hospital planning to open 12 October. Hopefully will solve some of these issues. MoH compound will open around same time, most things are ready; MoH staff will be there on a daily basis.</li> </ul> <p><u>Zaatari</u></p> <ul style="list-style-type: none"> <li>• Two episodes of severe food poisoning involving large groups of people over the last couple of months. One of them found to be related to expired chicken, 240 dead chickens confiscated. A lot of work being done on food inspection in Zaatari with JFDA to improve standards. Cases were not related to the main supermarkets.</li> <li>• Unfounded rumours of measles/rubella campaign in Zaatari; not being planned by UNICEF or WHO.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

9. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)

Summary of discussions

RH

- This month finished training 37 gynaecologists, midwives and nurses in emergency obstetric care best practices; JHAS, IMC, MFH and IFH.
- Shared a training plan with IFH addressing number of trainings related to RH protocols, family planning, and GBV.
- Roundtable discussion in Zaatari to revise logbooks, gynaecologists and midwives provided recommendations.
- Family planning logbook is under testing inside and outside camps.
- Zaatari: meeting between JHAS/UNHCR/UNFPA with Mafraq hospital manager to discuss referral problem, shared clinical referral guidelines; there has been some improvement. Planning to have regular meetings on monthly basis to follow up.
- Average 200 normal deliveries per month in JHAS/UNFPA facility in Zaatari.
- RH map was updated and uploaded to portal - September:  
<http://data.unhcr.org/syrianrefugees/download.php?id=7075>
- RH SWG developing RH profile to be updated on a quarterly basis; M&E for RH WG, deadline by end of this year.

MHPSS

- Launched guidelines on MHPSS projects, includes standardization of terminology, protocols, guiding principles, M&E. Meant to be used to evaluate proposals, technical review, funding. Developed through a task force from the WG and was open to feedback from rest of the members. Uploaded to portal:  
<http://data.unhcr.org/syrianrefugees/download.php?id=6916>
- Finalized mapping of 4Ws for MHPSS and this year every governorate included some kind of MHPSS activity, albeit south had less than centre and north. Held workshop to

	<p>discuss preliminary findings, aim to finalize report by mid- to late October. Findings were included in JRP and 3RP needs analysis.</p> <ul style="list-style-type: none"> <li>• Approached by IASC to help coordinate a workshop to develop common M&amp;E guidelines, limited number of participants, who should have familiarity with IASC guidelines and have used it before. Invitation was circulated to Health group as well.</li> <li>• WHO, IMC, Caritas, MoH planned and carried out nationwide awareness campaign for Mental Health Day, which is on 13 October. Agenda will be circulated to larger group shortly. Will also circulate link for the film on the campaign once it's ready.</li> </ul> <p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>• Working on two main documents, a response intervention strategy and Jordan nutrition factsheet. Will be finalized very soon and will be shared shortly.</li> <li>• Developed a Nutrition workplan.</li> <li>• Global acute malnutrition rate being monitored at the border, to keep an eye on nutrition situation inside Syria. In September was 2.8%. Increase from August which was 0.6%; however, June and July were both around 2%. 1,113 children under five were screened in September. Seven SAM cases and 24 MAM cases were identified, and referred to agencies managing cases in both Zaatari and Azraq.</li> <li>• Regarding using PlumpyNut for pregnant and lactating girls and women, need to check Vitamin A content first. For the past two weeks PlumpyNut has only been given to children under five.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Share RH training schedule with group.</li> </ul>

10. Task Force Updates: Community Health Task Force (IFRC)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Last meeting chaired by IMC.</li> <li>• Still working on standardizing tool for home visit data collection; collecting a lot of information but not using it all, not all of it is relevant. A lot of discussion on this tool at the moment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Thematic groups working on core messages for CHVs, but these meetings have not been very well attended in last two months. <ul style="list-style-type: none"> <li>○ Will coordinate with RH SWG as they are also developing messages, but CHV messages have to be simpler than those for health staff.</li> </ul> </li> <li>• Also working on Minimum Training Packages for CHVs.</li> <li>• CHV ratio by governorate: there is a big difference from one governorate to the next. If people are looking at having CHVs, to consider governorates with less coverage. Amman has 1 per 3,000 and 1 per 500 in Ajlun, and 1 per 600 in Jerash, Zarqa also a big gap.</li> <li>• Next meeting: 15 October.</li> <li>• It is important for organisations to attend the meetings, to have harmonization and work where gaps are. Also a really good source of sharing trainings, trainers, packages.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ When finalized, to share matrix with wider group.</li> </ul>

<b>11. Proposed Assessments</b>	
Summary of discussions	<p><i>As indicated in the Coordinated Needs Assessments SOPs, each meeting will have an agenda item for proposed assessments to be discussed.</i></p> <ul style="list-style-type: none"> <li>• None.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

<b>12. AOB</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• IMC want to conduct training on outbreak management for staff in the camp, trying to inform facilitator from MoH.</li> <li>• Any practical updated guidelines from MoH to be mentioned at meeting so we can make sure we are following national protocols.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting</li> </ul>

### Attendance Sheet

Name	Agency	Position	Telephone	Email
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