

National Health Coordination Meeting

Date: Thursday 3rd September 2015

Venue: UNHCR Office -Amman

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of action points of previous meeting
3. Ministry of Health Update - MoH
4. Situation update (new arrivals, urban verification process)–UNHCR
5. Jordan Response Plan 2016-2018 Update of Dead Sea Workshop (MoH, WHO, UNHCR)
6. Presentation - Findings of Health Access and Utilization Survey of Syrian Refugees in the urban setting - UNHCR
7. Presentation Third Country Resettlement based on Medical Criteria - Indications and Referral Mechanisms – UNHCR
8. Health Agency Updates
9. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF)
10. Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)
11. Proposed Assessments/Research
12. AOB

Minutes:

2. Review of action points of previous meeting which was held on 30 July 2015

- 1- JRP planning meeting details were to be communicated. **Done within the month.**
- 2- Presentation of finding of refugees with disabilities. **Circulated.**
- 3- One day workshop on disability -MHPSS to join workshop – **Done**
- 4- UNICEF update on need of education services for person with intellectual difficulties. **Pending**
- 5- UNICEF update upon training of medical services to the staff who are working on the borders and infant feeding and share the checklist. **Pending**
- 6- Presentation done by HI for elder people with disabilities. **Circulated**
- 7- UNICEF -Micro-nutrient assessment update. **Updated**
- 8- Update of 4W within the health sector. **Pending**

3. Ministry of Health Update – MoH

- None

Action Point • No representative attend the meeting from MoH

4. Situation update (new arrivals, urban verification process)–UNHCR

Syrian refugees:

- We had 1,210 persons during August transported from Raba'a Alsarhan. This is the similar figure of July 2015 which was 1,152, average number of people entering has increased from 38 people/day to 50 per day.
- 4,000 people in Eastern borders waiting to come in.

Syrian Urban Verification:

- Syrian urban verification is ongoing, in 1st September 2015 there was 179,552 persons verified in the urban setting (country wide).
- Still ongoing discussion about the health screening; nothing concrete yet. UNHCR still advocating either to waive the cost or the requirements for screening.

Iraq Refugees:

- 889 newly registered in August, the total of population is 50,340 and this includes 6,700 who registered in 2015. Most of those who registered in 2015 arrived in 2015 as well.

	<p>Borders Situation:</p> <p>There was a UNHCR mission to the Eastern border on 18 August.</p> <ul style="list-style-type: none"> - 3,000-3,500 waiting in Rukban. - 700 waiting in Hadalat - Only 50 people/day able to enter - Condition at the borders: Very little shelter – only makeshift tents or tents brought from Syria; there is water but no sanitation. Identified need of blankets and repairs to the assembly points; 5,000 blankets have been sent to the border - ICRC, UNHCR and UNICEF discussing the improvement of health services on the borders.
Action Point	<ul style="list-style-type: none"> • None for this meeting

5. Jordan Response Plan 2016-2018 Update of Dead Sea Workshop

	<ul style="list-style-type: none"> - Project Summary Sheet first draft will be submitted to MoPIC today for the refugees and resilience components. - The final will be presenting to MoPIC on 13th September 2015. - Government will launch JRP first week of October 2015. - Planning process for 3RP also started this week. The Jordan chapter will be the same as the JRP. - Organizations (NGOs and UN agencies) involved on 3RP will be asked to provide same information which has been submitted to JRP but with more emphasis on details regarding activities and governorates as well as targets per governorate.
Action Point	<ul style="list-style-type: none"> • None for this meeting

6. Presentation - Findings of Health Access and Utilization Survey of Syrian Refugees in the urban setting - UNHCR

	<p>PowerPoint presentation was given by UNHCR about Health Access and Utilization Survey (HAUS) among non-camp refugees in Jordan, May 2015</p> <p>This was the first survey since withdrawal of free services). Main findings:</p> <p>58.3% of adults with chronic conditions weren't able to access medicine or other health services as needed (which is a marked increase cf. 23.7% in 2014); the main reasons for lack of access was not being able to afford user fees</p> <p>Access to childhood vaccination was very good with an increase from 55% to 76% of children under five having an immunisation card (cf 2014)</p>
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	<p>Deliveries in government facilities reduced from 66% in 2014 to 44% in 2015</p> <p>Expenditure on health had increased with the average cost of care paid by the refugee in the first facility 46 USD in 2015 compared to 32 USD in 2014.</p> <p>Conclusion</p> <p>The policy change from free to subsidised care was associated with a reported decrease in access to curative and preventative health care</p> <p>Main barrier to seeking care when needed was inability to pay; high use of private facilities may indicate a misperception of the cost of accessing Ministry of Health services.</p> <p>Financially vulnerable families may elect to forgo health care services deemed less necessary or urgent in the short term Recommendations have been developed</p> <p>Implications on health sector strategy were discussed; there needs to be more emphasis in encouraging refugees to access Ministry of Health services as this will be cheaper than the private sector; it is thought that many people go to pharmacies to obtain medications but this is not health care. The next survey should assess this.</p> <p>The question was asked as to how accurate the results were; UNHCR responded that they are similar to what was found during the JHU/WHO/UNHCR survey but at a much lower cost. It is recognised that the telephone survey was biased towards registered refugees and those with a phone. However it is believed that most refugees are registered and also those who do not have a phone are worse off than those who do. The initial non-response rate was 30% (phone not reachable, numbers changed). This is higher than last time and may be related to the verification exercise in the urban settings where refugees given new numbers by the GoJ. Question was asked why we did not include postnatal care and nutrition. It was emphasised that this survey is not meant to replace other surveys e.g. nutrition survey. It is a quick and cost effective way to get critical data on access and utilisation on key indicators. If agencies need more detailed information then they should conduct more detailed assessments. The follow up nutrition survey is planned for 2016.</p>
Action Point	<ul style="list-style-type: none"> • PowerPoint presentations to be circulated by UNHCR • Next survey will include breakdown of private providers to include pharmacies • Agencies wishing more detailed information than presented here should incorporate into other assessments

7. Presentation Third Country Resettlement based on Medical Criteria - Indications and Referral Mechanisms – UNHCR

	<ul style="list-style-type: none"> - Power point presentation made by UNHCR about Medical Resettlement - There are few places available so we should try to refer those will benefit the most; agencies asked to discuss with UNHCR first and not to mention the option of resettlement to the refugee. They will be fully counselled on their options if they meet the criteria. - Any condition which can be managed in Jordan is not suitable for resettlement on medical grounds e.g. thalassemia the Ministry of Health is now providing treatment
Action Points	<ul style="list-style-type: none"> • PowerPoint presentations to be circulated by UNHCR • Any questions about medical resettlement please refer to UNHCR Health Unit burton@unhcr.org

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8. Health Agency Updates	
	<p>JHAS:</p> <ul style="list-style-type: none"> - Challenges with reaching children in the SAM programme as have lost the community component in Amman and Zarqa. We will call organizations working in the community about existing channels of referrals and follow up. - Will need support from organizations to assist in follow up and identification of cases. <p>IMC:</p> <ul style="list-style-type: none"> - Hearing aid project implemented in Azraq camp. Starkey foundation saw over 500 people and 150 required Hearing Aids. - Hearing aids were fitted for the 150 patients. - Batteries were supplies to the patients(1969 batteries size 13 and 2893 batteries size 675) - 2 patients will require Cochlear Transplant. - Other patients had de-waxing and cleaning of their ear done. <p>CVT:</p> <ul style="list-style-type: none"> - CVT reported that they are able to receive war- wounded cases as well as providing rehabilitation services. <p>IRD:</p> <ul style="list-style-type: none"> - Implementing health programmes for Iraqi and Syrian since February 2015. - Now we are in process of distribution of medical equipment and supplies to 27 health centers in cooperation with MoH (now we are in delivery stage) - We reach up to date 30,000 referral cases to MoH to the health centers among Amman, Zarqa, North and South Jordan. - Up to date we reached 20,000 home visits to Syrian families and host community as well. - We reached 15,00 clinic visits (including the 27 health centers) - Completed satisfaction analysis report of health services we are providing in health centers. The result is 97% of beneficiaries are satisfied - The rest 3% are not satisfied due to behavior and attitudes of health staff, shortage of medication, shortage of health staff and longtime waiting. - Did capacity building targeted to 325 health centers staff. <p>Hussein Society:</p>

	<ul style="list-style-type: none"> - We have services for Syrian refugees on education services target children from day 1 to 6 Years old. - 7 Syrian has been registered till now, so we have more space for special education services (physiotherapy, occupational therapy, special education, etc.). - Transport is also provided
Action Points	<ul style="list-style-type: none"> • IRD share with the sector the satisfaction analysis report <ul style="list-style-type: none"> • Hussein society will share information with UNHCR on what services they can provide • Share nutrition matrix of activities with all agencies

9. Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)

	<p>Nutrition:</p> <ul style="list-style-type: none"> - Save the Children Jordan celebrated the world breastfeeding week in coordination with UNICEF and Ministry of Health . - Save the Children is working with partners in nutrition program on local paste to give to severely malnourished children due to current stock out of Plumpy Nut (which will last for one to two weeks) - For moderate acutely malnourished cases Save the Children will provide date biscuits (not therapeutic) <p>UNICEF:</p> <ul style="list-style-type: none"> - Checklist on breastfeeding problems to identify the high risk group at the border not finished yet. - RI-Training have been completed for 320 medical staff providing immunization services (vaccinator, midwife, Nurse) in Irbid and Jerash - Irbid: 280 (268 female +12 Male) - Jerash: 40 (39 Female + 1 male) - RI- CES questionnaire and methodology have been finalized and the actual survey will be started soon - RI-MDC contract has been signed and the training of 31 EPI team (7 in Zadari and 24 in the host community will be done soon. <p>UNFPA-RH:</p> <ul style="list-style-type: none"> - Had meeting on 20 August 2015 and discussed the following: - Have to focus more on quality of RH services - Drafted handout intervention to improve maternal, neonatal and child health services in all settings and this handout base on integration of management of pregnancy and childbirth guideline. - For capacity building targeting community health workers. - More concern about sexual and RH among young people: early marriage for girls less than 18 years is increasing, yesterday in the camp two cases of girl in 13 years delivered, and so more awareness in this matter is needed and need to involve males more
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	<ul style="list-style-type: none"> - Update figures of early marriage is needed: working with partners on post-abortion care services. - Intervention on miscarriages started reporting in the camps, so it should be included in all health facilities with RH services - Planning to finalizing with MoH assessment of 18 PHC centers (part of MoH annual plan)
Action Points	<ul style="list-style-type: none"> • UNICEF to share the checklist with UNHCR next meeting • UNFPA to share the findings of assessment 18 PHC center • UNFPA to share the handout on improving MCH services

10. Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)

	<p>MEDAIR:</p> <ul style="list-style-type: none"> - New born home visit training will be on 13th to 17th September 2015
Action Points	None from this meeting

11. Proposed Assessments/Research

	<ul style="list-style-type: none"> - UNICEF Micronutrient assessment
Action Points	UNICEF to present next meeting

12. AOB

	<ul style="list-style-type: none"> - Sector Performance survey should be submitted by COB today.
Action Points	<ul style="list-style-type: none"> • Noha to add people on the mailing list <p>Agencies asked to complete the sector performance survey</p>

