

## National Health Coordination Meeting

**Date:** Thursday 25 Aug

**Venue:** UNHCR-Amman

**Time:** 10:00 – 12:00

**Agenda:**

1. Introductions
2. Review of action points of previous meeting
3. Situation update – UNHCR
4. Jordan Humanitarian Fund – September call update – OCHA
5. Specifications for the Health sector VAF ratings – revised module/ PPP
6. Health Agency Updates
7. Subsector working groups - RH (UNFPA), Mental Health (IMC), Nutrition (Save the Children Jordan/UNICEF)
8. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)
9. Health Sector Performance Survey
10. Proposed Assessments/Research
11. AOB

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> <li>✓ UNHCR: to follow up with MOH on using MOI test for work permit issuance: <b>MoL wrote to MoH to rely on the results of MoL blood tests to issue work permits. The letter was submitted to MoH, waiting for a response.</b></li> <li>✓ UNHCR: To share Medair &amp; JHAS presentation on health sector gender analysis with partners. <b>Done and circulated</b></li> <li>✓ Gender Marker Training planned on 2nd Aug by Medair &amp; JIHAS at UNHCR office about the Health Sector Gender Analysis (Email to be circulated by UNHCR). <b>Invitation was circulated and the training was conducted on time.</b></li> <li>✓ UNHCR to circulate the UNFPA invitation for launching of 18 health centre assessment report. <b>Done</b></li> <li>✓ USAID to share the new project details by email, there will be 35 primary comprehensive health centres, 7 hospitals and now in the process of mapping NGOs to select 7 NGOs to participate in the project. <b>The factsheet shared</b></li> <li>✓ AMR to coordinate with Cash for health task force to eliminate possible duplication. <b>No updates from AMR</b></li> <li>✓ EMPHNET to share reports regarding Jun activities. <b>pending</b></li> </ul> <p>HSWG TORs to be circulated within the group to update new members on group functions and give window for partners to comment on if need be: <b>the updated version of TORs circulated.</b></p>
<b>Action Points</b>	N/A

### 3. Situation update-UNHCR

#### Iraqis Refugees

- Total Iraqi refugees registered with UNHCR is 57,618 till mid of Aug
- 700 individuals newly registered on monthly basis, last month we had significant increase noted with 900
- Total registered this year is 6,235
- 4,933 arrived in 2016 and the rest were in Jordan before 2016 but approached UNHCR to be registered in 2016

#### Yemeni Refugees

- Total Yemenis refugees registered with UNHCR is 4,665 (increasing)

#### Sudanese Refugees

- Total Sudanese refugees registered with UNHCR is 3,093

#### Somali Refugees

- Total Somalis refugees registered with UNHCR is 770
- Other nationalities 1,278

#### Syrian Refugees

- Total Syrian refugees registered with UNHCR is 656,042 till mid of Aug (no increase noticed in camps as the borders are closed since Jun)
- 42,844 newly registered in 2106. Arrival in 2016 is 33,699
- Stable population in Zaatari Camp with 79,128
- Azraq camp have 54,567 & EJC 7,323 with significant increase because of the closure of KAP and relocate most of the refugees to EJC Camp
- Cyber city camp has around 300 refugees (Palestinian-Syrian and Syrian) will be transferred to KAP within next 2 weeks.

- Up to end of July the total refugees who have issued MOI cards are 356,891
- As of August about 69% Of urban refugees issued with new MOI cards

<p>Urban Verification</p> <p>Border Situation</p>	<ul style="list-style-type: none"> <li>• WFP has successfully distributed 650 tons of food assistance to the berm from the period 2<sup>nd</sup> till the 4<sup>th</sup> Aug. The food was dropped to refugees side using crane vehicles.</li> <li>• Water supply: 7ltr per person in Rugban area, in Hadalat is 20ltr per person.</li> <li>• Water supply target was met in Hadalat, but in Rugban the water situation is very difficult and far below the standard.</li> <li>• Very limited info related to health situation inside the berm</li> <li>• Major health issue is the watery diarrhea and bloody diarrhea and it's related to WASH situation</li> <li>• Acute Jaunice Syndrome, increasing number of cases which reflect the possible outbreak of hepatitis A. And it's already detected before the closure of borders.</li> <li>• Ruwaished health task force meeting was held last week and it will be held on weekly basis.</li> <li>• The plan is to meet with the community leaders and the health workers inside the berm, the plan was agreed by the border health task force and to be discussed with the government to have more information and a clear picture on the health situation at the berm. in order to draw up response strategy and review viable options for delivery.</li> <li>• A contingency plan was developed in order to identify the available resources with the different organizations capacities in order to see how to provide health assistant behind the berm. All the plans are pending for the government approval to grant access to the berm.</li> <li>• During the month of August, three medical cases have been evacuated from the berm. The first case was normal vaginal delivery, the case was evacuated from Hadalat to Ruwaished Hospital. The second case was new born children with congenital hernia and been evacuated to Ruwaished hospital for surgical operation. The third case was for a 14 years old girl suffered burns and have been evacuated to Ruwaished.</li> </ul>
<p><b>Action Points</b></p>	<p>N/A</p>

#### 4. Jordan Humanitarian Fund – September call update – OCHA

##### **Background**

The JHF mobilizes and channels resources to humanitarian partners to respond to urgent needs for Syrian refugees in Jordan, as well as vulnerable Jordanians affected by the Syrian crisis. The fund operates within the frame of the Jordan Response Plan and the UNSC resolutions 2165, 2191 and 2258.

To date the Fund has allocated US \$5.75 million to a total of 16 projects in host communities and camps, of which five projects support the needs of vulnerable Syrians in Southern Syria.

In the 5th Sep, advisory board meeting will be held to identify the priorities that will be addressed.  
The priorities were received from the IATF.

Three days of capacity assessments building was conducted by OCHA for partners to orient them regarding the management system and process of receiving applications and share with sectors and how to proceed with the payments, etc. once the allocation document is ready it will be launched and circulated widely. Also, a schedule of dates will be shared so each organization will know when the exact deadline is and the sector review of the projects will take place so OCHA will discuss with each organization individually.

The health priority are:

##### **Projects that:**

- a) Support secondary referral care for priority cases such as deliveries and emergency obstetric care, neonatal care and war-wounded including supporting priority medical referrals from the eastern and western borders; and/or Strengthen and expand the community health network in underserved areas and the availability of key integrated community level interventions.

##### **Sector Priorities:**

- Strengthen post-operative care and rehabilitation at facility and community level for wounded persons once discharged from Ministry of Health or other hospitals in camp or the urban setting (includes nursing care (facility and home based), medical care and follow up, physical rehabilitation, mental health and psychosocial support.
- Support secondary referral care for priority cases such as deliveries and emergency obstetric care, neonatal care and war-wounded including supporting priority medical referrals from the eastern and western borders. This can be through either direct payment of referral costs or through demand side financing initiatives.

	<ul style="list-style-type: none"> <li>Strengthen and expand the community health network in underserved areas and the availability of key integrated community level interventions such as infant and young child feeding support, management of non-communicable diseases, mobilization and support for routine immunization, strengthening of linkages with available primary health care and reproductive health services, home visits for the newborn, and mental health and psychosocial support.</li> </ul>
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ UNHCR: To share OCHA factsheet with all partners</li> </ul>

<b>5. Specifications for the Health sector VAF ratings – revised module/ PPP</b>	
<b>Introduction</b>	<ul style="list-style-type: none"> <li>VAF put in place an observation and reporting system that supports the humanitarian community to establish a profile of vulnerability across Syrian refugee households</li> <li>During a series of workshops and consultations with sectors in early 2014, a set of common indicators of vulnerability were agreed</li> </ul>
<b>Health Module</b>	<ul style="list-style-type: none"> <li>The Health sector vulnerability indicator is not assessing the extent of medical issues within families, rather the factors that are likely to impact a family's ability to mitigate health risks</li> <li>Health Factors: access and availability of health care, family composition, the existence of existing conditions and the proportion of expenditure on health related items as influencing Health vulnerability</li> </ul>
<b>Development of the model</b>	<ul style="list-style-type: none"> <li>The model was created through consultation with sector teams following a workshop on using the Home Visit data to predict vulnerability</li> <li>Individual sector working groups reviewed the home visit data and provided draft versions of assessment criteria deemed important</li> </ul>
<b>Tool Components</b>	<ul style="list-style-type: none"> <li>✓ Access to medical services</li> <li>✓ Family composition</li> <li>✓ Existence of existing conditions</li> <li>✓ Expenditure on health related items</li> </ul>
<b>Adjustment of module</b>	<ul style="list-style-type: none"> <li>Late 2015 and based on baseline and follow up VAF survey findings conducted in 2015 its been found the health vulnerability rating are inflated compared to the data obtained form follow-up health and access utilization survey (HAUS) conducted in May 2015</li> <li>The new sector tree has been modified based on the result of baseline survey results, health services provision polices and the projected weight of atomic indicators</li> </ul>

<b>Conclusion</b>	<ul style="list-style-type: none"><li>• The new sector tree reflect more real connection between atomic indicators and been triangulated with other data</li><li>• The new sector tree will be tested against new VAF survey planned in September</li><li>• Health sector members are encouraged to use VAF data to direct their assistances to most vulnerable household.</li></ul>
<b>Action Points</b>	N/A

## 6. Health Agency Updates

<p><b>UNICEF</b></p>	<ul style="list-style-type: none"> <li>-The Nutrition survey, which is led by UNHCR and implemented by UNICEF &amp; WFP started.</li> <li>-All calculations were done the last week and the training will be conducted next week.</li> <li>-After the training the data collection will start immediately.</li> <li>-The start will be in Zaatari Camp, Azraq Camp and then host community</li> <li>-Data collection will last till 6<sup>th</sup> October, and by the end of October the report will be ready.</li> </ul>
<p><b>IMC</b></p>	<ul style="list-style-type: none"> <li>-By end of Jun, few updates regarding the settings of village 2 &amp; village 5 in Azraq camp.</li> <li>-The refugees in the fenced area in village2 &amp; village5, they don't have full access to the health services due to the movement restrictions.</li> <li>-IMC added a mobile medical unit to provide primary health care for refugees in the fenced area In village 2 and village 5</li> </ul>
<p><b>WHO</b></p>	<ul style="list-style-type: none"> <li>-WHO has 100 neonatal warmers ready for donation, any agency needs some can address it directly to WHO and it will be delivered and training can be provided as well.</li> <li>-WHO donated to the Royal Medical Services with two mobile clinic</li> <li>-Two vacancies were advertised, communicable disease/Emergency officer and non-communicable disease-advertised</li> <li>-WHO will circulate soon the mission report of mental assessment in the twelve governorates in Jordan</li> <li>-Disease surveillance system was completed and will have complete report by end of this year.</li> <li>- There are 7 prefabs left in Rugban area after the closure of the borders. 3 donated for UNICEF to be installed in Azraq camp and 4 are empty for any interested agency to have them for mobile medical services.</li> </ul>
<p><b>Action Points</b></p>	<ul style="list-style-type: none"> <li>✓ WHO to share the specifications of prefabs for the sector for potential recipient who might benefit from this.</li> </ul>



8. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)	
<p><b>Community Health Task Force (Medair/IRC):</b></p> <p><b>NCD Task Force (WHO/MoH): No updates</b></p>	<ul style="list-style-type: none"> <li>• We discussed the difference between ‘volunteer’ and ‘staff’ specifically that volunteers must work for 15 days or fewer a month. Those that work more are eligible for benefits such as social security.</li> <li>• We are currently open to nominations for a CHTF co-chair. Nominations should be sent to caroline.boustany@rescue.org and we will vote in the next CHTF meeting in October.</li> <li>• NCD committee to be reshaped as it was established in 2011 and to include the partners and NGOs representing these groups</li> </ul>
<b>Action Points</b>	N/A

9. Health Sector Performance Survey	
	<ul style="list-style-type: none"> <li>• UNHCR launched in the mid of Aug the Health Sector Performance Survey to be completed by all partners.</li> <li>• Up to date 7 responded from sector group, 2 from MHPSS and 1 from RH, partners are encouraged to participate in this in order to identify areas of improvements and steps forward.</li> <li>• The deadline was extended for another week to give more space for members.</li> </ul>
<b>Action Points</b>	✓ Invitation for the survey to be circulated again

10. Proposed Assessments/Research	
	No Updates
<b>Action Points</b>	N/A

11. AOB (JRP revision process)	
	<ul style="list-style-type: none"> <li>• Announcement by MoH: a new letter received from MoPIC that the majority NGOs didn't fill the approval requirements on the JORISS in the right way. Also, many observations were noticed in regard of filling the data on the JORISS. The data must be filled in Arabic on the website.</li> <li>• The letter from MoPIC will be translated into English and shared by UNHCR</li> <li>• Upon MoH request, all the work plan of each NGO which will launch new projects to be shared with MoH in more details.</li> <li>• JRP revision process: a meeting held yesterday at WHO office with all key partners to launch the process of revision <ul style="list-style-type: none"> <li>- New JRP is planned for 2017-2019 and be the revision for 2016-2018</li> <li>- Timeline to complete the resilience component and refugee component is by end of September</li> <li>- Dead sea workshop (validation workshop) will take place on 4<sup>th</sup> – 6<sup>th</sup> of October to finalize the revision</li> <li>- A small task force was created to finalize the narrative part of JRP component (situation analysis, achievements of 2016, needs and response plan)</li> <li>- The first meeting of this task force will take place on the 5<sup>th</sup> Sep in order to finalize the component</li> <li>- A project summary sheet will be provided by MoPIC and to be discussed with all partners in a workshop (to be confirmed by next week after receiving final instructions from MoPIC)</li> <li>- Expected final approval to be on 21<sup>st</sup> Dec 2016</li> </ul> </li> <li>• Next HSWG meeting will be on 29<sup>th</sup> Sep. Venue to be confirmed later on</li> </ul>
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ UNHCR to translate the letter from MoPIC and share it with partners</li> </ul>