

Health Sector Coordination Meeting

Date: Monday, 23 April 2020

Venue: WEBEX -UNHCR

Time: From 12:00am to 1:30 pm

Agenda	
1. Introduction	
2. UNHCR update	
3. WHO weekly Coordination working group meeting COVID-19	
4. COVID-19 preparedness and response and Non-COVID-19 essential health services	
<ul style="list-style-type: none"> ➤ Update from partners in camps ➤ Update from Partners in urban 	
5. AOB	
1. Review of action points of the previous meeting	
	Introducing the agenda of the meeting.
2.UNHCR updates	

UNHCR

The Agenda of the third Health Sector virtual meeting was focused on the COVID19. Health Sector Co-chairs briefed participants on the COVID-19 Health Response for refugees in camps and urban as per 23 April.2020, which is aligned with the National Preparedness Plan. At the camp level:

UNHCR continued working closely with governments, UNHCR Representative has met with his excellency Minister of Health Dr. Saad Jaber at the MOH after his monitoring filed visit to Zaatari camp last wednesday The discussion between the UNHCR Representative and the Health Minister was very fruitful :

The Health Minister showed his big concern to refugees; the ministry will set-up a military field hospital to support the people in the camp with three mobile hospitals with the capacity of 14 hospitals each fully equipped with tools and staff.

-UNHCR requested the support to refugees and addressed the gap of providing essential health NCD, SRH service, under the current curfew. UNHCR implementing partner Caritas could not provide services that they could access the work permit.

-UNHCR to draft a letter to his excellency with UNHCR concerns for his kind consideration and to facilitate access of refugees at Jordanian uninsured rate (subsidised rate) in urban setting into the MOH services and the three groups of refugees of the main concern of UNHCR:

- 1- Expired ASC and or MOI card
- 2- Non-Syrian refugees to have non-insured Jordanian rate to access MOH facilities
- 3- Non-Syrian who don't have documentations

In terms of testing, a total of 35,915 tests were conducted in the country as of 23 April. A total of 150 tests were done in Zaatari camp so far, with no confirmed cases of COVID-19 in the camps.

In the urban, refugees are included in the National Preparedness Plan, but many refugees do not have access to essential health services for, for example, non-communicable disease, mental health, sexual and reproductive services. Caritas, IRC, and MSF are conducting remote service deliveries for medications for refugees in different locations. Non-Syrian refugees, who were dependent on UNHCR supported clinics, which stopped operating due

<p>Continue working on Berm updates/Rukban</p>	<p>to the curfew, currently only have access to emergency life-saving services through remote referrals through the partners.</p> <p>A new service delivery model needs to be adopted to deliver medications and remotely refer and manage cases, for which additional resources are required.</p> <p>The Health Sector is closely coordinating with the Jordan Health Development Group, co-chaired by USAID and WHO, to collaborate in responding to the COVID-19 crisis jointly.</p> <p>The outflow of people in the last month comes in parallel to the suspension of the UN clinic on the Jordanian side of the border, which began in mid-March as a result of the general border closure under the Defense Order nationally implemented March 21 and has left no options for people to be admitted into the hospitals in Jordan. Meanwhile, there have been intensive ongoing access discussions at the national and international levels. In light of the dire health situation in the camp, the Government of Syria had agreed for the UN and SARC to conduct a health assessment at the beginning of April. A humanitarian assistance operation was planned to commence last week but has since been postponed. There are ongoing efforts to provide humanitarian assistance as soon as possible, through all viable mechanism. In addition, the UN continues to monitor the hotline numbers and increasing food, hygiene and medical demands.</p>
<p>Financial situation</p>	<p>Health Sector chair mentioned that the Health sector appeal approximately 15 million USD USD under 3RP National COVID- 19 response plan.</p>
<p>Zaatri and Azraq Camps</p>	<p>UNHCR officer provides a quick update on the camps: Business continuity plans are in place for all health partners, and medication, medical consumables, and PPE are equipped for all partners in both Zaatari and Azraq camps. Triage systems have also been put in place at the clinics of both camps and isolation rooms, for example, in the Azraq camp. The surveillance system is active with case finding, contact tracing and reporting of disease, and MoH is to be notified of any suspected cases for referrals.</p> <p>UNHCR continued working on the response for Covide-19 -Returnees to camps and suspected cases are required to do home quarantine. As part of prevention measures, a quarantine/self-isolation site was established through</p>

	<p>interagency coordination with different partners including UNHCR, SRAD, UNICEF, WFP, NRC, IMC, CARE and WVI. The purpose of the self-isolation site is to accommodate refugees returning to Azraq Camp.</p> <p>NHCR continued working on a surveillance system in the camps with hotline services to support the local community. Allocation space for isolation within the expectation of a high level of infections.</p> <p>A plan and coordination to have MSF field hospital in Za’atari while IMC hospital in Azraq in the case to respond for COVID-19 outbreak in camps. Severe cases will receive inpatient treatment by MSF in Zaatari and IMC in Azraq with 30 and 50 beds capacity respectively. However, there are still gaps in terms of ICU beds and ventilators. The Minister of Health is considering setting up health facilities in the vicinity of the camps with required equipment such as ventilators and respiratory treatment for critical cases. FGD with MSF to define the most vulnerable cases will be conducted in the camps next week. So only severe cases will be referred to hospitals that need ICU for further treatment while mild and moderate cases can be treated at the facilities in the camps.</p>
<p>Action Points</p>	<p>UNHCR to draft a letter to his excellency the Minister of Health to address UNHCR concerns of refugees for his kind consideration.</p>
<p>Challenges.</p>	

4. Health Agencies Update

5. Update on Coronavirus Disease (COVID-19)

<p>3RP/ActivityInfo</p>	<p>Inter-Agency Coordination Unit will conduct on 25 April 2020 virtual training sessions on ActivityInfo due to current coronavirus pandemic.</p> <p><u>Update on Covid-19</u></p> <ul style="list-style-type: none"> • UNHCR is compiling COVID19 contingency and response plan to be the base of the coordination around COVID19; • UNHCR is preparing to appeal for the required funding through COVID dedicated 3RP Appeal to enable the implementation of the critical activities to respond to COVID-19;
--------------------------------	--

<p>WHO</p>	<ul style="list-style-type: none"> • This will be an additional appeal to the regular exercise we do each year for Jordan for Syria crisis; • The financial requirements to be reflected in the COVID 3RP are meant to reflect what is required in addition to the JRP/3RP Appeal (the planning which Jordan had just completed); <p>WHO continued with the surveillance role and supported MOH with the PCR laboratory tests. Dr Nazeema provided a general update on the status of Covid -19, which is the same as MOH news published in the media: Seven new cases were reported, 18 cases recovered,113 patients are currently receiving treatment in hospital.435 cases in total. Investigation teams were deployed in the field. A total of 2500 tests were conducted. MOH strengthened the surveillance and established laboratories at all country entries. Home quarantine for visitors.</p> <p>Four working groups were established:</p> <ol style="list-style-type: none"> 1- Infection prevention and control sub-group: Support MOH with data analysis 2- Risk Communication And community engagment 3- Technical support to respond to Covid-19Coordination planning and monitoring 4- Procurement; to develop a procurement plan peration support and procurement <p>Dr. Nazzema encouraged partner to provide support to group number one and three. The above-mentioned groups meet at weekly bases. WHO to share the minutes with the group.</p>
<p>UNICEF</p>	<p>MOH supported by UNICEF completed the neonatal screening for 12,000 children last week. Of them 350 suspected cases of G6PD while no Phenylketonuria (PKU)cases. The immunisation program screening will continue for next week for the new-born and supporting MOH with the cold chain vaccination providing vitamin A. For the school health program, still discussing the modality on how to proceed. UNICEF to share the figures with the group.</p>
<p>Action points</p>	<p>WHO to share four groups minutes with the group.</p>

	UNICEF to share the neonatal screening figures with the group
--	---

6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Platform (MEDAIR/IRD, Cash for Health (UNHCR))

UNHCR	<p>UNHCR office provided an update on CASH for Health sub-working group. They held their meeting on April 14 in line discussed their response strategy to COVID-19 in line with the national plan. Focusing on monitoring and coordination and counselling for refugees’ beneficiaries. Maintain the essential services for refugees to reduce the risk impact and to optimise the wellbeing. All Health cash workers are still running their projects, and they discussed the implication summarised in three domains:</p> <ol style="list-style-type: none"> 1. Refugees vulnerability: a massive impact due to losing the livelihoods, which has a severe impact on Functional Psycho-Social-Economic Status. 2. Maintain access to health care services: lost access at subsidising rate due to invalid both Asylum Seeker Certificate (ASC) and Ministry of Interior (MOI) card: advocacy at a high level with MOH and change on cases criteria of acceptance for more inclusive approach also ramping up referral capacities. More than 600 cases were referred among cash for health actors. 3. Projects Continuity: processing and cash collection issues with a solution to overcome challenges regarding the cash collection.
RH /SGBV (UNFPA)	<p>Remote approaches (telephone, digital applications, SMS text messaging, voice calls, and interactive voice response) were initiated for relevant family planning consultations and delivering supplies to beneficiaries. UNFPA I collaboration with Plan Int. are conducting RNA on the impact of Covid on SRH.to share the report with the group.</p>

	<p>UNFPA produced guidelines on RH remote services and delivery services during Covid-19 response • As access to contraceptives is part of the MISP and needs to be maintained, alternatives to facility-based visits were considered through UNFPA support to JHAS clinic in Zaatari. Remote approaches (telephone, digital applications, SMS text messaging, voice calls, and interactive voice response) were initiated for relevant family planning consultations and delivering supplies to beneficiaries. Advocating with MOH to resume with the antenatal and postnatal services</p>
Save the Children	NA
Caritas	<p>Caritas have distributed NCD medications to 750 refugee patients in Amman, Zarqa and Irbid through the out contacted UPS (remote services delivery module</p> <p>Caritas continue spreading awareness messages on COVID 19 through SMS, WhatsApp groups and social media platforms.</p>
MSF	<p>MSF received MoH approval for the inpatient medical treatment center in Zaatari and is now only awaiting the written approval from NCSCM to set up the center targeting moderate and severe COVID-19 cases. Severe cases will receive inpatient treatment by MSF in Zaatari hospital with the capacity of 30 beds. continue spreading awareness messages on COVID 19 through SMS, WhatsApp groups and social media platforms.</p> <p>conducted an assessment in the camp. MSF to share the needs Assessment report and will be shared by UNHCR</p>
UPP	NA
IRC	<p>IRC continues to provide NCD medications to refugees in Mafraq and Ramtha through the remote services delivery module. So far, distributed NCD medications to 800 patients at their residency</p>

<p>IMC</p>	<p>IRC is willing to collaborate with other actors if support is needed to serve the NCD patients by the IRC remote service delivery model in Mafraq and Ramtha who cannot be served due to movement restrictions</p> <p>IRC is working on the remote services delivery plan -May,2020 for the community health (Mafraq, Irbid & Amman governorate) to engage the Community Health Volunteers in health messaging including both regular health awareness and health awareness and preventive messaging on COVID-19.</p> <p>IMC continues to operate life-saving health services in camps and urban. Emergency Referral, Laboratory (8 hours only), MH services (plus NCD medication distribution), and inpatient sexual and reproductive health services (in Irbid) ongoing. Coordinating with Civil defence for referral cases.</p> <p>In coordination with MoH, UN agencies, and INGOs, the IMC Jordan health team has established an isolation area within Azraq camp to provide high-quality supportive interventions for suspected COVID-19 cases. Working on increasing the capacity of Azraq hospital from 30 beds into 50</p>
<p>MEDAIR (CH platform)</p>	<p>NA</p>
<p>JPS</p>	<p>NA</p>
<p>TDH Italy</p>	<p>NA</p>
<p>La Chaîne de l'Espoir</p>	<p>NA.</p>
<p>Mental Health</p>	<p>Dr. Bawneh mentioned that Mental Health MH Services: Within Azraq and Zaatari camps, IMC Jordan ensured the partial continuation of all MH services. Within urban locations, IMC MH services were provided via</p>

<p>Nutrition (Save the Children Jordan/IMCC/UNICEF)</p> <p>Mercy Corps</p> <p>HI</p> <p>IOCC</p> <p>EMPHENT</p> <p>RHAS</p> <p>Help Age</p>	<p>phone/video (where possible), as well as through the 24/7 MHPSS support line. In addition, all urban clinics were partially opened in order to ensure the provision of essential psychotropic medications.</p> <p>No update</p> <p>No update</p> <p>Conducted RNA targeting people with disabilities in Amman Zarqa and Irbid. will be finalized the analysis next week, continue Providing rehabilitation services remotely, key messages via Whats app on how to manage the pressure. The future plan is to provide infection control and prevention kits.t share the needs assessment report with the group.</p> <p>NA</p> <p>No update</p> <p>RAHS shared some insights on the awareness campaign they launched in collaboration with UNICEF, WHO, MOH and NCFA. T campaign entails posts, videos on COVID 19 and life welfare.RAHS offered to share their list of beneficiaries with interested members.</p> <p>Providing remote support to elderly people, Social media and advocacy awareness campaigns. Received fund from OCHCA to distribute hygiene kits in Urban areas. Awaiting the approval of MOPIC</p>
--	---

Islamic Relief	Providing Awareness session on COVID -19 over the phone . And continue to provide haemodialysis sessions to the urban refugee population in Amman, Irbid and Karak.
Action points Recommendations	Partners to share the RNA reports
Next meeting	HSWG meeting will be conducted at biweekly bases.