

## Minutes of Health Coordination Meeting 30<sup>th</sup>/May/2013

Date: 30<sup>th</sup> May 2013

Time: 12:00 – 2:00 p.m.

Venue: UNHCR

<p><b><u>Agenda:</u></b></p> <ol style="list-style-type: none"> <li>1) <b>Review of minutes of previous meeting and action points</b></li> <li>2) <b>RRP Health Sector update and prioritisation - UNHCR</b></li> <li>3) <b>Health Sector Assessment Update – WHO</b></li> <li>4) <b>MoH Presentation WHA – MoH</b></li> <li>5) <b>- Measles campaign out-of-camp – UNICEF</b></li> <li>6) <b>Irbid Health Meetings - MoH</b></li> <li>7) <b>Health sector Contingency Plan</b></li> <li>8) <b>Camps update -Azraq (IMC), EJC (ERC) , Za'atri (UNHCR)</b></li> <li>9) <b>Sub- Sector working groups (RH, Mental Health and Nutrition) update-UNFPA, IMC, UNHCR</b></li> <li>10) <b>Any updates- health agencies</b></li> <li>11) <b>AOB</b></li> </ol>	
<p style="text-align: center;"><b>1. Review of previous meeting's action points</b></p> <p>AP.(1): Agencies requested to support the health facility assessment especially by vehicles- <a href="#">Done</a></p> <p>AP.(2): minutes of HCM to be shared on portal- <a href="#">ongoing</a></p> <p>AP.(3): minutes of nutrition working group to be shared on portal-<a href="#">ongoing</a></p> <p>AP.(4): The matrix of the different agencies : Health Sector Map, 3 Ws, and weekly report from Zaatari-HIS and other groups</p>	

<p>to be shared on portal- <a href="#">ongoing</a>  AP.(5): War wounded services to be shared by UNHCR-<a href="#">is being finalized</a></p>	
<p style="text-align: center;"><b>2. RRP Health Sector updates (UNHCR/WHO)</b></p> <ul style="list-style-type: none"> <li>• Prioritizing health activities according to donors is required.. Total amount for health sector in Jordan is 89 million dollars and for request for MoH is 67 million USD</li> <li>• Criteria will be developed on which type of activities shall be prioritized. It was clarified that there has not been any prioritization process relating to the health sector in Jordan. It is planned that the health sector will meet and review the projects submitted and developed list of prioritized projects. The priority will be given to ensuring basic and immediate needs are met in food, water, shelter, sanitation, health and ensuring that refugee rights are respected; priority will be given to activities that ensure inclusion of vulnerable groups e.g. disabled, elderly, female heads of households, unaccompanied children. Support to the National Health system is crucial. This does not mean that other projects will not be considered but that they will be given lower priority if the funding does not become available. Guidance exists within the health sector on which activities should be given priority in emergency settings e.g. from the SPHERE Handbook, Minimal Initial Services Package in Reproductive Health, IASC Guidelines on Mental Health and Psychosocial Support etc and these will be critical references in this process.</li> </ul>	
<p style="text-align: center;"><b>3. Health Sector assessment updates (MoH/WHO)</b></p> <ul style="list-style-type: none"> <li>• Health Facility assessment has been started by MoH supported by WHO</li> <li>• Data collection will be finished by June 26th, and results will be shared around mid-July.</li> <li>• The assessment will follow the Total Quality Management methodology, through a steering committee identifying the variables coming from the collected data</li> <li>• Health Facility Assessment will include Mafraq, Zarqa, Irbid, Ramtha, Jerash and Ajloun Governorates. Health facilities in Amman and those affiliated to NGOs will be covered later on.</li> <li>• Assessment will evaluate health facilities in terms of the number of the available beds, human resources, type of services provided, basic facilities, staff category and specialty, and the actual proportion of Syrians accessing the facility.</li> <li>• The goal of the assessment is to know the actual burden on health facilities in these areas, and to know who the recipients of the health services are.</li> <li>• Data will be collected through 2-3 data collectors for 3 days in each facility and will be using the retrospective approach in the hospitals, and the prospective approach in clinics and emergency rooms at hospitals</li> </ul>	

<p style="text-align: center;"><b>5. Measles in Jordan</b></p> <ul style="list-style-type: none"> <li>• Planning for out of camp measles vaccination campaign and Vit. A supplement has started for Mafraq and Irbid</li> <li>• Target group is 6 months- 15 years for measles , and 16 months -59 months for Vit. A</li> <li>• Will be targeting all nationalities including Jordanians, Syrians, Iraqis, and others</li> <li>• The number of cases confirmed to have measles are 54; 12 cases are from Zaatari, the rest are out of camp</li> </ul>	<p><b><u>A.P.(1): MoH to share the presentation showed in the World Health Assembly concerning the effect of Syrian crisis in Jordan</u></b></p>
<p style="text-align: center;"><b>6. Irbid Health Coordination Meetings – MoH</b></p> <ul style="list-style-type: none"> <li>• Irbid HCM is being held every two weeks on Tuesday at Irbid Health Directorate. The meeting is a good opportunity for the various NGOs working in the north to resolve many issues</li> </ul>	<p><b><u>A.P.(2): WHO to share the minutes of Irbid HCM</u></b></p>
<p style="text-align: center;"><b>7. Health sector Contingency Plan</b></p> <ul style="list-style-type: none"> <li>• A meeting to be held in order to discuss the contingency plan, to see how prepared we are, and whether or not more steps need to be taken.</li> </ul>	
<p style="text-align: center;"><b>8. Camps update -Azraq (IMC), EJC (ERC) , Za'atri (UNHCR)</b></p> <ul style="list-style-type: none"> <li>• EJC no updates provided</li> <li>• Azraq Camp: IMC has demarcated the land for the PHC, staffing and medications procurement issues are in process. UNHCR still searching for support for a hospital</li> <li>• Zataari Camp: Mortality rates stable. Burns are the second single most common cause of death in Za’atri. Significant burden of morbidity due to injuries. Need a better idea of the causative factors and whether there is more to be done in prevention.</li> <li>• Preparedness for diarrhoeal diseases outbreak including stockpiling, identification of site for treatment centre, enhancing surveillance, case finding, strengthening community response. A lot of work has been done in the context of an alert for bloody diarrhea.</li> <li>• Will be moving the medical screening to Raba Sahan</li> </ul>	
<p style="text-align: center;"><b>6. Sub sector working groups briefing</b></p> <p><b><u>Mental Health IMC</u></b></p> <ul style="list-style-type: none"> <li>• MHPSS assessment in Zaatari will start in one month using UNHCR/WHO toolkit; Agreement have been signed by IMC and WHO with EMPHNET for MHPSS assessment</li> <li>• Updated psychosocial document will be shared for Azraq Camp.</li> </ul>	

<p><b><u>RH</u></b></p> <ul style="list-style-type: none"> <li>• MISP assessment team has finished the final draft of the results which will be shared with the different health partners</li> <li>• IFH and JHAS are developing ANC awareness messages</li> </ul> <p><b><u>Nutrition (UNHCR)</u></b></p> <ul style="list-style-type: none"> <li>• Approval received from JFDA for importation of nutritional and related products to manage acute malnutrition.</li> <li>• Waiting for written approval of protocols from Ministry of Health</li> <li>• Will start SAM and MAM treatment in Za’atri and then outside of camp</li> <li>• Working on a detailed nutrition strategy for in and out-of-camps. This process is being led by SCF covering detailed nutrition interventions by life cycle e.g children less than six months, six to 23 months, children under five, pregnant and lactating women, elderly etc. This will allow nutrition actors to agree upon intervention strategies and consolidate the response.</li> </ul>	
<p style="text-align: center;"><b>9. Partners Updates</b></p> <ul style="list-style-type: none"> <li>• Caritas managed to allocated 10% of their budget to cover unregistered Syrian and Iraqi PoCs</li> <li>• QRC project will be re-launched in the Islamic private hospital.</li> <li>• Increased numbers of Iraqis in Zarqa area has been noticed by IMC</li> <li>• A child mental health specialist will be joining IMC clinics on Sunday to evaluate mental health programs for youth</li> <li>• IOM: more activities are taking place in Irbid concerning TB</li> <li>• Unicef: a meeting has been scheduled next Monday to discuss the issue of social mobilization for measles campaign</li> <li>• Aman Association: a large population of Syrians who moved from Mafraq seeking jobs is now residing in Jordan Valley and they lack health services. 600 families have been visited by Aman Association where they live in tents.</li> <li>• Two PHCs in Amman refused to provide health services for Iraqis.</li> <li>• UNHCR asked if people felt there should be more frequent meetings e.g very two weeks. Most people felt the current frequency was adequate as there were other meetings e.g. Irbid and Zaatri as well.</li> </ul>	<p><b><u>AP.(3): UNHCR to share the number of Iraqis residing in Zarqa currently</u></b></p> <p><b><u>AP. (4): UNHCR to follow on the issue of Syrian PoCs moved to Jordan Valley recently</u></b></p> <p><b><u>AP. (5): UNHCR to follow with MOH on clarifying their strategy of dealing with Iraq PoCs.</u></b></p>
<p style="text-align: center;"><b><u>Date of next meeting: end of May</u></b></p>	

**Attendees:**

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