

National Health Coordination Meeting

Date: Thursday 30th January 2014 **Venue:** Conference Room/WHO - Amman/ Duar Dakhliya

Time: 10.00am - 12.00pm

Participants: UNHCR, WHO, UNICEF, IOM, IMC, CVT, Aman Association, UNFPA, Caritas, HI, SCJ, Medair, USAID, MdM France, JHAS, Saudi Clinic, PU-AMI, IRD, QRC, EMPHNET, FRC, IRJ, OPM, MoH, UPP, SNAP

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. Jordan Valley Assessment findings and next steps-UNHCR
6. Discussion of Health Sector Steering Committee draft ToR, Sector workplan and Sector Working Group ToR
7. RRP 6 Reporting-Sharing of indicators for reporting-UNHC/WHO
8. Health Agency updates
9. Zaatari (UNHCR), Azraq (IMC, IFRC)
10. Subsector working groups RH (UNFPA), Mental Health (IMC?WHO), (Save the Children Jordan/UNHCR)
11. Community health task force update NCD Task Force
12. AOM

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none">1. Follow up on idea of operational guide on how to deal with Syrians at MoH facilities and raise this at the next meeting with MoH<ul style="list-style-type: none">• This was discussed with MoH. It was highlighted that there had been a lot of confusion at field level. Therefore, there was general agreement that a guide should be created that will inform how to act.• The drafting of this document has already started.2. Polio campaign : Done.3. IRD to share list of equipment with WHO and UNHCR so they can know who is applying what where : Done.4. UNICEF to share distribution plan : Done.5. IMC to share assessment results<ul style="list-style-type: none">• Being finalised, to be done in the next two weeks.• Preliminary results have been shared.6. UNHCR to circulate IRC presentation<ul style="list-style-type: none">• Not received. Waiting to circulate SOPs.7. JV Assessment, UNHCR to share final report<ul style="list-style-type: none">• Preliminary sent round. To be discussed today8. 5Ws agencies to input in relation to the 5Ws<ul style="list-style-type: none">• To be discussed today
	<p>➤ The operational guide is to be discussed at high level with the MoH and then to be approved by the minister.</p>

3. Situation update- UNHCR	
Summary of discussions	<ul style="list-style-type: none"> • Syrian population on 25th January registered at 592, 014. Registered refugees in Jordan. • Population of Zaatari: 85, 000. • Influx numbers have slowed. Average is 276 per day, whereas it was 374. • From 11th January biometric screening is to be carried out in Rabaa al-Sarhan prior to transfer to Zaatari. • Verifications started in Zaatari on 27th January so an accurate number of the population will be made available in 2 months. Routine vaccinations are to be a part of this. • Patient booklets are being given out with a photo and a barcode in an attempt to reduce duplication. Mid upper arm circumference screening will also be carried out. Information about the use of gas heaters will also be provided. • Azraq <ul style="list-style-type: none"> ○ Azraq could be opened in February, but this is dependent on the number of new arrivals over the next few weeks. ○ There is to be a higher level management meeting to decide when/conditions on which Azraq will be opened. ○ It was stated that even though the capacity of Zaatari is many more, it is difficult for security to maintain control if the population is greater than 80, 000.
Action Points	➤ None arising from this meeting

4. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> • The next Polio Update is to be from 2nd until 6th March. <ul style="list-style-type: none"> ○ There is an action plan ready. ○ There will be a training and orientation for the service providers when we know the fixed numbers of the team ○ There needs to be discussions with each of the governorates to organise the micro plan from the November and December updates. ○ It is important to find out where more mobile or outreach teams are needed. This will be based on information that has been collected from the ground. ○ According to the numbers from WHO there was a total coverage of 86.9% across the region. ○ The training session should be completed by 15th February. • Surveillance <ul style="list-style-type: none"> ○ This project is with MoH. It has 3 components : <ul style="list-style-type: none"> ▪ Capacity building-This has already started ▪ Updating of the guidelines ▪ Weekly bulletin-This will be shared with those present by early next week • It was noted that another case of Polio has ben reported in the Al-Hasaqeh province of Syria. This brings the total number of cases to 17. One of the previous cases was disregarded as it was a lab contamination.
Action Points	<ul style="list-style-type: none"> ➤ If any organisation has any high attendance events for Syrian refugees from 2nd to 6th March they must let Rana know.

5. Jordan Valley Assessment findings and next steps-UNHCR

Summary of discussions

- This was carried out in December.
- 24 tented sites have been affiliated with the Balqa Governorate and Irbid.
- The population is 1, 198 living in 318 tents. The average household size is 5.8.
- All of the tents had been registered in the UNHCR system but not all with the MoI. However, most have a security card but not issued in this governorate.
- Most moved from Mafraq to Jordan Valley: Only 8 sites reported moving to Jordan Valley for work purposes. Others because they were seeking warmer weather and because of the nature of their lives.
- All of the sites reported new-borns registered.
- Main source of income is agricultural work: There is a general shortage of food/NFIs
- Concerning water, it is being bought from the water authority. It is tested by the government at pick up point but not at point of consumption.
- Sanitation-public latrines are being used. There is to be intervention for the collection of solid waste.
- Reporting confirmed that there is sufficient food provided to last a week.
- Access to health facilities not assured because of issues with MoI registration.
- Vaccinations received during campaigns but low coverage for routine vaccinations.
- All essential services available at MOH except GBV, HIV, Mental Health
- After the middle of the month there has been a lack of certain medication.
- Education: 399 children in all the sites, none of which are in school on account of the transitory lifestyle.
- Next steps:
 - Vaccination discussed with local MoH. Awareness raising was suggested.
 - 2, 00 messages have been sent out to inform them that they have access.

Action Points	<ul style="list-style-type: none"> ➤ Suggestion to have a half day when the three Health Sector Assessments (JV, WHO/IMC Mental health and IMC health access) are presented. To be done towards the end of February.
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6. Discussion of Health Sector Steering Committee; Draft ToRs, Sector Workplan and Sector Working Group ToR	
Summary of discussions	<ul style="list-style-type: none"> • Suggestion to have a small steering committee to work outside of the regular monthly meetings to work on issues that are strategic and relate to the humanitarian sector in Jordan. <ul style="list-style-type: none"> ○ There are to be 5/6 actors who would work with WHO, UNHCR, MoH to assist and develop the workplan, ToRs, and link it with the Host Community Platform in order to assist and identify gaps in the response. <ul style="list-style-type: none"> ▪ The draft for this has been received ○ UNICEF is to be a key member and there is to be representation from NGOs/INGOs. Possible donor involvement. ○ There are to be around 2 extra meetings per month. ○ It was emphasised that the steering committee is to be strategic ○ MoH will have official representation
Action Points	<ul style="list-style-type: none"> ➤ The 8 organisations who raised their hands are to meet. ➤ Any questions on ToRs are to be sent to Ann. ➤ Any organisation interested in forming part of the committee are to email Ann and Dr. Sabree. ➤ Ann will get back with a time and date.

7. RRP 6 Reporting-Sharing of indicators for reporting-UNHCR/WHO

Summary of discussions	<ul style="list-style-type: none"> • Those who submitted through the RRP will have access to report before the end of the month. • A training will take place on the entering of data into the system. • UNHCR are compiling definitions. • For polio vaccine it was raised that there should be a target per round instead of overall target. This is to be discussed outside of this meeting.
Action Points	<ul style="list-style-type: none"> ➤ None arising from this meeting

8. Health Agency Updates	
Summary of discussions	<ul style="list-style-type: none"> • MdM France <ul style="list-style-type: none"> ○ District four health centre opened. In Zaatai the clinic was expanded in cooperation with Bright Future Mental Health. ○ There is to be sexual health information distributed in District 5 of Zaatari in February. • HI <ul style="list-style-type: none"> ○ Started physical rehab activities and psycho social support in Basma in January. ○ A centre is to be opened in Amman in February. • EMPHNET <ul style="list-style-type: none"> ○ Two training days on surveillance for action were completed in early January. ○ A total of 103 MoH staff have been trained ○ The MH and JV assessments are at the finalization stage. • IMC

- 200-300 consultations every day
- Assessment is the finalisation stage
- MH has visited EJC, however this is not on a daily basis.
- IRJ
 - In February there will be a clinic covering all refugees
 - Tertiary care is in Irbid and Amman and covers 30% vulnerable Jordanians.
- Save the Children
 - 6-23 month blanket distribution plan started using WFP distribution sites in Zaatari.
- IOM
 - Rabaa al-Sarhan is now up and running implementing vaccinations and medical screening.
 - At Rabaa al-Sarhan, WFP are providing 2, 200 kilocal food packages per person.
 - There is to be a caravan put in place for pregnant and breast-feeding women
 - There have been 8, 485 new arrivals ; 1, 629 screenings; 4, 401 children have been given Polio vaccinations.
 - All the people in Aqaba have been moved to Al-ghor
- USAID Polio Representative Update
 - Although there are 17 confirmed cases of Polio, the reality is likely to be close to 200.
 - Polio is seasonal, it is currently the low season. As the weather improves, it is likely that there will be an increase in the number of Polio cases.
 - It is important that it is known who is missed and to organise a plan of revisiting.
 - There have been positive sewage samples found in Israel and the Palestinian territories.

Action Points	➤ The results of the assessment from IOM is with WHO and is to be shared within the next week.
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9. Zaatari (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<ul style="list-style-type: none"> • Zaatari <ul style="list-style-type: none"> ○ Good rodent campaign; over 3, 000 rodents killed. ○ Late December there were 8 incidents of fire/heater related deaths. • Azraq <ul style="list-style-type: none"> ○ Azraq discussed putting together a list of barriers in opening the camp in the next two weeks.
Action Points	None arising from this meeting

10. Subsector Working Groups-RH (UNFPA), Mental Health (IMC/WHO), (Save the Children/UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> • RH • The ToRs were shared and the criteria but no organization seemed interested. <ul style="list-style-type: none"> ○ Surveys and studies: ○ IFH in EJC <ul style="list-style-type: none"> ▪ 350 sample' 19% pregnant and 79% have a follow up. Post partum, 16% follow up. ▪ 7% attend meetings on family health. ▪ Domestic violence is at 9.4%. Main types are psychological and verbal. Physical is 3% ▪ 23% torture cases in EJC

	<ul style="list-style-type: none"> ○ Jhas <ul style="list-style-type: none"> ▪ Average of 25 vaginal deliveries per week in District 5. ▪ There are 2 labour rooms with 6 delivery beds ○ MHPSS <ul style="list-style-type: none"> ▪ Presentation by independent contractor on stress management and option to conduct on the job coaching. ▪ IMC presented mhGAP curriculum and provided a snap shot of one of the modules. The plan is to continue a pilot phase with the MoH. ▪ 3 new organisations presented and all were interested in doing an assessment. All were requested to provide written explanations of the assessments so the group could agree. The group requested that the organisations delay assessments until they send something through the working group for approval. ○ RH (UNFPA) <ul style="list-style-type: none"> ▪ UNFPA/Amman-A new clinic will be opened in Al Nasser Area in Amman, a highly populated and low income area in Eastern Amman. ▪ UNFPA-After six months of establishing the basic delivery unit at District 5, Zaatari, UNFPA is going to increase the capacity of the delivery unit. ▪ UNFPA/JHAS-Clinics deal with around 25 NVD case per week ▪ UNFPA/IFH-Static clinic in the middle of the Jordan Valley, supported by a mobile clinic in the Northern Jordan valley to provide equitable access to the population. ▪ IMC-IMC conducted focus groups and in-depth interviews,
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with a total of 554 participants in 30 sites in Irbid, Ajloun, Jerash, Mafrq, Zarqa, Balqa, Amman, Madaba, and Ma'an. At each cluster site, IMC employed a combination shopkeeper/snowball recruitment methodology to select participants for the focus groups. The initial findings have suggested that there is a significant gap with regard to the provision of RH and MNCH services. Availability of OB/GYN services are perceived to be a large gap with limited services. Health facilities are overwhelmed, with overcrowding cited as a problem across respondent groups. Respondents also primarily sought reproductive healthcare only in case of emergency needs and for delivery itself. There was almost no mention of Syrians seeking routine antenatal care. It was reported that there are also insufficient services for children, despite the fact that assessment participants cited this as the primary reason for seeking healthcare. It was also reported that in most MoH facilities only general care was available and facilities have no capacity to provide specialized paediatric focused care.

- For Zaatari there is a plan to conduct ongoing RH awareness campaigns with IRC (24 volunteer), IRD (120 CHW) through Y-peer network. There was an increase in Neonatal deaths in December
- Poor management of medical waste in Zaatari increases the risk of infection. Medical wastes are removed from the sites only once a week.
- MDM will have a midwife and RH caravan. In February

	<p>UNFPA will provide FP kits.</p> <ul style="list-style-type: none"> ▪ RH working group discussed ToRs and the next step towards final circulation and endorsement. ▪ RH working group provided input to CEDAW's 6th report through meeting with JNCW and through email (coordinated by UNFPA)
Action Points	<ul style="list-style-type: none"> ➤ RH-Deployment of resources through mobile clinics and plan of immediate withdrawal when Azraq camp is opened

11. Community health task force update NCD Task Force	
Summary of discussions	<ul style="list-style-type: none"> • NCDs: It was proposed that a TF for this should be formed; Draft ToRs were circulated by UNHCR • MoH has already done a lot of work on NCDs in the Jordan context. • The TF should discuss whether NCDs are being addressed, the minimum standard drugs, home based monitoring and integrating NCDs into the contingency plans. • It was decided that there needs to be discussion on how to introduce NCD into the public health sector
Action Points	<ul style="list-style-type: none"> ➤ Circulation of the ToRs for the TF. ➤ Timeline to be set ➤ Invitation for this TF will be circulated. Interested members are to respond.

Attendance Sheet

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