

## National Health Coordination Meeting

Date: Thursday 27<sup>th</sup> of February 2014    Venue: Conference Room/ UNHCR - Amman/ Deir Ghbar

Time: 12:00 - 14:00

Participants: UNHCR, WHO, Caritas, CVT, MSF-H, EMPHNET, FRC, IMC, IFRC, IOM, IRD, RI, SAMS, JHAS, JICA, Mdm, Medair, OPM, PU-AMI, QRC, SCJ, UNFPA, UPP, USAID, UNOPS

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. SGBV SOPs Roll out
6. RRP 6 reporting and Dashboard
7. Health agency updates
8. Zaatari (UNHCR), Azraq (IMC, IFRC)
9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR/SCJ)
10. Task Force Updates: Community Health Task Force (IFRC,FRC) + Non Communicable Disease Task Force (WHO, MOH)
11. Feedback Health Sector Steering Committee (UNHCR, WHO)
12. AOB

## Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"><li>1. Operational Guidelines on access to services by refugees being developed by UNHCR and still in draft, waiting to meet with insurance department.</li><li>2. Vaccination campaign: Partners have until the 6<sup>th</sup> of March to let Rana know if they have any high attendance events for Syrian refugees from 2-6 March.</li><li>3. Half-day conference for assessment results to be presented will probably be third week of March; an invitation will be circulated.</li><li>4. IOM assessment results were shared.</li><li>5. For NCD task force, see update below.</li></ol>

3. Situation update- UNHCR	
Summary of discussions	<ul style="list-style-type: none"><li>• Number of registered Syrians: 577, 232 (as of 23 February 2014). Approximately 95,759 in Zaatari (based on WFP distribution for the first cycle of February). EJC: 3,794.</li><li>• Number of new arrivals continues to be at a higher level than it was for most of the second half of last year: 9,532 in January, and for the third week of February, 3,248.</li><li>• Reports of increased fighting across the border in Syria, and a marked increase in number of injured crossing; recently, 29 injured crossed in one day only (reported by MSF in Ramtha).</li><li>• Azraq: opening is still planned for third week of March; may be brought forward, depending on the number of arrivals in the next few weeks.</li><li>• Iris scanning is being done in Zaatari as part of verification process, and any individuals with double registration status are being identified. Overall numbers are going down, but numbers in Zaatari are going up.</li><li>• For new arrivals, iris scanning is being done in Rabaa Al Sarhan.</li><li>• The contingency plan prepared late last year accounted for 75,000 arrivals over three days, and is still valid. Supplies should be updated, but we are well prepared for an influx. Azraq can take around 15,000, and Zaatari still has some capacity.</li></ul>

Action Points	<ul style="list-style-type: none"> <li>• None arising from this meeting</li> </ul>
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4. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Third round of the campaign will be launched in Mafraq governorate on Sunday 2 March at 8 am.</li> <li>• Microplan was well-prepared; very good communications strategy, which started a few weeks ago, with high levels of involvement.</li> <li>• Polio Control Room meeting today afternoon at 2 pm; all technical people working on the follow-up are involved (planning, M&amp;E, post-campaign evaluation of the polio campaign).</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting</li> </ul>

5. SGBV SOPs Roll out	
Summary of discussions	<ul style="list-style-type: none"> <li>• At the December meeting, there was a presentation by IRC outlining the CP and GBV SOPs. IRC and IMC are working with the CP and GBV working groups to train different sectors on the SOPs.</li> <li>• An e-mail will be circulated to invite health sector staff to the trainings. These are a series of two-day trainings on the SOPs, and will mainly focus on the roles of health sector providers, identification of GBV and CP cases within health sector services and referral mechanisms (e.g., what a health provider should do if they see an SGBV case). They also cover the issue of mandatory reporting, which is a big concern for health sector providers, and how to manage that within the operational context.</li> <li>• First training is taking place in Amman, then Irbid; trainings have been arranged on a geographical basis.</li> <li>• Health sector strongly encourages as many people as possible to go, as this is an area that needs further development in the health sector. Most agencies should send staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Trainings will be in Arabic and English, and are being done in conjunction with the National Council for Family Affairs. Some MOH staff will be involved at a more senior level.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR to circulate invitation and schedule for trainings.</li> </ul>

6. RRP 6 reporting and Dashboard	
Summary of discussions	<ul style="list-style-type: none"> <li>• As January was the first month data was being collected through the RPP6 Monitor database in ActivityInfo, there were some glitches, and some changes still have to be mind. One very successful aspect of this round of reporting has been the collection of gender and age-disaggregated data.</li> <li>• Thank you to everyone who inputted information. The dashboard is available on the UNHCR inter-agency portal (<a href="https://data.unhcr.org/syrianrefugees/download.php?id=4565">https://data.unhcr.org/syrianrefugees/download.php?id=4565</a>)</li> <li>• MHPSS will be revising their target, as the relevant indicator was changed from number of <u>persons</u> receiving consultations to number of <u>consultations</u> provided.</li> <li>• There was a regional meeting several weeks ago, where a regional dashboard for Health was discussed. We will be adding one indicator to our dashboard: number of consultations in PHC services, which should be easy to collect. Indicators for the regional dashboard: number of children under five vaccinated for the polio campaigns.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ PHC indicator to be added to dashboard.</li> </ul>

## 7. Health agency updates

Summary  
of  
discussions

### **Qatar Red Crescent**

- Delegation in Jordan started in November 2013; mandate is to cover 100 percent of treatment and rehab for wounded crossing borders. Referral system is currently from Ramtha border; a medical team (three doctors) working 24 hours in Ramtha hospital, refers to contracted hospitals in Amman - Islamic Hospital, as well as Dar al Salam and Shami Hospital (for eye surgery). Cover expensive procedures such as spinal surgery, eye surgery, etc. Have seen some cases of children. Would like to better coordinate with other agencies working on similar cases.
- Also have a programme for kidney dialysis patients from Zaatari camp (20 patients referred by UNHCR), mission will be until end of March, with possibility of extension until the end of the year.
- Number of patients requiring post-operative care is getting higher, including people returning to Zaatari from hospitals in Amman; those with external fixation, for example, have nowhere to go for treatment.
- QRC is also covering rehab sessions for the wounded.

### **Medair**

- Started treatment of MAM with JHAS about a month ago; 156 PLW served with SuperCereal who were screened in the period before, plus 33 children under 5.
- UNICEF does health education in clinics, and Medair also has an outreach programme.
- Number of children with SAM outside camps: only a few cases (in Zarqa 1 boy, 1 girl and Irbid 2 girls). Rest of cases all detected in Zaatari camp (5 boys and 18 girls).
  - The higher percentage inside Zaatari might simply be a reflection of the fact that in the camp, individuals seek PHC at JHAS clinics, and so can be easily identified, while in urban settings approach other clinics, not only JHAS.

- Does MUAC screening also happen at community level in urban? Yes, but there is a challenge in contacting people after they have been referred. One attempt to resolve this is that people are being asked to provide two phone numbers for contact.

**SCJ**

- MUAC screening identified 27 SAM cases and 106 cases in Zaatari. Number has decreased since June. Targeted distribution took place on 26 February in Zaatari, attended by 106 children and 24 PLWs.

**IOM**

- New arrival MUAC screening: had a meeting with UNICEF and SCJ, will soon have six nurses in Rabaa al Sarhaan doing MUAC screening. Caravan will be moved within the next week.

**IRD**

- Provided supplies and equipment to 26 health centres (distributed among Amman, Irbid, Mafraq, Ramtha, Karak, Zarqa and Maan) and trained staff to use equipment. Patients have reported satisfaction with improvement of services.
- Community Health volunteers continue referring Syrians and Iraqis to clinics, and providing health education and brochures.

**IMC**

- Programmes in Dleil Hospital and MedEvac Clinic in Rabaa al Sarhan in cooperation with JHAS are continuing as usual.
- Programme in Mafraq Rehabilitation Center in cooperation with AMAN continuing as usual.
- Mobile Medical Units have visited all of Amman's northern governorates this year and are providing around 1,000 consultations per week. Liase with CBOs to advertise clinics.

	<ul style="list-style-type: none"> <li>• School Outreach Activities with a GP, Nurse, and Case Managers visiting schools started last week.</li> <li>• Azraq preparations continue with Village 6 PHC Clinic 80 percent completed.</li> </ul> <p><b>JHAS</b></p> <ul style="list-style-type: none"> <li>• Zaatari JHAS/UNHCR comprehensive health center will be operational on 1 April; space of 1000 Sq meters, functioning 24 hours, providing primary healthcare, and secondary and tertiary healthcare through referrals; mental health services through IMC, and rehabilitation through Handicap International; reproductive health and delivery services under UNFPA</li> </ul> <p><b>EMPHNET</b></p> <ul style="list-style-type: none"> <li>• Carried out a polio campaign evaluation in Zaatari camp</li> <li>• Mental health assessment will be finalized</li> </ul> <p><b>UNFPA</b></p> <ul style="list-style-type: none"> <li>• UNFPA/JHAS Zaatari clinic is delivering around 25 non-complicated cases a week, and referring around 25 complicated cases outside the camp</li> <li>• UNFPA is ready with RH kits for contingency planning</li> <li>• Will recommend clinical references for providers according to the already developed clinical guidelines and strategies in Jordan, all of the recommended documents will be uploaded to the RH page on the UNHCR inter-agency portal.</li> <li>• MoH nurse will join UNFPA/JHAS EPI nurse to provide vaccination service to increase the coverage of TT vaccination and child vaccinations.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR will follow up regarding issues regarding ongoing care for war wounded.</li> </ul>

8. Zaatari (UNHCR), EJC (ERC), Azraq (IMC, IFRC)	
Summary of discussions	<p><b>Zaatari</b></p> <ul style="list-style-type: none"> <li>• Verification is ongoing, now covering 1,500 persons a day. Includes routine vaccination, catch-up of children under 5 and TT in women of reproductive age, MUAC screening and issuing of health booklet.</li> <li>• A lot of work underway in preparation for polio campaign.</li> <li>• Number of TT vaccinations depends on patient history; if no previous history, will give five; if some history, plan is to do at least two boosters.</li> </ul> <p><b>Azraq</b></p> <p><u>IMC</u></p> <ul style="list-style-type: none"> <li>• Remobilizing supplies and attention for reopening, going forward with hiring of some essential staff, will be ready in mid-March for PHC in Village 3, which will at first be a 24-hour clinic; when Village 6 becomes populated, will move comprehensive services there and keep Village 3 as a health post.</li> </ul> <p><u>IFRC</u></p> <ul style="list-style-type: none"> <li>• Hospital structure is pretty much ready, apart from auxiliary buildings (which will take a month to complete once funds are released); now looking at drugs and HR resources.</li> <li>• Emergency Response Unit hospital initially set up with tents, capacity of 130 tents, small theatre, waiting on feedback from Geneva regarding capacity of the lab.</li> <li>• Phased approach still pending.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from meeting.</li> </ul>

## 9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR)

Summary of discussions	<p><b>Reproductive Health</b></p> <ul style="list-style-type: none"><li>• Monthly working group meeting was held in Amman on 26 February. One very important point arising from the meeting is that midwives not currently working with MoH are not allowed to insert IUDs; outside of MoH facilities, only physicians are allowed to do so.</li><li>• RH mapping: according to organizations who provided feedback, there are 35 facilities providing clinical RH services (of which UNFPA supports 27, for partners JHAS, IMC, UPP/JWU, IFH/NHF, AMAN); other partners are IRC, Saudi clinics, MDM, MFH, Islamic health center. Services provided include antenatal care, post-natal care, family planning, STIs management, RH awareness, normal vaginal deliveries by UNFPA/JHAS and C-section by MFH.</li><li>• Zaatari RH campaign is under preparation, and will be a collaboration between UNFPA Y-peer network trainers, IRC, UNHCR/IRD and UNFPA/JHAS; training is expected to start after vaccination campaign.</li></ul> <p><b>MHPSS</b></p> <ul style="list-style-type: none"><li>• Monthly working group meeting was held in Amman on 19 February. The group's ToRs were reviewed, as were the MHPSS indicators for the RRP6 dashboards (Health and Protection). It was also noted that where possible, all actors working in MHPSS should attend the meetings to coordinate better, particularly those working on psychosocial services.</li><li>• IMC and WHO presented the findings of the mental health assessment. Presentation can be downloaded from the MHPSS page on the UNHCR inter-agency portal (<a href="https://data.unhcr.org/syrianrefugees/download.php?id=4738">https://data.unhcr.org/syrianrefugees/download.php?id=4738</a>)</li></ul> <p><b>Nutrition</b></p> <ul style="list-style-type: none"><li>• Supplementary feeding programme is ongoing with Medair (communities) and SCJ (Zaatari).</li><li>• IYCF consultant recruited by UNICEF arrived in Jordan, will be based in SCJ and provide technical assistance, evaluating IYCF programmes in Jordan and IYCF interventions in the region.</li><li>• Call for proposals for Nutrition Survey was sent out, deadline to apply is Sunday 2 March.</li></ul>
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	<ul style="list-style-type: none"> <li>• As use of F100 and F75 for SAM has only been approved for Syrians, working group will discuss this issue to see if something equivalent can be prepared and used at Jordan University Hospital.</li> <li>• Next working group meeting will be held on 4 March</li> </ul>
Action Points	➤ None arising from this meeting.

10. Task Force Updates: Community Health Task Force (IFRC,FRC) + Non Communicable Disease Task Force (WHO, MOH)	
Summary of discussions	<p><b>Community Health Task Force</b></p> <ul style="list-style-type: none"> <li>• Meeting was held last week, around 10 agencies are participating. Next meeting is 19 March.</li> <li>• Draft ToRs for the task force are being circulated. When they are ready, can be reviewed by health sector working group.</li> <li>• Agreed on ToRs for Community Health Volunteers, to be endorsed at next meeting.</li> <li>• Community Health Strategy should be endorsed at next meeting.</li> <li>• Compiling an IEC material matrix with UNHCR to map all the existing material and review and adapt so as to avoid unnecessarily producing more materials.</li> <li>• At the next Health Coordination Meeting will present current results of work.</li> <li>• Will try to have a member of task force attending sub-working group meetings (where this is not already happening).</li> </ul> <p><b>NCD Task Force</b></p> <ul style="list-style-type: none"> <li>• Composed of several agencies including MoH, UNHCR, WHO, international NGOs; met three times in February.</li> <li>• Drafted ToRs and general agreement.</li> <li>• Covering both refugees and host community.</li> <li>• Have had several discussions on accommodating different technical requirements of MoH and other agencies; working on minimal diagnostic standards and provision of services for NCDs; defining priority NCDs; reviewing national guidelines available.</li> <li>• Objectives include: 1) review what is in Sphere; 2) support MOH with the guidelines; 3) define which essential medicine to be used; 4) assess availability of lab equipment.</li> </ul>

	<ul style="list-style-type: none"> <li>• Community health volunteers may have a role with following up on NCDs and other chronic diseases at community level.</li> </ul> <p>UNHCR is looking to have a separate page on the portal for the task forces, where minutes and other relevant materials will be available; still working out technical issues.</p>
Action Points	<ul style="list-style-type: none"> <li>➤ IEC material matrix to be circulated so all agencies can fill out as relevant.</li> </ul>

<b>11. Feedback Health Sector Steering Committee (UNHCR, WHO)</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• Agencies who volunteered met for the first time on 25 February: WHO, UNHCR, IMC, MDM, UNFPA, UNICEF, MOH and USAID. Idea is that the committee will support the work of the sector in in terms of strategy.</li> <li>• At the meeting, committee ToRs were discussed, including the possibility of changing the name to Strategic Advisory Group; also revised the ToRs of the sector working group - these will be shared for feedback, and finalized afterwards.</li> <li>• One next step is for committee to develop a draft workplan for the SWG.</li> <li>• One of the major challenges we have had is the large number of people wanting to come in and conduct research among the refugee community. Recently someone had ethical approval from a US university to conduct research on MH, with the facilitation of an agency working in Jordan but not part of the MHPSS group; committee will develop guidelines for external actors outlining what the process is for research. Will be shared with the working group.</li> <li>• Also looking at a Humanitarian Health Strategy; the RRP document had some limitations (such as word limit), the strategy portion of it can be fine-tuned and expanded. There is also a need to link with the ongoing National Resilience Plan, and with different host community task forces including Health, to ensure that the work in humanitarian sector links with the development world.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Health Sector working group ToRs to be shared for feedback.</li> </ul>

12. AOB	
Summary of discussions	<ul style="list-style-type: none"> <li>• Only nine agencies have completed the 5Ws information. Agencies are being requested once again to complete the required information, so we can have an accurate picture of what services are being provided.</li> <li>• IMC reported that at a sub-working group meeting, an NGO working outside the health sector reported cases of polio not being brought to the attention of the health authorities. Such allegations can have disastrous consequences. <ul style="list-style-type: none"> <li>• Should be brought to the ISWG in terms of advocacy. Need to be very careful on accurate reporting particularly on issues related to Public Health.</li> <li>• MOH is producing a weekly epidemiological bulletin (<a href="http://www.emro.who.int/jor/jordan-infocus/weeklybulletin.html">http://www.emro.who.int/jor/jordan-infocus/weeklybulletin.html</a>)</li> </ul> </li> <li>• Referral matrix which was circulated by other sectors will use the existing service guide for health.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Discuss issue of advocacy and public health with ISWG.</li> </ul>

#### Attendance Sheet

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