

## National Health Coordination Meeting

Date: Thursday 24<sup>th</sup> of April 2014    Venue: Conference Room/ WHO - Amman/ Duar Dakhlia

Time: 12:00 – 14:00

Participants: MoH, UNHCR, WHO, PU-AMI, MSFF, MSF Spain, Medair, IRC, IFH, OCHA, IOM, UNICEF, JHAS, Relief Initiative, Caritas, RHAS, EMPHNET, IFRC, IMC, UNFPA, Mdm

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. JHU Survey (WHO/UNHCR/IRC)
6. Short Presentation of survey results of Household Survey on Health Access in out-of-camp refugees (UNHCR)
7. Training of Health Staff in Management of Non-Communicable Diseases (UNHCR)
8. RRP 6 update and Revision Process (UNHCR/WHO)
9. Regional TB Concept Note for Global Fund
10. Emergency Response Fund Upcoming Call for Proposals
11. Health Agency Updates

12. Zaatari (UNHCR), Azraq (IMC, IFRC)
13. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)
14. Task Force Updates: Community Health Task Force (IFRC, FRC) + Non Communicable Disease Task Force (WHO, MOH)
15. Proposed Assessments
16. AOB

## Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"> <li>1. UNICEF polio plan still being finalized</li> <li>2. Coordinated Needs Assessment SOPs finalized and on portal (<a href="https://data.unhcr.org/syrianrefugees/download.php?id=5229">https://data.unhcr.org/syrianrefugees/download.php?id=5229</a>)</li> <li>3. 5Ws will be on portal 2<sup>nd</sup> week of May</li> <li>4. UNICEF to share tally sheet for immunization</li> <li>5. Permethrin used for lice is 1% and scabies is 5%. In general permethrin will only be used for lice treatment in resistant cases. <ul style="list-style-type: none"> <li>o Benzoate for scabies will be available in MoH health facilities. Based on reports from JHAS, difficult to get benzoate from MoH. Many refugees approaching JHAS asking.</li> <li>o In south of Jordan there is an increase in scabies cases, JHAS provided MMU but was not enough. Will receive an additional 2,000 bottles of permethrin within two weeks.</li> <li>o WHO guidelines say permethrin should be used first, as it is effective after 8 - 12 hours, and this is why UNHCR procured permethrin. Even though MoH has benzoate, they don't prescribe it to everyone who has scabies.</li> </ul> </li> </ol>

	<ul style="list-style-type: none"> <li>○ Mafrag health officer reported to USAID that they confiscated smuggled benzoate from Syria.</li> </ul> <p>6. IEC material matrix was circulated</p> <p>7. Issue of actors reporting cases of polio in other working group meetings was raised at last ISWG meeting; people were asked to report any suspected polio cases to someone working in the Health sector.</p>
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3. Situation update- UNHCR	
Summary of discussions	<ul style="list-style-type: none"> <li>• Registered Syrians: 593,540 <ul style="list-style-type: none"> <li>○ From 1<sup>st</sup> January-19<sup>th</sup> April, 58,160 newly registered. Of those who came into Jordan in that time, 8% are not new arrivals.</li> <li>○ Vast majority still entering eastern border, injured or serious medical problems may enter through western border.</li> </ul> </li> <li>• Waiting time for renewals: 3 months for Syrians and 25 days for Iraqis except in Irbid where the waiting time for Syrians is 23 days. <ul style="list-style-type: none"> <li>○ Medical cases can benefit from fast-track renewal.</li> </ul> </li> <li>• Azraq will open on the 30th of April.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>• None arising from this meeting.</li> </ul>

4. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>• 39 cases in Syria and one in Iraq.</li> <li>• Jordan conducted three NIDs, most recent in March. Administrative coverage of all these in Jordanians exceeded 100%.</li> <li>• Routine EPI coverage is 95%.</li> <li>• Still a big gap in AFP surveillance. Two weeks ago a rapid assessment of AFP in Amman governorate was conducted. Main gap is a knowledge gap in clinicians, many of whom are hesitant to report AFP cases. They are reporting only confirmed cases of polio. There is a plan to address this issue, which was observed in both private and public hospitals.</li> </ul>

	<ul style="list-style-type: none"> <li>• Additionally, there is a project with MoH/WHO for refresher training about case definition of communicable diseases including cases of AFP. Jordan has been polio-free for over 20 years. Trying to ensure that new doctors are aware of case definitions</li> <li>• Also an ongoing WHO/MoH project to introduce electronic reporting by tablet in 52 health facilities, both communicable diseases and NCDs.</li> <li>• Going to finalize identification of high risk areas.</li> <li>• Immunization week being launched today.</li> <li>• Have to enhance active surveillance for AFP cases. Yesterday there was a training on this, many focal points attended this workshop.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

5. JHU Survey (WHO/UNHCR/IRC)	
Summary of discussions	<ul style="list-style-type: none"> <li>• MoH/UNHCR/WHO/JHU/IRC/JUST survey.</li> <li>• Household survey, perception of population related to health. We've already worked on needs related to health, this approach will be more focused on living conditions, healthcare-seeking behaviour, pregnancy, cardiovascular diseases, hypertension, diabetes.</li> <li>• Johns Hopkins team will be here in a few days; expected time to start survey is beginning of June.</li> <li>• Will target northern and central areas, still in discussion about the south. <ul style="list-style-type: none"> <li>○ Decision will be taken according to methodology and discussion with partners.</li> </ul> </li> <li>• Difficulty sampling out of camp, 1500 households. Will use the same sampling methodology that was used in the Nutrition Survey, use UNHCR Registration database and randomly select rather than going to the site and then choosing.</li> <li>• Will use tablets with 3G for both speed and quality.</li> </ul>

Action Points	➤ None arising from this meeting.
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6. Short Presentation of survey results of Household Survey on Health Access in out-of-camp refugees (UNHCR)	
Summary of discussions	<p><u>Main findings</u></p> <ul style="list-style-type: none"> <li>• 491 households enrolled</li> <li>• 3,463 household members recruited (female 54.7%)</li> <li>• Average household size was 7</li> <li>• Dates of arrival in Jordan varied from March 2010 to January 2014</li> <li>• 98% have a MoI service card; 91.1% live in the same governorate the card was issued in; 91.7% know that children under 5 have free access to vaccination; 96.3% know that all refugees registered with UNHCR have free access to governmental services at primary health centres and hospitals; 65.8% are aware that refugees who can't access governmental health services can be assisted through UNHCR-supported health facilities including clinics and affiliated hospitals</li> <li>• Only 55.8% of children have vaccination cards</li> </ul> <p><i>For other findings, see attached presentation</i></p> <p><u>Discussion</u></p> <ul style="list-style-type: none"> <li>• Doing very good job but room for improvement. Only 56% have immunization card. In Syria immunization card is valued by parents.</li> <li>• Those spending money on health, who are they paying? MoH services should be free. <ul style="list-style-type: none"> <li>○ For non-registered refugees, MoH has three different price lists. The foreigner price list is high.</li> <li>○ Probably could have used MoH services but maybe certain items of prescription were not available.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>• 20% consulting private facilities; why? Some people can afford to go, and do so. We need to differentiate between those who choose to go and those who are forced to go.</li> <li>• Methodology: percentage of the respondent rate? Was there any plan or need to verify the information being collected? Actually look at reaching population without phones? How high is that percentage? Especially looking at access and utilisation issues. <ul style="list-style-type: none"> <li>○ We believe that most people who came here for reasons relating to the conflict are registered. Number of MoI cards government has issued to Syrians is very close to number of Syrians UNHCR has registered. Most people have a telephone number in the registration database, but some phones are shared. We do have numbers for people who were not able to be reached (16%), but they were replaced. Very few did not want to take part, it was more that they could not be reached. Shortcoming is that can't verify that they have vaccination card, or MoI card.</li> <li>○ This survey was run at a low cost, people sitting in a room calling; not an extensive assessment, but something to add to what we already know. Will be repeated in three months.</li> </ul> </li> <li>• Newborn screening was not covered, MoH screens for PKU, hypothyroidism and galactosemia and Syrian newborns are included. Total tested has increased by 10%.</li> <li>• Operational definition of private sector may be unclear. GP, hospital, church hospital, specialists. JH survey will look at different types of facilities.</li> <li>• We didn't see the difference between the governorates, according to PU-AMI up to 30% have an expired MoI card so cannot access MoH facilities. <ul style="list-style-type: none"> <li>○ Yes, in certain governorates, pockets it's different. This was overall.</li> </ul> </li> <li>• Three months from now, will it be the same cohort or new refugees? <ul style="list-style-type: none"> <li>○ Will be random again, without the polio questions.</li> </ul> </li> <li>• Coverage 74%, did you ask about causes of non-vaccination, and what are our recommendations? <ul style="list-style-type: none"> <li>○ There is another presentation on this. Consistent with findings of rapid assessments by IMC and IOM.</li> </ul> </li> </ul>
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Action Points	➤ None arising from this meeting.
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7. Training of Health Staff in Management of Non-Communicable Diseases (UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> <li>• UNHCR is arranging an NCD training for clinical staff as well as nurse/health educators. This will be two different trainings. The one for clinical staff will be two identical 6 day sessions, one following after the other to allow as many as possible to attend.</li> <li>• The train will be based on national guidelines where they exist and international ones if no national ones</li> <li>• The main focus of the teaching will be on the adoption and use of guidelines for better care of patients. The aim is to empower and give confidence to non-hospital specialists who are having to deal with patients with NCDs on a daily basis, allowing them to be more confident in their management, more rational in their prescribing and more selective in their referrals for specialist care.</li> <li>• The draft content of both trainings has been circulated to the NCD Task Force and waiting feedback.</li> </ul>
Action Points	➤ Training content and methodology to be further discussed at the NCD Task Force

8. RRP 6 update and Revision Process (UNHCR/WHO)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Review will be a relatively light process, much of the work was already done last year when the plan was developed.</li> <li>• Starting late April/concluding 30<sup>th</sup> of June.</li> <li>• Main focus of the changes, if any, will be at output and activity level, made by agencies who are appealing, on ActivityInfo.</li> <li>• Target population is still 800,000. Planning figures have been confirmed.</li> <li>• We expect to reduce the amount that is being appealed for. One reason for this is that we'll be looking at shifting projects to the NRP. Second, if projects haven't been funded by now, what you've submitted was a budget for the whole year so the total amount should be reduced. Aim is to reduce.</li> </ul>

	<ul style="list-style-type: none"> <li>• Certain projects which are now covered under NRP, or double appeals by UN agency and NGO, will need to be looked at.</li> <li>• There may be some changes to the outputs. <ul style="list-style-type: none"> <li>◦ Outputs that may change are under objective 3, support to MoH which will now go to the NRP.</li> </ul> </li> <li>• SAG is meeting on Tuesday 29<sup>th</sup> April, propose we look at projects under NRP and RRP, modify the criteria as to what will go under NRP and RRP, also look at whether or not any changes will be made to the wording of outputs or if they will be consolidated.</li> <li>• Timeframe: database will open from 5<sup>th</sup> until 11<sup>th</sup> May. Health Sector will meet next Sunday, 4<sup>th</sup> May, so we can discuss and answer any questions.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Circulate the instructions for review.</li> <li>➤ Health Sector Meeting to Discuss review on 4<sup>th</sup> of May.</li> </ul>

9. Regional TB Concept Note for Global Fund	
Summary of discussions	<ul style="list-style-type: none"> <li>• WHO/UNHCR/IOM/National Tuberculosis Program (NTP) have contributed to a Regional Concept Note on TB in Syrians which will be submitted to the GFATM</li> <li>• The goal is to enhance and strengthen existing response in Jordan, Lebanon, Iraq and Syria.</li> <li>• Global Fund will then say if they accept a proposal.</li> <li>• UNDP is leading, latest version of document has been shared with NTP Jordan. Submission is on 1<sup>st</sup> of May.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

10. Emergency Response Fund Upcoming Call for Proposals (CFP)	
Summary of discussions	<ul style="list-style-type: none"> <li>• OCHA received all priorities from the sectors, compiled them and sat with the RC/HC and Regional Refugee Coordinator.</li> </ul>

	<ul style="list-style-type: none"> <li>• Main focus of CFP will be on most vulnerable population groups in the host community, more weight will be given to them.</li> <li>• Letter is being signed today and CFP will most probably be launched today.</li> <li>• Accepting proposals mainly from NGOs, in the past IOM and UNRWA have benefitted but might have been exceptional basis.</li> <li>• Will give 2-3 weeks timeframe, already conducted workshop for national and INGOs on process of proposal writing.</li> <li>• There is about USD5 million in total; normally USD250,000 per proposal for first-time NGOs, if they already proved capacity to deliver, can apply for USD500,000.</li> <li>• Some capable NGOs can receive two grants.</li> <li>• More than one proposal can be submitted by an NGO.</li> <li>• There's another mechanism for submitting proposals outside the call, throughout the year you can also submit proposals.</li> <li>• Line ministries cannot apply. You can have cooperation with government ministries but they cannot apply themselves.</li> <li>• NGOs have to be part of the coordination mechanism/RRP.</li> </ul>
Action Points	➤ Any agencies with questions about the call can contact OCHA.

11. Health Agency Updates	
Summary of discussions	<p><u>IMC</u></p> <ul style="list-style-type: none"> <li>• Halted MMU and school screening programmes, as preparing for Azraq; will continue as soon as things in Azraq are running well.</li> <li>• Healthy lifestyle programme is ongoing and expanding to north soon.</li> <li>• Abu Nseir clinic serving Iraqi and Syrians.</li> <li>• Azraq facilities are becoming operational.</li> <li>• Finished mhGAP training for 35 participants.</li> </ul>

- Finishing and equipping two clinics in Irbid for MH. Drug list being revised by HQ. Some of the items in the UNHCR/WHO list are not available locally.

#### MSF Spain

- Submitted a proposal for NCDs and mental health project, approved by MoH, awaiting MoPIC approval. For two clinics, in Ramtha near the border.
- After three months of assessment, trying to address certain gaps. Support activities for both Jordanians and Syrians.

#### IRC

- Supporting two health facilities, Mafraq and Ramtha.
- Proposal to PRM was approved for community outreach, piloting in Mafraq, using 12 volunteers plus medical doctor and nurse. At the moment, strategy with mobile outreach team, providing PHC and RH.
- Trying to improve access particularly for RH services at the clinics as numbers are low.

#### JHAS

- New UNHCR/JHAS comprehensive centre in Zaatari district 2 now functioning, 24/7, providing PHC, referrals, emergency department, RH services in coordination with UNFPA, rehab in coordination with HI, mental health in coordination with IMC.
- 9,000 bottles of anti-lice medication will be donated to JHAS by IOCC. Available for coordination with NGOs/health entities if they need anti-lice medication, in urban and camp. Anyone who is interested can contact JHAS.

#### UNHCR

- MoH/UNICEF/WHO have developed a brochure to raise awareness regarding routine immunization. UNICEF has provided UNHCR with large number of brochures, if NGOs want some, contact Rana Tannous ([tannous@unhcr.org](mailto:tannous@unhcr.org)). Can be picked up from UNHCR Khalda. Boxes contain 3,000, so quantities should be multiples of 3,000.

#### MoH

- Facing a challenge with newborn screening, blood collected from NGOs increased 10%; staff shortage, only one central laboratory, collect samples from all the country. Area of interest for NGOs if they want to invest in this. Current delay for results is almost two weeks.

	<ul style="list-style-type: none"> <li>Two cases of metabolic disorder from Syria were detected since start of 2014 who require special milk.</li> </ul> <p><u>IOM</u></p> <ul style="list-style-type: none"> <li>Arrival of a new Humanitarian Emergency Coordinator, Yoshiko Hasumi, who will be attending the monthly coordination meetings from now on and providing support at regional level. Dr Dalila Camargo will continue providing support, but at directorate level.</li> </ul>
Action Points	➤ None arising from this meeting.

12. Zaatari (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<ul style="list-style-type: none"> <li>Azraq: village 3 clinic nearly completed, furniture is there, staff doing simulation, almost everything in place.</li> <li>Zaatari: Nutrition Survey was completed there and GAM was around 1.5% by MUAC and 1.2% weight for height. Anaemia 49% in children under 5, and 44% in women of reproductive age. Out of camp survey still ongoing, will finish at the end of the month.</li> </ul>
Action Points	➤ None arising from this meeting.

13. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)	
Summary of discussions	<p>RH</p> <ul style="list-style-type: none"> <li>Monthly meeting held 17<sup>th</sup> April, formed small task forces to work on performance checklists.</li> </ul>

	<ul style="list-style-type: none"> <li>• UNFPA/WHO signed a memorandum of support with MoH to supply IUD kits to 20 centres.</li> <li>• UNFPA procuring FP items (contraceptive pills, condoms, injections, IUDs) to support MoH response.</li> <li>• Neonatal/ Maternity assessment: Zaatari resuscitation devices and increasing capacity of delivery unit have been achieved.</li> <li>• RH campaign in Zaatari: produced leaflets on breastfeeding, danger signs during pregnancy, and FP, which include map to RH services in Zaatari; distributed with dignity kits. IRC, IRD, JHAS participating.</li> </ul> <p><u>Mental health:</u></p> <ul style="list-style-type: none"> <li>• Monthly meeting held 16<sup>th</sup> April, ERF priorities discussed with the group, ERF staff presented on the CFP.</li> <li>• Update received from several MH actors regarding an increased caseload of Syrian refugees in Zarqa and east Amman.</li> <li>• Iraqis with expired certificates reported they are not receiving services from MoH facilities.</li> <li>• MHPSS group will be reviewing and discussing forms for research proposals.</li> <li>• From January to end March 643 Syrians were provided with services in two community MH centres in Amman and Irbid.</li> <li>• Up to now staff in 16 PHC centres were trained with mhGAP programme to identify and respond to MH issues.</li> <li>• WHO/MoH hoping to open a new ward for MH in June in the south.</li> <li>• Nutrition: <i>see Zaatari update above</i></li> </ul>
Action Points	➤ None arising from this meeting.

14. Task Force Updates: Community Health Task Force (IFRC, FRC) + Non Communicable Disease Task Force (WHO, MOH)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Community Health Task Force: met last week, looking at gaps. SCJ joined the meeting, and other organizations doing community activities should continue to join. ToRs were finalized and now on portal: <a href="https://data.unhcr.org/syrianrefugees/download.php?id=5358">https://data.unhcr.org/syrianrefugees/download.php?id=5358</a>)</li> </ul>

	<ul style="list-style-type: none"> <li>NCD Task Force: last meeting was postponed to next Monday. On the agenda are a presentation on Harvard results of survey, MoH pilot of online registry, presentation by HI, MSF Holland presentation on consolidating standards.</li> </ul>
Action Points	➤ None arising from this meeting.

15. Proposed Assessments	
Summary of discussions	<ul style="list-style-type: none"> <li>As indicated in the Coordinated Needs Assessments SOPs, each meeting will have an agenda item for proposed assessments to be discussed.</li> <li>No proposed assessments were brought up.</li> </ul>
Action Points	➤ None arising from this meeting.

16. AOB	
Summary of discussions	<ul style="list-style-type: none"> <li>Inter-sector coordination survey was launched and deadline to respond is 1<sup>st</sup> May. Opportunity for sector members to reflect on sector coordination and give feedback.</li> <li>17<sup>th</sup> of May is World Hypertension Day, Jordan joined this year, motto will be Know Your Blood Pressure. MoH circulated letter to facilities, can NGOs put it on their agenda to share?</li> <li>Ahmed Attieg from USAID is leaving.</li> </ul>
Action Points	➤ None arising from this meeting.

### Attendance Sheet

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