

National Health Coordination Meeting

Date: Thursday 27th of November 2014 Venue: EMOPS Meeting Room/ UNHCR - Amman/ Khalda

Time: 12:00 - 14:00

Participants: WHO, UNHCR, PU-AMI, UPP, Medair, UNFPA, MSF-F, JHAS, IRD, IFRC, IMC, UNICEF, SCJ, OPM, UNICEF, QRC, ARC, SRD, IRC, HI

Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Ministry of Health Update
4. Situation update - UNHCR
5. Polio update (MoH, WHO, UNICEF)
6. GBV Information Management System (GBV Working Group)
7. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)
8. Access to MOH Services by Syrians Change in Policy and Implications (MoH/UNHCR)
9. Ebola preparedness planning (MoH/UNHCR)
10. Health Agency Updates
11. Zaatri (UNHCR), Azraq (IMC, IFRC)
12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)
13. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update
14. Proposed Assessments

15. AOB

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"> 1. Vaccinations for Iraqi new arrivals: it is possible to vaccinate Iraqis when they are registering at the Khalda office. Need to have different tally sheets for Iraqis and Syrians. Cold chain from UNICEF is ready, IOM will shift some of their resources from Raba Sarhan and MoH will provide the vaccinations. UNICEF, UNHCR, IOM and MoH to follow up. 2. AFP surveillance training for staff in Azraq and Zaatari: Training for partners outside camps was held, another session for partners in camps is planned. 3. ICRC, UNHCR, UNICEF bilateral discussions regarding Eastern Border: <i>see situation update below.</i> 4. Ebola preparedness checklist was circulated with the minutes. 5. TT vaccination figures in EJC: UNICEF resolved the issue, TT vaccines now counted as part of routine and being reported on weekly and monthly basis. 6. UNFPA, UNHCR and MoH met with Director of Communicable Diseases in MoH about hepatitis B screening in pregnant women. Meeting again in another two weeks. In theory they are supportive with doing this in camps even if not being done outside, as this is in national strategy. Need to discuss the laboratory testing. Currently also complicated by shortage of Hepatitis B immunoglobulin. 7. Map of hard-to-reach areas was shared with UNHCR.

3. Ministry of Health Update	
Summary of discussions	<ul style="list-style-type: none"> • MoH was unable to attend today's meeting.
Action Points	<ul style="list-style-type: none"> ➤ None arising from this meeting.

4. Situation update - UNHCR	
Summary of discussions	<ul style="list-style-type: none"> • Number of registered Syrians as of 19 November: 619,383 • Number of new arrivals remains low: 46 new arrivals in the week of 16-22 November; only 67 for the whole of November. Comparison: 507 for October; 5,686 for September. • Situation at the border: very small numbers being transported from assembly points to Raba Sarhan, and only a small percentage of those being admitted. Government continues to cite security concerns. UNHCR continues to raise the issue of access to territory with the government; also being raised in Geneva; with donors here and abroad; and raised in Washington by the HC. <ul style="list-style-type: none"> ○ UNHCR intervenes in every case of <i>refoulement</i> they are aware of, but not aware of all the cases. ○ Restricted access is also being exacerbated by restrictions within the country; access to registration, access to health services, freedom of movement and work. Still waiting for a response from the government and continue to document reduction in protection space. • Discussions with ICRC, numbers at the border now less than last time, around 2,500. ICRC advocates for individual medical cases to have access, but have had limited success. • More drugs relating to chronic diseases made available at the border by ICRC. • Civil Defence has placed RH services staff at the border, but all male staff. ICRC will monitor to see if situation improves. • UNICEF gave newborn kits, UNHCR gave blankets and plastic sheeting. • More Iraqis than Syrians being registered. 870 Iraqis registered from 16-20 November; average of 176 per day. Of those, 77% had arrived in the previous month. Waiting time for registration is now six days. Total number of registered Iraqis approaching 39,000. New arrivals in October: 2,393. • Joint verification process between UNHCR and the government has started. All refugees holding a valid asylum seeker certificate will be provided with an MoI card.
Action Points	<ul style="list-style-type: none"> ➤ None arising from this meeting.

5. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> • Dates for next polio campaign: 30 November - 4 December for host community; camps, the week after. • Preparations completed, IEC materials were set and circulated.

	<ul style="list-style-type: none"> • UNHCR has IEC materials which can be distributed, any organisation who is interested can contact Rana at tannous@unhcr.org
Action Points	<ul style="list-style-type: none"> ➤ UNICEF to provide coverage figures from previous polio campaign and UNHCR to circulate.

6. GBV Information Management System (GBV Working Group)	
Summary of discussions	<ul style="list-style-type: none"> • GBV Information Management System (GBV IMS). Presentation by Ana Belén Anguita Arjona from the SGBV SWG (anguita@unhcr.org). • SGBV sub-working group particularly interested in making sure health service providers are aware of the trends and situation in SGBV related issues. Confidential reports will be shared on a regular basis with pre-approved external actors, Health Sector being one of them. Sector has at least two indicators in the 3RP related to SGBV. • GBV IMS is a module in RAIS, separate from other modules, to ensure security, confidentiality and safe collection of data. • Purposes: SGBV prevention and response, identifying gaps, prioritizing actions, improved service delivery, policy and advocacy. • Organisations taking part: Coordination - UNHCR, UNFPA; Compilation - UNHCR; Gathering agencies - NHF/IHF, JRF, IRC, IMC, UNHCR; Technical support - UNICEF. • Data is reported from Amman, Mafraq, Irbid, EJC, Zaatari, Azraq, Cyber City and KAP. • Individual organisations cannot share compiled results without the authorization of GBVIMS TF. • More information, such as particular details for activity implementation, can be requested from coordinators (Belén from UNHCR and Suzan Kasht (kasht@unfpa.org) from UNFPA). • Data coming from different databases can be triangulated, including with safety audit assessments. <ul style="list-style-type: none"> ○ FPD have their own Protection cases tracking system, however mainly focus on Jordanian population, so GBV IMS data has not yet been triangulated with FPD's.

	<ul style="list-style-type: none"> • Report covers one month, and numbers are not shown, only trends. One countrywide, and one for Zaatari. There are also quarterly, mid-year and annual reports. • In Jordan high numbers of early marriage reported, which is partly due to the lack of stigmatization of this type of SGBV in comparison to other types. • One main issue in Jordan is mandatory reporting. Working together with health colleagues and the government to find a solution to this. • A member of the SGBV group will regularly attend the Health meetings to share the report. Health actors can also attend SGBV SWG meetings. • Earlier this year there was a sector training on the new GBV in the field manual, an action plan was developed. In early 2015 should look at this action plan.
Action Points	➤ Small group from Health Sector to be formed to look at action plan in conjunction with SGBV SWG.

7. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)	
Summary of discussions	<ul style="list-style-type: none"> • Comparison of JRP/3RP figures with RRP6 Mid-Year Review figures. • Overall budget for Health in the 3RP: \$72,694,443, of which \$54,489,446 for refugees and \$18,204,997 for resilience. This does not include the government component of the JRP. • Total reduction in comparison to RRP6 MYR: \$22,182,925 • Agencies appealing under 3RP: 20; agencies appealing under RRP6 MYR: 29 <p><i>For more details, see presentation.</i></p>
Action Points	➤ Presentation with figures to be circulated.

8. Access to MOH Services by Syrians Change in Policy and Implications (MoH/UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> • As of 20 November, cessation of free access of Syrian refugees with valid UNHCR and MOI cards to all MoH facilities including PHC and hospitals. • Decision made by the cabinet, recommendation came through MoH to prime minister's office because of the financial burden of the previous policy.

- Registered Syrians are now charged the same rates as uninsured Jordanians.
- Routine vaccinations are still free.
- A letter dated 24 November was sent by MoH to all PHC health directorates and hospitals to implement the decision.
- Currently a number of challenges and confusion in relation to implementation. Exceptions and waivers were not clearly identified. For example renal failure, thalassemia, communicable diseases were not mentioned.
- UNHCR created a temporary policy to mitigate the effects. Will be circulated to all service providers and implementing partners.
- The price list, based on insurance and supply department prices, was published, but on the ground many different rates being implemented. Syrians should not be charged the same as the foreigner rate, which is 4 to 5 times higher than the uninsured Jordanian rate.
- When UNHCR is referring cases, currently being charged foreigner rates, which is unsustainable. JHAS met with MoH regarding this issue and hopefully will be resolved soon.
- Before admission, many refugees are being asked for down payment, which raises major concerns especially in emergency cases and deliveries.
- UNHCR is holding a series of meetings early next week with government officials to clarify several issues.
- For PHC, rates are very low, and will still be accessible for many refugees. UNHCR is still directing refugees towards MoH services. Most people will have access to PHC and chronic disease medication which is being offered at reasonable rates.
- As the situation is still evolving and the cost implications are not yet certain, for the time being, UNHCR will support people identified as vulnerable by using as criteria those who have been approved for cash assistance. Around one-third of urban refugee population (approximately 512,000). Before were only covering around 10%, so this is a big increase.
- Big concern is areas like deliveries, 50JD for normal and up to 140JD being asked for caesarean section - meant to be between 90-120JD, but being applied at different rates.
- Other concern is complex secondary and tertiary cases. 102 people on renal dialysis; 84 of those outside Zaatari, previously accessing through MoH services. Approached MoH last week to see if they could continue until favourable rate is found.

- In partner clinics through JHAS next year will also introduce user fees to not create a pull factor; those who can afford can go to MoH, those who cannot and are considered vulnerable will have the fees waived.
- UNHCR, UNFPA, UNICEF and WHO are looking at vouchers for RH services.
- Types of services NGOs are able to offer are very limited. They are there to fill a gap. Deeply concerned about overall situation.
- MSF provides obstetric and neonatal services in the north and have already seen a huge increase of patients which they are unable to cope with. Have already seen patients coming back from MoH hospitals saying they were asked to pay and could not afford it. One woman was asked 400JD for a caesarean in MoH hospital. Last week in 30 hours had 40 admissions.
- UNHCR is still covering those with expired registration or MoI card from another governorate who cannot access MoH services. Those with expired registration will be covered for one month after expiry. However, if people choose to not be registered or renew their registration, they can no longer be covered.
- Also contracted private hospitals for the north as well as other parts of country, to help relieve some of the burden.
- For a while now, MoH has been unable to cope with large number of deliveries, JHAS/UNHCR contracted with two maternal/paediatric hospitals in Irbid, Greek-Catholic in Zarqa and Al Najah in Amman. Monitoring results, they have received many cases through referral hub.
- UNHCR asked for additional funds for December to cover essential needs of refugees for this year. For next year, collecting information for planning. Just finished appeal for 2015. Took into account government covering everyone and that's how the plan was developed. Now this has changed.
- Will also call for stakeholders meeting including donors. Collating information on who is doing what for MoH. Will likely meet with informal donors group on the 8th to present the situation.
- One of big stumbling blocks for delivery capacity is neonatal capacity. Irbid hospital, for example, only has a neonatal intensive care unit, no high dependency units, no special care nursery; thus admission or discharge criteria are not very strict. Measures could be taken if some policies are reviewed.
- In January, 30% of deliveries were already taking place in private facilities; it is clear that some people can afford private healthcare.

	<ul style="list-style-type: none"> • Islamic Relief has a programme with a hospital in Irbid, registered refugees who are going to deliver can be referred there. • Communication with refugees will take place now as policy was just finalized last night. Also need clarity from MoH in order to know what to communicate. • Any feedback that people have on how this is being implemented, please share with UNHCR. Any updates from UNHCR will be shared by email. • Policy is not static, will be implemented over next few weeks and monitored. • Other organisations should also consider targeting criteria so resources can be used on those who need them the most. New policy will force us to rethink things.
Action Points	<ul style="list-style-type: none"> ➤ UNHCR will circulate address of Islamic Relief hospital and details on access. Note: later changed to circulate information to relevant actors on access to IR services in Irbid ➤ UNHCR, UNFPA, UNICEF meet to discuss access to deliveries, ANC, PNC. ➤ UNHCR will circulate temporary policy by email.

9. Ebola preparedness planning (WHO)

Summary of discussions	<ul style="list-style-type: none"> • Ebola mission will start on 2 December for three days, WHO will be joined by UNICEF. • Mission will identify critical gaps in case of an outbreak, then recommend measures. Also meeting with stakeholders. • Final report will be shared with MoH two weeks after completion of mission.
Action Points	<ul style="list-style-type: none"> ➤ None arising from this meeting.

10. Health Agency Updates

Summary of discussions	<p><u>IOM</u></p> <ul style="list-style-type: none"> • Will participate in upcoming polio campaign, started to conduct awareness in Balqa, Irbid, Zarqa, Karak and Maan (areas to be covered by them during the campaign), will provide transportation support and part of their staff will be MoH vaccinators. • Operations team are now providing meals at Eastern border. <p><u>IRC</u></p> <ul style="list-style-type: none"> • Continuing mobile clinic in Mafraq and recruiting for team in Irbid.
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- Recruiting 80 CHVS for health education; 40 in Mafraq already recruited, now moving to Irbid.

SCJ

- So far in November, screened 20 children under 5 at Raba Sarhan, no cases of malnutrition detected.
- Following up on 32 cases of MAM in Azraq, and 65 in Zaatari.
- Starting phase 2 of IYCF project covering CBOs in Jordan Valley.

JHAS

- Participating in GBV campaign, 25 November - 10 December; spreading awareness of GBV, have referral cards with contact numbers.
- Attended LGBTI session at UNHCR earlier this month.
- Attended RH training to improve quality of services.
- Despite back-up plan for referrals to private hospitals, still facing difficulties in referring complicated cases to MoH facilities. National Health Coordination Meeting with MoH will be held on Monday and this issue will be raised.

IRD

- Participated in polio campaign in October and preparing for next polio campaign.
- Participated in breast cancer awareness sessions.
- Volunteers still working in the field, training with MoH still ongoing.

NHF/IHF

- This week, opening one clinic in Jerash and one in Ajloun, providing RH and FP services. Female GP with experience in family health, IUD insertion and also providing psychosocial services. Funded till March by OCHA.

IMC

	<ul style="list-style-type: none"> Opening mental health clinics in Jerash and Ajloun, with MoH; also opening new clinics in Karak and Tafilah, with MoH. Details to follow. <p><u>UNFPA</u></p> <ul style="list-style-type: none"> World report launched on 23 November, theme: 1.8 billion young people.
Action Points	➤ None arising from this meeting.

11. Zaatari (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<p><u>Azraq</u></p> <ul style="list-style-type: none"> IFRC hospital has been open now for four weeks, running far below capacity. Referring 1% of cases to tertiary services. Dental services will start by end of the year. IMC referred 268 cases to IFRC hospital in October. Routine vaccinations will start soon. MoH will send staff on a daily basis Sun-Thurs, in addition to midwives. Once UNICEF provides cold chain, activities will start.
Action Points	➤ None arising from this meeting.

12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)	
Summary of discussions	<p><u>RH</u></p> <ul style="list-style-type: none"> Finalized monitoring indicators, will share early next week for partners to input information. Several trainings supported by UNFPA; MISIP trainings targeting MoH staff finished last week. Next week RH protocol trainings with MoH. Also FP logistics which is very important; 32 staff were nominated. UNFPA supporting MoH in FP, NGOs participating can be enrolled under national system and will take supplies from MoH and report to MoH. Other trainings with IFH: CMR, FP Counselling, FP methods, including code of conduct, done for NGOs and CBOs.

	<p><u>Nutrition</u></p> <ul style="list-style-type: none"> • Waiting for MoH to share survey results • Reviewing impact indicators used for IYCF and malnutrition and had small group discussions last week, will endorse at next SWG meeting. <p><u>MHPSS</u></p> <ul style="list-style-type: none"> • Received feedback on 4Ws report from SWG members. Now finalizing report, expect it to be ready and published in early December. • MHPSS group in Zaatari finalizing plans for stress management training for staff who had been complaining of burnout; will pilot the training with MHPSS service providers there, then can announce for other service providers.
Action Points	➤ None arising from this meeting.

13. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update	
Summary of discussions	<p><u>Community Health</u></p> <ul style="list-style-type: none"> • Met last week, reviewed core messages on immunization and NCDs and will finalize and send out. Also working on RH messages, coordinating with RH SWG. • Still working on household forms. • Matrix was updated. Gaps in Irbid and Mafraq are low, 1 volunteer for 1,200 registered refugees. Biggest gap is Zarqa, 1 for 6,000; also very high gaps in Amman and Salt. If anyone planning to start community health, keep these areas in mind. • Working with UNICEF and UNFPA on training for volunteers for care of the newborn. <p><u>NCD task force</u></p> <ul style="list-style-type: none"> • Meeting to be held at WHO, 10 December at 2 pm and invitation will go out soon.
Action Points	➤ None arising from this meeting.

14. Proposed Assessments	
Summary of discussions	<p><i>As indicated in the Coordinated Needs Assessments SOPs, each meeting will have an agenda item for proposed assessments to be discussed.</i></p> <ul style="list-style-type: none"> • None.

Action Points	➤ None arising from this meeting.
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15. AOB	
Summary of discussions	<ul style="list-style-type: none"> • None raised.
Action Points	➤ None arising from this meeting.

Attendance Sheet

Name	Agency	Position	Telephone	Email
Ann Burton	UNHCR	Snr. Public Health Officer	0799826490	burton@unhcr.org
Mary Sweidan	WHO	Technical Officer	0795337902	sweidanm@who.int
Anthony Dutemple	PU-AMI	Programme Coordinator	0778414704	jor.progco@pu-ami.org
Luca Sangalli	UPP	Networking and Communication Officer	0736328797	luca.sangalli@unponteper.it
Stephen Rous	Medair	Project Coordinator	0798675133	pc-jor@medair.org
Ibraheem Abusiam	UNHCR	Public Health Officer	0795427993	abusiam@unhcr.org
Yara Romariz Maasri	UNHCR	Associate Co-ordination Officer / Health and Food Security	0790224604	maasri@unhcr.org

Maysa AlKhateeb	UNFPA	ERH Officer	0797779135	mal-khateeb@unfpa.org
Dr Faeza Abu Al-Jalo	UNFPA	RH Technical Advisor		abual-jalo@unfpa.org
Nadia Walch	MSF-F	Medical Coordinator	0799035652	msff-amman-medco@paris.msf.org
Nicola Dababneh	JHAS	PM	0775006015	pm@jordanhealthaid.org
Ola Al Tebawi	JHAS	Reproductive Health Manager	0775006027	pc@jordanhealthaid.org
Muna Hamzeh	IRD	Program Manager	079 8899 474	muna.hamzeh@ird-jo.org
Jacinta Hurst	IFRC	Health Coordinator	0790 224853	jacinta.hurst@ifrc.org
Fola Ogunbowale	IMC	Health Coordinator	0790 8357 14	fogunbowale@internationalmedicalcorps.org
Buthayna Al-Khatib	UNICEF	Health and Nutrition Specialist	0799060498	balkhatib@unicef.org
Sura AlSamman	SCJ	Nutrition Supervisor	0776661300	salsamman@savethechildren.org.jo
Midori Sato	UNICEF	Chief H&N		msato@unicef.org
Luay Abusammar	QRC	Medical Coordinator	0798944424	health.qrcs@gmail.com
Christine Anton	Operation Mercy - OPM	Coordinator Health and Hygiene	0789981908	christine.mercysweden@gmail.com
Omar Al Aini	ARC	Senior Programme Manager	0796719250	omaraa@arelief.org
Suhaib Alajlan	MSF-F	Dep. MedCo	0798022823	msff-amman-deputymedco@paris.msf.org
Enass A. Khalil	MSF-F	Comms. Officer	0797133385	msff-amman-com@paris.msf.org
Thomas Moch	IFRC	Hosp. Manager, Azraq	0798537252	hospitalmanager-jor@germanr.org
Muzna Hasnawi	SRD	Communications Officer	0787628499	mhasnawi@syriareliefanddevelopment.org

Ghadir Al Majali	IRC	Senior Policy Support Officer	0778488628	ghadeer.almajali@rescue.org
Andrea Patterson	IRC	Health Coordinator	0775066659	andrea.patterson@rescue.org
Abdelhadi Eltahir	IRC	Senior Health Coordinator	0778480414	abdelhadi.eltahir@rescue.org
Joseph Kelly	IMC	DCD	0795193751	jpgkelly@internationalmedicalcorps.org
D. Hischeck	Handicap International	Tech.Co.		Techco.jd@hi-emergency.org
Ahmad Bawaneh	IMC	MHPSS Director	0798516131	abawaneh@internationalmedicalcorps.org
Hiba Abaza	IOM	Public Health Coordinator	0778466234	habaza@iom.int