

## National Health Coordination Meeting

**Date:** Thursday 28<sup>th</sup> January 2016

**Venue:** UNHCR Office-Amman

**Time:** 10:00 – 12:00

### Agenda:

1. Introductions
2. Review of action points of previous meeting
3. Situation update –UNHCR
4. Polio Activities Update – WHO
5. CommCare tool – PP presentation - IRC
6. Prioritization of disability-specific services for refugees and other vulnerable populations in Jordan – PPP Handicap Int. and UNHCR
7. Health Sector 4Ws 2016 Update
8. Health Agency Updates
9. Subsector working groups - RH (UNFPA), Mental Health (IMC), Nutrition (Save the Children Jordan/UNICEF)
10. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)
11. Proposed Assessments/Research
12. AOB

## Minutes:

### 2. Review of action points of previous meeting

**UNICEF:** To share IEC materials regarding Cholera Preparedness, done, soft copy has been shared. Any NGO willing to get IEC should send a request/email to UNHCR

**UNFPA:**

- Comprehensive assessment of 18 PHC centres: pending official launching
- Share the challenges and way forward for RH related issues 2015: not final yet and will be shared later

**IMC:** 4Ws for MHPSS Still pending because official launching will be on 17 February on a workshop

**IRC:** CommCare ppp: will be presented on this meeting

**IRD:** To share more details on planned health assessment: Rapid assessment for the health care providers working in Ramtha and Mafrqa areas was done to address their needs relating technical health information for IRD future plans.

**MoH:** Has assigned two representatives to be as focal points to attend HSWG meeting regularly and to be a focal point for all health sector coordination activities

### 3. Situation update –UNHCR

**Iraqis Refugees**

- 363 newly registered Iraqis in the first 2 weeks of January
- 53,334 total registered while 9,861 registered in 2015

**Syrian Refugees**

- 635,035 Syrians with 41,044 newly registered in 2015 of which 30,924 arrived in 2015 and 707 arrived in 2016
- 79,354 in Zaatari, 30,019 in Azraq and 6,324 in EJC

**Border situation**

The number of individuals amassed at the berm rose to 19,930 on 25 January, with 18,500 gathered at Rukban and 1,430 at Hadalat. UNHCR continues to step up assistance at the berm with other operational partners including ICRC, IOM, UNICEF and WFP.

	<p>Meanwhile, UNHCR continues to advocate on four key issues with the authorities: 1) Formalizing humanitarian access to the berm with the authorities, 2) Improving the security environment both for refugees and UNHCR staff; 3) Increasing coordination between humanitarian agencies and other actors carrying out ad hoc distributions, and 4) Increasing the screening and prioritization of urgent cases.</p> <p><b>Urban Verification</b></p> <p>The total number of MOI service cards issues by 15 January was 291,524 (52.2%) in all 101 participating police stations countrywide</p> <p><b>Cash Based Intervention (CBI)</b></p> <p>Cash Based Intervention (CBI) review done late 2015. The objectives of this have been to review what the literature says about cash and vouchers to achieve health outcomes, to draw some careful lessons learned and how these can be applicable to UNHCR's public health programmes.</p> <p>Based on some initial experiences the review draws some elements of good practice for CBI in refugee context. The conclusion and recommendation focus on the need for feasibility assessment to understand needs, altitude and seeking behaviors, but more critical the universal access as starting point for any CBI's for health. CBI has been shared with health sector partners as well as uploaded on portal</p>
Action Point	<ul style="list-style-type: none"> <li>• NA</li> </ul>

#### 4. Polio Activities Update – WHO

	<p><b>WHO SUPPORT TO POLIO ERADICATION EFFORTS IN JORDAN</b></p> <p><b>Supplementary Immunization Activities (SIAs)</b></p> <p>WHO in close coordination with UNICEF, facilitated the implementation of 6 national and 3 sub-national polio vaccination campaigns since polio outbreak of the Middle East ( Syria and Iraq) started in October 2013. WHO is responsible for the operational cost, training and monitoring of the activities, while UNICEF focus is mainly on communications and social mobilization. Nationwide campaigns targeted all one million under-5 years of age children residing in Jordan irrespective of their nationality, while the sub-national ones had a target of 300,000 children of the same age group. WHO trained third party to independently assess each campaign and the results showed more than 90% coverage among Jordanian and more than 95% among Syrian in all rounds. Despite an estimated more than one million population from Syria, Iraq, Libya and Yemen, Jordan has successfully prevented any importation of polio cases and maintained polio free status.</p> <p><b>Surveillance:</b></p> <p>Acute Flaccid Paralysis (AFP) Surveillance System is the backbone of Polio Eradication Program. It aims at detecting the cases with paralysis or weaknesses in order to check against whether there are any polio cases amongst them or not. In order to strengthen the surveillance system WHO has recruited 5 surveillance officers who are deployed in different parts of the country and a lab technician to enhance the lab capacity. As a result the system has started picking up the children from the Syrian refugee children with Acute Flaccid Paralysis symptoms. While there was</p>
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	<p>zero non-polio AFP rate of Syrian refugee children detected by the system in 2013 it has reached to 1.5 per 100000 children less than 15 years of age in 2015.</p> <p>The non-polio AFP rate in Jordan has significantly increased from 1.4 in 2013 to 3 in 2015, which is well above the required levels ( 2/100000 children &lt; 15 years of age). This provides a good level of confidence that Jordan remains polio free</p> <p>WHO established an electronic disease reporting system where software has been developed, installed on androids so that any physician can immediately report any disease to MOH. This system enabled the MOH to identify any disease in time</p> <p><b>Coordination:</b></p> <p>WHO assisted in establishing a Polio Control Room (PCR) under the leadership of the Ministry of Health, which includes WHO, UNICEF, NGOs and Royal Medical Service “RMS”. PCR has enabled all polio partners to review the situation, assess the progress, challenges and discuss required actions. All agencies have followed up on the implementation of activities and reported back to PCR. This has enhanced the cooperation and coordination among all polio partners.</p>
	<ul style="list-style-type: none"> <li>• NA</li> </ul>

5. CommCare tool – PP presentation - IRC			
	<p><b>Community Health Overview:</b></p> <ul style="list-style-type: none"> <li>- Began building a new community health program in late 2014 in Mafrq and Irbid through network of Community Health Volunteers (CHVs)</li> <li>- 140 CHVs visited 14,142 HHs in total, provided several intervention ranged from education to referral</li> <li>- 50:50 Syrian to Jordanian and 60:40 Female : Male</li> </ul> <p><b>CHV data considerations</b></p> <table> <tr> <td> <p><u>Don't want</u></p> <ul style="list-style-type: none"> <li>▪ Paper-based</li> <li>▪ Error prone</li> <li>▪ Many methodologies/ not streamlined</li> <li>▪ Time consuming</li> <li>▪ Not sharable</li> <li>▪ Supervisory difficulties</li> </ul> </td><td> <p><u>Do want</u></p> <ul style="list-style-type: none"> <li>▪ Large coverage area</li> <li>▪ Many CHVs</li> <li>▪ Repeat visits</li> <li>▪ Many types and big quantity of data</li> <li>▪ Flexible forms</li> <li>▪ Easy analysis</li> <li>▪ Easy reporting</li> </ul> </td></tr> </table>	<p><u>Don't want</u></p> <ul style="list-style-type: none"> <li>▪ Paper-based</li> <li>▪ Error prone</li> <li>▪ Many methodologies/ not streamlined</li> <li>▪ Time consuming</li> <li>▪ Not sharable</li> <li>▪ Supervisory difficulties</li> </ul>	<p><u>Do want</u></p> <ul style="list-style-type: none"> <li>▪ Large coverage area</li> <li>▪ Many CHVs</li> <li>▪ Repeat visits</li> <li>▪ Many types and big quantity of data</li> <li>▪ Flexible forms</li> <li>▪ Easy analysis</li> <li>▪ Easy reporting</li> </ul>
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	<p><b>CommCare helps us in:</b></p> <ul style="list-style-type: none"> <li>▪ Simple interface and graphical user interface shorten the time for CHVs, Staff, case management, and user management, and helps the users in follow up on the cases smoothly.</li> <li>▪ Reassign cases between CHVs is very necessary to our project, because many Household and family members moved from one district or governorate to another.</li> <li>▪ Determine the hierarchy of models is the most important section in any CommCare.</li> <li>▪ The automatic reports in CommCare are very helpful shorten a lot of time.</li> </ul> <p><b>Lessons learned over the Past 10 Months</b></p> <ul style="list-style-type: none"> <li>- CommCare do not give the authority to its server except Export Data.</li> <li>- Difficulty in analyzing data from multiple forms (you might have an individual who is a member of a HH (HH form) a patient in the mobile clinic (patient form) and was referred to the MOH (referral form). A report might need data from all three forms...which takes a lot of time.</li> </ul>
Action Point	<ul style="list-style-type: none"> <li>● Commcare PPP: Will be shared after this meeting</li> </ul>

## 6. Prioritization of disability-specific services for refugees and other vulnerable populations in Jordan – PPP Handicap Int. and UNHCR

	<p><b>The Aim is :</b></p> <ul style="list-style-type: none"> <li>- To provide technical guidance for humanitarian organisations regarding the provision of specialised health and education services for refugees and vulnerable host populations with disabilities in camp and non-camp settings in Jordan.</li> </ul> <p><b>Objectives:</b></p> <ul style="list-style-type: none"> <li>- To ensure that limited resources are prioritized in a consistent and evidenced-based manner that maximizes the impact of the services that are available.</li> <li>- To improve the quality and coverage of disability-specific services in the humanitarian response in Jordan.</li> </ul> <p><b>Areas of intervention necessary for a holistic scope of specialised health and education services:</b></p> <ul style="list-style-type: none"> <li>- Coordination, Assessment, Monitoring and Evaluation</li> <li>- Primary, Secondary and Tertiary Prevention</li> <li>- Nutritional support</li> <li>- Rehabilitation</li> </ul>
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	<ul style="list-style-type: none"> <li>- Personal Assistance (including home-based care)</li> <li>- Psychosocial Support</li> <li>- Protection</li> <li>- Education</li> </ul>
Action Point	<ul style="list-style-type: none"> <li>● <b>Please send any feedback to DTF Chairs:</b> <ul style="list-style-type: none"> <li>➤ Myroslava Tataryn (Handicap International): <a href="mailto:ta.inclusion.region@hi-emergency.org">ta.inclusion.region@hi-emergency.org</a></li> <li>➤ Sarah Pallesen (UNHCR): <a href="mailto:pallesen@unhcr.org">pallesen@unhcr.org</a></li> </ul> </li> <li>● PPP: Will be shared after this meeting</li> </ul>

#### 7. Health Sector 4Ws 2016 Update

	<ul style="list-style-type: none"> <li>- Mapping for 4Ws for health services done last time in 2014</li> <li>- Tool has been developed based on HeRAMS IASC tool</li> <li>- Excel sheet structured and will be shared right after meeting for organization feedback</li> <li>- Each organization should tick on their activity and identify their location /activity</li> </ul>
Action Point	<ul style="list-style-type: none"> <li>● Excel sheet will be shared after this meeting , deadline to receive back the information is within 2 weeks</li> </ul>

#### 8. Health Agency Updates

	<p><b>EMPHNET:</b></p> <ul style="list-style-type: none"> <li>- EMPHNET is pleased to announce that the Eastern Mediterranean Public Health Network (EMPHNET) has commenced an integrated school/Makani centers health project (ISH) , funded by UNICEF, in the Syrian refugee camps of Jordan. The goal of this project is to improve the health practices and promote the healthy lifestyles of children in Schools and Makani centers in the Syrian refugee camps in Jordan.</li> <li>- One of the project aims is integrating health with education by providing capacity building programs for the teachers in the schools and Makani center facilitators focused on health promotion to enable them to deliver health messages to the children and youth. The project will also provide supportive supervision for the teachers and monitoring and evaluation of all Makani center health education activities. Emphnet will establish performance-based pay system to MOH doctors who are providing physical and oral examination for students attending 1st, 4th, 7th and 10th grades and vaccination services for students attending 1st and 10th grades. Most</li> </ul>
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importantly, the project will strengthen coordination among stakeholders to enhance information sharing and to make sure all our efforts are harmonized

**UNICEF:**

- Operation at the border providing Mobile IYCF+ services (IYCF and MUAC) in two berm sites (Rukban and Hadalat) started on 17<sup>th</sup> January. As of yesterday, we reached with IYCF counselling (registration, IYCF counseling, health and hygiene education), 100% covered in Hadalat in first 10 days, about 50% coverage of all target group in Rukban.
- 200 children under 6months
- 1,130 children 6m-59months
- 316 pregnant and lactating women
- 13 MAM, 3 SAM cases of children 6m-59months identified
- 6 PLW women below normal
- Emergency vaccination campaign (Measles/Polio/TT/Vitamin A) at the berm also starting next week upon approval from the Minister.

**JICA:**

- Planning for training on RH and family planning targeting Syrian and Jordanian in three areas which are Balqa, Irbid and Mafraq, plan for training it will be on mid of April 2016
- The main objective of training is empowering and building capacity of staff in PHC services on the three targeted areas
- Mobile clinics will be provided as part of this project

**UNHCR:**

- Cash for health programme has completed its 3<sup>rd</sup> month of implementation
- Policy has been changed as there will no pay for delivery through referral, this will be active as of Feb 1<sup>st</sup> However still continue pay for delivery but in cash as there is a problem with bank and transfer.
- Analysis of cash for health programmes will be done end of January
- Many of agencies has expanded cash for health project, coordination fora organized by UNHCR to avoid duplication
- In Zaatari MDM is pulling out, thus there will be gap on PHC and RH alt PCH level, if any organization willing to take over to inform UNHCR

**MoH:**

- For any activities need to be implemented all organizations must contact MoH planning administration directorate first, then planning directorate will communicate and referred the activities to the responsible person/unit within the MoH e.g. if any activities related to mental health , mental health must communicate/addressed planning directorate first and planning directorate will refer it to responsible person or unit

Action Point	<ul style="list-style-type: none"> <li>● EMPHNET: will make presentation of the project to the Health Sector Partners in the next health coordination meeting</li> <li>● MoH: contact of responsible person at planning administration at MoH will be shared</li> </ul>
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9. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF)	
	<p><b>Reproductive Health working Group-RH (UNFPA):</b></p> <ul style="list-style-type: none"> <li>- UNFPA has fund for contraceptives and condom programming for 2016 although the duration is very short, so any organization needs condoms and/or contraceptives can send UNFPA a request as soon as possible (by next Thursday 4.Feb.16)</li> <li>- Meeting for January has cancelled due to unpredictable event but next meeting will be on 6.Feb.16</li> </ul> <p><b>Mental Health Working Group-IMC:</b></p> <ul style="list-style-type: none"> <li>- Met last week for updating 4Ws exercise</li> <li>- 4 Ws analysis Presentation will be on 17 February</li> <li>- Psyche-social training package has been shared the outline and organizations has been asked to send /share any materials relevant for training before 30 February</li> <li>- Presentation on Psych-social training will provided for all Makani implementers</li> </ul> <p><b>Nutrition Working Group-SCJ:</b></p> <ul style="list-style-type: none"> <li>- Nutrition Surveillance in host community: Communicate with the 25 clinics to find out who will be committed to carry out MUAC screening, data collection and referral.</li> <li>- Training materials and reporting forms has been shared</li> <li>- Final list of 25 clinics has been shared as well</li> <li>- Clinics will be divided between SCJ and JHAS, SCJ start contact the other partners</li> <li>- IMC and Medair will contribute to the training</li> </ul> <p>• <b>Nutrition Survey 2016:</b></p> <ul style="list-style-type: none"> <li>- Nutrition survey 2016 approval letter received from MOH. Close cooperation will be with MoH. Because of that committee been formed to approve and revise the questionnaire, methodology (supervision role). Proposed date is April 2016</li> <li>- Comment: outcome of malnutrition screening for 2015 (Ruba Alsarhan): The result is about 2.7 but will share the details later</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>● NA</li> </ul>

10.Task Force Updates: Community Health Task Force (Medair)/ NCD Task Force (WHO/MoH)	
	<p><b>Community Health Task Force- MEDAIR:</b></p>



	<ul style="list-style-type: none"> <li>- Update of <b>3Ws</b> and excel sheet has been shared with partners, waiting partners feedback.</li> <li>- <b>survey monkey – related to strategy and the way forward for CHTF 201.</b> It include two parts: strategy (standards, objectives, trainings, what tools people want) and satisfaction, logistics (how often the regular meeting will be conducted, CHTF focus areas, etc.)</li> <li>- The next Newborn Care Training will held in Mafraq <b>Feb 8 -10</b>. There are 14 spots remaining for frontline health staff</li> <li>- Next CHTF will be on 10 February</li> </ul> <p><b>NCD Task Force-MoH:</b></p> <ul style="list-style-type: none"> <li>- MoH has nominated two focal points.</li> <li>- Met yesterday at WHO and ToR has been discussed</li> <li>- Mid of next month will get back NCD work plan development</li> </ul> <p><b>Comment from MoH:</b></p> <ul style="list-style-type: none"> <li>- Any organization not willing to continue their project (closed the project before project completion) should informed MoH and give a clear justification why they don't want to continue implementing their activities which approved before, and get approve from MoH to close the project otherwise legal steps will be taken to that organization</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>● Nominees for new born training, names to be sent to Caroline –IRC and Elsa –MEDAIR</li> </ul>

11. Proposed Assessments/Research	
	None for this meeting
Action Points	<ul style="list-style-type: none"> <li>● NA</li> </ul>

12. AoB	
	<ul style="list-style-type: none"> <li>- Next HSWG meeting will be decided later</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>● <b>NA</b></li> </ul>