

## National Health Coordination Meeting

Date: Thursday 18<sup>th</sup> of December 2014    Venue: Main Conference Room/ WHO - Amman/ Duar Dakhliya

Time: 12:00 – 14:00

Participants: UNHCR, WHO, Univ. Jordan, UNFPA, MSF-F, JHAS, UNICEF, SCJ, QRC, SRD, IRC, Handicap International, IOM, Medair, HelpAge International, CVT, JPS JO, MdM, MSF, USAID, JICA

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Ministry of Health Update
4. Situation update - UNHCR
5. Access to MOH Services by Syrians Change in Policy and Implications (MoH/UNHCR)
6. Polio update (MoH, WHO, UNICEF)
7. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)
8. Ebola preparedness planning (MoH/UNHCR)
9. SGBV Health Sector Action Plan (DRAFT)
10. Health Agency Updates
11. Zaatari (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	<ul style="list-style-type: none"> <li>➤ UNICEF to provide coverage figures from previous polio campaign: covered in the polio update.</li> <li>➤ Small group from Health Sector to be formed to look at SGBV action plan: item on the agenda today.</li> <li>➤ UNHCR will circulate address of Islamic Relief hospital and details on access: after following up with IR, decided it was best to have a referral mechanism through JHAS because IR are only able to take two deliveries a day. There have been meetings between JHAS, MSF and IR on the issue.</li> <li>➤ UNHCR, UNFPA, UNICEF met to discuss access to deliveries, ANC, and PNC.</li> <li>➤ UNHCR temporary policy circulation: as mailing list is very wide, best to circulate only to those who request it.</li> <li>➤ Presentation with 3RP/JRP figures to be circulated: pending, will be done.</li> </ul>

3. Ministry of Health Update	
Summary of discussions	<i>See agenda item on access to services below.</i>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

4. Situation update - UNHCR	
Summary of discussions	<ul style="list-style-type: none"> <li>• Number of registered Syrians as of 2<sup>nd</sup> week of December: 620,450 (521,921 Urban, 98,529 camps - 83,305 Zaatari, 11,015 Azraq, 4,207 EJC).</li> <li>• New arrival numbers remain low: 2<sup>nd</sup> week of December, total registered in Raba Sarhan was 231; also 210 re-entry.</li> </ul>

	<ul style="list-style-type: none"> <li>• No waiting period for registration of Syrians in Khalda office. Renewal normally takes two weeks.</li> <li>• Total Iraqis registered: 43,060. Total registration in 2014 so far: 19,979. New arrivals in December: 992.</li> <li>• New arrivals in August: 2,393; September 1-25: 2,659; October: 2,340. Majority arriving by air and entering legally.</li> <li>• 1,800 people who were in no man's land were allowed into Jordan and are being processed slowly. Number of deported remains high but varies from 10-90% per day.</li> <li>• Most new arrivals still go to Azraq. Family reunification can be facilitated to Zaatari when necessary.</li> </ul>
Action Points	➤ None arising from this meeting.

5. Access to MOH Services by Syrians Change in Policy and Implications (MoH/UNHCR)	
Summary of discussions	<p><i>Presentation by UNHCR</i></p> <ul style="list-style-type: none"> <li>• The fees introduced for Syrian refugees as of November are manageable, if not affordable, for people who are not vulnerable. Certain people will face difficulties, such as those who are vulnerable, have serious medical problems, young children and pregnant women.</li> <li>• UNHCR instituted new temporary policy. Previously UNHCR was only supporting services for refugees unable to access MoH. Numbers accessing clinics were going down, several clinics were actually in the process of being closed.</li> <li>• UNHCR-supported clinics will no longer see unregistered refugees - that means people who've never approached UNHCR or been in the camp. No waiting time now for registration, no negative consequences to registering. If they choose not to register, they will not be covered.</li> <li>• One problem still being faced is that JHAS is charged almost 3x as much when referring. Looking at other ways to handle the issue, perhaps cash payment or voucher schemes. Many refugees can't pay upfront.</li> <li>• Vaccinations should be free. If anyone hears of refugees being asked to pay for vaccinations please let UNHCR know.</li> </ul>

	<ul style="list-style-type: none"> <li>• Premature deliveries are reported to UNHCR Health Unit on a daily basis and care is being covered for refugees in categories 1 and 2. Premature births which are supported are those more than 26 weeks gestation or more than 1,000g. <ul style="list-style-type: none"> <li>○ JHAS signed new agreement with some private hospitals to find an alternative in case neonatal intensive care is not available in MoH hospital.</li> <li>○ UNICEF and UNFPA looking to strengthen neonatal care, national action plan, some of the activities are to strengthen the system, assessment done for 24 public, private and RMS hospitals to assess the needs.</li> <li>○ Neonatal complication would be covered under obstetric complication.</li> </ul> </li> <li>• USAID has done a lot of programmes on neonatal care and has donated many incubators to at least 25 hospitals.</li> <li>• UNFPA met with MoH Maternal Health Directory, up until now FP is free of charge. UNFPA will continue supporting MoH with FP, but there are discussions of changing policies and supplies to NGOs.</li> <li>• UNFPA met with health care providers in the field and they gave different rates for deliveries. Higher cost and bigger concern for refugees. MSF has also seen the same. UNHCR coordinating with insurance department to ensure all MoH facilities implement this rate. Should be 40-50JD for normal, maximum 170JD for caesarean. Already asked insurance department to re-circulate the rates to be implemented. <ul style="list-style-type: none"> <li>○ If they don't have proper documentation, charged 150 for normal and up to 500 for caesarean. Need to have valid UNHCR certificate and MoI card.</li> <li>○ JHAS called insurance department who said even if UNHCR certificate expired, refugees will be charged non-insured rates. Still some confusion in implementation.</li> </ul> </li> <li>• MSF reports a 50% increase in consultations for pregnant women. Additionally, 50% of admissions are from outside Irbid.</li> <li>• Even in Zaatari clinics there has been an increase, around nine cases came from outside the camp. Trends need to be monitored. Emirati hospital trying to expand their services to cover more. If we can negotiate reduced referral rate, will be able to cover more deliveries.</li> </ul>
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Action Points	<ul style="list-style-type: none"> <li>➤ Anyone identifying clinics charging above average rates, to communicate to UNHCR so they can communicate with MoH.</li> <li>➤ Any feedback on this can be communicated to UNHCR by email or telephone.</li> </ul>
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6. Polio update (MoH, WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Total figures for 26-30 October 2014 NIDs: 1,159,063 (955,596 Jordanian, 150,042 Syrian, 53,425 other); 116% coverage. Total number of Syrians includes 20,410 reached in camps (101% coverage).</li> <li>• Total figures for 30 Nov - 4 Dec 2014 NIDs: 1,223,872 (1,008,572 Jordanian, 155,550 Syrian, 59,750 other); 122% coverage. Total number of Syrians includes 22,025 reached in camps (113% coverage).</li> </ul> <p><i>Presentation by Dr Najwa Khuri-Bulos</i></p> <ul style="list-style-type: none"> <li>• Last vaccination campaign, a lot of information circulated on social media which countered the effort. Rumours over the past week.</li> <li>• Anyone living in Jordan is supported for free vaccinations, regardless of immigration status.</li> <li>• Jordan has adhered to the combined IPV OPV schedule since 2005.</li> <li>• Successful rates of EPI, great drop in number of vaccine preventable diseases.</li> <li>• Between 1997 and 2000, a pilot survey was done of those refusing vaccinations. OPV was implicated in sterility rumours.</li> <li>• We need to use both old and new media to counter rumours, partnering with international organizations, going to the schools.</li> <li>• Last year had similar rumours during national campaign, but successfully managed five NIDs and two SNIDs and reached the highest numbers in terms of Syrian refugees, Jordanians and other nationalities.</li> <li>• Around 370+ locations of hard-to-reach (HTR) areas. Higher coverage in Syrians than Jordanians. In Zaatari, reaching more than 95% coverage.</li> <li>• Next year have only one round, use this opportunity to strengthen EPI in HTR areas.</li> </ul>

	<ul style="list-style-type: none"> <li>Should present to patients and parents and doctors is the difference between IPV and OPV. Perhaps should do surveys among health care workers.</li> </ul>
Action Points	➤ Discussion to continue in PCR Meeting.

7. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)	
Summary of discussions	<ul style="list-style-type: none"> <li>JRP draft was launched at the beginning of December. 3RP (regional plan) is being launched today in Berlin.</li> <li>In the 3RP the Jordan chapter is the JRP. Whatever was submitted in ActivityInfo is in JRP.</li> <li>Agency appeals will not appear, only the total will appear. UN agency appeals appear but unfortunately no visibility for NGOs.</li> <li>Data is available online, although not being formally shared. Accessible to donors as well.</li> <li>Regarding approval of projects, if the project is not under an area covered by the JRP it will not be approved. But plan is broad enough to cover many activities by agencies who did not participate. The approval process proposed was changed and going back to previous one which is better.</li> </ul>
Action Points	➤ None arising from this meeting.

8. Ebola preparedness planning (WHO)	
Summary of discussions	<ul style="list-style-type: none"> <li>Three-day intensive mission led by WHO, including members from Regional Office, from 2<sup>nd</sup>-4<sup>th</sup> December.</li> <li>Covered areas such as coordination, risk communication, surveillance, point of entry and laboratory.</li> </ul>

	<ul style="list-style-type: none"> <li>• Visited many places such as RMS, Civil Defence, government and non-government hospitals as well as central laboratory.</li> <li>• Many areas were well-prepared but others need to be strengthened. Will work with MoH on this.</li> <li>• Briefly presented preliminary findings to MoH. Final report still in progress and will be sent to MoH mid-next week.</li> <li>• If MoH wishes to share the report once shared with them, will be circulated.</li> </ul>
Action Points	➤ None arising from this meeting.

### 9. SGBV Health Sector Action Plan (DRAFT)

Summary of discussions	<ul style="list-style-type: none"> <li>• Due to lack of time, discussion postponed to next meeting.</li> <li>• In August of this year, there was a training on guidelines for integrating GBV into humanitarian action, and Health Sector was chosen for field test and training. Were asked to develop draft plan on how to integrate guidelines into response.</li> <li>• Something has been drafted, would like to formalize it, include dates and regularly update it.</li> <li>• One of the action points is to have GBV as a standing item on both Health and RH agendas.</li> <li>• Last month SGBV presented at the national coordination meeting on the GBV Information Management System.</li> </ul>
Action Points	➤ Circulate draft with minutes.

### 10. Agency updates

Summary of discussions	<p><u>HelpAge</u></p> <ul style="list-style-type: none"> <li>• Focuses on older persons in emergencies, so also working in chronic diseases. Main agenda is to increase attention and prioritize their needs, mainly shelter, health and food.</li> <li>• MENA region was concerned with NCDs even before Syria crisis. Treatment is interrupted, dietary requirements as well. Access to NCD care is a problem for refugees in Lebanon.</li> <li>• Anyone working on chronic diseases should also consider including psychosocial component. For example, many refugees stated in a survey that it was more difficult to</li> </ul>
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manage NCDs in Jordan because of psychosocial stress. Need for operational research in some of these areas.

#### SCJ

- Starting programme in Jordan Valley, will have 12 new staff (6 Jordanian and 6 Syrian), doing IYCF and working with different CBOs in the south, north and middle areas.
- From 1-12 December at Raba Sarhan screened 110 children under five (CU5), found 1 case of severe acute malnutrition and 1 case of moderate acute malnutrition (MAM); screened 19 pregnant and lactating women (PLWs), no cases of malnutrition found.
- Zaatari camp: following up on 61 MAM cases of CU5 and 10 pregnant women. Azraq camp: 29 MAM cases of CU5, and 3 PLWs.

#### IOM

- Participated in last polio campaign, supported MoH with transportation and also did awareness-raising in some governorates, reaching 4,400 individuals in Karak, Irbid and Balqa. 21% of those were Syrians living in tents.
- Supported polio campaign outside camps in Karak, Irbid and Maan with mobile teams. Inside camps, Zaatari team vaccinated 1,948 CU5. In EJC and Azraq, provided transportation support for mobile teams.
- For 2015 received approval from Global Fund to support TB project in Jordan and Lebanon. In Jordan, sub-recipient is the National TB Programme, also working with WHO and UNHCR.
  - This is the first time this grant has been given; USD30 million for HIV, TB and malaria in emergencies. For one year only now, looking at options to extend beyond 2016.

#### MSF

- Concerned about winter and cold weather. Received one-month-old twins suffering from severe hypothermia from home, prognosis compromised.
- Surgical reconstruction programme in Amman will move location by January, no longer in JRC hospital, will take over Al Muasa Hospital in Marka. Capacity remains the same. In Irbid will move from Islamic Hospital to Irbid Specialty Hospital. Capacity of beds



	<p>remains the same but technical capacity will be upgraded, will be able to perform emergency c-sections.</p> <p><u>JHAS</u></p> <ul style="list-style-type: none"> <li>• Received portable incubator for delivery unit and will receive another.</li> <li>• Participated in GBV campaign 25 Nov to 10 Dec, all UNFPA/JHAS clinics, spreading messages on early marriage and GBV, and distributing referral cards. Will continue with these activities in the clinics.</li> <li>• 17 JHAS staff in Zaatari attended a practical session conducted by UNFPA on best practices for breastfeeding. Also attended by other healthcare providers.</li> </ul> <p><u>IRC</u></p> <ul style="list-style-type: none"> <li>• Continuing mobile clinic in Mafraq, recruited 40 CHVs. Starting programme in Irbid mobile clinic, PHC and RH, also recruiting 40 CHVs.</li> <li>• Challenged by ITS evictions happening in Mafraq, difficult to access population.</li> <li>• Also received reports of newborns suffering from hypothermia.</li> <li>• Will discuss ITS and their experience at next meeting.</li> </ul> <p><u>Jordan Paramedic Society</u></p> <ul style="list-style-type: none"> <li>• Will present at next meeting.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Circulate HelpAge presentation.</li> <li>➤ CHTG to include warmth as an area to be covered in home visits for newborn.</li> <li>➤ Add ITS as an item to next meeting's agenda.</li> </ul>

**11. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)**

<p>Summary of discussions</p>	<p><u>RH</u></p> <ul style="list-style-type: none"> <li>• Monthly meeting next week.</li> <li>• Trainings organised by MoH and IFH covered 289 providers; 102 trained by MoH. MISP training for MoH staff, RH protocols for NGOs.</li> <li>• After EMOC training in Zaatari last September, UNFPA shared materials with IFRC, Moroccan and Saudi hospitals, can share with other organisations.</li> <li>• IFH moved one of their UNFPA clinic locations in Deir Ala Jordan Valley, according to staff rapid assessment, around 8,000 SYR and 30,000 Jordanians there. Reported increase number of refugees accessing services. RH clinic, GBV services just next to it and also psychosocial services.</li> <li>• UNFPA will deliver a training very soon for IFRC on CMR.</li> <li>• Programme data: 32% of RH beneficiaries aged 18-24. UNFPA looking to link youth programming with RH more inside the camps. Also increasing percentage of ANC for girls under 18.</li> <li>• From the field, increasing number of spontaneous abortion services, low number of FP services; these are linked. UNFPA is looking at pilot implementing abortion logbook for abortion cases (there is no data on these cases, just numbers), and also post-abortion care. Also seeing many pregnancies after age of 40.</li> <li>• UNFPA looking at care of newborn immediately after birth, concentrating on this in delivery sites. Initiating breastfeeding within the hour as recommended by NWG. Request that those doing community health stress on this point.</li> <li>• Same IYCF indicator will be used by RH WG and NWG, will discuss further at RH meeting.</li> </ul> <p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>• On 11 December at MoH, Medair presented final results of survey done in April. Discussed mainly the immunization results, polio results may be removed from the survey so another full survey on immunization will take an in-depth look.</li> <li>• As of January 2015, UNICEF and SCJ will co-chair the group, UNHCR stepping down.</li> </ul> <p><u>MHPSS</u></p> <ul style="list-style-type: none"> <li>• Training of trainers conducted 10 days ago in Zaatari on providing self-care and stress management by IMC and WHO. Nine humanitarian workers, MHPSS and other service providers, attended. Another training will be held, to increase number of trainers.</li> </ul>
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	<p>Piloting in Zaatari in early 2015. After that if there is a need, will also do it in host communities.</p> <ul style="list-style-type: none"> <li>• 4Ws report was finalized. 47 agencies participated. Wider distribution across governorates, but still shortage in the south: 43.7% central, 44.4 northern, 10.7% southern. Last year Tafileh was least served but now it's Aqaba, with only 1%. <ul style="list-style-type: none"> <li>○ Populations targeted by MHPSS services are mainly Syrians at 36%, followed by Jordanians at 24%, Iraqis at 19%, 15% other. 6% of MHPSS services target MHPSS staff/volunteers</li> <li>○ Majority of MHPSS services targeting Syrians are in the communities (79%), and 21% are in the camps.</li> <li>○ The highest frequency of MHPSS activities included (1) strengthening community and family supports (2) psychosocial interventions (3) safe spaces.</li> <li>○ 72% of agencies not providing any psychosocial support for staff.</li> </ul> </li> </ul> <p><i>For more information, see the report:</i>  <a href="http://data.unhcr.org/syrianrefugees/download.php?id=7764">http://data.unhcr.org/syrianrefugees/download.php?id=7764</a></p> <ul style="list-style-type: none"> <li>• MHPSS SWG participated in a donor briefing as part of the Protection Sector to share the strategy and needs for 2015 with donors.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ CHTG, NWG and RHWG should meet to consolidate messages.</li> <li>➤ Circulate 4Ws report.</li> <li>➤ MHPSS to present at next meeting.</li> </ul>

12. Azraq and Zaatari	
Summary of discussions	<p><u>Azraq</u></p> <ul style="list-style-type: none"> <li>• Nutrition meetings taking place at field level in Azraq (and Zaatari) every week, those interested in attending can contact SCJ.</li> </ul> <p><u>Zaatari</u></p> <ul style="list-style-type: none"> <li>• UNFPA/JHAS clinic in District 5 will be adding 6 antenatal beds, 4 delivery beds and 8 PNC beds which will be ready by mid-January.</li> <li>• All JHAS/UNFPA clinics in the camp started doing MUAC screening for pregnant women.</li> </ul>

Action Points	➤ None arising from this meeting.
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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"> <li>• Yesterday first meeting about newborn care, a couple of organisations expressed interest. Looking at scope, not yet clear. Another meeting will be held at beginning of January.</li> <li>• Looking at core messages in thematic groups, yesterday did IYCF.</li> <li>• Looked at coverage of CHV at governorate level and will be uploaded soon. Next year should do it at district level to have better idea of coverage.</li> </ul> <p><u>NCD task force</u></p> <ul style="list-style-type: none"> <li>• Recently revitalized, met on 10 December.</li> <li>• Might receive a regional NCD mission from regional office to develop guidelines on NCDs in emergency situation.</li> <li>• Next meeting, 18<sup>th</sup> January, 1 pm at WHO. Also discussed EMPHNET assessment and they will present at next meeting.</li> </ul>
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"> <li>• None raised.</li> </ul>
Action Points	➤ None arising from this meeting.

15. AOB	
Summary of discussions	<ul style="list-style-type: none"> <li>• None raised.</li> </ul>

Action Points	➤ None arising from this meeting.
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### Attendance Sheet

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