

## National Health Coordination Meeting

**Date:** Thursday 5<sup>th</sup> March 2015, Venue: EMOPS Room UNHCR Khalda

**Time:** 10:00 - 12:00

**Agenda:**

1. Introductions
2. Review of action points from previous meeting
3. Ministry of Health Update
4. Situation update (arrival, urban verification process) - UNHCR
5. Presentation on MoH/WHO Health Information System
6. Access to Health Services for Urban Refugees - update
7. IYCF Framework and Upcoming Technical Support Mission for Jordan Pilot
8. Gender focal point for Health Sector
9. Feedback Strategic Advisory Group Meeting
10. Health Agency Updates
11. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/Unicef)
12. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update (WHO/MoH)
13. Proposed Assessment
14. AOB

**Minutes:**

<b>2. Review of the action points from the previous meeting</b>	
Summary of Action points	<ul style="list-style-type: none"><li>• The Iraqi policy on access of health services: UNHCR are waiting for a clarification from MoH.</li><li>• Feedback from new access challenges with the new health policy to share with UNHCR: Will be discussed during the course of the meeting</li><li>• There are still trainings organized on reporting of data in ActivityInfo which is due the 8<sup>th</sup> of each month.</li><li>• Strengthen the community MH component by linking with the community health task force: to be followed up by the Community Health Task Force and NCD Task Force.</li><li>• Integration of the SGBV into the Health Sector Response and the Action Plan. UNHCR did receive some comments. A last feedback before the finalization will be given on Thursday during the SGBV working group.</li><li>• Gender focal point: Still waiting for nomination, nomination of males is encouraged.</li><li>• Encouragement of more people to attend the NCD Task Force. Update during the meeting.</li><li>• Community Health Task Force request to know which organization is working with community health volunteers. Send an email to Elsa. Same if organizations are interested in newborn care: Update during the meeting</li><li>• Assessment on Disability and Health Services: Presentation shared and meetings organized with some agencies.</li><li>• WHO to share any relevant materials with UNFPA in Arabic on risk factors for pregnant women: Update during the meeting</li></ul>

<b>3. Ministry of Health Update</b>	
Summary of discussions	<ul style="list-style-type: none"><li>• The MoH is not able to attend but a meeting is organized this afternoon at MoH office.</li></ul>
Action Points	<ul style="list-style-type: none"><li>➤ Share the main information discussed at the meeting in the MoH office.</li></ul>

4. Situation update (arrivals, urban verification process) - UNHCR	
Summary of discussions	<p><u>Arrivals:</u></p> <ul style="list-style-type: none"> <li>• For Syrian refugees, UNHCR has noted an increase of arrivals at the eastern border. 950 refugee in January, compared 198 in January. They are more people transferred to Raba al-Sarhan but there is also a higher acceptance rate.</li> <li>• The majority of Refugee are transferred to Azraq and not to Zaatari (except war wounded). In January, all refugees who came back from urban area to the camp were also transferred to Azraq camp (91 persons forcibly transferred to Azraq in February and 1003 person spontaneously returned to Azraq)</li> <li>• For Iraqis, the numbers of new arrivals continues at similar rates: 901 in February and 977 in January. The total is now 46 343 Iraqi refugees.</li> </ul> <p><u>Urban Verification process:</u></p> <ul style="list-style-type: none"> <li>• The urban verification started in Amman in the middle of February and then it was expanded to the Northern region on the 24<sup>th</sup> of February by starting in Irbid. Now there are 55 police stations involved around the country. There will be over 100.</li> <li>• Refugees are struggling with the cost of the health certificate that is required by the GoJ. They are charging 30 JD for <u>each</u> person over the age of 12 to do a HIV test.</li> <li>• This cost is one of the major reasons why people are not going to the verification. The second reason is that, even if they can pay, there is only one center in each governorate and they can only process 50 persons a day. Except for Amman which processes 100. So, it is very slow.</li> <li>• UNHCR are still making advocacy to try to get this health requirement waived</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Share the exact number of Syrian refugees who are coming back to Syria.</li> </ul>

## 5. Presentation on MoH/WHO Health Information System

<p>Summary of discussions</p>	<p><u>WHO and MOH Jordan - Primary health care and public health surveillance</u></p> <p>It is a tablet based project using an online framework.</p> <p>Two main objectives:</p> <ul style="list-style-type: none"> <li>• Objective 1: Monitor epidemiology of priority diseases (not just communicable diseases). The first output is integrating case-based surveillance of child health, reproductive health, mental health, communicable and non-communicable diseases and injuries. Second output is using best practices of prescribing through the WHO Essential Medicines List.</li> <li>• Objective 2: Improve the quality of clinical care provided in primary care.</li> </ul> <p>These tablets generate an automated alert of notifiable diseases within one hour by SMS and Email. The data collected are reported and analyzed in real time. All information are viewable on a public website (<a href="https://jordan.emro.info">https://jordan.emro.info</a>) and reachable by everyone.</p> <p>History: The pilot was implemented in 3 governorates in 309 sites.</p> <p>All information are available and the website is completely inter-active. The indicators are multiple and the information can be disaggregated by nationality, gender, age group, status or communicable diseases, etc. The data could be by governorate but also by individual hospital or clinic.</p> <p>The current purpose is not to replace any system but in the future, this is a possibility. Indeed, all current systems are functioning on a monthly basis but the objective of this system is to share the data with a maximum one week of delay.</p> <p>Next week, MoH and WHO will start one month of training across all the country.</p>
<p>Action Points</p>	<ul style="list-style-type: none"> <li>➤ Share the presentation with the Health Sector.</li> <li>➤ WHO and MoH should organize a separate meeting about the Public Health Surveillance for health sector members to allow more time for discussion.</li> </ul>

## 6. Access to Health Services for Urban Refugee - update

<p>Summary of discussions</p>	<ul style="list-style-type: none"> <li>• After several month of implementation of the new policy of the MoH, some key observations have been made: Significant reduction of Syrians accessing MoH services. It has not being quantified yet. In some cases, reportedly it is a reduction to 1/3 of previous numbers.</li> <li>• First concern is the decrease of uptake of vaccination even though. But, the vaccination and medicines for communicable diseases are still free of charge. Unfortunately, due to a lack of information, Syrian refugees don't know this or just don't go to the health facilities and cannot be captured.</li> <li>• Second concern is the access to health services for pregnant women. UNHCR can only support the highly vulnerable who are around 37% of cases which leaves many needing to pay.</li> <li>• Life sustaining services such as renal dialyses have been withdrawn and we have already see the consequences of this. Many people come back to the camp and the number of women returning to Zaatari to deliver is increasing.</li> <li>• UNHCR are planning an intervention related to cash assistance to refugees for delivery services and other services for pregnant women. The pilot will be firstly in Amman.</li> <li>• JHAS has received news from MoH: they are open to reduce the prices of referring so that JHAS is charged the uninsured rate plus 30% administrative fee. Still in the process of approval</li> <li>• UNHCR like many agencies is experiencing serious funding difficulties. This is not only linked to the declining donor interest in the Syrian situation but also to the Euro and Swiss franc. UNHCR has received a global guidance from the High Commissioner on reducing cost related to health care. UNHCR has been instructed to focus on primary health care. For secondary and tertiary health care, it will be emergencies, lifesaving, sight saving and limb saving. UNHCR will be reviewing its referral policy in light of this global guidance. This is going impact everybody as not blanket assistance outside the camp but targeting the most vulnerable. A presentation will be organized with the VAF unit in order to explain the criteria of vulnerability.</li> <li>• Propose a meeting of interested actors working in secondary care to see what kind of resource are available</li> </ul>
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	<ul style="list-style-type: none"> <li>• Advocate to MoH as health sector for free health services access for every children under 6. Not just for vaccinations and communicable diseases.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Presentation of VAF for next meeting about what criteria are applied.</li> <li>➤ Organization of a meeting with health partners that are working in secondary health care.</li> </ul>

<b>7. IYCF Framework and Upcoming Technical Support Mission for Jordan Pilot</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• UNHCR Geneva and Save the Children HQ have been working on an IYCF in Emergencies Framework which is a tool intended as guidance on what needs to be considered to create an 'IYCF friendly' environment and facilitate optimal IYCF. The framework outlines practical examples of how IYCF can be built into multi-sector programming and how IYCF can contribute to the priorities of different sectors, including child protection, education, food security and livelihoods, health, HIV, nutrition, WASH and shelter.</li> <li>• There will be a 5 day piloting visit between the 8th and the 12th of March to support the introduction, dissemination and training for the framework with all involved partners. This will include an orientation for all to the framework and its supporting documentation, as well as support on how to take forward the piloting.</li> <li>• A 2-hour session on the framework including background to the project and orientation will be held at UNICEF on the 9th of March from 10:00am - 12:00PM. Interested agencies are invited and encouraged to attend.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Send the invitation to the Health Sector</li> </ul>

<b>8. Nomination of Gender Focal Point for Health Sector</b>
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Summary of discussions	<ul style="list-style-type: none"> <li>• Still waiting for nominations. It could be interesting to have a male gender focal point for the Health Sector. So, all agencies are encouraged to send the nomination. If partners need the term of reference, UNHCR can share.</li> </ul>
Action Points	➤ None

<b>9. Feedback Strategic Advisory Group Meeting</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• Discussion on the Health Sector Humanitarian Response Strategy - 2014-2015. Once the different feedback included, the updated document will be shared to the Health Sector for feedback.</li> <li>• Discussion on the Work plan. SAG will include SGBV action plan for the health sector into this work plan. Once the different feedback is included, the updated document will be shared to the Health Sector for feedback.</li> <li>• The term of reference will be discussed later after series of meetings with the MoH,</li> <li>• Discussion on the advocacy messages agreed</li> </ul>
Action Points	➤ Share the different document once they are finalized.

<b>10. Health Agency Updates</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• Save the Children Jordan: SCJ started a series of IYCF orientation sessions for CBOs staff and MoH nurses in Amman and the south, 1 workshop was conducted for CBOs heads in Karak and another 2 will be done in Ma'an and Aqaba soon. 1 workshop was conducted with MoH in Amman in august and another 2 are planned in the south in April.</li> <li>• UNFPA</li> </ul>

Update from Jana Storm and actual good work in the camps. During the storm, UNFPA received daily updates and kept contact in the camps. No complications for deliveries and antenatal consultations went well.

UNFPA with partners are conducting Clinical Management of Rape training. UNFPA can accommodate 3-4 participants from each organization and have space for 25 participants in total. Invitation will be send today and nomination could be send by maximum March 10<sup>th</sup>. The date of the meeting: March 15-19 (5 days; Sunday - Thursday).

- EMPHNET:

Provide free training on specific areas for NGOs working in the camps. Have recruited a health educator based in Zaatari camp. Working on a comprehensive school health program integrating components of various public health programs such as WASH, hygiene etc. It is not a new project but a complement to the work of MoH. Upcoming project: Strength the national EPI in host communities, to be done in conjunction with already existed immunization activities.

Planning to do HIV activities: VCT centers, mass media campaign, stigma reduction with community leaders. All these activities will be conducted at camps level. About this, UNHCR think that it is good to discuss. They are only one HIV center in each governorate and the prevalence is extremely low. For UNHCR, the big gap is STI management if we look at the health facility readiness assessment, STI management is not available even in many MoH facilities. HIV has a low prevalence and it is preferred to use the national system and refer refugee to the national system to access HIV testing. The question of confidentiality in the camp is also a major problem. HIV is not more a problem for refugee than it is in the national system. About NCD, EMPHNET with MoH want to support 17 health centres in Mafraq hospitals with training, NCD drugs and equipment.

Rotavirus vaccine started last Sunday (01.03) in Jordan.

- UNICEF

The school health card for the camp is almost printed, UNICEF is waiting for the final approval from the Ministry of Education and the MoH. But on the ground, all the

partners are ready to go. In term of vaccination, 6 fridges in Zaatari, 2 fridges in Azraq were installed. A one week polio campaign will start 26<sup>th</sup> April.

UNICEF is involved in preparation of social mobilization.

JHAS: We have full time pediatrician in JHAS/UNFPA in Zaatari camp. JHAS has also a free info line where refugees can call if they have any problem related to health issues. They have infrastructure and employees under training. JHAS will start the pilot in the South and after expand across the country.

JHAS is also working with MoH to be subsidized for referral. It should be finalized before the end of March.

- ICRC:

Supported Mafraq and Rweyshid Government Hospitals with medical equipment, including X-ray machine, ventilator, incubator, vital signs monitor, 2 automated external defibrillator devices, surgical instruments, blackboard, scoops, and head immobilizer, to help them meet the increasing health needs of Syrian refugees in Jordan. The ICRC also carried out minor infrastructure upgrades to the Mafraq hospital including the installation of air conditioners and air-handling units, painting and lighting upgrades.

- Planning an "Emergency room Trauma Course" for the Jordanian and Syrian healthcare providers involved in the management of the Syrian conflict's casualties (e.g. MoH, RMS, IFRC, JRCS, MSF and other private hospitals).

- Ongoing support to the RMS health posts at the Eastern Border.

- Ongoing activities in RAS: Medical screening, PHC and ambulance transfer to other facilities.

- Ongoing First Aid Training in the camps (Zaatari, Azraq and Cyber City) and in the host communities (in cooperation with JRCS).

- IRC

Training for the community health volunteers: 50 in Irbid and 50 in Mafraq. They plan to have twenty more in each governorate. IRC has two mobile clinics with doctors specialized in primary health care, particularly for the most vulnerable; one in Mafraq operational and one in Irbid almost operational. The cadre of volunteers are using tablets for data collection and IRC is using a software called CommCare which is specifically designed for community health programs. The volunteers will conduct house to house visits, provide health education to families and create linkages between the communities and the mobile clinic and health facilities.

- IRD

60 health volunteers still working in urban areas in the field visiting Syrian and Iraqi families and referring them to the MoH when needed.

In collaboration with the MoH, IRD conducted four workshops for staff of MoH; there were 93 attendees (doctors, nurses, midwives and dentists).

Conducted six health education sessions in women's health, SGBV and dental health for 193 beneficiaries in Amman, Irbid, Mafraq

- ACF:

ACF is working on in Psychosocial and pregnant and lactating women in Irbid. Have submitted a new project to ECHO which may include vouchers to access health care; waiting approval

- IFRC:

IFRC/JRC

We reactivated our community health activities from mid-January to end of February with short term funding but only in the governorates of Jerash, Mafraq and Amman (36 CHVs).

From 1st March we will be restarting in the same governorates as above plus in Ajloun (but in a reduced number of communities) and starting for the 1st time in

	<p>Madaba as we know of no other community health actors present there. We will have a total of 70 CHVs and the project is funded till the end of the year.</p> <p>German RC/JRC remains present in Irbid.</p>
Action Points	<ul style="list-style-type: none"> <li>➤ UNHCR and ACF will organize a separate meeting to speak about cash and voucher.</li> <li>➤ If training packages have been developed for this context can be added to the portal, particularly if it is translated into Arabic.</li> </ul>

11. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (SCJ/UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>• RH: <p>RH SWG shared the monitoring framework to the RH partners. UNFPA also asked brief about 2014 indicators and follow up 2015 indicators. UNFPA are waiting for feedback and updates.</p> <p>UNFPA want to create a mapping to provide exact addresses of health facilities especially for urban setting in order to refer for the client.</p> <p>UNFPA encourage the different partner to provide other contraception than oral contraception, particularly in Azraq.</p> </li> <li>• MHPSS: <p>A gender focal point was nominated (ARDD). WHO and IMC, organized last month a training on stress management and self-care for specialized and non specialized field workers inside Zaatari camp;</p> </li> <li>• Nutrition: <p>The group updated the workplan. The draft was sent to the WG for updates and comments.</p> <p>The group also worked on the Nutrition Key messages. Waiting for feedback from partners. The group are looking for anemia advocated messages and a research about the real causes of anemia will be conducted.</p> </li> </ul>

Action Points	➤ None

## 12. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update (WHO/MoH)

### Community Health Task Force:

- TOT in home visits for antenatal care, newborn care and postnatal care.

Planning is ongoing with the support of UNFPA and UNICEF.

Until the WHO/UNICEF training manual for CHWs on 'Caring for the newborn at home: a training course for CHWs' can be adapted to this context and translated into Arabic, IRC, Medair and SC Jordan have kindly agreed to share their training packages with us which will cover all the key topics identified in the CHTG.

Training is planned to take place from Sunday 15<sup>th</sup> March till Thursday 19<sup>th</sup> March at the IMC training room if we have the MoH endorsement. A concept note was submitted to the MoH on Thursday 5<sup>th</sup> March and feedback will be passed on to UNICEF.

A lot of interest has been expressed in this training with 42 people requesting to participate. Therefore organizations have been requested to reduce the numbers to a maximum of 3 per organization to allow for newcomers to attend (e.g. Acted, IFH and IFH).

- CHTG updates

We are reaching out to other organizations working in community health. Oxfam attended the last meeting and Acted, HI and ACF have all expressed an interest in attending.

Plan is to have a CHTG meeting at each governorate for organizations to know each other at governorate level, each one's activities and to discuss the different modalities of working.

Started discussing to have a combined CH campaign between all CH partners in each governorate.

Topic, modality and dates still to be worked out.

### NCD Task Force

The Task Force has a new co- chair representing the MoH (head of NCD department and co-chair of the NCD task force). They are reviewing the medicine equipment list and waiting for a final feedback from the MoH. The group agreed to recirculate the NCD field guide among the group for a final feedback. They received an update from the regional office about the situation analyzes on NCD health care provision. This mission should be conducted in May to June 2015 in Jordan.

### **13. Health Sector Strategic Advisory Group Adhoc Meeting**

- Updating the Health Sector Humanitarian Response Strategy 2014-2015. The group will include an update about the new MoH policy.
- Development of the Health Sector Work plan that will be shared in a final draft. The SGBV action plan for the Health Sector will be integrated to the Work plan.
- Advocacy messages agreed upon - request free care for children under six, the uninsured Jordanian rate for JHAS; waiver of the health certificate and continued support for the Ministry of Health

### **14. AOB**

Summary of discussions	<ul style="list-style-type: none"><li>• Field exchange magazine produce by the emergency nutrition network. The link was already circulated through email.</li></ul>
Action Points	<ul style="list-style-type: none"><li>➤ Next meeting from 10h to 12h at WHO office.</li></ul>

Attendance Sheet

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