

National Health Coordination Meeting

Date: Thursday 29th of December 2014 Venue: Main Conference Room/ WHO - Amman/ Duar Dakhlia

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, MmM, 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. MHPSS Presentation of 4ws (MHPSS WG)
9. SGBV Health Sector Action Plan (Review and Discussion)
10. Overview of Survey Results of Health Facility Readiness (EMPHNET/WHO)

11. Nomination of Gender Focal Point for Health Sector
12. Health Agency Updates
13. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/Unicef)
14. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update (WHO/MoH)
15. Proposed Assessments - Disability and Health Services
AOB

Minutes:

2. Review of the action points from the previous meeting	
Summary of Action points	<ul style="list-style-type: none"> • Polio: UNICEF send their apologies. No update. • Health sector integration of gender based violence interventions. Draft SGBV work plan was circulated with the invitation and will discuss today. • Community health task force; include thermal care as an area of focus during home visits for the new-born. Carry over to the next meeting • Consolidation of the RH core messages: Dr Faeza & RHWG have almost finalized in English and Arabic (flyers and brochure). It has been circulated to members to be completed. • The 4W MHPSS was presented very briefly at the end, last month. We asked to circulate the report and do a formal presentation in this meeting.

3. Ministry of Health Update	
Summary of discussions	<ul style="list-style-type: none"> • Dr Bashir spoke about the new policy at MoH level: • Prevention, treatment of communicable diseases, will be free of charge for Syrian refugees. E.g vaccinations. There could be a problem with the availability of medicine for communicable diseases. • Update Iraqi policy: If they have residency in Jordan we deal with them as if they are uninsured Jordanians at the primary health care level. . Different health centers apply in different ways.
Action Points	➤ UNHCR will follow up on the Iraqi policy and try to clarify its implications.

4. Situation update - UNHCR	
Summary of discussions	<ul style="list-style-type: none"> • The Syrian population remained relatively stable, there were 87 new arrivals into Jordan in January 2015. • We have noted that more refugees have been coming back to the camp: For the last two weeks, 481 - 63%. It is related to the reduction in both food support outside the camps and the changes in health services access. • 1st January 2015: Refugees - from urban area returning to the camp - are to be registered in Azraq instead of Zaatari. • Very large number of refugees returning in Syria. Main reason: family reunification if the husband hasn't been allowed to enter Jordan. • Iraqi refugees: Still a large number coming to Jordan. Around 771 in January so far; most coming legally in to the country. • Total registration of Iraqi refugees: 45 391.
Action Points	None

5. Access to MOH Services by Syrians Change in Policy and Implications (MoH/UNHCR)	
Summary of discussions	<p><u>UNHCR:</u> November last year: the MoH withdrew free access to Syrians at all levels. An interim referral policy was developed in response. We are monitoring the impact.</p>

MdM:

Sharp increase of beneficiaries in come to their Ramtha. Increase about 30%, about 100 to 150 per day.

In the Ministry of Health centers, there are sharp decreases in beneficiaries' number.

IRC:

Sharp increase in their clinic, one in Irbid and one in Mafraq. For primary health care and reproductive health

JHAS:

Health services, they have 5 clinics in urban area: Ramtha, Amman, Mafraq, Irbid, Zarqa, and one medical mobile clinic in the South.

Irbid: Sharp increase in the patient: 40-50% - from 100 to 150. On 100 patients, 70% eligible while 30% are not eligible and are referred.

Ramtha: Increase of 60% that approach their clinic. On 100 patients, 60% eligible and 40% are not eligible and are referred.

Zarqa: Increase of 80% and 50% receive services,

Mafraq: Increasing but depend of the level of the service and the day. Number of patient that receive service are 60% and 40% are referred. At the secondary level, there is a sharp increase, 50% of the patients are eligible and the other 50% are referred elsewhere. Meeting next week with CARE to see how support the patients who are not eligible.

Amman clinic: Increasing of Iraqi patients that consist of more than 70% of the total patient number. 15% are from Sudan or other country (non-Syrian, non -Iraqi) and 15% are Syrian refugees. Average of daily patients is 200 /day.

CARE and DRC offer to help with CASH for certain cases including emergency admissions.

JHAS has a 24h/24h toll free call -n line.

JHAS will meet with MSF in Irbid to agree on definition of complicated pregnancy and which kind of follow up to do.

	<p>UNHCR, though JHAS, are only supporting the 37% of people who are considered extremely vulnerable. The criteria that we are using: refugees who receive cash assistance or eligible but not yet receiving or have received just once and cannot afford to go to MoH services and also those who do not have access to MoH services at the subsidized rate. For primary health care, the cost of the access is highly subsidized, including for medications. The big concern is the secondary and tertiary health care especially deliveries and the challenge is if we referred through JHAS we are charged the foreigners' rate. UNHCR, UNICEF and UNFPA are developing a package of services for normal pregnancy and delivery and post natal care and will pilot cash transfers for this.</p>
Action Points	<p>➤ Any agency with feedback on the access challenges with the new policy to share with UNHCR</p>

6. Polio update (MoH, WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> • No Update
Action Points	<p>➤ None arising from this meeting.</p>

7. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)	
Summary of discussions	<ul style="list-style-type: none"> • New project approval process shared by MOPIC: All agencies will be subject to this. • Agencies can look at the Project Summary sheets of the Jordan Response

	<p>Plan on the Host Community Support platform. Agencies can then see where their project may fit.</p> <ul style="list-style-type: none"> • What is not clear yet is the role of the Health Sector Task Force. The representative of the NGOs on the Health sector TF is Handicap international.
Action Points	➤ Important to attend to the ActivityInfo training (other session will be organized)

8. MHPSS Presentation of 4ws (MHPSS WG)	
Summary of discussions	<ul style="list-style-type: none"> • See the presentation. • There are few refugees in the South but they have poorer access to the services. How to balance that with the greater needs in the northern and the central governorates with limited resources? The host communities are present in the south and so there is a need of expanded resilience response and not only emergency response.
Action Points	<ul style="list-style-type: none"> ➤ Strengthen the community component by linking with the community health task force to discuss role of CHVs in mental health and PSS. ➤ Circulate the presentation.

9. SGBV Health Sector Action Plan (Review and Discussion)	
Summary of discussions	<ul style="list-style-type: none"> • Once finalized will do a work plan for the year. The background was the new guidelines of 2015 on integrating gender based violence into humanitarian action. The training was piloted in Jordan last year with the health sector. As a result we were asked to develop an action plan integrating the SGBV into the health response.
Action	➤ Give until Tuesday of next week for comments and if not, we will develop a

Points	<p>group.</p> <ul style="list-style-type: none"> ➤ Share the version by mail. ➤ Feedback to be given by Tuesday next week before finalization.
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10. Overview of Survey Results of Health Facility Readiness (EMPHNET/WHO)	
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Summary of discussions	<ul style="list-style-type: none"> ✓ EMPHNET supported by WHO have done a survey in June and July 2014 on Service Availability and Readiness of governmental health facilities. The objectives of the assessment were to measure service availability and readiness of MOH operated comprehensive primary healthcare facilities and hospitals in selected governorates and to measure the load of Syrian refugees accessing these health facilities. In addition, as an information tool for MOH planners to improve health system response. • Survey was undertaken in 58 centers, including 15 hospitals in 5 governorates. • Full presentation will be done in another session.
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Action Points	<ul style="list-style-type: none"> ➤ Invitation to be sent for assessment presentation.
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11. Nomination of Gender Focal Point for Health Sector	
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Summary of discussions	<ul style="list-style-type: none"> • We are requesting nominations from health sector members to be a gender focal point. • The TORs are available. The person would be involved in health sector activities, to ensure that gender is considered at all levels.
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Action Points	<ul style="list-style-type: none"> ➤ Can request TORs if interested and send your nominations to Ann and Mary
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12. Health Agency Updates	
Summary of discussions	<p><u>SCJ:</u></p> <ul style="list-style-type: none"> • 4 days technical IYCF training was conducted for all 72 staff working in camps and host community in the last week of December. • For the SFP program , we are currently following up with 3 cases in EJC (transferred from Za'atari) • Azraq : 25 cases / cured rate 91% • Za'atari : 47 cases / cured rate 100% • 121 children under 5 were screened in RS with no cases identified, in addition 36 PLWs with 3 cases identified and referred.
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><u>Nutrition:</u></p> <ul style="list-style-type: none"> • Last meeting on 20 of January 2015 and next one on 17 of February 2015. • Discussion about technical recommendation for fortification program in Jordan; the nutrition work plan is being revised. • Requested nomination for the gender focal point. <p><u>RH</u></p> <ul style="list-style-type: none"> • Finalization of the reproductive health core message. • Presentation of the risk factors during the pregnancy. It could help to identify complicated pregnancy before the complications. • Presentation of a new spontaneous abortion logbook to be implemented in Zaatari & Azraq camps. Implementing this week and the first case was registered. It is

	<p>the first time that such a document was created and used by the medical sector in Jordan.</p> <ul style="list-style-type: none"> • Will be as a pilot during next few months. RH monitoring framework shared.
Action Points	<ul style="list-style-type: none"> ➤ None arising from this meeting.

14. Task Force Updates: Community Health Task Force (IFRC) / NCD Task Force Update (WHO/MoH)	
Summary of discussions	<p><u>Community Health TF</u></p> <ul style="list-style-type: none"> • Newborn care in community is not finalized yet. • Request all the agencies that have community health volunteers to be in touch with the TF. Need than more of them to attend the meeting. • Request to know which agencies are interested in newborn care at community level and training will be organized. • No Mental health messages for CHVs so will link with the MHPSS WG. • See a gap in the community health volunteers for the moment in Zarqa, Salt and Amman <p><u>NCD task force</u></p> <ul style="list-style-type: none"> • MSF shared the list of equipment that they are using in their Irbid clinic. We are trying to reach an agreement to have one list that could be approved by MoH. • Some updates from WHO regional offices: early January, WHO have launched the global statistic report on non-communicable diseases. They will share the link, it is online. • Next meeting of the NCD TF will be on 4 march 2pm at WHO. • UNHCR shared field summary guidelines with the NCD TF for review
Action Points	<ul style="list-style-type: none"> ➤ Need of more people attending to the NCD TF and relevant agencies are encouraged to attend. ➤ Community Health TF need to know which organization is working with community health volunteers. Send an email to Elsa. Same if organizations are interested in newborn care. ➤ If organization interested in expanding community health volunteers in the areas of Zarqa, Amman and Salt.

15. Proposed Assessments - Disability and Health Services	
Summary of discussions	<ul style="list-style-type: none"> An assessment is planned by UNHCR of access to health services for disabled Syrian refugees in both camp and urban settings in Jordan in order to identify unmet health needs and areas of improvement. The study will involve mixed methods with a heavy qualitative approach, incorporating the perspectives of aid workers and health care providers as well as the refugees themselves. The study has the potential to inform interventions in the short-term in Jordan as well as guidelines for services for disabled refugees in humanitarian settings worldwide. Presentation will be shared with minutes
Action Points	<ul style="list-style-type: none"> ➤ Consultant will arrange meetings with relevant agencies in the next few weeks.

16. AOB	
Summary of discussions	<ul style="list-style-type: none"> Some NGOs asked for a translation in Arabic for risk factors for pregnant women and neonatal risk factor.
Action Points	<ul style="list-style-type: none"> ➤ WHO to share any relevant materials with UNFPA ➤ Next meeting: first week of March (due to Global IAWG in RH meeting the last week of February).

Attendance Sheet

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