

## National Health Coordination Meeting



**Date:** Thursday 26-Oct

**Venue:** UNHCR

**Time:** 10:00 – 12:00

**Agenda:**

1. Introductions
2. Review of last meeting action point
3. Situation Update
4. JRP/3RP 2018/2020 update
5. Sector Performance Review /Survey Findings
6. Knowledge transfer PPP/ Jordan Paramedic Society (MSF-H)
7. Health Agencies Update
8. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
9. Proposed Assessment/Research
10. AOB

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> <li>✓ UNHCR to share JRP workshop materials along with the excel sheet for data entry: <b>Done</b></li> <li>✓ UNHCR to share JPS knowledge transfer presentation: <b>Done</b></li> <li>✓ CDE to share their factsheet for their coming missions in November: <b>Done</b></li> <li>✓ HumaniTerra to share with all partners their patients selection criteria: <b>Done</b></li> <li>✓ IMC to share the results of the mental health assessment: <b>Waiting for IMC to approve sharing the presentation with all partners.</b></li> <li>✓ UNHCR to share the JHF allocation document for JHDF 2<sup>nd</sup> call: <b>Done</b></li> </ul>
Action Points	✓ N/A

3. Situation update-UNHCR	
Iraqis Refugees	<ul style="list-style-type: none"> <li>- Total registered: 64,860 with no significant increase during last month</li> <li>- 5,706 registered in 2017 while 4,502 arrived in 2017</li> </ul>
Yemeni Refugees	<ul style="list-style-type: none"> <li>- Total registered: 8,738. Total registered in 2017 3,076</li> </ul>
Sudanese Refugees Somali Refugees Others	<ul style="list-style-type: none"> <li>- 3,924 Sudanese registered with 689 arrived in 2017</li> <li>- 803 Somali with 28 registered in 2017</li> <li>- 1,531</li> </ul>
Syrian Refugees	<ul style="list-style-type: none"> <li>- Total Registered: 654,650 Syrians.</li> <li>- 23,064 newly registered in 2017 of which 14,899 arrived in 2017 and the rest are newborn registration.</li> <li>- 79,671 in Zaatari.</li> <li>- Azraq camp 53,207 and EJC with total population of 7,149</li> </ul>
Urban Verification	<ul style="list-style-type: none"> <li>- A total of 429,992 cards were issued in different security centers. Of the total, there are 398,530 (93%) individuals registered with UNHCR while there are 31,462 individuals who are not registered with UNHCR.</li> <li>- Document return exercise from RAS: 87% documents returned to Syrian including Azraq camp, and now in stage 64.</li> </ul>
JHF Proposal	<ul style="list-style-type: none"> <li>- JHF fund was launched in the end of Aug till mid of Sep</li> <li>- 6 proposal were received from different organizations.</li> <li>- Health Sector Advisory group reviewed the received proposals.</li> <li>- The board of OCHA gave the decision last week for this call and the Health sector succeeded to get two proposals approved: <ul style="list-style-type: none"> <li>▪ JHAS: USD 400,000</li> <li>▪ JPS: USD 250,000</li> </ul> </li> </ul>

Berm Updates	<ul style="list-style-type: none"> <li>- UN clinic at the berm continues to provide primary health care services to Syrian Asylum Seekers from Rukban. Access to the clinic has improved significantly over the past 2 months from 30 patients/day to 150 patients/day</li> <li>- A total of 14,401 Syrian Asylum seekers received PHC services since December 15th, 2016. Around 552 medical cases have been admitted in hospitals in Amman for secondary health care.</li> <li>- Mass casualty training organized by UNHCR for 20 medical staff of Berm clinic. Due to the big number of participants a second session will be organized next week at Ruwieshed</li> <li>- Summary of HIS week 42( 14th-20th October) as followed: <ul style="list-style-type: none"> <li>▪ 985 consultation were reported in week 42 for acute and chronic health conditions; most are URTI, UTI, and watery diarrhea.</li> <li>▪ 31 cases were referred in week 42 for secondary health care.</li> <li>▪ Two mortality cases.</li> <li>▪ 1 reported AJS case &lt;5 years.</li> <li>▪ 3 deliveries took place in Week 42: all are C/S.</li> <li>▪ 268 children and 132 PLW were screened for malnutrition; 4 SAM, 5 MAM and 8 PLW were found malnourished.</li> <li>▪ 245 PLW received counseling on IYCF during week 42</li> </ul> </li> <li>- The Government of Jordan through the Foreign Minister clearly stating that Jordan has already done more than any country in support of Syrian refugees, and that the population at the berm are Syrian on Syrian territory and hence the solution has to come from Syria</li> </ul> <p><b>Update on refugee returns to Syria from Jordan:</b></p> <ul style="list-style-type: none"> <li>- From January 2016 to the end of September 2017, 12,832 refugees spontaneously returned to Syria. This overall figure represents nearly two per cent (1.96%) in comparison to the currently 654,213 registered Syrian refugees in Jordan. The 1,078 spontaneous returns of September 2017 represent less than 0.2 per cent of the overall registered Syrian refugee population and is an 11 per cent decrease compared to the month of August 2017, yet remains the second highest return figure since January 2016. Following its launch, the technical Durable Solutions Working Group is currently constituted and plans to meet in the second half of the month.</li> </ul>
Action Points	✓ N/A

4. JRP/3RP 2017/2018 update	
	<ul style="list-style-type: none"> <li>- The second stage of the JRP/3RP was to develop the project summary sheets (PSS).</li> <li>- During the Dead Sea workshop, all partners decided to go through 13 indicators under 20 objectives.</li> <li>- The partners compiled all the PSS and were submitted to the MoH.</li> <li>- No hardcopy were submitted for the 13 PSS, all was entered through MoPIC website.</li> <li>- Total of 22 organizations appeal were submitted through the JRP, and one additional organization were submitted to 3RP only.</li> <li>- The total under REF is \$83 Million, and the total submission for RES is around \$15m by seven organizations.</li> <li>- The submission for JRP is the same of 3RP for 2018 and same data will be entered to Activity Info system</li> <li>- The third stage after submission the PSS is MoPIC clearance for all sectors.</li> <li>- Health sector succeeded to maintain the same balance as last year in order to make the Health Sector case easy to be reviewed and accepted by the government and to avoid any last minute reduction.</li> <li>- To collect all information related to 3RP and data collection, UNHCR is utilizing the Activity Info System, and the data are extracted on daily basis.</li> </ul>
Action Points	✓ N/A

## 5. Sector Performance Review /Survey Findings

Introduction	<ul style="list-style-type: none"> <li>▪ Jordan Refugee Response sectors anonymous on-line survey for sector members;</li> <li>▪ Similar sector surveys conducted in 2013, 2014, 2015, &amp; 2016</li> <li>▪ The purpose of this survey is to get feedback on the current performance of sector coordination</li> <li>▪ To assess current sector leadership and representation, with a focus on the effectiveness of sector delivery;</li> <li>▪ To collect suggestions on how to strengthen coordination and participation across;</li> <li>▪ To analyse feedback on the level of improvement in the performance of sector coordination since the last review;</li> <li>▪ A total of 13 participants from the HSWG gave feedback: 5 international NGO, 3 national NGO, 5 UN agency</li> </ul>
Objectives	<ul style="list-style-type: none"> <li>▪ To assess current sector leadership and representation, with a focus on the effectiveness of sector delivery.</li> <li>▪ To collect suggestions on how to strengthen coordination and participation across.</li> <li>▪ To analyse feedback on the level of improvement in the performance of sector coordination since the last review.</li> </ul>
Tool components	<ul style="list-style-type: none"> <li>▪ Fundraising</li> <li>▪ Reduce duplication</li> <li>▪ Inform prioritization</li> <li>▪ Adherence to standards and guidelines</li> <li>▪ Visibility</li> <li>▪ Information sharing</li> <li>▪ Enhance communication</li> <li>▪ Joint assessment</li> <li>▪ Sector Meeting Organization</li> <li>▪ Management of sector meetings (quality of chairing, selection of content)</li> <li>▪ Sector leadership and representation</li> </ul>

<p><b>Main Findings</b></p> <p><b>Conclusion</b></p>	<ul style="list-style-type: none"> <li>▪ Generally, 62% are satisfied with overall management of the sector or area-based coordination meetings (the agenda setting; length, frequency, timing and structure of meetings; minutes receive).</li> <li>▪ 31 % see meeting management has improved compared to the last year, 15 % see no change made while 54% don't know.</li> <li>▪ 85% see that the roles and responsibilities of sector leadership and participation clear.</li> <li>▪ Do the structures at your sector level (national, area based) meet needs: 77% said that they don't know, 8% said yes, 15% said no. Partners agreed to change the question wording in next survey.</li> <li>▪ 7 participants said that they usually use the Dashboard and Activity Info as management platforms and products/ tools followed by the Inter-Agency portal. While three of the participants are using the Service Advisor System and 2 are using the Needs Assessment Registry.</li> </ul> <p><b>The general preliminary conclusions on the results are as follows:</b></p> <ul style="list-style-type: none"> <li>▪ General satisfaction of the respondents with the sectors' management and progress;</li> <li>▪ Regretfully, very few comments were provided;</li> <li>▪ Challenging modest awareness and usage of information management tools and inter-sector linkages;</li> <li>▪ High turnover rate among NGO representative has affected response to the comparison questions where don't know response were high.</li> <li>▪ More focus needed on empower some information management tool like service advisor.</li> </ul>
<p><b>Action Points</b></p>	<p>✓ <b>UNHCR: To share the Health Sector Survey analysis with all partners</b></p>

## 6. Knowledge transfer PPP/ Jordan Paramedic Society (MSF-H)

Introduction	<ul style="list-style-type: none"> <li>▪ Ramtha Emergency surgical project started in April 2013, located in Ramtha hospital. We are sharing the facility with MoH providing emergency surgical care, Mental Health, Physiotherapy to Syrian victims of war.</li> <li>▪ Bed capacity of 44, 2 OTs, MDs, Anaesthesia, Orthopaedic and General Surgeon Specialists, a total of 135 staffs.</li> <li>▪ Main admission criteria are war wounded patients with orthopaedic and general surgery cases, any out of criteria patients are referred through referral agencies partners JHAS/UNHCR, JPS, QRC.</li> <li>▪ Irbid NCD project started in January 2014, the projects consists of 2 clinics providing medical care (Specialist consultation, routine medication and laboratory investigations to Syrian refugees (4470 patients enrolled out of which 31, 5% are Jordanians), as well as Mental Health and physiotherapy services.</li> <li>▪ Home visits service is available to elders/disabled patients with very specific Health conditions /criteria and not able to reach the clinics.</li> <li>▪ We have been in collaboration with QRC the past period referring NCD patients with complications to routine Ophthalmology, Cardiology, nephrology screening, further to it, surgical intervention were done.</li> <li>▪ MSF-H is supporting 3 hospitals in South Syria.</li> </ul>
Action Points	✓ N/A



## 7. Health Agencies Update

### WHO:

- There is a cVDPV (circulating Vaccine Derived Polio Virus) outbreak in Syria
- A weekly bulletin is produced by WHO and UNICEF – encourage people to read it

### For Jordan:

- Jordan is polio free, to keep it that way,
  - a) WHO is running active polio/ AFP (acute flaccid paralysis) surveillance in Jordan
  - b) vaccination of children needs to be encouraged
- The polio response is encouraging all health sector partners who want to learn more about polio surveillance and the ongoing outbreak in Syria to get in touch with us. Contact details for the regional polio officer in charge on the last page of the bulletin!

### UNFPA:

- The RH services in Azraq camp have been resumed normally through IRC
- Services in Zaatari Camp is running normally through IPs
- A call for proposal will be launched for a training center in Zaatari Camp very soon

### SAMS:

- The Syrian American Medical Society (SAMS) is a nonpolitical, nonprofit medical relief organization that is working on the front lines of crisis relief in Syria and neighboring countries to alleviate suffering and save lives. SAMS proudly provides medical care and treatment to every patient in need.

Action Points

✓ N/A

**8. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)**

<b>RH (UNFPA)</b>	<ul style="list-style-type: none"> <li>- The last RH meeting took place last Tuesday at UNFPA</li> <li>- The sub working group discussed the effectiveness and community mobilization effecting RH services and IRD demonstrated the level of community outreach services.</li> <li>- The sub-working group also discussed the lessons learned and the challenges of the JRP/3RP process</li> </ul>
<b>Mental Health (IMC/WHO)</b>	<ul style="list-style-type: none"> <li>- The working group had a meeting to discuss the results of the 4Ws mapping conducted this summer, the report will be ready to be shared in the next month meeting for final review before uploading it on the UNHCR portal.</li> <li>- IMC is in the final stage of drafting the report on Understanding the Mental Health and Psychosocial Needs, and Service Utilization of Syrian Refugees and Jordanian Nationals: A Qualitative &amp; Quantitative Analysis, the report will be launched end of November</li> </ul>
<b>Nutrition (Save the Children Jordan/UNICEF)</b>	<ul style="list-style-type: none"> <li>- Nutrition Case Management System still experimental in the two camps, UNICEF is currently taking the lead.</li> <li>- No significant changes in SFP Urban, however, during August and September 2017 the admission rate for SFP in camps was significantly lower in comparison to previous months, with Azraq and Zaatari numbers higher than host community.</li> </ul>
<b>Community Health Task Force (Medair/IRC)</b>	<ul style="list-style-type: none"> <li>- October meeting was cancelled</li> <li>- Next meeting will be on 8<sup>th</sup> Nov</li> </ul>
	<ul style="list-style-type: none"> <li>✓ IMC to share the 4Ws matrix with all partners</li> <li>✓ IMC to brief all the partners by next meeting about the Preliminary Results of the 2017 4Ws MHPSS Mapping</li> </ul>

9. Proposed Assessments/Research	
	<p>UNHCR annual Health Access and Utilization Survey:</p> <ul style="list-style-type: none"> <li>- The partners who will conduct this survey were picked up, for three groups of people: <ul style="list-style-type: none"> <li>▪ Syrian</li> <li>▪ Iraqi</li> <li>▪ Non-Syrian, Non-Iraqi</li> </ul> </li> <li>- The data collection will start by November, and by end of 2017 the follow up survey will be ready.</li> <li>- The survey will be conducted by phone, so the beneficiaries will be receiving phone calls from UNHCR partners to conduct the survey.</li> </ul>
Action Points	✓ N/A

10. AOB -	
	<ul style="list-style-type: none"> <li>- 110 Syrian patients are being treated for kidney dialysis by QRC with a total of \$1,200,000 cost by year and the last grant was secured till end of October.</li> <li>- UNHCR launched the 2018 Calls for Expression of interest – (“Basic health care support and assistance to urban Syrian and non-Syrian refugees”)</li> <li>- The submission date has been extended until 5 November 2017, 17.00 hrs Amman Time</li> </ul>
Action Points	✓ Next HSWG meeting will be 23 <sup>rd</sup> Nov at UNCHR office