

National Health Coordination Meeting



Date: Thursday 23rd Nov

Venue: UNHCR

Time: 10:00 – 12:00

Agenda:

1. Introductions
2. Review of last meeting action point
3. Situation Update
4. Results of the 2017 4Ws MHPSS Mapping/ PPP by IMC
5. Knowledge transfer PPP / by IOCC
6. Health Agencies Update
7. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
8. Proposed Assessment/Research
9. AOB

2. Review of action points of previous meeting	
	Reviewing the agenda of the previous meeting: <ul style="list-style-type: none"> ✓ IMC to share the 4Ws matrix with all partners: Done ✓ IMC to brief all the partners by next meeting about the Preliminary Results of the 2017 4Ws MHPSS Mapping: Done
Action Points	✓ N/A

3. Situation update-UNHCR	
Iraqis Refugees	<ul style="list-style-type: none"> - Total registered: 65,505 - 6,432 registered in 2017 while 4,502 arrived in 2017 (10% increase)
Yemeni Refugees	<ul style="list-style-type: none"> - Total registered: 9,032. Total registered in 2017 is 3,381 (significant increase)
Sudanese Refugees	<ul style="list-style-type: none"> - 3,966 Sudanese registered with 744 arrived in 2017 with no significant increase
Somali Refugees	<ul style="list-style-type: none"> - 806 Somali with 45 registered in 2017
Others	<ul style="list-style-type: none"> - 1,545 /no major increase
Syrian Refugees	<ul style="list-style-type: none"> - Total Registered: 654,056 Syrians. (Decrease) - 25,552 newly registered in 2017 of which 1,737 arrived in 2017 and the rest are new born registration. - 79,671 in Zaatari with no significant increase. - Azraq camp 53,207 with minor decrease in the last month due to bail out process and voluntary repatriation and EJC slight decrease with total population of 7,149
Urban Verification	<ul style="list-style-type: none"> - The updated detailed statistics of the MoI Service Card Issuance in the different security centers as of 31 October 2017, a total of 429,992 cards were issued in different security centers. Of the total, there are 398,530 individuals registered with UNHCR, while there are 31,462 individuals who are not registered with UNHCR. - 84% of documents confiscated have been returned to the Syrian population in Jordan - Now in stage number 63
Berm Updates	<ul style="list-style-type: none"> - Berm clinic continues to provide primary health care services to Syrian Asylum seekers from Rukban camp. The average daily number of patients is 78- 80. Majority of medical referrals for secondary and tertiary health care were for Obstetrics and gynecology (NVD & CS) - The total number of Syrian asylum seekers who benefitted from the health services at the clinic was 16,162 since the opening of the clinic in December 15th, 2016. A number of 646 patients were admitted at the affiliated hospitals and received treatment - Outcome of the last health border meeting were to go for second round of bOPV vaccination and Vit A at the Berm. UNICEF to communicate with JAF & MOH for the approval

OCHA/JHF	<ul style="list-style-type: none"> - The humanitarian situation inside the Al-Rukban camps continues to deteriorate. RC/HC office in Damascus submitted the UN operational plan to Syrian Ministry of Foreign Affairs(MoFA) for approval to reach Rukban camps - JHAS and JPS received the support from OCHA - OCHA approved to cover the 110 Hemodialysis Patients until QRC catch their regular support from their donor.
Action Points	✓ N/A

4. Results of the 2017 4Ws MHPSS Mapping/ PPP by IMC

2017 MHPSS Mapping Objectives:

- Enhance coordination, collaboration, referral systems & accountability for all involved agencies
- Identify gaps in service provision, geographic and target group coverage, human resources & technical expertise
- Provide data on patterns of practice to inform recommendations, agency plans/proposals and lessons learnt for future response
- Improve the transparency & legitimacy of MHPSS services through structured documentation

2017 4Ws Mapping Timeframe:

- Carried out between July 7 September of 2017
- Discussion with the MHPSS working group on July 19th 2017
- Tools were updated to reflect participants input. The package sent out on July 30th 2017
- Sent out to 45 organizations
- Initial deadline for data collection was August 8th 2017
- Deadline extended to September 14th to accommodate delayed responses

2017 4Ws Mapping – Methods:

- A package sent by e-mail to participating organizations; included:
- A one-page introduction to the 4Ws exercise;
- An Excel data file with four sheets to: 1) capture information about the organization, 2) capture details of activities; 3) delineate the list of 11 MHPSS activities and corresponding sub-activities 4) capture information on target groups; and
- The 2015/16 4Ws mapping report and aggregate sheet.
- 45 organizations were contacted via the MHPSS Working Group
- Input from 34 organizations was collected and analyzed (Who?)

2017 4Ws Mapping – Results: *What?*

- The total number of MHPSS activities (by activity code, not sub code) over the last 3 years. In 2014, MHPSS activities decreased, while in 2015/2016 they increased to 779. However, should be emphasized that this is a reflection of what was CAPTURED by the 4Ws (might reflect the increased number of agencies participating in this year's mapping).

Concentration per activity code:

- The most frequent interventions are strengthening family and community support, psychosocial work, and safe spaces. While the least frequent interventions are the clinical management of mental disorder by non-specialists, psychosocial support in education, and supporting MHPSS considerations inclusion in other sectors.

Concentration of services per focus: Compared to last year's mapping, there is a slight increase in community-focused services (39 to 44%), and a decrease in case-focused activities (46 to 34%). However, as in every year, the majority of services are:

- ▶ Community-focused:
 - e.g. community mobilization, safe spaces, info dissemination
- ▶ Case-focused:
 - e.g. psychological interventions, management of mental disorder
- ▶ General MHPSS:
 - e.g. training, supervision, assessments, staff care

Safe Spaces (15 organizations):

- About 48% of organizations provide safe spaces (22 organizations out of 46). This is an increase of 14% compared to the 2014 mapping, where 34% (16 organizations) operated safe spaces. Similar to previous years, the majority are child-friendly spaces, however compared to 2014, there is a more even distribution between child, youth and women spaces in this year's mapping. The category "Other" includes summer camps and other spaces. Note: youth-friendly spaces (ages 15-24).

Comparison of activities:

- Over the last 3 years, there has been a similar distribution of level 2 activities. Notably however, is the increase of level 3 activities in this year's mapping and the decrease of level 1 activities (by 6% compared to 2014). Also, the last two years have witnessed a significant increase of level 4 activities (specialized services) from 3% in 2013, to 12% in 2014, and finally to 17% in the 2015/2016 mapping. This is reflected by an increase in agencies operating at level 4, currently at 18 organizations, compared to a total of 13 organizations in 2014 and 7 organizations in 2013.

	<p>Activities Distribution By Governorates</p> <ul style="list-style-type: none"> ▪ Highest concentrations in Amman, Irbid, Mafraq and Zarqa, mirroring the concentration of Syrian refugees in these areas. ▪ The Southern governorates of Aqaba, Tafilah and Ma'an, in addition to the Central governorate of Madaba, had the least concentration of MHPSS activities, with the lowest being in Tafilah at 1.2% of MHPSS activity distribution. ▪ To note is that no mobile/roving activities were reported this year. ▪ Mention that the final report includes a further breakdown of activity distribution by area/neighbourhoods for Amman, Irbid, Mafraq and Zarqa (the top 4 governorates). <p>Comparison of Activities Distribution by Governorates over years:</p> <ul style="list-style-type: none"> ▪ Notably, the percentage of services in Ajloun has decreased compared to the 2014 mapping (from 6.4% to 4.4%). Similarly, Al Tafileh witnessed a decreased proportion of activities (from 2.4% to 1.2%). On the other hand, percentage of activities in 2015/2016 increased in Aqaba (from 0.2% to 3.5%), and in Madaba (from 1.9 to 3%).
Action Points	<ul style="list-style-type: none"> ✓ UNHCR to share the presentation of IMC ✓ UNHCR to forward all questions related to the presentation to Dr. Ahmad Bawaneh and make sure to be answered by next meeting. ✓ IMC to share the draft report if ready by next meeting.

5. Knowledge transfer PPP/ IOCC

<p>About IOCC:</p>	<ul style="list-style-type: none"> IOCC is a U.S.-based INGO that was established in 1992 IOCC's headquarters is in Baltimore, MD, USA IOCC offers emergency relief and development programs to those in need worldwide without discrimination Since its founding, IOCC has worked in more than 50 countries Current focus areas include: Syria, Jordan, Lebanon, Greece, Jerusalem, West Bank, Gaza, and the United States IOCC responds to those who are suffering and in need to enable them to continue to improve their own lives and communities and to have means to live with dignity, respect, and hope. IOCC began working in Jordan in 2005 IOCC's work has focused on those most in need, including Jordanians, Palestinian refugees, Iraqi refugees, and Syrian refugees who require assistance IOCC has implemented projects in Jordan in relief, early recovery, and development -- including projects in the protection, health, shelter, agriculture/food security, basic needs/non-food items, WASH, and livelihoods sectors IOCC's Jordan office is located in Amman and with a second office in Azraq refugee camp and a Livelihood Resource Center in East Amman
<p>IOCC's Sector Focus:</p>	<ul style="list-style-type: none"> Health & Protection: Persons with Disabilities Shelter: Cash, Rehabilitation, and Livelihoods Agriculture and Food Security Health & Nutrition
<p>IOCC Health Activities in Jordan:</p>	<p>Relief for Hearing Impaired and Disabled Syrian Refugees in Jordan:</p> <ul style="list-style-type: none"> Continuation of activities from 2015 – 2016, which reached more than 4,500 people Dates: September 25, 2016 – December 31, 2017 Areas: Amman, Irbid, Mafraq, & Balqa Governorates Targeted Beneficiaries: 7,500 people Implementation: Direct in coordination with local disability actors/CBOs Funded by: U.S. State Department Bureau for Population, Refugees, & Migration (BPRM)
<p>IOCC's Community-based Approach:</p>	<ul style="list-style-type: none"> Training Community Volunteers Providing Diagnosis & Rehabilitation Services Distributing Assistive Devices Supporting Parents & Caregivers Raising Awareness in Communities Follow-Up and Education

<p>Health & Nutrition:</p> <p>Challenges:</p> <p>Best Practices and Incorporating Lessons Learned:</p> <p>IOCC referral: Contact</p>	<p>Support for Refugees with Impairments & Disabilities in Azraq Refugee Camp</p> <ul style="list-style-type: none"> ▪ Officially opened in July 2017 ▪ Selection volunteers through incentive-based volunteering (IBV) ▪ Training of volunteers in community-based rehabilitation in coordination with Al Hussein Society ▪ Weekly visits from optometrists and audiologists to camp for diagnosis and treatment ▪ Ongoing screening and assessment of potential cases by volunteers ▪ Raising community awareness ▪ Coordination to address more complicated medical issues <ul style="list-style-type: none"> ▪ Community awareness sessions for men, women, and adolescents on infant and young child feeding (IYCF), anemia prevention, healthy lifestyles, non-communicable diseases, and other nutrition-related topics ▪ Distribution of personal hygiene kits ▪ Screening for malnutrition ▪ Referral of cases of malnutrition for follow-up assistance and treatment, if identified ▪ Amman, Irbid, Mafrq, and Zarqa governorates ▪ 3,224 people reached in 2015-2016; 4,000 people targeted in 2016-2017 <ul style="list-style-type: none"> ▪ Addressing more complex and expensive medical issues, particularly in the camp setting ▪ Longer-term support and ongoing care needed for severe cases ▪ Need for new and/or modified assistive devices as children age ▪ Ongoing care and maintenance for assistive devices after project ends ▪ Follow Up with Year 1 Cases (Host Community) <ul style="list-style-type: none"> ▪ Utilize feedback mechanisms to ensure beneficiaries' devices are maintained ▪ Training of caregivers and regular follow up to ensure that effective use of assistive devices ▪ Link beneficiaries with supplier for guarantee in Jordan and also inside Syria ▪ Build capacity of local disability actors and CBOs supporting PWD ▪ Leverage other programming with PWD to provide more holistic support to households that include a PWD (i.e. cash-for-rent and winterization) <ul style="list-style-type: none"> ▪ IOCCJordanReferrals@gmail.com - 0791368414
<p>Action Points</p>	<ul style="list-style-type: none"> ✓ UNCHR to share IOCC presentation with all partners. ✓ Caritas Jordan will be doing the next presentation

6. Health Agencies Update

JPS:

- JPS has commenced its WW project activities. JPS supported 13 cases so far that have been received from MSF-Holland and UNHCR as follows:
 - 3 ophthalmic cases
 - 1 case multi-injury
 - 1 case general
 - 5 cases neurosurgical
 - 2 cases orthopedic
 - 1 case EOC
- JPS General Referral project in support for BEmC and CEmOC cases from Syrian refugee camps is in the final stages of registration with the local authorities.
- JPS successfully completed its offering of complimentary BLS and CPR training announced in the previous meeting with participation from 16 NGOs.

WHO:

- Department of statistics informed WHO that they are not able to accommodate the NCD step survey
- There is a cVDPV (circulating Vaccine Derived Polio Virus) outbreak in Syria, of the total of 70 cases: 67 from Deir -Azour, 2 cases from Ar-Raqa, and 1 case from Homs.
- A weekly bulletin is produced by WHO and UNICEF – encourage people to read it
- WHO is running active polio/ AFP (acute flaccid paralysis) surveillance in Jordan
- 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!
- A discussion was posed regarding the NCD task force (National protocols for Jordanian NCD)

MDM:

- Will start their medical mission in Mafraq and Irbid
- MDM is collaborating with MoH and WHO
- MDM is looking for the Jordanian Protocols for NCD and it's available at MoH

UNICEF:

- The outbreak IPV polio is available in Jordan and working with MoH, WHO and UNHCR in order to circulate the vaccine
- Second campaign of polio vaccination in Rugban will be next month if the access is granted
- The miss opportunity for vaccination assessment which was done jointly with MoH, WHO, UNICEF, MEDAIR and EMPHNET and a digitalized system was used to understand what's the situation to know where is the miss opportunity is happening.
- The family community team approach project will be piloted in Irbid and Mafraq, UNICEF is working with MoH to establish project management unit in the ministry and this project will last for three years.

	<p>UPP:</p> <ul style="list-style-type: none"> - UPP started a new project which was funded by OCHA in Sep - UPP works with people with disabilities and war wounded, and working in Amman and Irbid, also providing mobility aids. <p>SAMS:</p> <ul style="list-style-type: none"> - SAMS clinics in Zaatari was opened, and the clinic is expected to provide 7700 services per month for Syrian refugees staying at the Zaatari camp. - The clinic have pediatrics, gynecology, dental and cardiology. - Also, SAMS opened the medical mission in Jordan, this medical mission provides health services in Jordan for Syrians and host community. - The next mission will take place by Jan 2018 and will last for one week, and cardiac surgeries for Syrians and host community. <p>MEDAIR:</p> <ul style="list-style-type: none"> - MEDAIR cash for health project is still running and currently looking for people that have issues with their MOI cards or UNHCR certificates to be referred to MEDAIR for cash assistance. <p>CDE:</p> <ul style="list-style-type: none"> - Next mission for children with orthopedic pathologies is scheduled in Amman from Dec 29th 2017 - Jan 6th 2018. <p>Pediatric ORTHOPEDIC surgery (lower limbs)</p> <ul style="list-style-type: none"> - A French team led by Dr Jean-Luc Jouve, Pediatric Orthopedic Surgeon in Marseille, will provide consultations and surgeries for vulnerable children (Syrian, Jordanian...) at Al Maqased hospital in Amman - Type of pathologies addressed: lower limb pathologies such as Developmental Dislocation of the Hip (DDH), recurrent dislocations of the patella, club foot, lower limb deformities, abnormal walking, etc. - No factor of complication. <p>HumaniTerra:</p> <ul style="list-style-type: none"> - HumaniTerra started their medical mission in Sep and now will start their surgical mission in Dec - HumaniTerra is now consulting 80 patients and doing surgeries for 14 patients for plastic and reconstructive surgeries. - HumaniTerra is targeting 500 children,
Action Points	<ul style="list-style-type: none"> ✓ SAMS to provide the information sheet and the referral contacts for the next mission in order to be shared with all partners. ✓ UPP to share their mission factsheet and referral contacts with all partners. ✓ UNCHR to share the CDE mission factsheet

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

RH (UNFPA)	<ul style="list-style-type: none"> - UNFPA started to discuss the Emergency obstetric care recommendations that was part of Bell and Melinda Gates project led by UNCHR. - UNFPA started to introduce the mother and new born package, as a discussion was posed between all members regarding the main topics such as family planning, antenatal care, and clean delivery and how to improve the maternal services provided at camps and referral hubs. - UNFPA started calling partners from health service providers for CMR training and will be held next month through IFH and will include MoH members. - The sub working group was advised to nominate health service providers that needs IUD insertion training which is a 10 days training provided by HSD and MoH. 5 nominations are still needed.
Mental Health (IMC/WHO)	<ul style="list-style-type: none"> - The working group had a meeting to discuss the results of the 4Ws mapping conducted this summer, and the final report is ready and will be shared on the UNHCR portal.
Nutrition (Save the Children Jordan/UNICEF)	<ul style="list-style-type: none"> - No Major Updates
Community Health Task Force (Medair/IRC)	<ul style="list-style-type: none"> - MEDAIR is looking to nominate a chair and co-chair the Community Health Task Force by the beginning of 2018
	<ul style="list-style-type: none"> ✓ IMC to share the final report for the 4Ws mapping with UNHCR in order to be circulated with all partners. ✓ IMC to present a Q&A session regarding the Results of the 2017 4Ws MHPSS Mapping ✓ the sector and subsector working groups structure will be reviewed for 2018

8. Proposed Assessments/Research	
	- N/A
Action Points	

9. AOB -	
	<p>UNHCR annual Health Access and Utilization Survey:</p> <ul style="list-style-type: none"> - The data collection will start by next week and by end of 2017 the follow up survey will be ready.
Action Points	<ul style="list-style-type: none"> ✓ Next HSWG meeting will be 21st Dec at UNHCR office