

## National Health Coordination Meeting

**Date:** Thursday 27 Oct

**Venue:** WHO-Amman

**Time:** 10:00 – 12:00

**Agenda:**

1. Introductions
2. Review of action points of previous meeting
3. Situation update – UNHCR
4. Cash for essential health services-Medair/PPP
5. Health Agency Updates
6. Subsector working groups - RH (UNFPA), Mental Health (IMC), Nutrition (Save the Children Jordan/UNICEF)
7. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)
8. Proposed Assessments/Research
9. AOB/Neonatal Deaths Auditing Presentation-EMPHNET

2. Review of action points of previous meeting	
	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"> <li>✓ IRD to share the SOPs for their work &amp; the referral procedures to MoH and inter agency referrals to INGOs: <b>Still working on developing the SOPs, the final version will be shared with UNHCR once it's ready.</b></li> <li>✓ UNFPA to share the last version of RH core messages by the end of Sep: <b>Pending</b></li> <li>✓ UNFPA to share the whole study of Syrian refugees assessment on the RH services in urban by the end of Sep: <b>Pending and waiting to be finalized by UNFPA</b></li> <li>✓ UNFPA to share the updated TORs: <b>Done and shared by UNHCR on the web portal.</b></li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ UNCHR to share RH core messages and the English version of Syrian Refugees Assessment</li> </ul>

### 3. Situation update-UNHCR

Iraqis Refugees	<ul style="list-style-type: none"> <li>• Total Iraqi refugees registered with UNHCR is 59,623 till mid of Oct.</li> <li>• 870 individuals newly registered on monthly basis</li> <li>• Total registered this year is 8718</li> <li>• 7 ,196 arrived in 2016 and the rest were in Jordan before 2016 but approached UNHCR to be registered in 2016</li> </ul>
Yemeni Refugees	<ul style="list-style-type: none"> <li>• Total Yemenis refugees registered with UNHCR is 5007 till mid of October</li> <li>• 160 refugees were registered last month</li> </ul>
Sudanese Refugees	<ul style="list-style-type: none"> <li>• Total Sudanese refugees registered with UNHCR is 3,182</li> </ul>
Somali Refugees	<ul style="list-style-type: none"> <li>• Total Somalis refugees registered with UNHCR is 773 (7 registered this month)</li> <li>• Other nationalities 1,359</li> </ul>
Syrian Refugees	<ul style="list-style-type: none"> <li>• Total Syrian refugees registered with UNHCR is 655,014 till mid of Oct (no increase noticed in camps as the borders are closed since Jun)</li> <li>• 47,986 newly registered in 2106. Arrival in 2016 is 3 7,081</li> <li>• Population in Zaatari camp is stable under 80,000</li> <li>• Azraq camp have total population of 54,084 with slight decrease due to the movement to the urban and EJC.</li> <li>• Total population in EJC 7,445</li> <li>• The transfer from CC to KAP was completed in Tuesday 18/10/16.</li> <li>• All refugees are in KAP now, CC is empty.</li> <li>• Total population in KAP: 287 individuals (125 Palestinian refugees &amp; 162 Syrian refugees).</li> <li>• JHAS clinic transferred to KAP (after approval from MoH) and providing the same services as before for both populations Syrians and Palestinians.</li> </ul>

<p><b>Urban Verification</b></p>	<ul style="list-style-type: none"> <li>• Up to end of Sep the total refugees who have issued MOI cards are 392,850. Out of them 365,751 refugees already registered with UNHCR (93%)</li> <li>• 70% of urban refugees registered with UNHCR issued the new MOI cards (till end of Sep)</li> <li>• 83% of confiscated documents were returned to the refugees.</li> <li>• Document return process is in stage 38 and will be finalized within the coming weeks.</li> </ul>
<p><b>Border Situation</b></p>	<ul style="list-style-type: none"> <li>• Several meetings were held between JAF and UNHCR and other UN agencies in order to find a way to deliver Life-saving humanitarian assistance at the Berm</li> <li>• A meeting also was held with the community leaders and the health workers inside the berm, the plan was agreed by the border health task force and to be discussed with the government to have more information and a clear picture on the health situation at the berm. In order to draw up response strategy and review viable options for delivery.</li> <li>• Total population inside the berm 77500</li> <li>• A green light was given to the UN agencies to be prepared for delivering humanitarian assistant to the population at the berm</li> <li>• The outcome of the meeting was a joint operational &amp; general plan for UN agencies to include Health Services, Food, Protection, Water &amp; NFI</li> <li>• The agencies which will participate in this joint plan UNHCR ,UNICEF, OCHA,WFP,IOM and UNFPA participated in the development of the operational plan for the resumption of life-saving Humanitarian assistance at the Berm</li> <li>• In the 17th Oct, a car explosion took place at Rugban from the Syrian border side, three casualties were transferred to Ruwaished Hospital</li> <li>• JAF facilitated also the transfer of another two medical cases from Rugban to Ruwaished hospital. One is 17 years old pregnant woman and the second case was diabetes mellitus and anemia (Gardens Hospital in Amman)</li> </ul>
<p><b>Action Points</b></p>	<p>✓ JHAS to send a letter to MoH regarding starting work in KAP</p>

#### 4. Cash for essential health services-Medair/PPP

##### Background

##### Objectives for the PDM

- Verify that the selected beneficiaries received the cash directly.
- Identify what the cash was used for when cash transfers were made to the beneficiaries and payments were not made directly at the clinic.
- Measure the impact of the health education provided by community health volunteers for the pregnant women who had received cash for health.
- To understand the effectiveness of Medair's cash transfer process, communication and support

##### 501 HH were assisted with Cash for health support

- Uncomplicated delivery 80JOD & Cesarean section delivery 330 JOD the rates of the MoH are used
- Other urgent health cases take JOD408

##### Verify that the selected beneficiaries received the cash directly & all received the correct amount

- 8 % reported that they still in need for more assistance to access health assistance.

##### Identify what the cash was used for:

- The usage of the cash towards the healthcare 97% of beneficiaries spent cash towards health-related purposes, while 3% were spent it on basic needs.

##### Measure the impact of the health education provided as per below:

- 79 % of beneficiaries went for 4 or more ANC visits
- 38% of pregnant women said that they went to the doctor for postnatal care.
- 92% of pregnant women were aware of at least two benefits of seeking antenatal care during pregnancy.
- 58% of pregnant women were aware of at least two danger signs during pregnancy.
- 95% of pregnant women knew at least two benefits of breastfeeding.
- 55% of the mothers reported they do exclusively breastfeeding for their new-borns (based on 24-hour recall)

##### To understand the effectiveness of Medair's cash transfer process

- 98% did not experience any difficulties in withdrawing the cash and they confirmed that the process was secure and very easy due to the Medair staff member who assisted them during the process.

<b>Conclusions and Recommendations</b>	<ul style="list-style-type: none"> <li>• Overall positive feedback about the cash assistance and process</li> <li>• Areas further to be explored:</li> <li>• Reasons for low PNC uptake</li> <li>• Accessibility and distance to the banks</li> <li>• High access of private health facilities need to be further explored</li> <li>• Breastfeeding problems</li> <li>• Lack of birth certificate</li> </ul>
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ UNHCR to share the presentation of Medair</li> </ul>

## 5. Health Agency Updates

### WHO

#### Ruwieshed hospital:

Delivery of the following items to Ruwieshed hospital:

1. Light Microscope.
  2. Haematology Analyser (Low Throughput).
  3. Chemistry Analyser.
  4. Tube centrifuge (Electrical).
  5. Automatic pipette Fixed 1 mil.
  6. Automatic pipette Fixed 5-50.
  7. Automatic pipette Fixed 50-200.
  8. Water bath
- Conducted 2 trainings on 26th of September about waste management and infection control.
  - A separate training on infection control will take place in November at Prince Hamza Hospital in Amman for a nurse from Ruwieshed hospital, selected as WHO focal point.
  - Coordinating with MoH on providing Autoclave shredder.
  - Planning to conduct next week a training to implement Bio-risk management activities.
  - Provide support to outbreak preparedness and response.

#### Polio update in Jordan

The gold standard for detecting cases of Poliomyelitis is AFP surveillance.

- In Jordan we have almost 2,600,000 children under 15 years.
- AFP rate should be  $\geq 2/100,000$  children under 15 years old/ year, minimum expected of AFP cases is 56/year.

#### Up to date:

- We have detect 84 cases of AFP, The annualized rate is 3.9
  - Cases were reported from all governorates, there's NO silent area.
  - All cases were investigated and the specimens were sent to the referral Polio Laboratory in proper time, the adequacy rate for specimens is 100%. 25% of all cases were GBS.
    - 68 cases were negative
    - 3 cases were SL1
    - 1 case/ was SL3
    - 6 cases are pending
- Surveillance officer:  
SheikhAli Nader, MD  
Alsaleh Akram, MD

	<p>Baninaser Basher, MD</p> <p><b>Pandemic Influenza Preparedness</b></p> <ul style="list-style-type: none"> <li>• Start the co-ordination and communication between Ministry of Health (MOH) and Ministry of Agriculture (MOA) for animal human health surveillance.</li> <li>• Produce a proposal “Strengthening One Health in Jordan “through integration of animal health and human surveillance.</li> <li>• Conduct several training workshops on MOH \IERS implementation.</li> <li>• Execute two country missions regarding, <ul style="list-style-type: none"> <li>▪ Country Capacity assessment for Influenza virus sequencing, in Princes Haya biotechnology Center at JUST.</li> <li>▪ Review Jordan Contingency Plan for epidemic and pandemic response.</li> </ul> </li> </ul>
UNFPA	<ul style="list-style-type: none"> <li>• Global launching of the State of world population 2016 (SWOP) reported, this year’s report is entitled: “10: How our future depends on a girl at this decisive age.” it has 10 facts at age of 10 years for girls, and another 10 fact from around the world.</li> <li>• UN day 24th of October and as all of UN agency the UNFPA celebrate in this activity.</li> </ul>
USAID	<ul style="list-style-type: none"> <li>• USAID now in the final stages of Princess Rahma Hospital constructions, the capacity will be increased by 30%</li> <li>• The expansion is expected to be done by Jan 2017</li> <li>• USAID now is in the designing and planning of emergency department expansion</li> <li>• USAID have a global project working in Jordan for corona virus testing under the supervision of MoH</li> </ul>
UNICEF	<ul style="list-style-type: none"> <li>• UNICEF in partnership with IMC will be opening Pediatric Ward in Azrac IMC hospital from this week.</li> <li>• UNICEF in partnership with Retiree Association will be re-starting border IYCF and MNCH services in both Rukban and Hadalat as soon as the border opens</li> </ul>
IRD	<ul style="list-style-type: none"> <li>• IRD coordinated with IMC to deliver a training for the CBSR Community Health Volunteers on mental health and IMC did a wonderful job.</li> </ul>



JPS	<ul style="list-style-type: none"> <li>• JPS with coordination with UNHCR provided referral for lifesaving health services to JPS network hospitals for 2 war wounded cases came from the burn.</li> <li>• JPS got the acceptance of one of proposed projects to JHF (OCHA fund) this project will work on referral for secondary and tertiary care along with access to emergency obstetric, neonatal and child care to JPS network hospitals and MoH. And now JPS in the processing to sign the agreement and then to get the MoH and MoPIC approval.</li> </ul>
Action Points	N/A

6. Subsector working groups - RH (UNFPA), Mental Health (IMC), Nutrition (Save the Children Jordan/UNICEF)

<b>RH (UNFPA)</b>	<ul style="list-style-type: none"> <li>• follow up about defaulters (pregnant ladies those not attended to the ANC visit and the appraisal for post-natal)</li> <li>• Discussed the MOH guidelines and official directive. That related to free RH services at MOH centers, IUD insertion and regulation as well as the IUD training.</li> <li>• Terms of reference (TOR) for RHSWG finalized and uploaded on the UNHCR portal.</li> <li>• Core messages for RH in final stage of reviewing and it will be upload soon</li> </ul>
<b>Mental Health (IMC)</b>	<ul style="list-style-type: none"> <li>• During the month of October, MHPSS members have recently planned and conducted several awareness activities and trainings on general MHPSS and physiological first aid to celebrate world mental health day 2016 in both camps and host communities</li> <li>• MHPSS sub working group is in coordination with UNHCR to initiate the process of mapping exercise in Azraq camp. (more details once it's finalized)</li> <li>• WHO in collaboration with MoH and under the guidance of mental health national technical committee is planning to update the national mental health action plan, the process of finalizing the agreement to be by the end of this year</li> <li>• According to MOPIC, IMC has exceeded the limit of psychosocial projects, and now in the advocacy period with other ministries to make sure to include psychosocial interventions and bring more new projects.</li> <li>• MHPSS is trying to develop advocacy paper work to be presented to the working group and shared with protection and health groups and to be translated into Arabic to be guiding document for any new projects.</li> </ul>
<b>Nutrition (Save the Children Jordan/UNICEF)</b>	<ul style="list-style-type: none"> <li>• Inter-agency nutrition survey was finalized in the 8<sup>th</sup> Oct</li> <li>• The initial report was shared with MoH, it should be ready by next week, and once it's approved by MoH it will be shared to all partners</li> <li>• NWG took place last week and the next NWG meeting will be on the 22<sup>nd</sup> November</li> <li>• A task force is working now on reviewing the guidelines of the malnutrition and once it's finalized it will be shared with all partners</li> </ul>
<b>Action Points</b>	<ul style="list-style-type: none"> <li>✓ IMC to share the advocacy paper work with all partners and translate it into Arabic</li> <li>✓ RH to share the core messages after reviewing them with all partners</li> <li>✓ RH to share the English version of Syrian Refugees Assessment after reviewing them with all partners</li> <li>✓ SCJ to share the Nutrition Survey report &amp; malnutrition guidelines with all partners once they are ready</li> </ul>

## 7. Task Forces Update: Community Health Task Force (Medair/IRC)/ NCD Task Force (WHO/MoH)

<p><b>Community Health Task Force (Medair/IRC):</b></p> <p><b>NCD Task Force (WHO/MoH):</b> No updates</p>	<ul style="list-style-type: none"> <li>• CHTF had their last meeting two weeks ago, and the next meeting will be on the 9<sup>th</sup> November.</li> <li>• In the last meeting, they have voted for new co-chair for CHTF which will be Hiba Ebbini from SCJ.</li> <li>• JHAS, Medair, UNFPA and IRC in the process of piloting the new gender tool as there will be new gender tool in the coming months.</li> </ul> <p><b>No Updates</b></p>
<b>Action Points</b>	N/A

8. Proposed Assessments/Research	
	<b>No Updates</b>
Action Points	N/A

9. AOB/ Neonatal Deaths Auditing Presentation-EMPHNET	
<b>Definition</b>	<ul style="list-style-type: none"> <li>Defined as any death that occurs in the first 28 days of life, currently account for approximately 44% of all deaths of children under 5 years of age in low and middle income countries. (UNHCR)</li> <li>Approximately three quarters of neonatal deaths occurs during the first week of life, our review showed that 79.3% of neonatal deaths occurred on the first week of life.</li> </ul>
<b>Background</b>	<ul style="list-style-type: none"> <li>Neonatal death audit is the process of systematically capturing information on the number and causes of all neonatal deaths and the potential avoidable factors linked to deaths, in order to affect change.</li> <li>These are conducted in a no-blame, interdisciplinary setting in order to improve the care provided to all mothers and babies.</li> <li>UNHCR Jordan approached EMPHNET to assist in conducting the neonatal mortality audits in conjunction with JHAS and other providers in Zaatari camp and IMC in Azraq camp</li> </ul>
<b>Objectives</b>	<ul style="list-style-type: none"> <li>To have Periodic review meetings with all stakeholders about the findings of the audit and recommendations in a manner that is acceptable to all.</li> <li>To investigate possible causes of death/and factors affecting the coverage and quality of babies care.</li> <li>To improve neonatal care in refugee camps and to prioritize action to save lives of babies</li> </ul>
<b>Methods:</b>	<ul style="list-style-type: none"> <li>A neonatal mortality cases are reported by JHAS in Zaatari Camp or IMC in Azraq Camp to EMPHNET.</li> <li>EMPHNET conducts interview with family members especially mother, review of antenatal records, review of delivery records, interviews with health facility staff, review of death certificates and referral hospital records, within 72 hours of death.</li> <li>UNHCR developed questionnaire to fill in the required information about neonatal death (age at death, place of death,</li> </ul>

