**Date**: June 27th, 2019

**Venue:** UNHCR Khalda Office

**Time**: 10:00 – 12:00

**Agenda:**

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| 1. Introduction
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| 1. Review of last meeting action points
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| 1. Situation Update
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| 1. WHO PPP on measles outbreak
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| 1. Health Agencies Update
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| 1. Sub-sector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF) / Community Health Platform (MEDAIR)
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**National Health Coordination Meeting** 

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| **2. Review of action points of previous meeting** |
|  | **Reviewing the agenda of the previous meeting:*** Agencies to follow up on MOH updates regulations regarding licensing of clinics.
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| **Action Points** | * Communication with MOH was already done.
* UNHCR to share updates regarding this issue soon after receiving the feedback from the MOH.
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| **3. Situational Update** |
| **Syrian Refugees****Berm Updates & Return Movement** | **Statistical Update as of the June, 2019*** There are 5,627,218 Syrian refugees with population distributed among countries as follows:
* Turkey: 3,606,737; Lebanon: 938,531; Jordan: 660,393; Iraq: 253,371; Egypt: 132,473; North Africa: 35,713
* There is a total net decrease in the number of Syrian refugees during 2019 of 36,457.
* The total number of active registered PoCs residing in Jordan is now 755,350. The number of active individual Syrian is 664,543, Iraqis 67,551, Sudanese 6,138, Yemenis 14,633 and Somalis 775 as of 15th June, 2019.
* Since the border re-opening, over 20,000 refugees have returned to Syria.
* UNHCR has verified that at least 29,993 Syrian refugees have spontaneously returned to Syria during 2019 (as of end-April). Some 56,047 Syrian refugees spontaneously returned to Syria in 2018, while according to OCHA total IDP returns in 2018 were 1.4 million.
* The 2019 3RP appeal seeks USD 5.5 billion and initial estimates indicated that it is around 18 per cent funded as of end-March 2019.
* Since 23 March 2019, the total number of people who left Rukban is 14,253 people (34,2%) out of 41,700 residents.
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|  **WHO update regarding Measles outbreak in Jordan** |
| **A brief update about the current situation:****MOH challenges** **Recommendation** **Cost** | * Since 2015 the country reported no confirmed cases of Measles and Rubella.
* Recently a total of 17 cases of Measles in 5 clusters have been reported and laboratory confirmed to the MOH in Jordan between

March 25th, 2019 – June 27th, 2019.* The last case was reported on May 29th, 2019.
* 8 out of the 17 cases that have been reported were of non-vaccinated children including 6 cases less than 1 year of age.
* Others were of unknown vaccinated status.
* The last national major outbreak from endogenous virus was reported on 1996/1997.
* Financial constraints to conduct a Measles vaccination campaign.
* The MOH preferred the national campaign rather than the subnational one.
* Recommendations that have been done by WHO team who came to Jordan to follow up the situation:
1. Improve infection and control measures in health facilities and hospitals.
2. Train health staff on recognition of Measles and other communicable disease not to misdiagnose any case.
3. Improve information management and reporting of surveillance data.
4. Ensure correct immunization coverage in the refugee camp.
* The estimated cost for the subnational campaign is 600,000 USD.
* The estimated cost for the national campaign is around 1,000,000 USD.
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| **Action points** | * Conduct a vaccination campaign either national or targeted.
* WHO are ready to contribute on this.
* Other agencies support is needed at any level (transportation, media, training, etc...).
* Any agencies that have a close contact with patients should report any suspected cases.
* Review the vaccination for all cases in Al-Azraq camp.
* Basic support from all the agencies in social mobilization will be requested when the campaign is set on its specific timeline.
* A follow up meeting will take place later on to come up with a plan.
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| **Minimum Expenditure Basket update** |
| **Update** | * This is the current period of time for updating the MEP for all the sectors.
* Specifically, for the health sector, (4) volunteers are needed to work on updating the information before the end of July. The updated information will be transferred to the VAF team.
* The first volunteer will manage and update the whole report.
* The other 3 volunteers will work as a focal point in the process with the 3 main sectors:
1. VAF team.
2. Department of Statistics.
3. MOH.
* The workload will not be tough as there is a strong base from 2017 which needs only some updates.
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| **Action points** | * An email will be sent later on to the agencies to nominate the needed volunteers.
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| **5. Health Agencies update** |
| **IRC****IMC****JPS****MEDAIR****la chaine de l'espoir****WHO****RHAS****HumaniTerra****JHAS** | **General Update:****Azraq and Zaatari Camps:** * IRC is continuing their Primary health care Program in Azarq and Zaatari camps with no change in their operations.

**In urban areas (Mafraq, Ramtha and Irbid) remains on their regular plans:*** Irbid is only providing reproductive health and non-communicable diseases services.
* In Mafraq and Ramtha the services are full including communicable, non-communicable diseases and reproductive health.
* Monitoring of the access to the health care was done on a regular basis.
* 365 Syrian refugees were interviewed between April 9th, 2019 – 15th May, 2019 and the results showed no difference in terms of shift to the public health system.
* Many of the interviewed refugees stated that they are paying the same prices as they were paying before for the ministry of health facilities.
* A community health tool was shared with other organization so it can be modified to be more generalized, any suggestions regarding this tool are welcomed.
* No major updates
* An increase in the number of cases and surgical interventions was noticed.
* Other operations are working smoothly**.**
* JPS has ongoing project activities in support of secondary and tertiary referrals from Syrian refugee camps and the borders for provision of Secondary and tertiary health care services including EOC with access to NNC and child care, lifesaving and medical care for the critically ill.
* A total of 29 cases were received in June from the camps, including 21 cases received from Zaatari RC (17 CS, 4 DC, 1 EOC), and 4 case received from Azraq RC (2 CS, 2 EOC).
* JPS has also ongoing activities in support of secondary and tertiary services for refugees in host communities in June, 2019, as follows:
* A total of 1,855 cases were supported in June. Of the supported cases 479 were Syrian, and 1,376 cases were from other nationalities; Sudanese (573), Iraqis (550), Yemenis (156) and Somalis 58. Of which, 538 cases were provided with Investigation/Consultation services, and 1,317 cases were provided with treatment/Intervention services.
* MEDAIR received a new ECHO fund till May 2020.
* A new OCHA project 300,000 USD will start next August till January 2020
* The Community and Casual health activities are the same.
* MEDAIR will be part of the survey that IRC is running regarding the accessibility of refugees to MOH after the roll back of the policy.

* A fund from EHCO will continue till June 2020.
* WHO finished the TOT and data collection training on Step survey and the process will continue starting from 1st July.
* Antimicrobial resistance problem: a surveillant system were established in 8 hospitals. It will be a very important ongoing program.
* epidemic influenza program: an emergency rescue training will take place in the middle of July with the MOH, RMS, MOA, GFDA, UNHCR, and UNICEF.
* A Trauma Care workshop will be held on 27th - 28th July.
* A National Tobacco Control is established and will take place on 17th July.
* RHAS provides a preventative service for people in Jordan including Jordanians and refugees.
* 55 health community Clinics were reached this year.
* RHAS is working closely with MOH to raise their capacities within the primary health care centres.
* 8 surgical missions were terminated.
* 10 surgical interventions from different specialities were done for children.
* HumaniTerra has on 20th of July a plastic reconstructive surgery mission, a referral of the needed cases can be coordinated.
* Programs are as usual.
* Primary health care programs in Amman and Mafraq are as usual.
* Support under UNHCR fund for referral from Zaatari, Al-Azraq, as well as king Abdullah park is taking place.

**Regarding the technical parts:*** JHAS is updating now the data and the CDM system in order to link the hospitals with the referral to complete the cycle.
* All the feedbacks from the hospital will be reached through JHAS online system.
* An increase in the numbers of patient approaching Madina Clinic in Amman were noticed, reaching more than 450 patient per day.
* 40,000 consultation were given to refugees during the last 5 months in the Clinic.
* JHAS Madina Clinic is now fully computerized with a developed Q system.
* JHAS is updating the system for patients with chronic diseases.
* JHAS is on process with UNHCR to procure the bulk of medication
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| 1. **6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)**
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| **RH (UNFPA)****Nutrition (Save the Children Jordan/UNICEF)**1. **Community Health Task Force (Medair/IRD)**

 | **RH supporting group:*** A meeting was done on 26th June, 2019 discussing the tracking tool for the RH and related indicator in the activity info.
* Discussion was made about the low utilization of family planning in the humanitarian settings, the behavioural and social factors were identified as a cause of the low utilization.

**Nutrition supporting group:*** IMC is organizing IYCF training for all nutrition and reproductive health partners.
* The data collection for the micronucleus survey was done and the primary report might be on end August.
* A meeting was done last week discussing the disability inclusion topic. A specifically prepared manual for the middle east will be shared so that other agencies will be able to train the CHV’s on disability inclusion topic.
* IRC will look into updating the community health care kit, other community health working agencies will contribute on this in order to finalize it.
* Regarding Measles outbreak will work on the CHV’s roles on this issue, it will be on the top of next meeting agenda.
* Planning to discuss with the UNHCR about a unified message that CHV’s will share it among refugees.
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| **Action Points** | * RH exercise meeting will be held to fill the missed data on tracking and lack of reporting.
* A huge focus on the Community Health workers will take place; to disseminate the messages and behavioural changes through the advocacy campaigns in order to increase the utilization.
* A list of trained CHV’s will be shared with IRC and IRD to be recruited by them.
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