

## National Health Coordination Meeting

Date: Tuesday 30<sup>th</sup> of October 2014    Venue: Main Conference Room/ WHO - Amman/ Duar Dakhliya

Time: 12:00 - 14:00

Participants: WHO, UNHCR, WFP, Medair, JHAS, UNFPA, MSFF, JHAS, IRD, IFRC, IMC, UNICEF, IOM, SCJ, JICA, Operation Mercy, CVT, ICRC, Caritas Jordan, RAF, Aman, QRCS, IFH, MdM-France

### Agenda:

1. Introductions
2. Review of action points from previous meeting
3. Ministry of Health Update
4. Situation update - UNHCR
5. Polio update (WHO, UNICEF)
6. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)
7. Health Situation on the Eastern Border (UNHCR, ICRC)
8. Ebola preparedness planning (MoH/UNHCR)
9. HIV update (UNHCR)
10. Health Agency Updates
11. Zaatari (UNHCR), Azraq (IMC, IFRC)
12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)
13. Task Force Updates: Community Health Task Force (IFRC)

14. Proposed Assessments
15. AOB

**Minutes:**

<b>2. Review of the action points from the previous meeting</b>	
Summary of Action points	<ol style="list-style-type: none"> <li>1. UNICEF shared map of hard-to-reach areas with UNHCR, will be shared with the sector. Prepared by MoH, with support from UNICEF and others.</li> <li>2. War Wounded discharge procedures being developed by UNHCR Protection Unit, once finalized will be shared with relevant hospitals.</li> <li>3. UNFPA shared training schedule. Interested organisations to contact UNFPA.</li> <li>4. Community Health matrix still being updated, will then be shared.</li> <li>5. IRD shared list of MoH clinics they are supporting with UNHCR, if anyone else wants the list, can contact UNHCR or IRD.</li> </ol>

<b>3. Ministry of Health Update</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• As the JRP is in final planning stages, MoH was unable to attend today's meeting.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

<b>4. Situation update - UNHCR</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• Number of registered Syrians: 620,016.</li> <li>• New arrival numbers have significantly dropped. First 3.5 weeks of October: 320 new arrivals - compared to 5,686 in September. "New arrivals" are those who have crossed the eastern border and were newly registered. More Syrians currently returning to Syria than entering Jordan.</li> </ul>

	<ul style="list-style-type: none"> <li>• Iraqis: 2,340 new arrivals in October - more than Syrians. Most are coming by air and entering legally; presenting themselves to UNHCR for registration within one month. <ul style="list-style-type: none"> <li>○ Vaccination for Iraqis? Has been discussed but are arrangements in place? Is it possible to check vaccination card when they register at UNHCR - especially for children under 5? Might be possible but good to decide if there is going to be vaccination of new arrivals and vaccinate regardless of immunization status, as it is unknown if all Iraqis arriving in the country are coming to register.</li> <li>○ Vaccination for new Syrian arrivals done through IOM in Raba Sarhan. Discussed the issue of having another team for Iraqis; coverage of NIDs and sub-NIDs in Iraq has been questionable. UNICEF can support.</li> </ul> </li> </ul>
Action Points	➤ Issue of vaccinations for Iraqi new arrivals to be discussed with MoH in the Polio Control Room.

5. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Polio campaign started Sunday 26<sup>th</sup>, today is last day. Estimated number for whole campaign was 958,655. Actual number vaccinated so far: 923,084; 96% coverage.</li> <li>• For Syrians, estimated number was 111,000; actual number vaccinated so far, 107,000. <ul style="list-style-type: none"> <li>○ Camp population is part of that target, and campaign in Zaatari, EJC and Azraq will take place next week.</li> </ul> </li> <li>• We should encourage people to attend every round of the campaign.</li> <li>• More or less in all 12 governorates, 318 locations where coverage is low, regardless of nationality. For high-risk areas, there will be SNIDs next year.</li> <li>• Jordan campaign synched with neighbouring countries: Lebanon, Iraq and Turkey last week; Syria, Egypt and Jordan this week.</li> <li>• Campaign went very well, team performance very good, no shortage of vaccines, IEC materials distributed, awareness of campaign was high.</li> <li>• One news report stated electricity was cut off in one governorate and vaccine cold chain was affected; MoH team checked and found it was in coordination with directorate who were in control of the situation.</li> <li>• Plan to conduct another national campaign from 30 Nov until 4 December this year.</li> </ul>

	<p>One of the recommendations from WHO and MoH is to have two SNIDs next year, one in February, the other not yet defined.</p> <ul style="list-style-type: none"> <li>• AFP rate for Jordan is still sub-optimal. WHO and MoH have a project to enhance surveillance. One activity will be to engage medical staff in NGOs to report any AFP case. Monday 3<sup>rd</sup> of November, WHO, MoH, UNHCR arranged training session for medical staff.</li> <li>• Despite MoH's efforts, benchmark of 2 cases per 100,000 was not yet reached in Jordan. This means that surveillance system in Jordan may not detect a polio case. 33 AFP cases reported this year were all very specific cases. Training is very important</li> <li>• AFP reporting up to 15 years for polio, but any case of paralysis, Guillain-Barré syndrome, etc. reported up to any age.</li> <li>• Should consider doing the training in Zaatari and Azraq, as large number of staff there.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Organisations sending medical staff to AFP surveillance training to email <a href="mailto:tannous@unhcr.org">tannous@unhcr.org</a></li> <li>➤ Possibility of doing the training in Zaatari and/or Azraq to be discussed.</li> </ul>

6. Jordan Response Plan/3RP update (MoH, UNHCR, WHO)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Dead Sea workshop was held from 26-28 October.</li> <li>• Health Task Force concluded Needs Assessment Review, project objectives, and refugee and resilience chapters (shared with JRP platform).</li> <li>• Annex II project sheets for refugees and resilience were also shared.</li> <li>• Annex I, project framework, still to be finalized, deadline is today.</li> <li>• Feedback received yesterday from platform that after workshop MoH and MoPIC met and additional changes were made to resilience plan.</li> <li>• Budget is still being finalized. Resilience part will open up on Sunday. <b>Today 5 pm</b> is the deadline for ActivityInfo. Anything not entered by then will not be submitted to</li> </ul>

	<p>MoPIC. Given very tight timeframes, there is no extension of the deadline.</p> <ul style="list-style-type: none"> <li>• Target based on which population? For refugee we know 140,000 in camp, 560,000 out of camp. But what about affected population? Population planning figure for resilience component was not provided. Depends on the activity. Concentrating on governorates most impacted by Syrian situation.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

7. Health Situation on the Eastern Border (ICRC, UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Situation on the eastern border (EB) has evolved over the last month. People are still trying to seek asylum in Jordan, but government has tightened access to the border. There are three assembly points along the EB, and until recently people would be let in and brought to one of these points, stay for around 24-48 hours before being taken to Raba Sarhan. Now they are staying at assembly points between 7-10 days;</li> <li>• Services that ICRC supports along the border were very appropriate for people passing through, staying for short periods of time.</li> <li>• Some needs identified: age-appropriate food for 6-23 months, chronic disease medications, no female health staff (RMS staff all male). Many women and children, 2-3 deliveries a week being referred to Ruwayshed, but no RH services provided by female staff.</li> <li>• Trying to enforce emergency response and basic system to not create a parallel structure. Continue to advocate for access to territory and right to seek asylum, but large numbers of people are building up.</li> <li>• Capacity planned by ICRC is 1,600, now expanding to 3,000. This includes three RMS health clinics in the military zone - not ICRC staff. ICRC provides most of infrastructure (caravans, equipment, etc.) but not HR and medicine (other than emergency medication).</li> <li>• ICRC still committed to work in the transit camps but not not man's land, RMS is</li> </ul>

	<p>dealing on a daily basis with severe cases in no man's land, transferring serious cases in their own vehicles.</p> <ul style="list-style-type: none"> <li>• Up to now ICRC was providing meals to people in no man's land but IOM taking over in a week.</li> <li>• UNHCR sent 10,000 unmarked blankets without specifying where they are meant to be used, and plastic sheeting (not actually being used).</li> <li>• RMS and authorities visit people in no man's land occasionally. ICRC provisions are allocated for transit camps. Also have a clinic inside Raba Sarhan.</li> <li>• Strategy is to continue to advocate for access to territory where treatment can be received, particularly for vulnerable groups. No infrastructure will be set up on the border, but UNHCR will discuss with ICRC what is possible to meet the current immediate needs given change in circumstances.</li> <li>• Is there a need for clean delivery kits? Deliveries happening in no man's land, but ICRC does not have access; only RMS going in, sometimes only paramedics, prescribing antibiotics. May be a need for family kits and newborn kits in Ruwayshed.</li> <li>• UNICEF was asked for diapers, was considering sending comprehensive newborn kit, were dispatched from Zaatari (where stock is kept). 6-23 months food also being discussed. Only for people in transit sites.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ Bilateral discussion between UNHCR, UNICEF, ICRC.</li> </ul>

<b>8. Ebola preparedness planning (WHO)</b>	
Summary of discussions	<ul style="list-style-type: none"> <li>• In preparation for scaling up preparedness activities in response to Ebola, WHO is going to do a rapid assessment of several countries in the Middle East to see country level of preparedness Exercise will be finalized in a few weeks. There is a checklist on the website which includes 10 components which must be fulfilled.</li> <li>• If requested by the country, WHO will send a mission composed of different experts to help see what clinical gaps are and what is needed to fill them.</li> <li>• At the moment, Jordan has not requested a mission. Went through the checklist and will finalize hopefully early next week. Al Bashir hospital has been identified with 8</li> </ul>

	<p>beds, can have up to 32; national contingency plan done, WHO following up.</p> <ul style="list-style-type: none"> <li>• Situation seems under control for the time being in Jordan, but WHO closely monitoring as it is a public health and international concern. Some countries are more at risk for different reasons, but with global travel, anybody can be affected.</li> <li>• Several UN agencies already approached WHO and will see if any support can be provided to Jordan.</li> </ul>
Action Points	<p>➤ Share WHO checklist:  <a href="http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/">http://www.who.int/csr/resources/publications/ebola/ebola-preparedness-checklist/en/</a></p>

9. HIV update (UNHCR)	
Summary of discussions	<ul style="list-style-type: none"> <li>• Since April 2014, refugees included in national HIV programme activities (including detection and treatment of cases), following advocacy by UNHCR in a joint effort with UNAIDS.</li> <li>• From beginning of year until June, two Syrian cases reported, neither of them refugees; were notified in late stage of disease. No data available since June.</li> <li>• UNHCR has held a series of meetings with primary health directorate, directorate of communicable diseases, insurance department, Voluntary Counseling and Treatment (VCT) centre of MoH in Amman.</li> <li>• A referral mechanism between different organisations and MoH has to be established; there are concerns about confidentiality and detection of cases at the earlier stage. Upcoming meeting with VCT centre, to check referral system of any refugee, clear guidelines of referrals, and how we can implement financial part of this, enforce case and detection part of process. Guidelines should be ready next week.</li> <li>• IRD doing the community part. Will meet next week to discuss referral guidelines and how to maintain confidentiality.</li> <li>• Need to ensure MoH and UNHCR are communicating in order for case to have financial coverage.</li> <li>• On another note, in last several months, when Syrians are applying for MoI cards, government has started to request that they present a disease-free certificate, which costs between 10-30 JD. Requirement seems to be implemented differently across governorates. UNHCR has expressed concern to SRAD about this; what happens to</li> </ul>

	people who test positive? Also, refugees are being asked to pay for this, huge burden, not something humanitarian community can bear. Still having meetings with SRAD to discuss, trying to waive this requirement.
Action Points	➤ None arising from this meeting.

10. Health Agency Updates	
Summary of discussions	<p><u>SCJ</u></p> <ul style="list-style-type: none"> <li>• In October, staff at Raba Sarhan screened 34 children under five, no cases of malnutrition found.</li> <li>• Discussing possibility of distributing diapers in caravan.</li> <li>• Opened second IYCF caravan in Azraq; currently following up with 24 MAM cases in Azraq and 51 in Zaatari.</li> <li>• Planning IYCF sessions in the south (Maan, Karak) in collaboration with Ministry of Social Development.</li> </ul> <p><u>JHAS</u></p> <ul style="list-style-type: none"> <li>• From mid-October, RH services provided in Madina clinic in Amman.</li> </ul> <p><u>MSF-F</u></p> <ul style="list-style-type: none"> <li>• Maternal/neonatal and paediatric care programme in Irbid continues, will start psychological care activity for children under 15.</li> </ul> <p><u>ICRC</u></p> <ul style="list-style-type: none"> <li>• Two health projects in the transit camps: 1) medical screening, PHC clinic and ambulance services at Raba Sarhan; 2) Support to the RMS to provide proper primary health care service on the Eastern border.</li> <li>• 3,600 persons received First aid training by ICRC and ICRC-trained trainers in camps (started in Zaatari), JRCS and Civil Defense.</li> <li>• Water and habitat support for Ruwayshed hospital will start next month. Provision of minor medical equipment already ongoing.</li> <li>• Finalized two war surgery seminars, planning one early next year.</li> <li>• Finalized health in detention assessment, confidential report to the authorities,</li> </ul>

planning for a primary health care project for detention in 2015.

#### IMC

- Finalized family planning training practical session for clinicians and UNFPA partners in Azraq.
- In discussions with IFRC regarding having a dental unit in Village 3 clinic in Azraq.

#### Medair

- Reopened Supplementary Feeding Programme with JHAS in JHAS clinics for children under 5 and pregnant and lactating women, using Plumpy'Nut provided by UNHCR.

#### IRD

- Participated in polio campaign, 60 volunteers visited families, focusing on Iraqi newcomers encouraging them to send families to vaccination.
- Training for staff in 27 MoH health centres on communication, early marriage, violence, communicable & NCDs, and dental health.

#### IRC

- Starting Community Health program in Mafraq and Irbid, 40 CHVs in each governorate will be trained in health promotion and conduct house-to-house follow up. A mobile clinic in each governorate will also provide consultations on PHC and RH.
- Currently advertising positions on Akhtaboot, interested candidates can also apply directly to Andrea Patterson ([andrea.patterson@rescue.org](mailto:andrea.patterson@rescue.org)); shortlisting asap. Also urgently looking for a consultant to build training curriculum for CHVs and put together job aids.
- Discussing including a specialist in the clinics - internal and pediatric to help improve clinical capacity and management of these cases.
- Introducing RAIS in collaboration with JHAS and Emirati hospital; recently had a meeting with UNCHR in Mafraq to improve coordination.
- New project probably in December, collaboration with John Hopkins University in Mafraq and Ramtha clinic; introducing a universal screening tool to ask all patients coming to the clinic specific question on GBV. IRC clinical staff will then refer cases to social workers and psychologists already based in the clinic. Will coordinate with relevant working groups.

	<p><u>JRCS and IFRC</u></p> <ul style="list-style-type: none"> <li>• 70 CHVs in five governorates have all been trained in communicable diseases. Funding for this project ends in November.</li> <li>• IFRC hospital in Azraq: from 12-21 October, 43 paediatric and 45 internal medicine consultations.</li> </ul> <p><u>UNFPA</u></p> <ul style="list-style-type: none"> <li>• Shared training plans, one with IFH and the other with MoH. Training about FP logistics to ensure zero balance is not reached.</li> <li>• Dr Faeza Abu Al-Jalo joined UNFPA as RH Technical Advisor.</li> </ul>
Action Points	➤ None arising from this meeting.

11. Zaatari (UNHCR), Azraq (IMC, IFRC)	
Summary of discussions	<p><u>Azraq</u></p> <ul style="list-style-type: none"> <li>• Routine vaccinations in Azraq will start very soon. Caravan from UNHCR; UNFPA supported in recruitment of vaccinators, along with MoH staff. One team in Village 3 clinic, and another in Village 6 clinic. UNICEF received new solar fridges and will send cold chain equipment to both locations through MoH. Supply of vaccines will still be through MoH channels.</li> <li>• As of 30<sup>th</sup> October, with addition of services in surgery and ob/gyn, IFRC hospital is now fully operational; most emergencies previously referred outside now going to IFRC.</li> <li>• Holy Land provided 22 cases with hearing aid kits early this month; IMC to discuss with UNHCR how to support provision of these kits.</li> <li>• Handicap International opened fixed point next to IMC Village 6 Clinic; providing physiotherapy, occupational and psychosocial activities, every day. Complements services provided in reception area.</li> </ul> <p><u>Zaatari</u></p> <ul style="list-style-type: none"> <li>• UNICEF will also provide solar fridges/cold chain equipment to Zaatari.</li> </ul>

Action Points	➤ None arising from this meeting.
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**12. Subsector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNHCR)**

Summary of discussions	<p><u>RH</u></p> <ul style="list-style-type: none"> <li>• FP registry piloting ends 1<sup>st</sup> of November, feedback requested from agencies involved in the piloting.</li> <li>• UNFPA, UNHCR and MoH conducted a joint mission to Zaatari UNFPA/JHAS delivery unit, where on average 60 deliveries are taking place per week. Still facing some problems in referring cases outside the camp. Referral criteria being reviewed and communication with MoH taking place to resolve the problem. <ul style="list-style-type: none"> <li>○ Long-standing issue, Mafraq and Irbid hospitals refusing to receive cases. A lot of meetings with MoH have been held at the field level.</li> <li>○ UNHCR has identified a back-up referral network jointly with JHAS; one hospital in Irbid; for Zaatari a hospital in Zarqa; for Azraq, Makassed hospital in Amman. Hospitals have been contracted, SOPs have been established, not easy to establish referral network over short period of time, piloting new referral network over the next two weeks.</li> </ul> </li> <li>• RH SWG meeting conducted last week, discussed: standardization of core messages, including targeting men and boys in issues such as family planning; coverage of PNC is a bit low at camp level, needs to be strengthened with other partners, UNICEF and CHVs will be providing home visits; UNFPA will be coordinating with other agencies regarding neonatal care especially regarding breastfeeding promotion in first hour of birth.</li> <li>• Two new hospitals for referrals in urban: Najah and Greek Catholic Hospital.</li> <li>• Zarqa government hospital might open in November.</li> </ul>
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	<p><u>Nutrition</u></p> <ul style="list-style-type: none"> <li>• Next meeting 12 November.</li> <li>• Finalized two documents in October: <ul style="list-style-type: none"> <li>○ Technical Fact Sheet: Nutrition Situation - Syrian Refugees Response in Jordan: <a href="https://data.unhcr.org/syrianrefugees/download.php?id=7202">https://data.unhcr.org/syrianrefugees/download.php?id=7202</a></li> <li>○ Nutrition Response Interventions for Syrian Refugees and Vulnerable Host Community in Jordan 2014-2015: <a href="https://data.unhcr.org/syrianrefugees/download.php?id=7363">https://data.unhcr.org/syrianrefugees/download.php?id=7363</a></li> </ul> </li> </ul> <p><u>MHPSS</u></p> <ul style="list-style-type: none"> <li>• Following opening of inpatient unit in Maan hospital, WHO is in preliminary phases of establishing an inpatient mental health unit in Zarqa, in addition to creating screening team for out-patient teams.</li> <li>• At the monthly meeting, discussed 3RP and JRP objectives; new member joined the group, World Relief, planning to implement early child development and recreational psychosocial, probably in Amman.</li> <li>• 13 October was Mental Health Day; short video on the nationwide awareness campaign can be found here: <a href="http://www.youtube.com/watch?v=9GVphLf7scA&amp;list=UUhwJHVF7BF1aLL9KUbmob1g">http://www.youtube.com/watch?v=9GVphLf7scA&amp;list=UUhwJHVF7BF1aLL9KUbmob1g</a></li> <li>• As a recommendation that came out of the 4Ws mapping exercise, planning to roll out series of trainings in 2015 on IASC guidelines and new guidelines developed by WG. One for humanitarian aid workers in general, the other for mental health workers including mental health projects. Planning will occur over next months.</li> <li>• IMC started providing mental health services in EJC. A psychiatrist is available one day a week, while the psychosocial team will provide services on a daily basis.</li> </ul>
Action Points	➤ None arising from this meeting.

**13. Task Force Updates: Community Health Task Force (IFRC)**

Summary of discussions	<ul style="list-style-type: none"> <li>• Still working on matrix; some organisations are downscaling CH activities.</li> <li>• Core messages per health themes will be discussed at next meeting. Still working on HH form, trying to condense to not over-collect data.</li> <li>• Meetings with UNICEF and UNHCR about neonatal care. Four organisations willing to participate. At next meeting will discuss ANC.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ When finalized, share matrix with wider group.</li> <li>➤ CHTG to follow up with UNFPA on core messages being developed by RH SWG.</li> </ul>

14. Proposed Assessments	
Summary of discussions	<p><i>As indicated in the Coordinated Needs Assessments SOPs, each meeting will have an agenda item for proposed assessments to be discussed.</i></p> <ul style="list-style-type: none"> <li>• None.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>➤ None arising from this meeting.</li> </ul>

15. AOB	
Summary of discussions	<ul style="list-style-type: none"> <li>• Vaccination data for TT coverage in EJC? UNICEF pursuing. SCJ encouraging mothers to go to the clinics on a weekly basis.</li> <li>• UNICEF received a letter from MoH inquiring about routine EPI coverage assessment; was supposed to be done this year but given current situation and resources diverted to Ebola preparedness, will not be possible timewise, WHO, UNICEF and CDC working on finalizing early next year.</li> <li>• Healthcare providers raised the issue of screening pregnant women in camps for Hepatitis B; UNFPA approaching MoH regarding implementation of national policy which recommends screening and providing management. JHAS is willing to pilot, but also need to look at management of cases, what will be offered in terms of treatment, and also how to treat the baby. Should preferably be done not only in one camp. Does UNHCR have any updates? Access to treatment should be there, two cases recently were provided with Hep B immunoglobulin as well as vaccine. One study done in Jordan eight years ago showed prevalence of surface antigen positivity at 4%, which is significant. 80% of infants born to mothers who are positive will become carriers. If it's in the national policy, we should be doing it.</li> <li>• Update on WFP cuts and targeting: Around 7% of beneficiaries were cut (around 12,000</li> </ul>

	households, 37,000 individuals); were notified by SMS on 9 October. Appeals process is underway, form available with partners in the field. Committee meeting to review appeals.
Action Points	<ul style="list-style-type: none"> <li>➤ UNICEF to update on TT vaccination figures in EJC.</li> <li>➤ UNFPA to follow up on Hepatitis B screening and management.</li> </ul>

### Attendance Sheet

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