**Date**: May 30th, 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. Access to essential health services for Syrian refugees in northern Jordan by **IRC**
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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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**Health Sector Working Group** 

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| **2. Review of action points of previous meeting** |
|  | **Reviewing the agenda of the previous meeting:**- UNICEF to share an update on the Measles outbreak at Azraq Camp: **Done and updates shared with the sector during the meeting.**- UNHCR to review proposals submitted to the Jordan Humanitarian Fund: **Almost completed, final results to be shared as soon as the outcome is determined.**- UNHCR is communicating with the Qatari in regards to possibility of contribution to the Multi Donor Account: **Still ongoing**- Inter Agency Update: **UNHCR to establish a taskforce team from the health sector group to work on the Minimum Expenditure Basket (MEB) and details was shared with the sector during the meeting** |
| **Action Points** | * UNHCR to share updates in regards to the Jordan Humanitarian Fud Final results
* UNHCR to share updates regarding the Multi Donor Account Fund
* UNHCR to establish a taskforce team from HSWG to work on the Minimum Expenditure Basket (MEB).
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| **2. Situational Update** |
| **Syrian Refugees****Berm Updates & Return Movement****UN Joint Clinic** | **Statistical Update as of the May, 2019*** There are 5,626,497 Syrian refugees with population distributed among countries as follows:

Turkey: 3,606,208; Lebanon: 938,531; Jordan: 660,393; Iraq: 253,371; Egypt: 132,281; North Africa: 35,713* There is a 37,178 decrease in the total number of Syrian refugees during 2019.
* The 2019 3RP appeal seeks USD 5.5 billion and initial estimates indicate that it is around 20 per cent funded as of end-March 2019.
* UNHCR’s 2019 Syria situation response is 16 per cent as of 30 April 2019, with some USD 358 million received of USD 2.18 billion.

As of the 23rd of May, 13,153 people in 16 groups have left Rukban and been transported to five shelters in Homs governorate; constituting more than a third of Rukban’s population of nearly 42,000.**Since December 2016, the Rukban clinic has provided:*** 85,670 medical consultations and treatments were provided
* 1,846 admissions were facilitated to hospitals in Jordan
* 653 patients in total received medical services in Rukban clinics (87 male and 466 female), during the six operating days of the clinic during this reporting period
* 109 patients on average per day received medical services during reporting period, which is increased from 99 patients per day last week
* 16 cases (22 individuals) were admitted to Jordanian hospitals during the reporting period, increased as compared to 10 cases admitted last week.
* 1 out of the 16 patients had multiple admission records for their need of advanced medical/ surgical follow up procedures.
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| **4. Knowledge transfer by IRC** |
| **UNHCR update** | **Access to Essential Health Services for Syrian Refugees in Northern Jordan**Data Collection took place in December 2018 & January 2019.The purpose of the survey was to identify:* Current status of access to health services & effects of the 2018 health policy
* Available options for receiving health services
* Current attitudes towards seeking health services and practices
* Coping mechanisms adopted by the Syrian refugees to meet their health needs

**Findings:** * 64% decrease in the number of Syrian refugees accessing MoH Health Centers in 2018 compared to 2017 which subsequently
* Increased NGOs/INGO services: expansion of service delivery by NGOs particularly in primary healthcare and reproductive health (6.5% rise in patients accessing IRC clinics).
* This increased improper Health-seeking behaviours and coping strategies, such as going directly to pharmacies (28% increase) and unsafe home deliveries among others.

**MOH Policy Reversal:*** 45 days after the reversal of the policy only 23% of the interviewed respondents reported that they were aware of the reversal of the policy.
* 58.8% of those who were aware of the reversal reside in Irbid governorate.
* Only 15% of respondents reported accessing public health services after the reversal of the policy.
* There is a variation among the north and south governorates in regards to accessing MOH facilities for healthcare depending on the availability of alternative service providers for the refugees (the south governorates has limited access to healthcare facilities other than the MOH).
* The first Hospitals to apply the new rates are Zarqa and Maan on the 9th of April, and the last was Irbid on the 19th of April.
* The number of patients accessing MOH facilities at the secondary and tertiary levels increased by 10%-20% since last year.
* Thalassemia; there’s a reduction in the cost of blood transfusion (50%-60%), while Exjade is still not covered at MOH facilities.
* Free of communicable disease health certificate is required to issue the MOI Card issue, the new policy has changed and refugees are now required to pay only 5 JDs rather than 85 JD as per the recent Minister of Health official letter. However, regarding the purpose of residency or work permits; the approved fees collected for the tests - which are carried out on expat workforce at the Ministry of Health centers and hospitals - are 85JOD as mentioned in the letter of the Prime Minister No. 11356/1/10/10 dated 10/3/2019

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| **Action points** | * IRC receiving the final draft of the survey next week, to share latest update in regards to access to essential health services for Syrian refugees in Jordan.
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| **5. Health Agencies Updates** |
| **UNICEF****JPS****IRC****SAMS****IMC** **MEDAIR****WHO****PUI** | **Measles outbreak** was detected in the Azraq Camp during the second week of April where three cases were confirmed, two of which were born in Azraq camp but were residing outside the camp. A Measles vaccination campaign for children was conducted in Azraq Camp in coordination with IMC, as following:-**Number of children Vaccinated:** 22,981 -**Targeted age group:** 6 months – 15 years-**Gender:** divided almost equally (female/male)-**Vitamin (A) Supplement:** provided to around 6,616 children-MOH were onboard with the investigationJPS 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 68 cases were received in May from the camps, including 50 cases received form Zaatari RC (34 CS, 6 DC, 8 EOC, 3 NNC, 6 NVD), and 13 cases received from Azraq RC (7 CS, 3 DC, 3 EOC, 1 NNC, 1 NVD).

JPS has also commenced its project activities in support of secondary and tertiary services for refugees in host communities in May, 2019.* A total of 934 cases were supported in May. Of the supported cases 208 were Syrian, and 726 cases were from other nationalities; Sudanese (309), Iraqi (299), Syrians (208) and Yemeni (74). Of which, 286 cases were provided with Investigation/Consultation services, and 648 cases were provided with treatment/Intervention services.

**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):*** Limited the service delivery to only the morning shifts only with reduction of capacity to 125 patients per day.
* Limited the service in Irbid to non-communicable diseases and reproductive health.
* Meeting facilitated in coordination with the UNHCR to refer the case load to appropriate treatment source.
* Received the final approval to resume their activities at the Zaatari Clinic, medical cate provision at the clinic started taking place on April 11th, 2019 which mainly serves Block 11 and 12 Population.
* Services provided including:
* Primary health care including reproductive health care in close coordination with the UNFPA.
* Dental care 3 days a week
* Labs and X-Ray services are also available at the clinic.
* Provision of Mental health and psychosocial support program activities started on March 25th, 2019 in Irbid and Amman.
* Community based approach including Home Visits and work with local CBOs to build capacity and increase awareness in regards to GBV issues in both governorates.
* Upcoming mental health mission is starting on the 29st of June-4th of July, 2019 that focuses on training and capacity building for the related team.
* During the mission a symposium on the 2nd and 3rd of July in partnership with the University of Jordan, UNHCR, WHO, and MOH.
* A Medical mission will take place on July 6th -11th, 3 types of surgery that will be provided during the mission include: Ophthalmology Gynaecology and Cardiac. The mission will be in coordination with 18 medical facilities in Jordan.

* IMC will start providing NICU services in Irbid Hospital in northern Jordan.
* Average number of CS and delivery cases supported 350-400 each month.
* Challenge reported- Clinic licensing is per clinician not per clinic.
* The Cash for Health project will continue for the next year on a smaller scale, currently not taking any external referrals.
* Cash for health Predetermined rates are being determined (ECHO funding).
* The program receives Mostly delivery cases, and some emergencies and NCD cases.
* Referral services are provided to the non-Syrians as well with agreed rate form the affiliate hospitals.
* Step survey; standardised method to collect data on the prevalence of NCDs.
* A training has been provided to the managers and data collection is expected to start by mid-July
* The survey is expected to be finalized by end of year.
* Collected data will include both Syrian and Jordanian populations.

Cash for delivery project: * Amman and Zarqa governorates will be ending by April-May 2019
* At Balqa Madaba, Ajloun, and Jerash the project activities will be extended end of September.
* PUI to coordinate with Medair and the UNHCR for the rates.
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| **Action points** | * Agencies to follow up on MOH updates regulations regarding licensing of clinics
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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)****Mental Health MHPSS (IMC/ WHO)** | 1. **Cash for Health:**
* DHS reports analysis – Initialization rate in Jordan is 98%, while Jordan has a strict policy that all deliveries has to be within health facilities.
* This might be caused by taking action of delivering at home by Syrian refugees affected by problems related to accessibility and affordability.
* More data collection and analysis is required, Organizations are asked to collect data and report it to the MOH is a delivery outside a healthcare facility is detected.
1. **Reproductive Health:**
* In collaboration with the IRC has introduced new family planning/ birth control method – Implanon (current method is mainly cupper IUD)
* Will be coordination to be introduced to the camps and dispersing will be coordinated by the UNFPA
* UNFPA will be coordinating dispersing in camp
* The productive health in coordination with the SGBV sub-working groups and in collaboration with the WHO is conducting TOT training on Safe Referral and identification of SGVB cases for healthcare providers and program managers.
* The training shall be held on June 10-13, 2019.
* Issues with MOH and MOPIC approvals were addressed.
1. Staff care – Support the supporter
* Presentations provided by the agencies to identify best practices for MHPSS service provides and actors
* A best practices model shall be developed and circulated to the sector.
1. Updating the 4-W’s after shifting from paper to online version, an assigned taskforce is still working to enhance the online version and improve referrals.
2. Next meeting shall be held on 19th of June, 2019.
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| **Action Points** | * IMC to share best practices model for staff care in regards to mental health upon completion of presentations.
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