

National Health Coordination Meeting

Date: Thursday 27th of March 2014 Venue: Conference Room/ WHO - Amman/ Duar Dakhlia

Time: 12:00 - 14:00

Participants: UNHCR, WHO, Caritas, CVT, EMPHNET, IFRC, IMC, IOM, IRD, IRJ, Mdm, PU-AMI, Saudi Clinic, SCJ, UNFPA, USAID, UNOPS

Agenda:

Minutes:

1. Introductions
2. Review of action points from previous meeting
3. Situation update - UNHCR
4. Polio update (WHO, UNICEF)
5. Draft Needs Assessment Guidelines
6. 5Ws information products
7. Health agency updates
8. Zaatari (UNHCR), Azraq (IMC, IFRC)
9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR/SCJ)
10. Task Force Updates: Community Health Task Force (IFRC,FRC) + Non Communicable Disease Task Force (WHO, MOH)
11. Feedback Health Sector Steering Committee (UNHCR, WHO) - Guidance for agencies wishing to conduct research amongst refugees in Jordan - Health Sector Terms of Reference
12. AOB

2. Review of the action points from the previous meeting	
Summary of Action points	<ol style="list-style-type: none"> 1. GBV + CP training agenda was circulated. 2. PHC indicator was added to the dashboard. 3. Has been some initial follow-up on care for war wounded- update in meeting. 4. CHTF: IEC material matrix to be circulated. 5. HSWG ToRs were shared for feedback, as none was received, the current version will be considered final and uploaded to the inter-agency portal (https://data.unhcr.org/syrianrefugees/admin/download.php?id=5190). 6. Feedback was received on the Health Sector SAG ToR; those will be finalized and shared next time. 7. Advocacy issue to be discussed with ISWG: to be discussed at the next ISWG meeting (6th April).

3. Situation update- UNHCR	
Summary of discussions	<ul style="list-style-type: none"> • Number of registered Syrian refugees: 587,540. • Numbers of new arrivals increased slightly over last week; since 29th December 2013, there has been a total of 31,310 new arrivals • Recent data shows that 87% are new arrivals and 13% are people who are re-entering Jordan. • 97% of people are crossing through the eastern border, only those injured or very ill are able to cross through the western border. • Zaatari verification: so far, 33,961 people were verified; 14,000 were inactivated (did not show up or were found to be registered outside the camp). • There has been an increase in the number of Iraqi arrivals, so they will now be included in situation updates. <ul style="list-style-type: none"> ○ Around 60 individuals per day (people who present themselves to UNHCR and ask to register), large increase in February; 59% of new arrivals originate from Baghdad; 302 were registered from 16th-20th March. • If a refugee approaches UNHCR to register and all family members are present, along with all necessary documents, they are registered that same day. Otherwise they are given an appointment to return, on average within one week. The same applies to Iraqis.

	<ul style="list-style-type: none"> ○ For renewal of certificates, the waiting time is longer; 12 weeks for Syrians, three weeks for Iraqis. • As of 25th March UNHCR started issuing asylum seeker certificates valid for 12 months which will greatly ease issues of access. • Azraq is set to open on 30th April and when it opens Zaatari will be closed to new arrivals.
Action Points	<ul style="list-style-type: none"> • None arising from this meeting.

4. Polio update (WHO, UNICEF)	
Summary of discussions	<ul style="list-style-type: none"> • Since polio outbreak in the Middle East, Jordan conducted three NIDs, one each in November (124% coverage); December (107% coverage); and most recently in March (114% coverage). These figures are reported by MoH. <ul style="list-style-type: none"> ○ The above figures are administrative coverage; post-campaign survey done in November round put the coverage figures for polio at 94%. In December, due to the weather conditions, post-campaign survey was largely not done, except for Syrian refugees in Zaatari; March Zaatari coverage was 97.6%, but out of camp coverage was 88%. • Surveys found that coverage in some governorates was as low as 9%. • Last weekend regional response review meeting; there was a measles outbreak last year, but no polio cases; two things mentioned at this meeting were 1) lack of knowledge of catch-up schedule among providers; and 2) clinics that are seeing Syrians cannot provide immunization services but instead have to refer. • It was discussed with MoH that there is an issue with routine for Syrian refugees, trying to replicate what was done in Zaatari (working side-by-side with MoH to provide vaccinations). • MdM started EPI services in Ramtha (100% for Syrians), obtained vaccines from MoH and turn-up of patients is very high. They received approval to use same card as MoH. Such services need to be expanded. • One thing raised at regional meeting is agencies working with Syrians need to be part of AFP surveillance as well because assumption that they will be referred to MOH facilities is risky.

- Since 2010, there has been a gap in AFP surveillance, which has not yet achieved required standards; many gaps were identified and will be addressed in the coming months.
- Less than 2 per 100,000 on a national basis is an alarming figure which indicates there are cases of AFP in the community which are not being detected.
 - In campaigns we can do social mobilization, but AFP surveillance is long-term process, advocacy, awareness-raising, following up; we should put as much effort on routine surveillance.
 - There is a plan for hiring AFP surveillance officer for polio/measles based in each governorate, training of staff as well as physical expansion of activities.
- Jordan has a good system of routine immunization (95%).
- Next week, a review meeting will be conducted by UNICEF, WHO and MoH, mainly to identify high risk areas and populations and discuss how to reach these areas. There will also be an all-staff training planned with MoH/WHO for all staff working with MoH on detection of AFP.
- For the time being there will not be another national campaign, might be need for one by the end of the year; currently need to focus on strengthening routine EPI services, will reach out to EPI officers at governorate level.
- Last week of April/first week of May is Global Immunization Week, during which sensitization activities and mobilization activities should be carried out.
- Low coverage for polio means rates of other vaccines is also low, if it's an issue of access. This could lead to outbreaks of other vaccine-preventable diseases in Jordan. There is a need to find out where there is a problem with access to health facilities.
- UNICEF will order more cold chain equipment which function on both power and gas, for areas with electricity problems. They cannot, however, provide the gas.
- Suggestion: worth thinking of asking about AFP cases in any post-campaign evaluation or assessment done, until we have well-established surveillance.
- Currently 25 cases in Syria, plus 2 advance notifications.
 - One confirmed case in Baghdad; an Iraqi child who had not been immunized.

	<ul style="list-style-type: none"> ○ What about new arrivals in Jordan coming from Iraq? Many come through airports, not through land border. Anything being done for these? Will be discussed during next week's PCR. All of them entered legally so best point would be UNHCR Registration. • Upcoming Nutrition Survey will measure measles/immunization coverage and three doses of polio for Syrians.
Action Points	<ul style="list-style-type: none"> ➤ UNICEF to share how everyone can help with micro-planning for difficult to reach areas.

5. Draft Needs Assessment Coordination SOPs	
Summary of discussions	<ul style="list-style-type: none"> • Were circulated by email. This is an initiative driven by the ISWG, came about following a workshop held in February. • A lot of different needs assessments going on, people often jump to primary data collection when many times data is already there, refugees feel they are being over-surveyed. People should consult existing data first. • With the new system, there will be an approval process - not only for health but all sectors. Multi-sector assessment requests will go to ISWG. • Deadline for feedback is 30th March. If no questions or comments submitted by the Health Sector Working Group, will be considered as having been reviewed by the group, and that people are aware and have no feedback. <ul style="list-style-type: none"> ○ One suggestion is to include Sex and Age Disaggregated Data for all assessments. • Part of the process is that there would be an agenda item for each working group meeting on assessments, with planned assessments being presented to the group for a collective decision to be made.

	<ul style="list-style-type: none"> • What about other system, which is MoPIC approval? There are people from there who are not part of the coordination platform. <ul style="list-style-type: none"> ○ This is a good point, but the Coordinated Needs Assessment Registry is a coordination tool to make sure resources are spent effectively, people do background work before launching into collecting data, and that people are not all doing the same thing in the same governorates. ○ The proposed process does not replace government approval (which still has to be obtained), but is more to ensure that resources are being directed appropriately and an agency should be able to justify why they are carrying it out. ○ We cannot "police" people, but as long as structure is there, should be a necessary first step. ○ Once an assessment request is made on the portal, it goes directly to the Line Ministry as well, not just the sector chairs. ○ As for timing, we are no longer in an emergency, and can afford to take some time to go through this process, which should take around two-three weeks.
Action Points	➤ Comments on draft SOPs to be submitted by 30 th March.

6. 5Ws	
Summary of discussions	<ul style="list-style-type: none"> • Based on the information submitted, products have been generated to show who is doing what where and identify gaps in what is being done. <ul style="list-style-type: none"> ○ First attempt, just to show how information can be used. • Looked countrywide at community component, nothing happening with IMCI, no home-based treatment, screening of acute malnutrition is not happening in a lot of governorates. • There may be duplication where someone entered as a donor and implementer also entered.

	<ul style="list-style-type: none"> ○ Meant to be filled out by implementers. Not a visibility tool, but rather a tool to identify gaps. • Still incomplete. One more week to give feedback.
Action Points	<ul style="list-style-type: none"> ➤ Agencies who have not yet submitted information on their activities to do so within one week. After that, products will be finalized and circulated/uploaded to inter-agency portal.

7. Health agency updates	
Summary of discussions	<p>Handicap International</p> <ul style="list-style-type: none"> • Opened 2 new fixed points in Amman in the last two weeks, including identification of beneficiaries and provision of physical rehabilitation; will eventually provide prosthetics and orthotics, right now have social workers identifying cases. • JHAS centers (Al Madina and in Abu Nasir). • Moved from Dar el Salam to Makassed. • Mafraq: Present in the Zaatari registration area with identification and provision of assistive devices, physical rehab only if relevant in reception area; advice on how to use devices, referral to teams inside camp. <ul style="list-style-type: none"> ○ UNHCR stated that, as people are arriving at night it's very helpful to have HI staff there 24 hours a day, well-sited caravan, work done by them leads to what takes place afterwards. Collection of initial data is important. <p>MdM</p> <ul style="list-style-type: none"> • Ramtha EPI service provided by their staff, supervised by MoH; receiving vaccines monthly from MoH. <ul style="list-style-type: none"> ○ Using same system MoH uses for Jordanians. UNICEF requests that they also use the tally sheet (same as the one used in campaigns) for Syrians, in order to increase coverage data on full/partial immunization.

- Is there a catch-up schedule as part of EPI? Midwife was fully oriented and trained by MoH on catch-up. The first time a child is vaccinated, they are given the same card as the MoH card, for future follow-up.
 - In Zaatari, MdM 2 clinic experienced midwife has been mentor for roll-out of additional sites, particularly on catch-up schedule.
- Community health and mental health outreach activities, health awareness and health screening especially for mental health (community workers).
- Added a mobile medical unit in Zaatari, medical doctor and psychologist.

IRD

- Participated in the polio campaign both inside and outside Zaatari.
 - Community Health Workers visited Iraqi and Syrian families and explained the campaign. Helped MoH to organize the families to be taken to vaccination sites.
- In cooperation with MoH trained 596 health staff from 26 health centers, on different topics such as GBV, RH, communicable and non-communicable diseases, STIs.

IMC

- On-going programmes continue as usual.
- New programme on healthy lifestyles with a cohort of over 100 people (Iraqi, Syrians, Jordanians) who have NCDs, will work with them over three years providing lectures on health lifestyles and monitoring if their behaviours are modified.
- Assessments were presented at the Health Sector conference last week.
- School outreach: four schools in Irbid attended by Syrian children, completing fifth.

IOM

- Supported polio campaign in March, then held rapid assessment covering north and south; reports will be provided by WHO and other partners.

CVT

- Next month will start new group cycle in Amman and Zarqa, Syrian and Iraqis, around 32 groups for mental health services, group therapy and physiotherapy, torture and war survivors including physical injuries.

PU-AMI

- Just finished mental health in Zarqa assessment carried out with MoH, and would now like to support PHC and comprehensive health care, seeking funding.

UNHCR

- JHAS clinics changed location in Irbid and Ramtha
- Medication for scabies (permethrin lotion) has been imported through JHAS and was cleared by JFDA, available at JHAS clinics for registered and unregistered refugees.
 - One of the problems with scabies treatment is health education that should go along with it is not done; it is vital that staff be reminded to provide this counselling.
 - Scabies treatment guideline in Arabic can be provided by UNHCR to anyone who requests it.
 - Other clinics seeing Syrian refugees can also request it from UNHCR, though supplies are limited; need to emphasize using it in an effective way.
- UNHCR noticed that a few MoH centers are not providing vaccinations to refugees with expired certificates, although MoH circulated a letter two weeks ago saying all nationalities should be vaccinated regardless of certificate status. If anyone comes across this issue in MoH centers, they should inform UNHCR.
- UNHCR infoline number changed: **06-4008000**. If anyone calls previous number they will hear a recording with the new number.
 - If refugees use the SIM cards they are being provided with by UNHCR during Registration, the call is free of charge.

	<p>Saudi Clinic</p> <ul style="list-style-type: none"> • Have had a routine vaccination unit since last September, with MoH and UNICEF. • Will open their new Zaatari clinic at the end of April; clinic will have two shifts and function from 9 am to around 11 pm or 12 am. Includes a RH unit with delivery room, and facilities for minor surgery.
Action Points	<ul style="list-style-type: none"> ➢ UNICEF to provide MdM will tally sheet. ➢ UNHCR to check if permethrin (in the available concentration) can be used for lice.

8. Zaatari (UNHCR), EJC (ERC), Azraq (IMC, IFRC)	
Summary of discussions	<p>Zaatari (UNHCR)</p> <ul style="list-style-type: none"> • Scabies update: supply of the new medication being brought to the JHAS clinics in the camp; lists of children with scabies compiled by IRD CHVs; these children will now be referred to the clinics to receive medication. • Around one week more cases of lice observed; working on providing shampoo and combs. • Health card is rolling out, every individual will have one. To be used for information sharing among clinics, e.g. identifying what treatment has already been given. • First visit related to the Nutrition Survey took place yesterday • 2nd distribution of mobility devices by FPSC last week reaching 40 persons of concern • IMCI trainings by UNICEF: one for doctors and one for nurses, feedback very positive. • Surveillance for stool samples: MdM 2 and MFH, no evidence of salmonella in last report. • New JHAS clinic in District 6 will be functional as of 1st April. • Approval received last night for MSF Holland to open a clinic in the camp to provide follow-up care for those being discharged from their clinic in Ramtha for war wounded. <p>Azraq <u>IMC</u></p> <ul style="list-style-type: none"> • Post in Village 3 complete; furniture, supplies, meds ready to be moved for the opening. • Comprehensive Center in Village 6 is complete, will be furnished once go ahead is given. • Staff structure is done, procedures are drafted but need to be reviewed.

	<ul style="list-style-type: none"> • Round-table simulation exercise will be done to run through patients entering the facility and check the workflow. • Mobile Medical Units will stop around 10th April. • Staff completed training on GBV SOPs, training of trainers course by UNFPA on CMR, and will also be sent to train in Zaatari clinics so they have the feel of working in a camp Dr Nada will give orientation on IMCI and hope other partners will help in the complete training on IMCI. <p><u>International Federation of Red Cross</u></p> <ul style="list-style-type: none"> • Emergency Response Unit (ERU) hospital is run by a consortium of four national societies, they are still negotiating a service agreement with IFRC which will allow them to move forward with practical activities. They will wait until camp opens before setting a date to start services. <ul style="list-style-type: none"> ○ Prioritized services are obstetrics and paediatrics, will have basic surgical and general medical staff as well. Likely to also have a general surgeon and internist. • At the moment cannot hire national staff. • Majority of the ERU pharmacy medications are expired or expiring so cannot purchase locally without the service agreement; blood transfusion services are pending because of service agreement. • Everything is in place and planned so once agreement is received, things will move quickly.
Action Points	<ul style="list-style-type: none"> ➢ None arising from meeting.

9. Sub-sector working groups - RH (UNFPA), Mental Health (IMC/WHO), Nutrition (UNHCR)	
Summary of discussions	<p>Reproductive Health</p> <ul style="list-style-type: none"> • Monthly meeting held 25th March: discussed results of MISP assessment 2013, good exercise for group; will develop a checklist for service providers. • Zaatari RH campaign: Y-PEER network completed the training of trainers for IRC, IRD and JHAS, covering trainees from both genders and varied age groups. • Follow up on CCASS training last year: in collaboration with UNFPA and IRC, mentoring visits conducted by IFH/NHF, using facility and personnel assessment checklist. This activity will help to identify gaps and prioritize activities.

	<ul style="list-style-type: none"> • UNFPA regional training of trainers on CMR will be conducted f 6th–10th April, capacity building of national and international trainers to sustain interventions, including MoH. • ERH kits delivered in March to MFH and IFH/NHF. <p>MHPSS</p> <ul style="list-style-type: none"> • Monthly meeting held on 19th of March: REACH assessment was presented, TORs were finalized; no additional actors attended the group meeting although new MHPSS actors in Zaatari. • Next week, first e-learning cohort of 35 GPs and family physicians from MoH will begin training on mhGAP at the National Center for Mental Health. <p>Nutrition</p> <ul style="list-style-type: none"> • Consultant for the Survey arrived last week, attended latest SWG meeting 25th March; Medair will be implementing the survey, for which training will be done on 5th April. Data collection will start on 12th April in Zaatari, then move to community. <ul style="list-style-type: none"> ○ Outside Zaatari, the survey will concentrate on governorates with highest concentration of refugees: Amman, Zarqa, Mafraq, Irbid, Ajloun and Jerash.
Action Points	➤ None arising from this meeting.

10. Task Force Updates: Community Health Task Group (IFRC,FRC) + Non Communicable Disease Task Force (WHO, MOH)	
Summary of discussions	<p>Community Health Task Group</p> <ul style="list-style-type: none"> • Met last week, not as many people attended the meeting as it is now clashing with weekly Azraq meetings. <ul style="list-style-type: none"> ○ Finalized Community Health (CH) strategy and compiled matrix of all IEC materials, UNHCR and UNFPA contributed, other agencies who may have IEC materials can add to the list which is a great resource.

	<ul style="list-style-type: none"> ○ Discussed CH workers' incentives, which is proving a difficult but useful topic; trying to streamline the incentives for volunteers, different organizations are paying different amounts, and if you go over 200JD a month in Jordan that is minimum wage so they need a contract. • Matrix of Who is doing What Where was circulated, but is still not capturing many actors. <ul style="list-style-type: none"> ○ Some agencies are not coming to meeting despite carrying out community health activities. <p>NCD Task Force</p> <ul style="list-style-type: none"> • Group met 25th March, MoH guidelines on hypertension were discussed; it was agreed that there was a need to provide more specific guidance on first and second line medications for service providers. <ul style="list-style-type: none"> ○ A proposed minimum package of medications and diagnostics for the most common NCDs was presented by IMC and MdM and will be further refined. • EMPHNET will do a literature review on NCDs in the region and a health facility assessment on quality of NCD services in MoH facilities - and possibly interested NGO facilities - will be conducted. • Next meeting 13th April will include a presentation by HI on relevant assessment findings. Group will meet every three weeks.
Action Points	➤ IEC material matrix and Community Health Strategy to be circulated.

11. Feedback Health Sector Steering Committee (UNHCR, WHO)	
Summary of discussions	<ul style="list-style-type: none"> • The group's name was changed to Strategic Advisory Group (SAG). <ul style="list-style-type: none"> ○ SAG ToRs still being finalized. • Working on guidance for actors wishing to conduct research among refugees in Jordan, different to Needs Assessment SOPs. <ul style="list-style-type: none"> ○ There are many requests for research, usually in Zaatari, and this raises concerns about whether or not appropriate measures will be taken to protect refugees and whether or not such research recognize that refugees are vulnerable.

	<ul style="list-style-type: none"> ○ Not meant to circumvent ethical review process in Jordan, but rather exist as an extra step, to be taken first. ○ The process is similar to Needs Assessment process: anyone wishing to conduct research should submit a summary to the Health Sector Working Group, which will be reviewed by the SAG before being presented to the larger group. ○ The idea is to ensure appropriate guidance is followed, as well as facilitate the process. ○ Once first draft is finalized, will be shared for comments with the group. • Also working on a Health Sector Strategy, but draft is still in early stages. Will be shared once refined further. • Next step is working on media guidelines for health and disability, because this has been a major problem.
Action Points	➤ None arising from this meeting.

12. AOB	
Summary of discussions	<ul style="list-style-type: none"> • War wounded task force: there was an initiative last year with HI, IMC, JHAS, MSF France, MSF Holland, and others to start such a group, initial mapping of services. Discussions were had with MoH, but the numbers of such cases decreased and it ceased to be a major concern. As QRC is relaunching their project up to end of 2014, and MSF Holland has their facility in Ramtha, discussions were held between them and MoH (including Ramtha and Irbid directorates), and they agreed as a group to re-launch the task force. <ul style="list-style-type: none"> ○ Aim to continue work to identify gaps and improve services. This will be a general group, not just for Zaatari. ○ There are unofficial programs, a lot of things going on, so it will be good to have one place to discuss ○ MoH is an important part of the process, as are all actors on the ground. We are trying to include Royal Medical Services (RMS), as the primary evacuators for war wounded. ○ Will possibly hold first discussion in April on how to best manage the group. ○ Anyone interested in taking part should let UNHCR know.

	<ul style="list-style-type: none"> • Are the target age groups for immunization across the region the same per country? No, but this was discussed at the regional meeting, and there is a move towards it.
Action Points	➤ None arising from this meeting.

Attendance Sheet

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