

## National Health Coordination Meeting



**Date:** Thursday 26<sup>th</sup> Jul

**Venue:** UNHCR

**Time:** 10:00 – 12:00

**Agenda:**

1. Introduction
2. Review of last meeting action point
3. Situation Update
4. DHS 2017 results PPP / <b>USAID</b>
5. Knowledge transfer PPP / <b>CVT</b>
6. Health Agencies Update
7. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the
8. Proposed Assessment/Research
9. AOB

## 2. Review of action points of previous meeting

### Reviewing the agenda of the previous meeting:

- ✓ UNHCR to share the HPF presentation : **Done and shared on data portal**
- ✓ UNHCR to share SAMS presentation with all partners: **Done and shared on data portal**
- ✓ IMC suggested to have a small task force for the mobile clinic operators in Jordan for proper coordination (call for a meeting): **Still pending – to contact Dr. Ahmad (IMC) to organize this task force and to be integrated within Irbid Coordination Meeting**
- ✓ UNICEF/SCJ: To share the nutrition services matrix with members after finalized: **Done**
- ✓ UNICEF/SCJ: To share the malnutrition questionnaire once finalized with all members: **NWG partners added some comments to the questionnaire and it will be finalized and shared before next NWG meeting.**

### Action Points

✓ N/A

### 3. Situation update-UNHCR

	Statistical Update as of 15 <sup>th</sup> Jul
Iraqis Refugees	<ul style="list-style-type: none"> <li>Total registered: <b>66,963</b></li> <li><b>1,593</b> registered in 2018</li> </ul>
Yemeni Refugees	<ul style="list-style-type: none"> <li>Total registered <b>11,779</b>. Total registered in 2018 is <b>2,389</b> and <b>982</b> arrived in 2018</li> </ul>
Sudanese Refugees	<ul style="list-style-type: none"> <li><b>4,402</b> Sudanese registered, <b>455</b> registered in 2018 while <b>268</b> cases arrived in 2018</li> </ul>
Somali Refugees	<ul style="list-style-type: none"> <li><b>810</b> Somalis. Only <b>23</b> registered in 2018 while <b>9</b> arrived in 2018</li> </ul>
Others	<ul style="list-style-type: none"> <li><b>1,695</b> with <b>401</b> registered in 2018.</li> </ul>
Syrian Refugees	<ul style="list-style-type: none"> <li>Total Registered: <b>667,186</b></li> <li><b>14,869</b> newly registered in 2018 of which <b>619</b> arrived in 2018.</li> <li>Approximately; <b>78,538</b> in Zaatari, <b>40,370</b> (rectification exercise) in Azraq and <b>6,841</b> in EJC.</li> </ul>
Urban Verification	<ul style="list-style-type: none"> <li>A total of <b>462,021</b> cards were issued in different security centers. This made 85% of refugees verified in urban settings</li> <li>A total of <b>201,525</b> Syrian documents were delivered.</li> </ul>
Jaber & Nasib situation	<ul style="list-style-type: none"> <li>The military intervention of the Syrian Army made hundreds of thousands of people to move to the southern part of Syria.</li> <li>estimated <b>50,000</b> displaced persons accessed to the free zone between Jaber and Nasib</li> <li>Thousands of medical cases were accessed to the emergency medical services which were established by the RMS, IMC, IRC and other partners.</li> <li><b>170</b> cases were evacuated to Jordan territories to receive secondary and tertiary care. (<b>30</b> were companions to the minors)</li> <li>Most of the admission took place to governmental hospitals in the north.</li> <li><b>102</b> cases were war wounded.</li> <li><b>25</b> cases are still under medical treatment in Jordan</li> </ul>

OCHA Call	<ul style="list-style-type: none"> <li>▪ OCHA have opened their South of Syria call for emergency for Jordanian partners to provide war wounded services</li> <li>▪ JPS have applied for that call and been approved to be funded for the next 6 months as a stand by partner.</li> </ul>
Berm Updates	<ul style="list-style-type: none"> <li>▪ Total of visits of patients since 15 Dec 2016 for consultation , management and treatment until the reporting date is <b>45,836</b></li> <li>▪ Total of cases admitted to Jordan since 15 Dec 2016 until the reporting date <b>1,137</b></li> <li>▪ Total number of cases currently in Jordan for treatment <b>19</b></li> </ul>
UNCHR	<ul style="list-style-type: none"> <li>▪ UNHCR has launched <b>New Call</b> for Expression of Interest through the UNHCR Partner Portal: <a href="https://partner.unhcr.org">https://partner.unhcr.org</a></li> <li>▪ The deadline to apply for the call is <b>12<sup>th</sup> Aug.</b></li> <li>▪ The link to the call: Provide secondary and tertiary health care services for the population residing in camps ( Zaatari and Azraq) and urban settings: <a href="https://unhcr.us6.list-manage.com/track/click?u=21ac4d661afc676782cbf14bc&amp;id=44d626e4bf&amp;e=61e42f2897">https://unhcr.us6.list-manage.com/track/click?u=21ac4d661afc676782cbf14bc&amp;id=44d626e4bf&amp;e=61e42f2897</a></li> </ul>
	✓ N/A

#### 4. DHS 2017 results PPP / USAID

**DHS Program:** A project that provides, at the global level, assistance to developing countries in the areas of **Collection and use of data** to monitor and evaluate population, health, and nutrition programs

**Specific DHS objectives:**

- Collect high-quality data for policy formulation, program planning, and monitoring and evaluation
- Foster and reinforce host-country ownership of data collection, analysis, presentation, and use
- Increase the capacity of host-country partners to collect and use data for policy and program purposes

**Basics of the DHS:**

- Cross-sectional, nationally representative sample of households
  - **Women and men interviewed in sample households**
  - **Standard sample size: 3,000–100,000+ households (India is exception)**
- Standardized sample design, questionnaires, and implementation procedures
  - **Key indicators measured with the same approach over time**

**DHS Sample:**

The DHS sample is typically representative at

- The national level
- For urban and rural areas
- The regional level (sometimes groups of regions)
- Some surveys are representative at the state/provincial, or district level.

**DHS Core Questionnaires:**

- Core set of questions in each type of questionnaire implemented in every country
- Revised and updated every 5 years
- Provide trends in key indicators
- Allow cross-country comparisons
- Country needs met through country-specific questions

	<p><b>Types of DHS Questionnaires:</b></p> <p>Standard DHS surveys generally include a:</p> <ul style="list-style-type: none"> <li>• Household questionnaire</li> <li>• Woman's questionnaire</li> <li>• Man's questionnaire</li> <li>• Biomarker questionnaire</li> <li>• Fieldworker questionnaire</li> </ul> <p>In collaboration with the World Bank, The DHS Program developed a wealth index that uses household asset information from DHS surveys to calculate the relative wealth of households. The wealth index allows for an analysis of the effect of wealth on health.</p> <p><b>DHS Questionnaire Modules</b></p> <p>Additional Modules</p> <ul style="list-style-type: none"> <li>• Domestic Violence</li> <li>• Female Genital Cutting</li> <li>• Adult and Maternal Mortality</li> <li>• Fistula</li> <li>• Out-of-pocket Health Expenditures</li> <li>• And more</li> </ul> <p><b>DHS Strengthens Capacity Through:</b></p> <ul style="list-style-type: none"> <li>• Close collaboration with implementing agencies and partners throughout survey design and implementation for on-the-job skills transfer</li> <li>• Workshops on data analysis, data processing, report writing, data use for decision making, and more</li> <li>• Distance learning and online tools</li> </ul> <p>The DHS Program Demographic and health surveys: <a href="https://goo.gl/9cLnby">https://goo.gl/9cLnby</a>  Jordan DHS Program FINAL 7-26-2018: <a href="https://goo.gl/ZYUHTx">https://goo.gl/ZYUHTx</a></p>
Action points	<p>✓ UNHCR to share the presentation with all partners</p>

## 5. Knowledge transfer PPP / CVT

### About CVT:

- Late 2008 – **CVT** provided specialized services to Iraqis suffering from war or torture.
- Since 2008 **CVT** work with Iraqis; since 2011 with Syrians, and more recently we receive a growing number of refugees from African origin.
- **CVT** runs two treatment centers in Jordan – Amman & Zarqa (previously also in Irbid)

### Beneficiaries:

- Syrians and other nationalities  
5 or more years
- War and torture trauma survivors
- More than 6000 Iraqis and Syrians
- 30% of **CVT** beneficiaries are under 18 years old

### Interdisciplinary Services:

- MH counseling – Physiotherapy – social services
- Interdisciplinary team of 21 MH counselors; 12 physiotherapists; 3 social workers who work under the supervision of 8 (associate) trainers specialized in one of the disciplines.

### Intake

- Demographic information of the beneficiary
- Personal history
- Current living circumstances
- Symptoms
- Functionality
- Needs and goals

### Physiotherapy assessment:

- Client history
- Chief complaint
- 4 measurement tools: functional abilities, body functions, social participation and coping and outlook.
- Physical examination
- goals and treatment plan

### Social Work Assessment:

- Comprehensive assessment of all living conditions and needs of the individual / family

	<ul style="list-style-type: none"> <li>• Risk assessment: Domestic violence – Sexual assaults, etc</li> <li>• Vulnerability Measure</li> </ul> <p><b>Psychosocial Counselling:</b></p> <ul style="list-style-type: none"> <li>• <b>Group Therapy:</b> Therapy intervention for 10 sessions per week.</li> <li>• <b>Individual therapy:</b> Helping beneficiaries understand their problems, locate their support sources and identify objectives.</li> <li>• <b>Child and family program:</b> <ul style="list-style-type: none"> <li>– Joint group therapy model between based on Judith Herman model: children groups, parent-child group.</li> <li>– Parent education sessions about trauma effects on children and families</li> <li>– Body awareness and self-regulation after finishing the sessions</li> <li>– Currently piloting new best practice, trauma informed manuals.</li> </ul> </li> </ul> <p><b>Physiotherapy:</b></p> <ul style="list-style-type: none"> <li>• Functional disability</li> <li>• Body awareness and self-regulation</li> <li>• Sleep</li> <li>Chronic Pain</li> <li>• Group and Individual Therapy</li> </ul> <p><b>Follow up:</b></p> <ul style="list-style-type: none"> <li>• A case-by-case evaluation is performed within one month, three months, six months, and a full year after treatment.</li> <li>• Individual assessment sessions are designed to monitor the interaction of the patient with the treatment plan and the progress made by the beneficiary of the treatment plan.</li> <li>• Assessment sessions are a measurement tool that reflects the impact of services provided to beneficiaries.</li> </ul> <p><b>Contact information :</b>  <b>Mr. Moath Asfoor- Partnership Manager</b>  <b>Mobile : 079 5639 016</b>  <b>Email : <a href="mailto:masfoor@cvt.org">masfoor@cvt.org</a></b>  <b>Presentation: <a href="https://goo.gl/5hXgZg">https://goo.gl/5hXgZg</a></b></p>
Action points	<ul style="list-style-type: none"> <li>✓ UNHCR to share the presentation with all partners</li> </ul>



## 6. Health Agency Updates

### JPS:

- JPS provided support to the medevac'd cases with access to secondary and tertiary care during the latest military escalation in southern Syria earlier this month. JPS was contacted on 8 cases of weapon-wounded with only 3 coming through due to reasons not related to JPS capacity. JPS has supported this month in total 7 lifesaving, emergency, and critically ill cases (3 from Nasib/Jaber & TalShihab, 3 from the berm, 1 companion), including 2 multiple injuries, 2 orthopedic, 2 neurosurgical, 1 general surgery.
- A coordination meeting has taken place on the 24 of this month at JPS premises with UNHCR, JPS, JHAS, and IMC attending to coordinate referrals of cases from refugee camp that shall commence shortly. That is with reference to JPS OCHA-funded General Referral project in support of BEmOC & CEmOC with access to NNC from Syrian refugee camps and the borders.

### IRJ:

- We have reached more than 4400 beneficiaries (Syrian and Jordanian) with our North Mobile clinic which was in Mafraq, Ramtha, and Irbid and now in Jarash for the coming 3 months. Regarding the south Mobile clinic it is still under preparation and will be ready to perform by the end of August.
- We have delivered 1st aid health kits and reached more than 940 beneficiaries with our awareness session component.
- We conducted surgeries for 336 adults and kids through referring them to our contracted hospitals in the North, Amman and the South.
- Surgeries mission fact sheet for July was shared in my previous email and will share our coming missions fact sheets once ready (there will be surgeries mission in Sept, Oct and Nov)
- We have one HD patient that left to Syria and we are contacting QRC for suggestion and the door is open for other organizations.
- IRW-Jordan Office responded to the Syrian Borders/ Jaber crises by covering the cost of 32 cases at Basma Hospital (37,000 JOD).

### WHO polio:

- AFP surveillance program is doing remarkably well both at national and subnational (Governorate/District) levels.
- A total of 85 AFP cases reported up to date (Week 29) with NPAFP rate of 5.5/100,000 under 15 years' populations and stool adequacy of 100%.
- Active surveillance field visits is conducted in all Governorates and Districts in collaboration with MoH including RMS hospitals.
- No silent governorates all over the Kingdom.

### HumaniTerra:

- Improving access to Overall Surgical Care for Syrian refugees & vulnerable children in Jordan
- Operating in Al Bashir Public Hospital
  - Sharing practice with plastic surgeons and scrub nurses
  - Training surgery interns by observation and discussions
  - Donation of surgical material
- Operating in Al Hanan hospital
  - Sharing practice with surgeons and scrub nurses

	<ul style="list-style-type: none"> <li>▪ Training nurses on postoperative care</li> <li>▪ Collaborating with Jordan University <ul style="list-style-type: none"> <li>▪ Students invitation to assist physiotherapists during consultations</li> <li>▪ Sharing practice on splints technics and rehabilitation exercises</li> </ul> </li> <li>▪ Missions planning: <ul style="list-style-type: none"> <li>▪ 1st – 12th Aug : plastic surgery</li> <li>▪ 25th – 31st Aug: VISCERAL surgery</li> </ul> </li> </ul>
Action points	<ul style="list-style-type: none"> <li>✓ IRJ to share the factsheet for their next mission</li> <li>✓ CDE to share the factsheet for their next mission</li> <li>✓ HumaniTerra to share the factsheet for their next mission</li> </ul>

#### 7. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)

RH (UNFPA)	<ul style="list-style-type: none"> <li>▪ The meeting took place last week and in coordination with SGBV sub working group and Protection working group, the group have discussed the clinical management of rape services at national level and camps and to advocate for good practices in the field of CMR capacity building plan.</li> <li>▪ Discussed the CMR and the work plan for 2018-2019 and there are some gaps need to be overcome, with special training and special supplies.</li> <li>▪ The mapping will be insured to include the SGBV referral</li> <li>▪ Circulated the nutrition mapping tool and will be available also during the next NWG</li> </ul>
Mental Health (IMC/WHO)	<p><b>MHPSS had its monthly MHPSS meeting, there were two presentations followed by discussions, the presentation were:</b></p> <ul style="list-style-type: none"> <li>▪ Health Organization (WHO) and Handicap International Federation, who runs programs under its operating name, Humanity &amp; Inclusion (HI), in close coordination with the Ministry of Health conducted a Rehabilitation Services Capacity Assessment using WHO tool.</li> <li>▪ SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH SYRIAN REFUGEES: Problem Management Plus (PM+), Piloting of Group PM+ in Jordan; a project aims to adapt the PM+ programs and training materials for implementation and up-scaling, a partnership between International Medical Corps, with UNSW and VU university.</li> </ul>

Nutrition (Save the Children Jordan/UNICEF)	<ul style="list-style-type: none"> <li>▪ The nutrition meeting took place last week.</li> <li>▪ The partners discussed the nutrition activities in the camps and urban</li> <li>▪ The partners agreed to add the IYCF and nutrition activities to the contingency plan</li> <li>▪ Planning to have a IYCF and nutrition training for the RMS, IMC and IRC staff</li> <li>▪ For the situation of the SFP and malnutrition in the camps is stable and no increase and decrease of the cases.</li> <li>▪ For the malnutrition questionnaire, SCJ will share the final version.</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ SCJ to share the 6 months report of the SFP and malnutrition situation in the camps.</li> <li>✓ SCJ to share the final version of malnutrition questionnaire, the nutrition mapping and IYCF guiding notes.</li> </ul>

8. Proposed Assessments/Research	
	N/A
	✓ N/A

9. AOB -	
	<ul style="list-style-type: none"> <li>▪ HSWG is doing the midyear report for sector achievements (<b>3RP midyear Report</b>) and the financial tracking system</li> <li>▪ The Health Sector is a leading sector in the reporting for the midyear and the financial tracking system</li> </ul>
Action Points	<ul style="list-style-type: none"> <li>✓ Next HSWG meeting will be 30<sup>th</sup> Aug at WHO</li> </ul>