

## National Health Coordination Meeting



**Date:** Thursday 30<sup>th</sup> August

**Venue:** WHO

**Time:** 10:00 – 12:00

**Agenda:**

1. Introduction
2. Review of last meeting action point
3. Situation Update
4. Summary of Sector Mapping (Service Advisor ++)/ PPP
5. Financial Tracking System (FTS)- Current status and next step/ UNHCR PPP
6. Knowledge transfer PPP/JHAS
7. Health Agencies Update
8. Subsector working groups- Reproductive Health (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF)
9. Proposed Assessment/Research
10.AOB

## 2. Review of action points of previous meeting

### Reviewing the agenda of the previous meeting:

Issue of Mobile Medical Clinics in Jordan (South + North): Addressed and mapping started (will be part of North (Irbid) field coordination exercise).

AP: discuss resources utilization among who are providing MMU's services in North (IRW, Caritas, IRC, JICA) in order to improve coverage in terms of needs and geography as well.

AP: Demographic Health survey (DHS) final report is not finalized yet, but the summary report is available and can be shared.

AP: CVT/war wounded presentation available on the web portal.

### Upcoming Surgical missions to Jordan update:

AP: IRW: Pending

AP: Chain of hope: fact sheet related to next mission is available on web portal.

AP: HumanTerra: fact sheet available on web portal.

### Nutrition activities:

AP: The 6 months following report of SFP: final report shared on UNHCR web portal.

AP: Final version of malnutrition questionnaire, and IYCF was finalized and shared on web portal.

Action Points

✓

3. Situation update-UNHCR	
	<p><b>Statistical Update as of August 30,</b></p> <ul style="list-style-type: none"> <li>▪ Total registered: <b>67000</b></li> <li>▪ <b>1877</b> registered in 2018</li> </ul>
Iraqis Refugees	
Yemeni Refugees	<ul style="list-style-type: none"> <li>▪ Total registered <b>12,700</b>. Total registered in 2018 is <b>2800</b>.</li> </ul>
Sudanese Refugees	<ul style="list-style-type: none"> <li>▪ <b>4700</b> Sudanese registered.</li> </ul>
Somali Refugees	<ul style="list-style-type: none"> <li>▪ <b>813</b> Somalis, 26 Registered in 2018.</li> </ul>
Others	<ul style="list-style-type: none"> <li>▪ <b>1700</b> registered.</li> </ul>
Syrian Refugees	<ul style="list-style-type: none"> <li>▪ Total Registered: <b>669,532</b> Syrians</li> <li>▪ <b>17,857</b> newly registered in 2018 of which <b>1,284</b> arrived in 2018.</li> <li>▪ Approximately; <b>78,538</b> in Zaatari, <b>41,000</b> (rectification exercise) in Azraq and <b>6,800</b> in EJC.</li> </ul> <p>The high cost of referral has been addressed to the OCHA , as the cross border operation was closed the saving is valid for Syrians (who crossed the border), 160 patient were received during Jabir and Nassib situation on July, fund was recommended particularly for this group in addition to Berm referrals as well (lifesaving Emergency).</p>
OCHA September Call	<p>Received a request by OCHA for inside Jordan September call to identify the priorities, cycle of discussion already launched between the advisory groups, possible expansion of priority scope for this call. Considering community health services and Rehabilitation (Physical/Mental health).</p>

<p><b>Berm Updates</b></p> <p><b>UNHCR</b></p>	<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>52,000</b>.</li> <li>▪ Total of cases admitted to Jordan since 15 Dec 2016 until the reporting date <b>1210</b>.</li> <li>▪ Access is up to 250 patient per day for Primary healthcare services, Nutrition and referrals.</li> <li>▪ The average weekly referrals to Jordan hospitals (within affiliated hospitals) is <b>7-10</b>.</li> <li>▪ Total number of cases currently in Jordan for treatment <b>29 (most are in private hospitals)</b>.</li> </ul> <ul style="list-style-type: none"> <li>▪ The UNHCR High Commissioner was in the country and met the King and the Minster of MOPIC, part of the discussion was related to Jordan response plan for Syrian Crisis.</li> <li>▪ Government launching JRP exercise with some delay compared to the previous years due to fuzziness if this going to be maintained or not.</li> <li>▪ One of the discussion was to adapt the 2017 appeal, but the situation is different now due to the MOH new policy regarding the access of Syrians to Health services.</li> <li>▪ AP: Once we have clear guidelines, using the consultative approach, we will call for a sector meeting and call for every partner inputs to identify the objectives, outputs and indicators where we agree on and will receive the appeal according to the priorities identified.</li> <li>▪ Some procedures to be followed, JRP normally take between 2-4 months. JRP should not be burden as the sector will work to enable members understanding. JRP still the tool enables us addressing our needs to the international community and to be part of the Jordan Government response plan for the health needs for Syrians Refugees.</li> </ul>
<p><b>Action points</b></p>	<ul style="list-style-type: none"> <li>- Partners to send their suggestion for next JHF call if any</li> <li>- Series of meeting are taking places between the Government and the developmental partners/the emergency partners in related to that decision. Health partners need to be ready during next month to respond for sector call for planning meetings and/or inputs to develop health chapter.</li> <li>- AP: UNHCR will pass the message to the inter-sector.</li> </ul>

#### 4. Health Service Mapping Analysis

Health Services Mapping Analysis:

Introduction:

has been delayed due to the updates that took a place in 2018, in regards of Syrian Refugees in Jordan, which required using in depth information's for the mapping analysis, the reason behind UNHCR adapting this new tool (service advisor tool), series of trainings were conducted to UNHCR partners to rely on it and report to the service advisor directly.

(the sign ++) refers to the gaps between the recorded partners health activities and inputs on the activity info's and the service advisor, field offices had been consulted along with some other organizations to add up their inputs in order to be added to the mapping exercise, as all activities should be reported to the service advisor and added accordingly.

Service Advisor:

It's an interactive tool used to share the information's of activities being implemented by different partners, has public access (including refugees themselves) in order to guide them where to access the required healthcare services needed.

Tree for the service advisor was developed through the health service checklist by level of care, as it's an interagency standing committee tool developed by WHO, where HERAMS structure tool was used.

Totally 19 organizations reported to the Service advisor tool, while we still encourage all other organizations to increase their reporting.

Activity info's :

Categorized in terms of Governorates, mostly concentrated on North (due to the increased population of Refugees).

The number of organizations in each Governorates reporting were classified according to the services provided:

-Primary healthcare service

-Secondary healthcare service

-Tertiary healthcare service

Community health is identified with real gaps related to the turnover of partners, as it's the reason for the sector to prioritize it among other healthcare services for next OCHA call.

The Primary healthcare service is still the main focus, while there is one identified governorates (Balqaa) still with not secondary/tertiary healthcare services supports (needs to be discussed further with the sector).

The hierarchy of care among each single governorate:

- 1- Primary healthcare service and all level of care: Northern governorates (Ramtha and Mafraq) is the highest recorded due to the multiple presence by service providers.
- 2- Amman and Zarqa comes second after Northern governorates in terms of presence of health care services providers.

	<p>3- Minimal presence of health providers reported in Southern Governorates.</p> <p>4- The absence of community healthcare services is remarkable. Almost 9 governorates with no community health providers, as this should be alerting for us. Absence or missing information's shall be referred to the lack of updated community health service tool used.</p> <p>Gaps Identified:</p> <ol style="list-style-type: none"> <li>1- Community health services. As only 3 governorates identified having community health care level.</li> <li>2- No secondary/Tertiary healthcare service in Balqaa Governorate.</li> <li>3- In 6 governorates only one provider supporting Secondary/Tertiary health care.</li> <li>4- The community healthcare providers were counted but the coverage is not yet analysed, as the sufficient providers are present in huge governorates (Amman and Mafraq) but the geographical coverage is not guaranteed to be included in all aspects of care at the district level.</li> </ol> <p>Recommendations:</p> <ol style="list-style-type: none"> <li>1- In depth mapping analysis is required. (Mental health <b>done</b>, Reproductive health/community healthcare is <b>ongoing</b>, and Nutrition is <b>ongoing</b>).</li> <li>2- Service advisory tool interactive training shall be conducted to the partners who are in need, in order to facilitate their reporting mission.</li> <li>3- Summary document for the resources available to be utilised by the field staff as a quick in hand tool (not to be replacing the service advisor).</li> <li>4- Encouraging all partners to Report all activities to service advisor tool and provide their feedback to UNHCR for possible improvements.</li> </ol>
<p>Action points</p>	<ul style="list-style-type: none"> <li>✓ UNHCR to share the presentation with all partners</li> <li>✓ Further training shall be conducted including service advisor tool</li> </ul>

## 5. Financial Tracking System (FTS)

### Introduction:

FTS: is the new system developed by UNHCR to track and collect the financial inputs for partners from all sectors.

Input data used to be collected through circulated Excel sheet to all our partners on quarterly basis.

In house tool was developed by UNHCR in 2018 (FTS).

Access is granted to partners who are involved in the process and need to report their data through the web.

Data portal can be accessed through the link <http://scs.raisunhcr.org/FTS/tst.aspx>

Interagency coordination unit/data portal/documents/funding

If you click on funding, the second quarter for 2018 report can be downloaded as pdf.

This report covers 8 sectors, basic needs, education, food, health, etc..

Received fund for health is 32% for the second quarter for 2018 as this is how donors interact with the website to conclude such info's.

Access to FTS (by user name and password) shall be granted either by health sector permission or the Information management unit at UNHCR.

Each account is linked to your organization, but still all info's can be accessed through the dashboard through the database name (Refugee component/Resilience component) and the system will generate the requested reports accordingly.

Data accuracy depends on data submitted by partners, therefore all partners are encouraged to submit all data entries through FTS.

Most of the fund received was form UNHCR, MedAir comes after, then UNICEF and etc..

Specific sectors received fund for partners can be defined through applying filters.

The entry zero indicated "no submission by partners", hence partners are strongly encouraged to report using FTS in order to reflect it to our donors.

If you encounter any problem using FTS or enquiring for more information's please contact Mr. Murad Al Samhouri/Associate data information officer at UNHCR at [ALSAMHOU@unhcr.org](mailto:ALSAMHOU@unhcr.org) or +9627976234 01/+962797623401.

### Action points

- ✓ UNHCR to share the presentation with all partners
- ✓ Further training shall be conducted including FTS.

## 6. Knowledge transfer PPP/JHAS

JHAS mandate is to provide quality healthcare services to POC's in Jordan.

Working under various NGO's covering different locations:

1. Irbid King Abdulla Park supported by UNRWA.
2. Ruwaished/Berm under UNHCR/UNFPA.
3. Madina clinic under UNHCR.
4. Zaatari clinic under UNFPA.
5. Mafraq clinic under UNHCR.

JHAS Scope of service:

JHAS are providing comprehensive Primary healthcare services/secondary lifesaving and tertiary healthcare services under UNHCR and comprehensive RH services under UNFPA.

Primary healthcare services include:

- NCD's management/consolutions.
- Medications education.
- RH
- Antenatal/Postnatal/family planning/ STI management.
- Nutrition/ management of Anaemia and malnutrition.
- Dental care

Secondary healthcare services:

Through eligibility criteria and JHAS referral Hub, POC's can be provided up with consultation referrals to UNHCR affiliated hospitals (within UNHCR referral network) in close coordination with UNHCR health unit.

Referral cycle starts at the clinic for primary healthcare services through secondary via CDM within UNHCR referral network hospital and decision shall be released accordingly by JHAS Referral HUB and UNHCR Health unit.

POC's can access the hospital immediately and inform JHAS within 48 hours in case of ER/Lifesaving conditions.



	<p>Challenges to secondary healthcare services addressed and discussed.</p> <p>as a result of integration of Information technology to Humanitarian system, JHAS has developed its clinical data base for information's (CDM) and is currently in process of linking primary healthcare service record to secondary level at the hospitals via it to enable JHAS and UNHCR health unit to:</p> <ol style="list-style-type: none"> <li>1. Fully track the patients visit from the clinic to the hospital.</li> <li>2. Control and minimise the unnecessary hospital visits by the beneficiaries.</li> <li>3. Limit usage of paper.</li> <li>4. Enhance the work inside the clinics and raise the responsibility and accountability by the staff.</li> <li>5. Planning and decision making for any future projects.</li> </ol>
<b>Action points</b>	JHAS to share the presentation

7. Health agencies update	
<b>JPS</b>	JPS has ongoing project activities in support of secondary and tertiary referrals from Syrian refugee camps (Zaatari, Azraq) and the borders for provision of EOC with access to NNC, lifesaving and medical care for the critically ill. JPS received 77 cases in August, including. 40 CS/NVD, 12 NNC, 11 EOC, 6 lifesaving cases from the berm (orthopedic, neurosurgical) along with medical care for the companions.
<b>Caritas</b>	<p>Number of patient's visited caritas clinics since the start of operation in January 2018 is estimated by 22,000.</p> <p>Jerash center is operating under UNHCR Funded and supported healthcare services on August 2018 providing primary healthcare services to POC's.</p> <p>Ajloun clinic will start operating on September 2018.</p>

<p><b>IRC</b></p> <p><b>ACF</b></p> <p><b>Fred Hollows Foundation</b></p> <p><b>IMC</b></p> <p><b>IFRC:</b></p> <p><b>United Muslim Relief</b></p> <p><b>WHO polio</b></p>	<p>New fixed clinic in Irbid is to be established after the approval of MOPIC, and expected to conclude 175 patient/day and expected to start on October 2018 upon discussion with MOH. Ramtha clinic has expanded its capacity to conclude 120 patient/day.</p> <p>As communicated in the coordination meeting in Ramtha and Irbid, IRC is encouraging partners to refer patients to the clinics as they have expanded their capacity. Mobile clinic started in Mafraq and coordinated with other partners to avoid duplication, currently covering 10 sites until March 2019.</p> <p>No closing for IRC clinic in Zaatari Camp at least until September 2019.</p> <p>In terms of Community health services, IRC has increased the number of community health volunteers both Mafraq and Ramtha/Irbid to be 40, 60 respectively. In total 120 community health volunteer.</p> <p>Complicated obstetrics and high risk pregnancies up to 70 patients were managed in coordination with UNHCR and MedAir, cycle was closed and new cycle to open in September 2018.</p> <p>A new research project focuses on NCD and community health will be submitted to UNHCR for approval on Sunday.</p> <p>New project in Irbid supporting Mental Health, in coordination with Mental health sub working groups and after approval of MOPIC, the project is estimated to start by October 2018.</p> <p>Based on Australia focuses on treating and preventing blindness, currently operating in 27 countries, in process of conducting a mapping exercise to potentially establish a support system to healthcare services in Jordan, seeking approval of MOH to integrate services through primary health care centers targeting refugees and vulnerable Jordanians populations.</p> <p>In continuation of MSF supported project of Deliveries/ANC's and PNC's in Irbid, IMC is taking over activities from MSF starting from September 1<sup>st</sup>, 2018. Following the same criteria for accepting cases in coordination with UNHCR and other partners.</p> <p>Community health project was launched covering 6 governorates, will be expanded to include Al Karak and Irbid.</p> <p>Surgical mission for Cataract targeting Refugees and host community population will take a place during October 2018, hopefully to be followed by a similar one by December 2018. In addition to providing psychosocial support services and medical supplies and equipment's.</p> <p>Regional update of 1 Polio case reported in Afaghinsatn. No cases were reported in Jordan among Syrian Refugees.</p>
<p><b>Action points</b></p>	<p>✓</p>

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

<p><b>RH (UNFPA)</b></p>	<p>RH working group meeting was organized 2 weeks prior to the health sector, RHWG were requested as per the final report for 2017 by the protection (SGBV sub working group) presentation indicated that separate mapping of referral pathways to be added to protection, and mapping tool will be circulated hopefully by next week.</p> <p>On Camp level, mechanisms of RH referrals will be revised and discussed with all partners working on primary healthcare level regarding ANC cases who needs further laboratory investigations to be done at the clinic level in order to limit the burden on the hospitals and serve refugees in a better way.</p>
<p><b>Mental Health (IMC/WHO)</b></p>	<p>Stressing on the need of agencies to input their activities and achievements on the service advisor.</p> <p>Working online on the 4W's tool and currently in process of recruiting consultants to join the mental health team soon.</p> <p>4W's tool info's will be uploaded online and this exercise should be completed by November 2018. Simple questions will be directed toward agencies caring for mental health in order to be able to identify their role in MHPSS, waiting for the feedback.</p> <p>The world mental health day will be held on October 10<sup>th</sup>, IMC started preparing for the activities.</p> <p>For further enquiries regarding MHPSS or 4W's tool, if any agency would like to join MHWG please contact Dr Ahmad Al Zghool or Hadeel from IMC.</p>
<p><b>Nutrition (Save the Children Jordan/UNICEF)</b></p>	<p>None</p>
<p><b>Community Health Task Force (MedAir)</b></p>	<p>Looping for organizations to use community health volunteers in the community program, as the focus is to have more community health people enrolled.</p> <p>Meeting will organized during September 2018 in coordination with IRC, invitations will be sent by Elsa MedAir.</p>
<p><b>Action Points</b></p>	<p>✓ Enroll Community health task force for in the next health sector Agenda</p>

### 9. Proposed Assessments/Research

	It is important to let the UNHCR aware in case of any study was conducted or any data was collected serving the purpose of any study on Camp level for the refugees in order to protect Refugees right, all partners and organizations are strongly encouraged to report it immediately to the UNHCR, as all studies should be approved by the Research committee in the sector prior to any action taken.
Action Points	✓

### 10. AOB -

UNHCR	Attendance for the sector is essential in order to fulfil our timely commitment regarding JRP processes and make timely submissions to the government side.
Action Points	✓ Next HSWG meeting will be 27 <sup>th</sup> Sep at UNHCR