Health Sector Coordination Meeting

Date: Tuesday, 12 May 2020  
Venue: WebEx - UNHCR  
Time: From 12:00 to 13:30

Agenda

1. Introduction and Review of Action Points from the previous meeting
2. WHO update
3. Camps update
4. Update from Partners - urban
5. AOB

1. Review of Action Points from the previous meeting

Chair

Introducing the agenda of the meeting.

2. WHO update

3. Camps Updates [UNHCR]
The Agenda of the third Health Sector virtual meeting was focused on the COVID-19. Health Sector Chair briefed participants on the progress made on the previous meeting action points: Two letters have been sent to the Minister of Health.

UNHCR to send a letter to His Excellency with UNHCR concerns for his kind consideration and to facilitate access of refugees at Jordanian uninsured rate (subsidised rate) in urban setting into the MOH services and the three groups of refugees of the main concern of UNHCR:
1. Expired ASC and or MOI card;
2. Non-Syrian refugees to have non-insured Jordanian rate to access MOH facilities;
3. Non-Syrian who don’t have documentations.

Another letter was sent to His Excellency regarding the establishment of the Field Hospital in Mafraq and UNV doctors to support MoH.

Dr. Adam provided an update on the camps. Business Continuity Plans are in place for all health partners, and medication, medical consumables, and PPE are equipped for all partners in both Zaatari and Azraq camps.

**Zaatri and Azraq Camps**

**Zatari**
- As the truck driver Khanasreh from Kharasneh village was positive confirmed of COVID-19, 112 tests were conducted by UNHCR.
- Three teams from MoH successfully collected 412 random tests in Zaatari including the basecamp, public area, SRAD compound, malls, clinics/hospital and all the villages. Most of them are negative and five are pending for the security guards in the camp.

**Azraq**
- MoH collected 225 random tests in Azraq camp including the basecamp, public area, SRAD compound, malls, clinics/hospital and all the villages.

**Urban Areas**
- In urban one case was positive at Khansreh village for one refugee’s family, child 8 years old of a family lives 200m away from the truck drivers house who confirmed positive of COVID-19 and she referred to King Abdalla hospital. She is in good condition.
| Continue working on Berm updates/Rukban | Another confirmed case for a nurse in the North Badia was in contact with the truck drivers from Khanasreh village. MoH closed the hospital and did the disinfection for the North Bada Hospital.  
Another confirmed case in Irbid associated with infected people in Irbid wedding area. In total two confirmed cases among urban refugees.  
The Health sector share discussed with partner the health sector priority for OCHA funding. The sector chair will share them with OCHA.  
NA |
| Financial situation | 3 Hospitals closed in Mafraq by MoH for disinfection purposes.  
The Health sector share discussed with partner the health sector priority for OCHA funding. The sector chair will share them with OCHA.  
NA |
| Action Points | The Sector Chair to share health sector priorities with OCHA. |
| 4. Update from Partners - urban |  |
| WHO | Update on COVID-19  
Updated on COVID-19 situation in Jordan;  
Sends daily situation updates of Jordan, regional and global to more than 400 recipients. This includes newly published guidelines for COVID-19 management, online courses in open-who website (nearly 218 technical guidance have been developed by WHO to manage COVID-19 pandemic);  
Coordination Working Group meetings this week, importance of Pillar 9 to this HSWG partners;  
Consider preparation offices with disinfection procedures and physical distancing with hygiene measures;  
Gender balance in household – UNDP survey being adapted by other UN agencies stands as a considerable exercise. |
| UNICEF | No update. |
| Action points | WHO to share gradual back to work guidelines. |
| Subsector Working Groups – Reproductive Health (UNFPA), Mental Health (IMC/WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Platform (MEDAIR/IRD, Cash for Health (UNHCR)) |
| **UNHCR** | UNHCR officer provided an update on CASH for Health sub-working group. They held their meeting in April 14 discussed their response strategy to COVID-19 in line with the national plan. Focusing on monitoring and coordination and counselling for refugees’ beneficiaries: Maintain the essential services for refugees to reduce the risk impact and to optimise the wellbeing.

- All Health cash workers are still running their projects remotely;
- Outreach activities to reach urban refugee population remains a challenge due to lockdown and ongoing restricted movement;
- Increase of the beneficiaries’ number who lost access the MoH services with subsidised rate due to invalid of their asylum card and documents. UNHCR has managed to serve 750 cases, in total 230 thousand US Dollar;
- 86 thalassemia patients were served by UNHCR;
- With the ease of curfew majority of patients have already successfully withdrawn the emergency cash support. |
| **RH /SGBV (UNFPA)** | • IMC continues to provide inpatient sexual and reproductive health services such as normal vaginal delivery caesarean sections and neonatal care in Irbid governorate;
• Remote approaches (telephone, digital applications, SMS text messaging, voice calls, and interactive voice response) were initiated for relevant family planning consultations and delivering supplies to beneficiaries;
• UNFPA in collaboration with Plan Int. are conducting RNA on the impact of COVID-19 on SRH to share the report with the group;
• UNFPA global produced guidelines on RH remote services and delivery services during COVID-19 response;
• RH Sub- group will be held next week. UNFPA will send invitation.
• As access to contraceptives is part of the MISP and needs to be maintained, alternatives to facility-based visits were considered through UNFPA support to JHAS clinic in Zaatari. Remote approaches (Hot line telephone, digital applications, SMS text messaging, voice calls, and interactive voice response) were initiated for relevant family planning consultations and delivering supplies to beneficiaries. |
| **Save the Children** | • Save the Children are continue their works inside Zaatari camp under UNHCR umbral;
• the community health volunteers are raising awareness and conduct door home visit about COVID-19, SCJ supporting health partners in delivering the NCDs medication for patient homes to avoid the congestion at the clinics, all new messages from MOH and UNHCR are share with the refugee on timely manners. |
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<tr>
<th>Organization</th>
<th>Activities</th>
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| **Caritas**      | • Caritas has prepared so far 4,816 NCD prescriptions to be delivered through UPS to urban refugee population. UPS has distributed NCD medications to 3,394 refugee patients in Amman, Zarqa, Irbid and the south through the remote services delivery module, they are expecting to complete the distribution by 20 May Caritas has started to do counselling online to the NCD patients. Planning to open their primary clinic after Eid Alfitr break. Conducting training for staff on Infection control;  
• Hot line for counselling. |
| **MSF**          | • MSF is in the last phase of the construction of the inpatient COVID-19 treatment centre in Zaatari camp, which will be completed in the first week of June;  
• MSF recruited the minimum medical team needed and all relevant medical materials are in place;  
• Outreach activities to reach urban refugee population remains a challenge due to restriction of movement and lockdown. |
| **UPP**          | NA                                                                                             |
| **IRC**          | • IRC continues to provide NCD medications to refugees in Mafraq and Ramtha through the remote services delivery module (Hot Lines). IRC is targeting 1600 beneficiaries and 800 benefited from the services forming around 8% of the targeted beneficiaries. So far, distributed NCD medications to patients at their residency. Using Hakeem APPs to track the medication for NCD patients.  
• Planning to pay home visits to maternal health patients in collaboration with the private sector. Planning to open their primary clinic after Eid Alfitr break. |
| **IMC**          | No update                                                                                      |
| **MEDAIR (CH platform)** | • Medair managed to reach 450 C4H cases in April through IRIS and Alawneh. Now we are using only IRIS because beneficiaries now can reach ATM machines;  
• 4,700 awareness calls were done in April through our CHVs. Awareness included COVID-19 topics and other essential health messages mainly Reproductive health and NCDs;  
• All NCDs patients for Medair were reached and helped under cash for health;  
• CHVs refresh training was conducted in April 2020;  
• Medair has got new fund from the German government for 20 months, and we were successful to include non-Syrians. |
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<td>TDH Italy</td>
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<td>La Chaîne de l’Espoir Mental Health</td>
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<td>Nutrition (Save the Children Jordan/IMCC/UNICEF)</td>
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<td>Mercy Corps</td>
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| JPS          | - It was discussed How to maintain normal essential activities for CHVs and how-to response to COVID-19;  
|              | - CHVs role in Linking the patient with current services (service mapping);  
|              | - We discussed Managing CH remotely and Challenges of Remote Implementation;  
|              | - The importance of Continues training for CHVs;  
|              | - Medair shared all the tools to help conducting remote community health activities which includes training materials, checklists, ODK questionnaire and WhatsApp messages to be shared with beneficiaries.  
|              | - JPS established referral system and continue providing lifesaving services;  
|              | - Designating medical support team to the civil defence crew serving 2000 cases;  
|              | - King Abdalla send his thanks to JPS of them distinguish efforts to support the refugees;  
|              | - Supporting the 111 hotline and directing the patients into the MoH;  
|              | - Supporting Syrian refugees and Jordanian through the new fund received form OCHA. The project provides: first aid support and hygiene kits. The target is 1000 beneficiaries;  
|              | - Another fund received from US Agency to support the MoH clinics/Hospitals;  
|              | - Developing new App to track COVID-19 confirmed cases. Sharing the data with MoH.  
|              | No update.  
|              | No update.  
|              | - WHO provides Support the Mental Health Centre;  
|              | - Sharing some useful documents;  
|              | - and doing service mapping exercise. |
| CHPF         |                |
| N/A          |                |

**Notes:**
- HI, got the authorisation from MOSD to support disability beneficiaries with secondary cases;  
- Provide physiotherapy sessions and equipment;
| **IOM** | • Community based rehabilitation volunteer follow beneficiary through phone call;  
• HI partner provide rehabilitation advises and follow-up the beneficiary remotely (phone call, video, WhatsApp);  
• HI team prepare key messages parents and for the person with disability to prevent secondary complication (bed sore, joint contracture);  
• HI will share their RNA with the health group.  
• IOM mobile team provided information for all patients in the kingdom via phone monitor medication side effects;  
• IOM community workers supported partner in distribution of medications;  
• Distributing food packages for 80 TB vulnerable families;  
• Support MO with two nurses. |
| **IOCC** | No update |
| **EMPHENT** | No update |
| **RHAS** | No update |
| **Help Age** | No update |
| **Islamic Relief** | No update |

| **Action Points Recommendations** | o HI to share their RNA with the health group.  
o UNFPA to share the RNA report with the group.  
o UNFPA will send invitation for the next RH subgroup meeting.  
o IOM to provide correct information on the Tb patients and to clarify the figure. |
| **Next Meeting** | HSWG meeting will be conducted at biweekly basis. |