

## National Health Coordination Meeting



**Date:** Thursday 22<sup>nd</sup> Feb

**Venue:** UNHCR

**Time:** 10:00 – 12:00

**Agenda:**

1. Introductions
2. Review of last meeting action point
3. Situation Update
4. Knowledge transfer PPP / IRD
5. Health Agencies Update
6. Subsector working groups – Reproductive Health (UNFPA), Mental Health (IMC/ WHO), Nutrition (Save the Children Jordan/UNICEF), Community Health Task Force (Medair/IRD)
7. Health Access & Utilization Survey 2017 (Syrian, Iraqis, Others), summary of findings PPP by Nielsen
9. Proposed Assessment/Research
10.AOB

2. Review of action points of previous meeting

	<p>Reviewing the agenda of the previous meeting:</p> <ul style="list-style-type: none"><li>✓ UNHCR to share the Health Sector Achievements for 2017 with all partners: <b>Done</b></li><li>✓ UNHCR will be having a training for all partners on the Services Advisor System (Dates to be confirmed later): <b>Conducted</b></li><li>✓ UNHCR to share CDE presentation and Factsheet: <b>Done</b></li><li>✓ IRJ to share their factsheet for the coming missions: <b>Done</b></li><li>✓ HumaniTerra to share their factsheet for the coming missions: <b>Done</b></li><li>✓ UNHCR to share the updated service guide with all partners as soon as partner network settled: <b>Waiting till end of Feb</b></li><li>✓ SAMS to share their upcoming mission factsheet: <b>Pending</b></li></ul>
Action Points	N/A

3. Situation update-UNHCR	
Iraqis Refugees	<ul style="list-style-type: none"> <li>▪ Total registered: 66,362</li> <li>▪ 548 registered in 2018</li> </ul>
Yemeni Refugees	<ul style="list-style-type: none"> <li>▪ Total registered: 10,205. Total registered in January 2018 is 779</li> </ul>
Sudanese Refugees	<ul style="list-style-type: none"> <li>▪ 4,067 Sudanese registered with 77 arrived in 2018</li> </ul>
Somali Refugees	<ul style="list-style-type: none"> <li>▪ 810 Somali. Only 8 arrived in 2018</li> </ul>
Others	<ul style="list-style-type: none"> <li>▪ 1,577, with 113 registered in 2018</li> </ul>
Syrian Refugees	<ul style="list-style-type: none"> <li>▪ Total Registered: 658,517.</li> <li>▪ 3,623 newly registered in 2018 of which 106 arrived in 2018.</li> <li>▪ 79,035 in Zaatari, 54,162 in Azraq and 7,024 in EJC</li> </ul>
Urban Verification	<ul style="list-style-type: none"> <li>▪ As of 31 January 2018, a total of 436,574 cards were issued in different security centers. Of the total, there are 404,525 individuals registered with UNHCR, while there are 32,049 individuals who are not registered with UNHCR.</li> <li>▪ A total of 192,108 Syrian Documents belong to 133,593 Individuals were returned. (85%)</li> </ul>
JRP	<ul style="list-style-type: none"> <li>▪ <b>Launch of the Jordan Response Plan for the Syria Crisis (JRP):</b> On 8 February, UNHCR Jordan's Deputy Representative attended the 10th meeting of the Jordan Response Platform for the Syria Crisis on the occasion of the recent adoption of the Jordan Response Plan for 2018-2020.</li> </ul>
OCHA	<ul style="list-style-type: none"> <li>▪ The OCHA will launch a new call in mid of Mar for Jordan Humanitarian Fund</li> <li>▪ The SAG is discussing the sector priorities and will be shared very soon with OCHA</li> <li>▪ OCHA is developing the Call documents, once received will be shared among partners.</li> </ul>

<p><b>Berm Updates</b></p>	<ul style="list-style-type: none"> <li>▪ The Jordanian Armed Forces (JAF) have allegedly suspended admission of all cases for in country treatment at Jordanian hospitals even those requiring life-saving treatment. As a result, 86 requests for referral for treatment in country remain pending, among them 18 pregnant women in need of C-sections, 10 pregnant women in need of curettage (on account of a deceased fetus), 35 children of which six are infants, and 23 adults all presenting critical needs that cannot be treated at the clinic. Further, despite the recent commitment by the GoJ to increase the number of people allowed to access the UN health clinic in Rukban to 200 patients per day, the clinic has only averaged 77 patients per day in January 2018.</li> <li>▪ A total of visit to our clinic for consultation, management and treatment <b>22,235</b> were received since the 15th of Dec. 2016, in addition to <b>875</b> cases were admitted till 12<sup>th</sup> Feb. 2018.</li> </ul> <p><b><u>Changes on MOH policy towards access of Syrian refugees to public health facilities</u></b></p> <ul style="list-style-type: none"> <li>▪ Recently, UNHCR come to know from the implementing partners that a new decision issued by PM Cabinet on 24<sup>th</sup> January, 2018 stated that the old decision (access at non-insured rate) was cancelled. Furthermore, all Syrian refugees have to pay 80 % of Unified pricing (foreigner rate) directly to the MOH health facility when they access all types of health services. A second letter from Minister of Health dated 14<sup>th</sup> Feb addressed the director of PHC, director of Health directorates and director of hospitals on this new decision. Prior to this decision, the majority of registered Syrians were able to receive healthcare services at the non-insured Jordanian rate from MOH health facilities. However, the non-insured Jordanian rate was normally affordable for non-vulnerable individuals while vulnerable refugees were receiving support through UNHCR urban health care program and through cash for health to access secondary level of services.</li> </ul>
	<p>✓ UNHCR to share the details of OCHA call once received.</p>

## 4. Knowledge transfer – IRD PPP

### Introduction:

- International Relief and Development (IRD) Jordan was established in 2003 to provide support for our operations in Iraq.
- Since 2006, however, IRD Jordan has been implementing programs in both Jordan and Lebanon to support Iraqi Refugees with funding from the US Department of State, Bureau of Population, Refugees and Migration (BPRM) and the United Nations High Commissioner for Refugees (UNHCR).
- Since 2011, IRD has been serving Syrian and Iraqi refugees, as well as vulnerable Jordanians in urban and camps settings through programs implementing school construction and rehabilitation, vocational and entrepreneurship trainings, community mobilization and engagement, community health, and vulnerability assessment. IRD has also served non-Syrian refugees including Somali, Sudanese, and Yemeni refugees.

### Projects:

1. Health Support to Syrian and Iraqi Refugees in Jordan (HSISR-2): **Funded by the Bureau of Population, Refugees, and Migration (BPRM) – US Department of State (September 2016 – December 2017)**
  - Worked in: Amman, Irbid, Zarqa, Mafraq, Ajloun, Jerash, Madaba, Ma'an, Karak and Balqa governorates.
  - Goal: To improve the health status of vulnerable Iraqi and Syrian refugees in Jordan
2. Community-Based Support to Refugees in Jordan (CBSR-3): **Funded by United Nations High Commissioner for Refugees (UNHCR) (January 2017 – December 2017)**
  - Worked in: Amman, Zarqa, and Balqa governorate, as well as Za'atari camp
  - Objective: to provide increased awareness of healthcare services and health education that empowers the community to take ownership of their health and wellbeing and access the services they need and live healthier lifestyles, according to their needs.

### Work Approach

- A total of 182 community health volunteers (CHVs) worked in IRD's Community Health projects
- 80 Syrian CHVs were working in Za'atari camp (34 females and 46 males);
- 102 female CHVs were working in urban (65 Syrian, 35 Iraqis, 1 Sudanese, and 1 Somali) in 10 governorates: Amman, Irbid, Zarqa, Mafraq, Ajloun, Jerash, Madaba, Ma'an, Karak and Balqa to achieve the objectives of the projects by:
  1. Conducting home visit assessments;
  2. Referring cases of NCDs, reproductive health (RH), and neonatal to healthcare providers;
  3. Accompanying refugees to Ministry of Health (MoH) clinics;
  4. MOH staff capacity building training;
  5. MOH capacity building medical equipment donation;

### Selection and Training of CHVs

- The CHVs were recruited from the same nationality of refugees that they were serving.
- IRD built the capacity of identified CHVs and trained them in order to be able to assess the family health status. CHVs were trained to collect data on tablets using Open Data Kit System (ODK) enabled with a Global Positioning System (GPS). Trainings include:
  1. Behavior change;
  2. Effective counselling;
  3. Psychology of adult learning;
  4. Family Planning;
  5. First Aid;

	<p>6. Antenatal, postnatal, and newborn care;  7. Mental health; and,  8. Management of NCDs</p> <ul style="list-style-type: none"> <li>▪ Trainings were done through IRD’s Health Specialist, JHAsi, IMC, University of Jordan, Jordan Paramedic Society, UNHCR, and other health consultants</li> </ul> <p><b>2017 Achievements</b></p> <ul style="list-style-type: none"> <li>- 144 MoH staff trained on First Aid, and 118 MoH staff trained on prevention and control of NCD</li> <li>- 1,000 child care kits distributed to 161 Iraqi and 839 Syrian families</li> <li>- 1,000 hygiene kits distributed to 607 Syrian, 268 Jordanian, and 125 Iraqi families</li> <li>- 19 new partnering MoH Comprehensive and Primary Health Centers provided with new medical equipment’s such as ECG recorder, steam sterilizer, dental instrument, amalgamator, among others</li> </ul> <p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>- High turnover of CHVs;</li> <li>- Recruitment of CHVs that live in the community that they are going to work in with health background;</li> <li>- Long waiting periods at service providers clinics;</li> <li>- Incorrect/missing address and contact numbers of beneficiaries given to service providers including human error in registration (specifically in ZC);</li> <li>- Limited number of service providers for non-Syrian refugees;</li> <li>- End of funding for the community health interventions by BPRM remains a major challenge for the vulnerable communities in Jordan.</li> </ul> <p><b>Lessons Learned</b></p> <ul style="list-style-type: none"> <li>- Introduce CHVs and integrate them into the health centers and other service providers;</li> <li>- Maximize CHVs abilities to address clients’ health needs in both urban and camp settings. More diverse and specialized training on various topics related to basic health issues, as well as program management. Provide regular opportunities for continuing education and training;</li> <li>- Prioritize strong communication and outreach and establish explicit operating procedures;</li> <li>- Establish clear workflows and maintain continuous communication and coordination to improve client follow-through on appointments</li> <li>- Have strategies to effectively engage the community including schools in CHVs programs to maintain local buy in and sustain long-term efforts;</li> <li>- Invest in local partnerships to ensure sustainability and overcome some challenges; and</li> <li>- Community health programs remain a need, specifically in urban settings, due to little knowledge among the refugee communities on existing services. The alternative in reality is little to no care at all for refugees in geographically peripheral areas.</li> </ul> <p><b>Best Practices</b></p> <ul style="list-style-type: none"> <li>- Strong relationship with MoH, enhancing MoH staff through capacity building, medical equipment provision, and facilitation of referral process;</li> <li>- Good networking through interagency collaboration by attending sectors working groups, and co-chaired the Community Health Task Force, which enhanced referral pathways and sharing of information;</li> <li>- Developed qualified and well trained CHVs in 10 governorates and in Za'atari Camp for information dissemination on health messages;</li> <li>- Developed a complaint response mechanism (CRM) to enable the team to gather negative feedback in order to improve program activities;</li> </ul>
<b>Action points</b>	<ul style="list-style-type: none"> <li>✓ UNHCR to share the presentation with all partners</li> <li>✓ UPP will be doing the next presentation followed by MEDAIR, IRJ: MAY, SAMS: JUN, CVT: JUL</li> </ul>

## 5. Health Agency Updates

### UPP:

- Currently implementing health project focusing on comprehensive rehabilitation services (people with disabilities and war wounded)
- Still accepting referrals for delivery of mobility aids and coverage of transportation costs.

### IRC:

- Mobile clinic in Mafraq will be resumed (primary health care services)
- Planning to phase out from Zaatari Camp in Sep 2018

### WHO:

- AFP surveillance program is doing remarkably well both at national and subnational levels.
- A total of 116 AFP cases are reported at the end of 2017 with NPAFP rate. Since the beginning of 2018, 18 AFP cases reported.
- Active surveillance fields visits are conducted in all governorates and districts in collaboration with MOH
- A total of 74 cases of circulating vaccine derived poliovirus TYPE-2 have been reported from Syria reported from 6 districts.
- As part of the outbreak, phase1 and phase2 immunization responses have been conducted in Deir Ez Zor, Al Raqa, Homs and Damascus.
- WHO and UNICEF will continue to monitor the outbreak situation.

### HumaniTerra:

- For March mission, it will operate in MoH hospital (Al- Bashir Hospital) and in a private hospital.
- March mission will focus on burn complications and cleft lips and it will take place between 8-15/3.
- HumaniTerra is accepting referrals through email.

### IRJ:

- Mission will take place between 23rd- 30th of March, 2018 at Lozmila hospital (Amman, Lewibdeh).
- Our criteria for this mission: Be a Syrian refugee or vulnerable Jordanian residing within the Kingdom of Jordan.
- For Syrian beneficiaries they should have valid UNHCR asylum seeker certificate, ID card and for Jordanian beneficiaries they should have any personal proof as passport, family card or ID card and be under 18 years old.
- Cases to be covered under general surgery are: Hernia, Hypospadias and Undescended testis.
- All beneficiaries should have medical report from a government hospital, stating the diagnosis, treatment, and management plan (in details) plus any concomitant illness that may affect treatment of the disease for which the patient was admitted. Also history of any previous medical committee submissions and approvals (for the same illness and/or for other illnesses) provided to the patient with their dates of submission, results of the submissions, and the treatment provided.
- A statement from the treating institute on the cost estimate of the prescribed treatment.
- All cases will be referred to health care committee to be reviewed, each case with its own decision criteria according to necessity,

	<p>adequacy, duration of suggested treatment, prognosis, concomitant diseases, age, and necessity of higher assistance (financial vulnerability) and feasibility of the treatment plan. (This will be in the screening day on 24th of March, 2018).</p> <ul style="list-style-type: none"> <li>▪ Cases can be from any government but no available transportation coverage</li> </ul> <p><b>JPS:</b></p> <ul style="list-style-type: none"> <li>▪ JPS project's unit is finishing its General Free Referral project this month. The project provides free referral to access lifesaving, secondary and tertiary care with access to emergency obstetric and neonatal case.</li> <li>▪ In Feb, 36 cases were referred for CS, 14 cases neonatal, 4 cases lifesaving emergencies.</li> <li>▪ Total of 157 cases since last Nov.</li> <li>▪ In Feb, 2 cases of War Wounded received (Tal Shahab and Rukban) which bring the total of 49 cases since last Oct</li> </ul> <p><b>MEDAIR:</b></p> <ul style="list-style-type: none"> <li>▪ MEDAIR has a cash for health projects in Mafraq, Zarqa and Amman and recently have started in Irbid.</li> <li>▪ MEDAIR also started recently providing services for unregistered Syrian beneficiaries</li> <li>▪ MEDAIR is encouraging partners who are having beneficiaries without MOI cards to refer them to MEDAIR</li> </ul> <p><b>IOCC:</b></p> <ul style="list-style-type: none"> <li>▪ New project with partnership with IFH (visual and hearing disabilities)</li> <li>▪ Cases are received for visual and hearing disabilities and providing the beneficiaries with Eye Glasses and Hearing Aids.</li> <li>▪ Also, treating cases for speech therapy.</li> </ul> <p><b>SAMS:</b></p> <ul style="list-style-type: none"> <li>▪ SAMS clinics in ZC, total health services 9651, total consultations 6898</li> <li>▪ Next month, SAMS will open new clinics for general surgery (2 days per week) and gynecologist (full time)</li> <li>▪ The total # of beneficiaries treated in urban is 1022, and for mental health services 64</li> </ul>
<b>Action points</b>	<ul style="list-style-type: none"> <li>✓ UPP to share their referrals contacts.</li> <li>✓ SAMS to provide factsheets for their upcoming missions</li> </ul>



**6. 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>	<ul style="list-style-type: none"> <li>▪ 2018 RH SWG TOR (Review &amp; Update)</li> <li>▪ Mapping of RH services for 2018 will be focusing of Service Advisor as the main tool to use. SWG will make sure that all members use and update their information and services on the system.</li> <li>▪ The SWG discussed with the partners the importance of reporting on Activity Info System and urged all to appeal even for non 3RP users.</li> </ul>
<p><b>Mental Health (IMC/WHO)</b></p>	<ul style="list-style-type: none"> <li>▪ Group discussed the design and the layout of the online 4Ws will be followed, and the last and final MHPSS assessment conducted by IMC.</li> </ul>
<p><b>Nutrition (Save the Children Jordan/UNICEF)</b></p>	<ul style="list-style-type: none"> <li>▪ The next meeting will be on the 6th March</li> <li>▪ The updates of the meeting will be shared during the next meeting</li> </ul>
<p><b>Community Health Task Force (Medair/IRC)</b></p>	<ul style="list-style-type: none"> <li>▪ The CHTF has finished and MEDAIR stepped back and now the members of the task force will continue to share the experience and the plan is to have Community Health Platform which will meet every quarter, and will focus mainly on the community health volunteers.</li> <li>▪ The first meeting will take place by the end of March.</li> </ul>
<p><b>Action Points</b></p>	<ul style="list-style-type: none"> <li>✓ <b>RH sub working group to share with all partners the reviewed TORs</b></li> </ul>

## 8. Health Access and Utilization Survey 2017 (Syrian, Iraqis, Others) summary of findings

	<ul style="list-style-type: none"><li>▪ The HAUS 2017, the data collection started last Nov and the data was analyzed late last year.</li><li>▪ The approval was gained from MoH and reports are ready for publishing</li></ul>
Action Points	✓ UNHCR to share the presentation and the final report with all partners.

## 9. Proposed Assessments/Research

	N/A
Action Points	

## 10. AOB -

	N/A
Action Points	Next HSWG meeting will be 29 <sup>th</sup> Mar. Venue to be confirmed later