

Action Document for EU Trust Fund to be used for the decisions of the Operational Committee

1. IDENTIFICATION

Title/Number	Enhanced Support to the Public Health System in Jordan for Syrian Refugees and Jordanians: Prevention and Management of Non-Communicable Diseases through Primary Health Care.		
Total cost	Total estimated cost: EUR 22 million Total amount drawn from the Trust Fund: EUR 22 million		
Aid method / Method of implementation	Indirect management with AECID		
DAC-code	120	Sector – Health 12110 Health policy and management	
Derogations, prior approvals, exceptions authorised	N/A		

2. RATIONALE AND CONTEXT

2.1. Summary of the action and its objectives

The logic of the proposed intervention is based on the analysis of the challenges posed to the health system by the impact of the Syrian crisis. This action aims to **improve the efficiency of Ministry of Health (MoH) primary healthcare (PHC) for Syrian refugees and Jordanians** when addressing non-communicable diseases (NCD) and mental health. For achieving this purpose, it is deemed important to strengthen MoH management capacities, to optimize the system.

The overall objective is to contribute to the improvement of the health of Syrian refugees and Jordanians through improved prevention and access to strengthened primary health care for NCD.

The specific objective of the action is to improve accessibility, cost efficiency and effectiveness of public primary healthcare services in order to respond to the additional pressure on the health system due to the presence of Syrian refugees, and to the increase of non-communicable diseases among Syrian refugees and host communities, notably in the three targeted governorates of Mafraq, Tafilah and Ajlun.

In this respect, the Jordan Response Plan (JRP) to the Syrian crisis highlights that the response to the pressing needs should be addressed by the improvement of the access and quality of primary health care services (considered as the cheapest affordable provider of

basic services for those who cannot afford health insurance, i.e. the most vulnerable segments of the Jordanian population and the Syrians), as well as by the strengthening of the national health system capacity. In addition, NCD have become the leading cause of mortality and have a huge social cost, both for Syrians and Jordanians. While the EU Regional Trust Fund in response to the Syrian Crisis (EUTF Syria) originally funded the rehabilitation of emergency services of hospitals accessible to Syrian refugees, and also contributed to addressing communicable diseases, this proposed action is now addressing the way NCD affect Syrian refugees and vulnerable Jordanians and how the primary health system can better respond to the needs of these vulnerable groups. This requires in particular tackling the need to support maintenance of existing facilities, provision of medical equipment, supplies, consumables, and supporting the capacity building of human resources.

Along this line, the objectives and actions included in this proposal will support national health strategies on NCD; consolidate and strengthen the resilience of the public primary health care (human capital, premises and equipment) to treat outpatients by improving working conditions in health centres; better contribute to the prevention, early diagnosis and adequate treatment of NCD from the first level of attention; and strengthen the governance of the public health system, advancing in a balanced decentralization process and improving management tools.

The intervention is presented at two levels: first, development of instruments to increase accessibility, efficiency and rationalization of the health system, which can be of application nationally; secondly, a local level intervention, in three selected governorates (Mafraq, Ajlun and Tafilah), in which significant investments will be made in equipment, light rehabilitation/refurbishment/maintenance of premises and capacity development to improve the resilience of the health system.

Support for national health strategies benefit the whole population living in Jordan. The strengthening of capacities in primary care, training, equipment and premises, as well as the strengthening of civil society in the field of health, will be limited to the Governorates of Mafraq, Tafilah and Ajlun. The same actions might be replicated in other Governorates in the future. The population to be covered is estimated at 867,300 (48,3% women), including 170,679 (19,6%) Syrian registered refugees. Direct beneficiaries will include those affected by NCD and vulnerable to the risk factors, as well as the public employees working for the MoH in selected Directorates amounting to 4,066 persons including administrative, technical, assistance and medical staff.

The Overall Objective of the EUTF is *"to provide a coherent and reinforced aid response to the Syrian crisis on a regional scale, responding primarily to the needs of refugees from Syria in neighbouring countries, as well as of the communities hosting the refugees and their administrations, in particular as regards resilience and early recovery"*.

Aligned to the overall objective of the EUTF, the action will contribute to the following results: *"Syrian and host community have better health, through improved access to health services, strengthening local capacities; and strengthened infrastructure"*. In particular it will contribute to the two sub-results: a) *"Access to medical care and health services facilitated to Syrian, migrants and asylum seekers and host communities"* (indicators 14 and 15); and b) *"Strengthen Human Capacity to deliver primary and secondary health care services"* (indicators 20-21-22) of the current Results Framework.

2.2. Context

2.2.1. Country context, if applicable

Jordan, a middle-income economy, currently host 10,5 million people in its territory, having experienced a very fast population growth (63,5% increase between 2012 and 2019), due to a large extent to the arrival of refugees both from Syria as well as from other countries. Jordan currently hosts the second largest refugee population in the world, in terms of proportion to its own population. Currently 654,200 Syrian are registered as refugees, of which around 123,080 (50% women and 50% men) live in camps, and 531,100 (50% women and 50% men) among host communities.

The Syrian crisis is also affecting the economy of Jordan, highly dependent on trade with neighbouring countries, and drove to fiscal constraints, among which the reduction of the health expenditures per capita (from 141 JOD per inhabitant in 2013 to 109 JOD in 2018). Public healthcare services experienced an extraordinary demand without the capacity to increase public allocation of funds, having to rely on international aid. Refugees usually access MoH health facilities, which in particular experienced increased pressure, leading to longer waiting times.

The needs identified in the health sector by the JRP for 2019 (USD 116 million, equal to around EUR 104 million) have been covered only for 56% until October 2019. With fewer resources for a growing demand, the quality of the services provided is affected.

2.2.2. Sector context: policies and challenges (one paragraph)

Jordan health system

Until the demographic and economic impact caused by the Syrian crisis, Jordan had developed a medium-high level health system, with fairly complete health legislation and good health outcomes: well-trained staff, a wide network of primary and hospital care services, and a series of subsystems of protection that were responding with a reasonable cost to the needs of the population. However, the very fragmented health insurance systems offer a heterogeneous coverage of services (service portfolio, benefit package), reaching overall around 55% of the population, while the percentage for Jordanians is 72%. Jordan is committed to move towards Universal Health Coverage (UHC), “leaving no one behind”, which the EU supports. Of strategic importance is that Jordan recently signed two important UHC Partnership Agreements: the EU-LUX-WHO UHC Framework Agreement (December 2017) and the WB-WHO UHC 2030 Compact. Both UHC partnerships signed with MoH focus on strengthening Primary Health Care (PHC) and adopting the 'Health in All Policies' approach.

The public sector itself presents several subsystems for the management of health services with different networks and approaches (MoH, Royal Medical Services, King Hussein Cancer Foundation, Universities). The MoH has the overall responsibility for the health sector while the High Health Council (HHC) has a role of policy coordination between ministries and other major stakeholders. This fragmentation in protection services, and the high proportion of the population that does not have public coverage, translate into different offers of benefits, of different quality. Likewise, some public health interventions are not carried out comprehensively in the entire health network or over the entire population. Sometimes the continuity of the programs is not guaranteed.

MoH health facilities become *de facto* the most affordable providers for individuals without health insurance or with catastrophic clinical conditions, because user fees tend to be lower. People with health insurance, related to formal employment, use private health services, very developed and well valued nationally and internationally.

In the context of limited resources, the most cost-effective interventions in the health sector, recognized by international organizations, aim at strengthening primary health care, prevention, early diagnoses, early and adequate treatment of NCD; and strengthening of the governance of health systems. The GoJ has prioritized interventions in these areas in the Executive Plan for Reform Health Sector (2018-2022), and in different strategic documents, such as the Jordan Vision (2025); the National Health Strategy (2015-2019); the National Strategy for Health Sector in Jordan (2016-2020); the Health Sector Reform Plan (2018-2020); the Ministry of Health Strategy (2016-2020); the National Strategy for diabetes, hypertension, obesity (2011); the National Mental Health and Substance Use Action Plan (2018-2021); and the National Cancer Control Planning Document, draft 2013. **The public PHC network is the most affordable provider of basic services for around 45% of the population in Jordan, who cannot afford health insurance. These people represent the most vulnerable segments of the population including Syrians.**

The main policy frameworks of the action are the Jordan Response Plan (JRP) and the Jordan Partnership Paper (JPP):

- The JRP identifies and seeks to address the needs of Syrian Refugees and vulnerable Jordanians affected by the crisis, indicating that only 68% of refugees living in the host community have access to health services. The JRP 2019 highlights the need of reinforcing the capacities of national, regional and local authorities, as well as strengthening resilience in the provision of services (among which health services) in a cost-effective and sustainable manner. One of the specific objectives of the JRP is to improve the access and quality of primary health care services, carrying out comprehensive interventions in the community, and strengthening of the national health system capacity, which include basic light rehabilitation/refurbishment/maintenance of medical equipment and human resources. As for the new cycle of the JRP until 2022, the MoPIC goes deeper in this vision of bolstering local capacity and resilience of national systems to increase assistance and service delivery through them and moving towards a single uniform vulnerability assessment methodology.
- The JPP, developed by the GoJ, the EU and the UN, and backed by the Brussels II Conference in April 2018, identifies the health sector as a priority for action. The JPP raises the need to strengthen the resilience of vulnerable communities, while addressing the humanitarian needs of Syrian refugees. According to the JPP, the GoJ and the international community should review the approaches of the health system and develop a long-term strategy that allows equitable and affordable access for Syrian refugees and provides effective health interventions for both refugees and host communities.

Health is also part of the reform plan of Jordan Vision 2025, the strategic plan that provides a 10-year framework for guiding Jordan's development. Health is also mentioned as a priority sector in the EU-Jordan "Compact".

Challenges

Evolution of Syrian access to MoH facilities. Up to 2013, Syrian refugees registered with the UNHCR had free access to MoH facilities. During 2014-2016, Syrian refugees treated at MoH facilities were required to pay the token co-payments similar to insured Jordanians. In 2017, they were charged “affordable price”, similar to uninsured Jordanian. Starting in 2018, they were required to pay 80% of the “unified price”, closer to the price charged to other foreigners. In 2019, and thanks to the support provided by the international community to the health sector through the multi-donor health account, as well as the World Bank and EUTF, the policy was reversed back to “affordable price”. Specific mother and child health interventions and vaccination have nonetheless always been provided free-of-charge.

Demographic evolution (progressive population aging) and epidemiological transition (increasing incidence and prevalence of NCD, which is becoming the leading cause of mortality and disease burden both for Syrians and Jordanians, and of mental health problems and disability) create new challenges for the health System. As defined by WHO, NCD include cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases, diabetes, and mental health problems. NCD represent the greatest cause of death in Jordan (almost 80%), causing suffering to thousands of people and a huge social cost. In low-resource settings, health-care costs for NCD quickly drain household resources. High impact essential NCD interventions can be delivered through a primary health care approach to strengthen early detection and timely preventive treatment. Evidence shows that such interventions are excellent economic investments because, if provided early to patients, they can reduce the need for more expensive treatment like hospital admissions.

Experience shows that some of the health programs, such as diabetes, or cancer, pivoted from national centres, have had an uneven implementation in the country. Sometimes there are redundant initiatives in relation to a strategy. Some actions are led by non-governmental organizations or international organizations, without always guaranteeing that the ‘know-how’ generated by such action is consolidated in the MoH management structures. On other occasions, there is a discontinuity, which reduces adherence to the programs and generates inefficiencies. The information systems are also unequal, sometimes they are not interoperable and, sometimes, the MoH does not have the capacity to exploit the databases to their full potential.

Mental health is a recurrent issue in the vulnerability assessment of refugees (UNHCR, 2019). This is unsurprising given the life challenges refugees face as well as their exposure to trauma. Young and in particular student refugees ask in particular for psychosocial and mental health support among their priority needs (UNICEF, 2019). As far as the health system is concerned, it is also stated that many mental health and neurological conditions could also be addressed in a more cost-effective manner if these services were integrated with the primary healthcare network.

The proposed activities take advantage of what has already been done or is being implemented in the country. It is about strengthening staff training, process implementation methodology and evaluation, with the purpose of achieving a greater impact on the population as a whole, and on the selected populations. The approach is not to design new strategies. It involves applying interventions that have proven cost-effective and create internal change dynamics, and continuous improvement processes.

There is a current decentralization initiative in the health sector as part of the comprehensive reform process led by the King of Jordan, aiming at broadening responsibility of local administrations and increasing citizens' participation and empowerment. The election of 2017 resulted in the formation of 12 Governorate Councils that should prepare strategic and executive plans, and related budget. The MoH strategy (2018-22) includes objectives to implement decentralization in health institutions. One of the critical steps of the roadmap to achieve the MoH strategic objective is building institutional and individual capacities regarding administrative and fiscal at decentralized level. The present intervention will support the ongoing process through technical assistance and improvement of primary healthcare services.

2.3. Lessons learnt

The main recommendations of the Sector Evaluation of EU Trust Fund Syria health portfolio (draft January 2020), are the following:

- An exit strategy should be considered for the future of each country.
- Actively promote/support design synergies and complementarities through existing forums.
- Projects should develop sustainability plans that realistically lay out measures for ensuring EUTF results survive after the current EUTF financing has ended.
- Definitive guidance to Implementing Partners should be given on how to promote EUTF health projects taking fully into account the local sensitivities about providing support to Syrian refugees.

The conclusions and recommendations from a Results Oriented Monitoring (ROM) mission of another EUTF relevant project intervening in the health sector "Addressing Vulnerabilities of Refugees and Host Communities in Five Countries Affected by the Syria Crisis" implemented by the Danish Red Cross led consortium, offers additional learning from the health sector:

- Increased knowledge and active participation in community projects will enhance the role of women. Training modules aim to build the confidence of the participants, men and women alike.
- The health education and hygiene promotion activities are sustainable because they increase knowledge of the beneficiaries to take care of their own health.
- Sustainability of the community projects is guaranteed by the participatory approach and through the MoU with the municipalities.
- An ideal health system invests in prevention and not only in cure.

Different strategies have been developed for NCD, as well as clinical guidelines and protocols. Jordan also signed the WHO Framework Convention on Tobacco Control and has developed numerous initiatives to combat this health risk.

2.4. Complementary actions

The EUTF supports actions in the health sector in order to: a) improve healthcare infrastructure and access for Syrians to public health services¹, in particular by expansion, rehabilitation and equipment of the emergency departments in the three public facilities of Jamil Tutunji Hospital in the Sahab district of Amman, Al Ramtha Hospital in Irbid, and Al Ruweished Hospital in Al Mafraq. MoH will be provided with three fully equipped ambulances in order to insure safe transportation of patients; b) expand awareness campaigns, health education, and outreach programs (including distribution of hygiene kits) in host communities most affected by the Syrian crisis²; and c) guarantee access of all the population in country to the MoH routine vaccination programme³, by providing vaccines, 10 cars for the outreach programme "Reach Every District", and health awareness campaigns. The EU's funding of the costs of "vaccinations for all" will free budget for the GoJ to fund other priorities.⁴

The EU is and has been supporting different humanitarian actions in relation to the impact of the Syrian crisis in the health sector through ECHO, in particular cash for health (reimbursement of expenses) in host communities for those in need, which is critical to overcome the affordability barriers to health services, and focusing on maternal and reproductive health; hospitals in camps (2) and host community (1); addressing sexual reproductive health and Gender Based Violence (GBV)⁵ (UNFPA project ended); ad hoc filling gaps in immunizations; lifesaving medico-surgical care for children and young people (living with cardiac and orthopaedic impairments); lifesaving health and nutrition; and WASH services for children and women (at north border). ECHO subsidised services, like hospitals services, are free of charge. There is no overlap with ECHO on interventions on NCD.

The present action covers the humanitarian and development nexus, as highlighted within the Joint Humanitarian Development Framework (JHDF 2018 Amman workshop), considering in particular the reduction of the humanitarian financial support by ECHO.

Health is not a focus sector of the EU response in Jordan under the EU-Jordan Single Support Framework, but became one of the priority sectors for Jordan due to the response to the Syria crisis as mentioned in the JRP, the JPP, the "Compact", and at the "Brussels II" Conference on "Supporting the future of Syria and the region". Inclusion of health in the monitoring report supporting the preparation of the last Brussels III Conference in March 2019 was considered a positive development⁶.

AECID has supported UNRWA for the delivery of primary health care Services through UNRWA PHC Clinics, as well as Spanish INGO providing reproductive and sexual health services and physiotherapy and psychological support for persons with disabilities. Additionally AECID has formulated a bilateral intervention to support the MoH to foster public health system management and decentralization of MoH management and services.

¹ "Expanding and Equipping Ministry of Health facilities impacted by the Syrian crisis in Jordan" implemented by UNOPS

² "Addressing Vulnerabilities of Refugees and Host Communities in Five Countries Affected by the Syria Crisis" implemented by the Danish Red Cross

³ "EUTF Jordan health programme for Syrian refugees and vulnerable Jordanians" implemented by WHO

⁴ Independent Monitor assessment report, Jordan Compact and Brussels meetings, Agulhas September 2019

⁵ UNFPA, supported by ECHO addresses the issue of SGBV, reporting the number of case management as 1,500 from April 2018 and September 2019. In 2018 cases out of camps were included, in 2019 cases are referring only to Zatari camp.

Intersos, INGO also supported by ECHO, reported management of 143 cases of survivors out of camps, mainly in Amman area, from July 2018 to March 2019. These numbers are considered only the top the iceberg, as the magnitude is expected to be much higher.

⁶ Independent Monitor assessment report, Jordan Compact and Brussels meetings, Agulhas September 2019

This intervention will be financed under AECID's 2020 budget and is complementary to the present intervention.

USAID plays an important role in supporting the health care system in Jordan through different projects, such as the Health Financing and Governance Project (HFGP), the survey on NCD (with WHO), the impulse to the creation of the Multi Donor Account (see below), the Electronic Reporting System (IERS) which is an epidemiological surveillance system, a program of healthy eating habits, an evaluation of the use of services in primary health care, and others. Moreover, the HFGP is providing a long-term and strategic support to the MoH and the health system in general to build up sustainability and resilience to achieve universal health coverage; on one hand, increasing the spending efficiency of public resources (financial sustainability of public health services with a current public debt of JOD 442 million) and, on the other hand, strengthening health sector governance (correcting structural and system-related weaknesses).

A Multi Donor Account (MDA) -including the United States, Denmark, Canada and Qatar- has been created with the purpose of supporting the government to provide health services to Syrian refugees and the vulnerable Jordanian population. The donors contributing to the MDA participate in the Jordan Health Development Partner Forum (JHDPF). The multi-donor account on education provides lessons learned for the implementation of the health interventions. The main achievement of setting the MDA has been the reverse of the health policy for Syrians.

The World Bank is currently implementing the Jordan Emergency Health Program (JEHP) Additional financing (second phase), supported through the Jordan Health Fund for Refugees (the EU also contributes to the Fund). The JEHP addresses also Syrian refugees and vulnerable Jordanians and is complementary to the present intervention. The World Bank through different loans and financial support also assists the MoH to advance universal health coverage. Their studies and programs are of great utility to improve the understanding of the problems of the sector and to design coordinated solutions.

The WHO also plays an important role in supporting the GoJ for the design of health strategies and programs, as well as for the conduct of studies and the implementation of various interventions. This project will take into account the recommendations and guidelines of the WHO to achieve maximum use of the resources invested.

The Royal Health Awareness Society supports the development of initiatives to raise awareness, prevent and promote community health in NCD and risk factors; citizen associations actively participate in health promotion.

This action has been prepared in full collaboration with the MoH, seeking synergies with initiatives supported by different entities, and discussed with MoPIC. Specific coordination meetings took place with WHO, WB, USAID, and members of the MDA. The main elements of the present intervention have been presented and shared with the Jordan Health Development Partner Forum (JHDPF), with the EU Member States (MS) at the monthly Development and Humanitarian Assistance Group (DHAG) meeting, and with a representative of the Netherlands in Jordan, in order to avoid duplication. The donors have been very positive toward the proposed intervention, which is filling important gaps.

2.5. Donor co-ordination

The Jordan Health Development Partner Forum (JHDPF), led by the MoH through the High Health Council, with USAID and WHO as co-chair, coordinates various multilateral and bilateral actors in the development of the Health sector (among which the EUTF, AECID and the World Bank). The JHDPF is the main body for coordinating the present action. The main elements of the present action have been presented to the JHDPF who welcomed the intervention addressing MoH priorities (PHC, NCD, development of human capacity) not yet covered by the international community.

Donor coordination in relation to the response to the Syrian crisis is carried out through the MoPIC, which leads all aspects related to the implementation of the JRP. Within the JRP, the Health Sector Task Force is formed by the MoH, USAID, WHO (with UNHCR, UNICEF and UNFPA as co-leaders) and aims to yearly update the JRP. The EU Delegation and ECHO participate in the Health Task Force advocating for the support to the Syrian refugees. The present intervention will be embedded in the "resilience pillar" of the JRP.

During the implementation of the action, the EU and AECID will actively exchange with the donors of "Jordan Health Development Partner Forum", with the MDA and, through policy dialogue, with MoH. It is also worthwhile noting that the MoH will soon be endowed with a Coordination Unit for donors' programs, to increase synergies between them and contribute to the strengthening of the public health system and its medium and long-term sustainability. This coordination Unit will be supported by the MDA and the JEHP (World Bank). It will be set up on the model of the coordination unit of the Ministry of Education, with the functions of being a reference contact for donors, coordinating donors' interventions, providing data and information, and reporting, amongst others.

3. DETAILED DESCRIPTION

3.1. Objectives/Expected Results

The **Overall Objective** is to contribute to the improvement of the health of Syrian refugees and Jordanians through improved prevention and access to strengthened primary health care services for NCD.

The **Specific Objective** of the action is to improve accessibility, cost efficiency and effectiveness of public primary healthcare (PHC) services in order to respond to the additional pressure on the health system due to the presence of Syrian refugees; and to the increase of NCD among Syrian refugees and host communities, notably in the three targeted governorates of Mafraq, Tafilah and Ajlun.

The section will focus on supporting the efficiency of PHC public services to increase the health system capacity to respond to additional population in the country. Complementary actions will include the areas of prevention, early diagnosis, detection, preventive treatment, follow-up, monitoring and surveillance of NCD. Through this action medical protocols and guidelines will be updated or created; medical staff and doctors will be trained for better performance; programs on prevention and attention of NCD will be expanded and upgraded; and the processes as well as material equipment and physical conditions of the PHCs in Mafraq, Ajlun and Tafilah will be improved.

The three governorates have been prioritized by the MoH considering, on one hand, the impact that the improvement in the provision of services may have on the Syrian refugee population and, on the other hand, the territorial balance in the interventions under the JRP that the GoJ has been requesting. Mafraq has been selected because it is an area with high concentration of Syrian refugees, and AECID is already engaged there with other interventions. The governorate of Ajlun has been included because is also affected by the influx of Syrian refugees and due to previous experience gained by the health directorate in a project funded by USAID on improvement in prevention and surveillance of NCD. Specific attention needs to be devoted to the southern part of the country, where Tafilah is located, which has different demographic characteristics and faces significant development and inclusion challenges.

To ensure that the **activities are effective for the Syrian** population residing in these regions, **specific measures** will be taken. The survey on the quality of services will capture the opinion of Syrians and their specific barriers in access to health; the Healthy School Initiative will directly address young Syrians health needs including mental health; and community participation and empowerment will be fostered, key to achieve healthier communities. Awareness campaigns will be a major opportunity to involve Syrians in their implementation (for instance, families' home support or patients' groups). Additional targeting activities could be added, also considering the specificities and culture of the refugee population.

Taking into account recent legislative reforms, local actors and deconcentrated Units of MoH, such as the Directorates of Health at governorate level, play an upgraded role in the prioritization of investments to improve health services in their territories, specially related to PHC. Consequently, the action will support the implementation of the *Roadmap for Decentralization of the Ministry of Health* that has been defined to implement decentralization following the MoH strategic plan 2018-2022, **with the aim of approaching needs assessment and investment decisions in the health sector to the citizens and in particular to vulnerable groups.**

Expected Results are:

Result 1. The capacity of MoH PHC services in screening, early treatment, monitoring and surveillance of NCD has expanded.

Outputs related to Result 1:

1.1. National protocols / clinical guidelines for NCD and Mental Health at PHC level have been developed and/or updated, including gender approach.

1.2. National registries and surveillance mechanisms for NCD have been strengthened and expanded.

1.3. Health professionals (M/F) of MoH have participated in training and awareness activities focused on prevention, and management of NCD as well as promotion of physical and mental health and address in particular the specific challenges faced by the Syrian refugees.

1.4. Institutional and individual capacities of MoH, Health Directorates, local authorities and Health Community Committees in decentralized needs assessment, planning and budgeting have been strengthened.

Result 2. PHC centres in the governorates of Ajlun, Mafraq and Tafilah have improved their physical infrastructure, equipment and general management processes, offering conditions for improving the access of Syrian refugees and vulnerable Jordanians.

Outputs related to Result 2:

- 2.1. Light rehabilitation/refurbishment/maintenance, equipment and supplies of each of the PHC centres in the targeted governorates has been assessed and upgraded or refurbished, where needed.
- 2.2. PHC centres in the targeted governorates have the necessary IT equipment to carry out an integrated clinical, economic and administrative management.
- 2.3. Surveys on perceived patient's satisfaction related to the Health system are carried out in the targeted governorates and the opinion of Syrian refugees and their needs are taken into consideration.

Result 3. Participation of targeted beneficiaries in prevention of non-communicable diseases, promotion of physical and mental health and social support have been strengthened through raising awareness and engagement with patients, families, Health Community Committees and Community Based Organizations.

Outputs related to Result 3:

- 3.1. Awareness and education campaigns as well as activities on NCD, mental health and risk factors are rolled out at national and governorate level, considering in particular specific needs and barriers of access faced by Syrian refugees, women and vulnerable Jordanians.
- 3.2. Patients, families, CBOs and HCCs in the selected governorates play an active role in prevention, health promotion and management of NCD and mental health, including Syrian refugees.

All the following activities are expected to have an impact on the quality of health services, although it is not the primary goal. Nevertheless, the standardization of health care, rehabilitation of health facilities, and integration of services should contribute to a better delivery of health.

An indicative log frame reflecting all of the above is included in Annex 1.

3.2. Activities

The envisaged activities are:

R 1. The capacity of MoH PHV services in screening, early treatment, monitoring and surveillance of NVD, has expanded.

The action will support the MoH, in collaboration with other relevant institutions, in the design, update, implementation and evaluation of agreed protocols and guidelines for NCD and mental health with a focus on PHC. The activity includes technical assistance, seminars, consensus groups, publication and dissemination of protocols.

Over the past years, the MoH has implemented a surveillance system for NCD: Interactive Electronic Reporting System (IERS). This information system has proved to be useful for health authorities and health professionals in order to monitor NCD and risk factors. The action will provide support to IERS, training of personnel, updated equipment (IT support), and preparation of reports and evaluations based on the information.

The needs for continuous training of health personnel, in clinical, management, and communication aspects, with special emphasis on NCD, will be reviewed.

Training on the mental health tools aimed to bridge the mental health gap by integrating mental health services into primary health care centres is foreseen. This activity will in particular focus on the specific needs of the Syrian refugee population. Specific needs of women in this field will be considered as well.

Training on a comprehensive and inclusive public health approach will be worked out with medical staff at PHC level with an emphasis on Syrian refugees and on a gender perspective. Situation and challenges faced by Syrian refugees as part of the community will be tackled during these activities.

The NCD-clinics program, promoted by the MoH, aims to ensure that in all PHC Centres a control of different parameters, related to NCD to achieve an early diagnosis, and prevention of complications is in place. Through this program, supported by the present intervention, awareness and health education actions will be carried out.

Awareness program, training and advocacy on risk factors like tobacco consumption among physicians and health personnel (M/F) will be implemented in the three governorates as key aspect of tobacco control use.

The Executive Plan for Reform of the Health Sector in the Kingdom 2018-2022 includes various activities related to screening programs. The present action will financially support MoH for the expansion and update of the breast cancer-screening program. Specific actions to encourage Syrian refugee women to be screened would be designed and implemented.

To improve institutional and individual capacities of MoH, Health Directorates, local authorities and Health Community Committees in decentralized needs assessment, planning and budgeting is a priority. Staff from the MoH central level as well as members of the Governorate Councils and other local bodies that participate in the Health Committee will be trained to develop knowledge and skills needed to manage a more decentralized model, mainly in needs assessment, strategic planning and budgeting. In the case of the Health Directorate of Mafraq, some specific measures will be agreed to reinforce their capacity to promote and monitor the access of Syrian refugees to the PHC centres under its management.

R.2. PHC centres in the governorates of Ajlun, Mafraq and Tafilah have improved their physical infrastructure, equipment and general management processes, offering conditions for improving the access of Syrian refugees and vulnerable Jordanians.

The access to health services depends on various factors. Two of them are the premises, and equipment offering adequate working conditions, safety and comfortable spaces for patients. The action will provide support to the MoH for light refurbishment, maintenance and rehabilitation of PHC centres in order for all of them to reach the desired standards. Likewise, training programs necessary for the safe and effective use of the acquired equipment will be developed. In the inception phase, the proposals submitted by the MoH will be validated and updated.

The WHO Assessment of the Jordanian Health Information System report assesses positively the current Health medical records program in place and makes some improvement proposals. The Hakeem program is an electronic health record system that began to be implemented in 2009. This intervention will offer support to the MoH to expand and complete the system.

R.3. Participation of targeted beneficiaries in prevention of NCD, promotion of physical and mental health and social support has been strengthened through raising awareness and engagement with patients, families, Health Community Committees and community based organisations.

Prevention of NCD morbidity means changing life habits that become risk factors. Under this intervention, it is planned to develop and implement national and local awareness campaigns for NCD. The awareness campaigns will also address mental health.

Based on the experience of the MoH and other institutions and organizations, the intervention will provide financial and technical support to implement the campaigns. This includes mass media campaigns at national level, raising awareness activities at a local level and actions addressed to Syrian refugees living in these areas to inform and promote their access⁷, in general, to MoH PHC centres and specifically in the field of prevention and care of NCD. The awareness campaigns are considered an entry point for actively involving and seeking participation of the Syrian community and women.

The Healthy Community Clinic (HCC) is a community-based MoH health program launched in 2011 by the Royal Health Awareness Society (RHAS) in partnership with the MoH. The program aims to build the capacity of participating health centres to provide better preventive services to lower the incidence of chronic diseases. The present action will support the expansion of this program in the targeted governorates.

Furthermore, the Healthy Schools Initiative, currently undertaken under an agreement among RHAS, MoH and Ministry of Education, aimed to develop healthy behaviours among children will be expanded with the support of this intervention. The activity includes training of teachers, education materials and tools, tobacco control, hygiene, nutrition and physical activity promotion, and mental health. Some of these activities should focus on the specific mental health needs that Syrian refugees are facing due to traumatic experiences and protracted displacement. CBO’s created by Syrian refugees or in which Syrian refugees are actively participating will be identified and supported as a way to reach those most vulnerable and isolated.

Finally, an activity where the MoH will receive support through the action is carrying out governorate satisfaction surveys among patients and professionals. These studies are important to assess the perceived quality of primary care, detect possibilities for improvement and make proposals. Specific selection of Syrian refugees must be guaranteed in the sample for a better understanding of the specific barriers they still face to access these services.

3.3. Risks and assumptions

The main risks are:

Risks	Risk level	Mitigating measures

⁷ Recommendation of the Independent Monitor assessment report, Jordan Compact and Brussels meetings, Agulas September 2019

	(H/M/L)	
Public budgetary issues might lead to a reduction of public health spending, lowering coverage and increasing co-payments.	Medium	While the recovery of the national economy and regional geopolitical stability is achieved, strengthening coverage, access and quality with the support of international donors. Policy dialogue through the donors coordination group.
Reduction of health personnel in public centres.	Low	The intervention will improve the training and capacity of PHC staff in order to increase attraction and motivation for the public services.
Reduction of donor contributions.	Low	Improve coordination between donors, MoH and MoPIC and maintain the attention of donor countries on Syrian crisis through active participation to the donors "Jordan Health Development Partner Forum", close coordination with the MDA, and policy dialogue on the course the intervention's implementation.
Lack of financial support from donors to UNRWA.	High	UNRWA provides primary health care to more than 2 million Palestinians in Jordan. In order to maintain their funding, donors' attention and interest to be maintained on the need to continue this program. Improve coordination and long-term planning among donors and between donors and UNRWA.

The assumptions for the success of the project and its implementation include:

- Full political support from the local stakeholders.
- A firm commitment between the parties and institutions involved mainly the different units and managers of the MoH, to ensure the success of the project in accordance with the priorities and objectives set in the scope of the NCD and Primary Health Care.
- Stable financing of PHC services.

Mitigating measures have been considered, including:

- Implementing partners will be requested to address identified risks to ensure their mitigation.
- Coordination between MoH and the implementing partners.

3.4. Cross-cutting issues

The project takes into account relevant factors such as human rights, gender, and equal access to health care irrespectively of nationality, social class or disability. The project will identify the specific needs of vulnerable people in order to prioritize equity for these groups.

Special attention will be given to gender in the different activities; risk factors and causes of NCD among women and men will be analysed and taken in consideration, including challenges on access to the health system, which has gender specificity related to social and cultural aspects of the communities. Specific activities addressing women are early detection of breast cancer through screening, prevention, assessment and referral of GBV cases at PHC, including Child Protection. Local women associations will be involved in order to contribute to the implementation of the awareness campaign, assuring cultural sensitiveness and other specific factors affecting women access to public health services.

The "Vulnerability Assessment Framework"⁸, related to a sample of Syrian population, pointed out that there is a positive relationship between medical expenditure per capita and a proportion of female in a case. This could indicate that household with a higher ratio of female members are more likely to access health services.

The procurement of equipment and the refurbishment of the PHC clinics will take in consideration appropriate technology and materials in the respect of environment.

The rehabilitation of PHC clinics will assure also the physical accessibility of the infrastructures for disabled people. The "Vulnerability Assessment Framework"⁹, indicates that 21% of the population report having at least one disability: there is a financial penalty on having a disability or medical condition; increase expenditure for doctor and pharmacy erode the household assets and increase bad coping mechanisms.

Strengthening the health system will make it more resilient, in particular for present and future crisis.

3.5. Stakeholders

The primary stakeholders of this proposed action are:

- **Syrian refugees and host communities:** the population is the main actor in the development of the activities included in this Action Document.
- **MoH, MoPIC, Health Directorates:** this action aims to strengthen the expertise of these stakeholders.

⁸ Population Study 2019, UNHCR, ILO, AAH

⁹ Population Study 2019, UNHCR, ILO, AAH

- **Civil society organizations:** women's associations, patient associations (Jordanians and Syrians alike), and other entities, would play active role in the development and implementation of some of the activities proposed in this Action Document, such as prevention, health promotion and social support.
- **The High Health Council:** the High Health Council (HHC), chaired by the MoH, has played and still plays a very important role in the design of health policies and the development of health strategies. It consists of a platform of all sectors related to health, various Ministries and professional associations. HHC support will be necessary for the implementation of the Action Document.
- **Health professionals:** health professionals, their professional associations, scientific societies, hospital associations and health centres, are major agents in the realization of policies and the implementation of health services. Their collaboration and active involvement will be necessary to succeed in the development of this project.
- **Relevant National Institutions** related to this intervention: King Hussein Cancer Centre, the National Centre for Diabetes Endocrinology and Genetics, the Royal Health Awareness Society, Jordan NCD Alliance, etc., taking advantage of their experiences and their knowledge of barriers and opportunities is essential for the best use of the resources committed in the Action Document.
- **Development partners** (WHO, WB, USAID, MDA, UN agencies) for their key role in the health sector, in particular for synergies in interventions.

4. IMPLEMENTATION ISSUES

4.1. Financing agreement, if relevant

In order to implement this action, it is not foreseen to conclude a financing agreement with the Government of the partner countries. The envisaged assistance is deemed to follow the conditions and procedures set out by the restrictive measures pursuant Article 251 TFEU.

4.2. Indicative operational implementation period

The indicative operational implementation period of this action, during which the activities described in section 3.2 will be carried out is 36 months. Implementation can only be until 14 December 2023. A possible extension of the implementation period may be decided by the relevant Authorising Officer by Sub-Delegation (AOSD), and immediately communicated to the Operational Board.

4.3. Implementation components and modules

Indirect management with AECID.

This action may be implemented in indirect management with AECID, the Spanish Agency for International Development Cooperation, (FR 2018/1046 Art. 62.11). This implementation entails:

- Contributing to increased access to more efficient public primary health care services for refugees and vulnerable Jordanians.

The envisaged entity has been selected using the following criteria:

AECID plans to engage in the health sector in Jordan, in particular by providing technical assistance to the MoH, and following discussions with the EU Delegation (EUD) in Jordan in particular to address NCD at PHC level in line with the Government and MoH priority as well

public health priority concerning both Jordanians and Syrians. The MoH requested also to frame the intervention within the decentralization process that the GoJ and MoH aim to implement. Furthermore, MoH is very interested in adapting the effective Spanish model to the needs of the ongoing decentralisation of the Health sector in Jordan, using the proposed action as pilot. The intervention will contribute to develop a model that can be applied nationally in Jordan.

AECID will sign a Memorandum of Understanding (MoU) with MoH, committing itself to a long-term support to the process initiated by the present action. In this sense AECID represents a critical aspect of sustainability for the present action and the exit strategy for the EU engagement on the health sector in Jordan (as Delegation and as TF). AECID has experience in the health sector in Jordan and is planning to implement in 2020 a pilot project of TA complementary to the present intervention. Furthermore, AECID has:

- Strong and longstanding partnership of trust and mutual accountability with the Government of Jordan and national stakeholders;
- Resource mobilization capacity, both for the national priorities of the Government and for the Syrian crisis platforms (3RP and JRP)
- Strong technical assistance and capacity development programmes as well as strategic coordination capabilities; and AECID is:
- Actively participating to the donors' coordination working group with MoH.
- Pillar-assessed Member State agency eligible for a Contribution Agreement.
- Already implementing partner of EUTF in Jordan.

AECID is the preferred implementing partner based on the above criteria.

4.4. Indicative budget

Component*	Amount in EUR
Indirect management, preferably with Spanish Agency for International Development Cooperation (AECID)	22,000,000
Total	22,000,000

* Communication and visibility funds will be included in the various components

4.5 Performance monitoring.

Monitoring shall be ensured primarily through EU Delegations (EUD) in country and in particular with the assistance of specific EUTF field and liaison officers posted within the EUD. In addition, the EUTF has an independent Monitoring and Evaluation (M&E) exercise to accompany all Fund programmes and ensure that targets are met and lessons learnt can be incorporated into other EUTF actions.

The purpose of the EUTF M&E Framework is to assess, across various levels, the degree to which the overall objective of the EUTF has been achieved. Partners implementing this action will comply with the *ad hoc* M&E Framework developed for the EUTF as well as with the reporting requirements and tools being developed by the EUTF.

The implementing partner shall establish a permanent internal, technical and financial monitoring system for the action and elaborate regular progress reports and final reports.

The European Commission (EC) may undertake additional project monitoring visits both through its own staff and through independent consultants recruited directly by the EC for independent monitoring reviews (or recruited by the responsible agent contracted by the EC for implementing such reviews).

The M&E exercises noted above will represent milestones in the implementation of the activities. These regular assessments will constitute a basis for a possible decision of suspension or revision of activities, should the conditions on the ground not allow for their proper implementation.

4.6 Evaluation and audit.

Overall, evaluation of the EUTF is mandated by the Constitutive Agreement of the Fund (article 13): *“The Trust Fund and the Actions financed by it will be subject to the evaluation rules applicable to EU external programmes, in order to ensure the respect of the principles of economy, efficiency and effectiveness.”* Detailed provisions for the Evaluation of EUTF-funded actions are defined by the strategy for portfolio evaluations.

To support the fulfilment of the mandate of the EUTF reinforcing the EUTF capacity to bring a change in the cooperation area, the projects will carry out a number of evaluations.

Projects should carry out a final evaluation, and one external audit per year. A mid-term evaluation may also be considered. Whenever possible, evaluations will be jointly carried out by partners.

If necessary, *ad hoc* audits or expenditure verification assignments could be contracted by the European Commission for one or several contracts or agreements.

Audits and expenditure verification assignments will be carried out in conformity with the risk analysis in the frame of the yearly Audit Plan exercise conducted by the EC. Evaluation and audit assignments will be implemented through service contracts; making use of one of the EC's dedicated framework contracts or alternatively through the competitive negotiated procedure or the single tender procedure.

4.7 Communication and visibility

Communication and visibility of the EU is a legal obligation for all external actions funded by the EU. Beneficiaries, host communities and administrations in Syria's neighbouring countries, the European public, EU MS and other stakeholders of the EUTF need to be informed about the EU's efforts as the leading donor in the Syria crisis response. Insufficient visibility of the EU's actions weakens the EU's political traction in the region and its standing in Europe. Unsatisfactory recognition of knowledge of EU assistance also has a potential to negatively affect the EU's political efforts to resolve the Syria crisis and its future role in a post-peace agreement transition.

Communication and visibility is an important part of all EUTF Syria programmes and must be

factored in to underline the programme's importance at all stages of the planning and implementation. Each implementer is required to draw up a comprehensive visibility, communication and outreach plan for their respective target country/community, and submit a copy for approval to the EUTF Communication and Outreach Lead. The related costs will be covered by the project budgets. The implementing consortium/ia, and/or contractors, and/or grant beneficiaries shall implemented the measures. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The global objective of the EUTF communication and visibility campaigns, and hence of the implementing partner, is to improve recognition, public awareness and visibility of the comprehensive and joint EU efforts to effectively address the consequences of the Syrian and Iraqi crises. This should be done by highlighting the action's real-life impact and results among defined target audiences in the affected region but also vis-à-vis the general public, donors and stakeholders in the EU MS.

Within the context of this protracted crisis, it is increasingly important to strategically communicate the sustainability of the project's impact and the EU support, highlighting that the action also helps strengthen the host countries' national public service delivery systems and infrastructures beyond the current crisis.

The Communication and Visibility Manual for European Union External Action together with specific requirements for the EUTF serve as a reference for the Communication and Visibility Plan of the action and the relevant contractual obligations. According to the EUTF Syria's Visibility and Communications strategy, all communication and outreach campaigns must be evidence-based, people-oriented and easily understandable. Regional outreach and communication must be conflict sensitive, strategic, do no harm and mindful of the differentiation in messaging for beneficiaries and stakeholders in each country of operation of the action. The campaigns must place the beneficiaries at the centre and thus ensure adequate ownership. Messaging should have a human face, be empathic, honest, transparent, direct, unambiguous, neutral and conducive to a highly sensitive human and political environment, in addition to being gender-sensitive and gender-balanced.

Furthermore, campaigns should also include components of participatory and engaging communication, where the beneficiary becomes a key actor. This will support the EUTF Syria's programmes in promoting social cohesion, inclusion, dialogue and help mitigate tensions and misperceptions between refugee and host communities.

(1) ANNEX 1 - INDICATIVE LOGFRAME MATRIX (max. 2 pages)

The indicative logframe matrix will evolve during the lifetime of the action and can be revised as necessary: The activities, the expected outputs and related indicators, targets and baselines included in the logframe matrix are indicative and may be updated during the implementation of the Action, no amendment being required to the financing decision. The logframe matrix should be used for monitoring and reporting purposes: new lines will be added for including baselines / targets for each indicator at contracting or inception stage new columns may be added to set intermediary targets (milestones) for the output and outcome indicators whenever it is relevant, as well as to regularly update values (“current value”) for reporting purpose. The inception report should include the complete logframe (e.g. including baselines/targets). Progress reports should provide an updated logframe with current values for each indicator. The final report should enclose the logframe with baseline and final values for each indicator. *Additional note:* The term "results" refers to the outputs, outcome(s) and impact of the Action (OECD DAC definition).

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Impact (Overall objective)	Contribute to the improvement of health of Syrian refugees and Jordanians, through improved prevention and access to strengthened PHC for NCD.	<p>1. Scoring patients' satisfaction through a satisfaction survey.</p> <p>2. Universal health coverage index (SDG 3.8.1).</p>	<p>Satisfaction survey.</p> <p>Population and Family Health Survey 2022-2023. Department of Statistics.</p> <p>Interviews/testimonies from the stakeholders involved; Final narrative and financial reports, Evaluations.</p>	Not Applicable

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Outcome(s) (Specific Objective(s))	<p>Improve accessibility, cost efficiency and effectiveness of public PHC services in order to respond to the additional pressure on the health system due to the presence of Syrian refugees and to the increase of NCD among Syrian refugees and host communities, notably in the three targeted governorates of Mafraq, Tafilah and Ajlun.</p>	<ol style="list-style-type: none"> 1. Number of PHC consultations in the three selected governorates. 2. Percentage of diagnosis and treatments following approved protocols. 3. Number of people reached through health education activities. (EUTF RF 21). 4. Number of PHC professional staff trained (EUTF RF 20). 	<p>Annual report and other reports MoH, WHO reports.</p> <p>Project reports.</p>	<p>Commitment between the parties and institutions involved to ensure the success of the project in accordance with the priorities and objectives in the field of Health education and prevention of the NCD.</p> <p>The interventions will be carried out taking into account other interventions implemented or pending by other donors for Primary Health Care</p>

	Results chain: Main expected results (maximum 10) Reference overarching framework – sector objectives	Indicators (at least one indicator per expected result)	Sources and means of verification	Assumptions
Other Results (Outputs and/or Short-term Outcomes)	<p>Result 1.PHC of NCD.</p> <p>The capacity of MoH PHC services in NCD over screening, early treatment, monitoring and surveillance, has expanded.</p> <p>Result 2. PHC centres in the governorates of Ajlun, Mafraq and Tafilah have improved their physical infrastructure, equipment and general management processes, offering conditions for improving the access of Syrian refugees and vulnerable Jordanians.</p> <p>Result 3. Participation of targeted beneficiaries in prevention of NCD and promotion of physical and mental health, and social support has been strengthened through raising awareness and engagement with patients, families, Health Community Committees and community based organisations.</p>	<p>1.1 Number of clinical protocols and guidelines enhanced and implemented in the centres in relation to NCDs and mental health.</p> <p>1.2. Number of women screened on breast cancer.</p> <p>1.3. Number of Number of governorate staff capacitated.</p> <p>1.4. Number of PHC centres with NCD protocols implemented</p> <p>1.5 Number of mental health cases identified by PHCs in the targeted governorates.</p> <p>2.1 Number of PHC centres in Mafraq, Ajlun and Tafilah using clinical and economic-administrative computerized management systems (EUTF RF 23).</p> <p>2.2 Number of primary care centres medically equipped (EUTF RF 22).</p> <p>2.3 Patients’ satisfaction score with services received at PHC level.</p> <p>2.4 Number of referrals from health to social services.</p> <p>3.1. Proportion of CBOs and Community Committees integrating Syrians 3.2. Number of Number of entities (HCC or CBOs) reached by the prevention awareness raising; 3.3. Proportion of population acknowledging familiarity with awareness messages.</p>	<p>Annual report and other reports MoH, WHO reports Project reports.</p> <p>Satisfaction survey.</p> <p>Project reports.</p> <p>Ex-ante, ex-post survey measuring the impact of the awareness raising and education campaigns.</p>	<p>Commitment between the parties and institutions involved to ensure the success of the project in accordance with the priorities and objectives in the field of Health education and prevention of the NCD.</p> <p>The interventions will be carried out taking into account other interventions implemented or pending by other donors for Primary Health Care.</p>

