

**Action Document for the EU Regional Trust Fund in Response to the Syrian crisis to be used for the decisions of the Operational Board**

**1. IDENTIFICATION**

<b>Title/Number</b>	EUTF Jordan Health programme for Syrian refugees and vulnerable Jordanians.		
<b>Total cost</b>	Total estimated cost: EUR 43,000,000 Total amount drawn from the Trust Fund: EUR 43,000,000		
<b>Country</b>	JORDAN		
<b>Locations</b>	Nation-wide, with a focus on the Northern Governorates of Amman, Irbid, Mafraq, and Zarqa (accounting to 95% of Syrians refugees)		
<b>Implementing Partner <sup>(s)</sup></b>	World Health Organisation (WHO)		
<b>Main Stakeholder (s)</b>	Ministry of Health and High Health Council; Syrian refugees communities and vulnerable Jordanians		
<b>Aid method / Method of implementation</b>	Indirect management with the World Health Organisation		
<b>SDGs</b>	Sustainable development Goal 3: Good Health and Well-Being		
<b>DAC-code</b>	12220	Sector:	Basic Health Care
<b>Objectives</b>	To increase access to quality and equitable health care services for refugees and vulnerable Jordanians through health system strengthening and service delivery, in the context of the COVID-19 outbreak.		

<b>Main Activities</b>	<p><b>Area Intervention 1.</b> Procurement of Routine Immunization vaccines and supplies, four-wheel vehicles, and cold chain equipment; community awareness campaigns. Support COVID-19 preparedness and response capacity according to the Pillars of National Preparedness and Response COVID-19 Plan to prevent and control the spreading of the disease (support surged capacity including: disease surveillance including for Rapid Response Teams, risk communication and community engagement, procurement of diagnostics, therapeutics and vaccines, Personal Protective Equipment, medical and laboratory equipment, supplies, scaling up of infrastructure and human resources capacities, capacity building of health professionals, sanitation and disinfection, vehicles, refurbishment and rehabilitation activities to support to the provision of essential health services).</p> <p><b>Area Intervention 2.</b> Capacity Building for MoH staff, Conducting a Health Financing Study</p>
------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

## 2. RATIONALE AND CONTEXT

### 2.1. Summary of the action and its objectives<sup>1</sup>

The “Jordan Partnership Paper” jointly developed by the Government of Jordan, the EU and the United Nations and endorsed at the Brussels Conference II in April 2018, sets the ground for this Action Document.

The Brussels Conference has opened the opportunity to confirm health as priority for Jordan; in particular, the international community and the Government of Jordan have committed to identifying and costing strategic priorities, as well as to launching programmatic coordination and cooperation modalities<sup>2</sup>.

The proposed areas of intervention are based on the needs agreed/articulated in the resilience component of the Jordan Response Plan (2018-2020) which identifies and seeks to address the needs of Syrian Refugees and vulnerable Jordanian communities and institutions affected by the crisis. The areas of intervention take also into consideration activities aiming at preparing and responding to the COVID-19 outbreak in Jordan.

Furthermore, the Ministry of Health (MoH) in cooperation with Ministry of Planning and International Cooperation (MOPIC) directly proposed the EU Syria Trust Fund to intervene in the prioritised areas of intervention.

By 2014, the number of Syrians accessing health services at MoH facilities increased at an alarming rate. Governmental facilities experienced increased pressures and shortages of hospital beds, nursing staff, and essential medications and supplies. With no budget to cover these rapidly increasing costs, the Government revised its policy on November 2014 and January 2018. Registered Syrians living outside the camps were to be charged of 80% of the standard pricing applicable to “foreigners, who paid a nominal fee for most services, except immunization and maternal health which were provided free of charge.

The second amendment to the policy was also driven by budgetary constraints. Funding was not available to continue providing services to refugees at the same rate. The impact on the new policy increased two-five fold in cost of services, essential services were no longer affordable for most refugees and Budget required for international agencies to cover refugees drastically increased.

The Action Document will contribute to decrease the Government of Jordan financial burden of health care costs for Syrian refugees and vulnerable Jordanians. Therefore, investing in the provision of priority public health areas such Vaccine-Preventable Diseases and Immunization (VPI) programme for Syrian refugees and vulnerable Jordanian would contribute to achieving UHC, improve their health status whilst strengthening the Jordanian health system. There is evidence that services for Vaccine-Preventable Diseases and Immunization (VPI) programme is cost-effective if delivered at PHC level. Intervention at PHC level, particularly in the context of Jordan, offers also the

<sup>1</sup> Please note - the objectives stated here should be coherent with those presented in the Logical Framework Matrix in annex 1 and in section 3.1

<sup>2</sup>

As stated in the paragraph 39 and 40 of the “Jordan Partnership Paper”, the Government of Jordan (GoJ), the EU and the United Nations:  
39. The international community will support the GoJ in advancing the achievements of the education sector, and appropriately applying best practice and lessons learnt to other priority sectors, in particular health and social protection.

40. In the health sector, the GoJ and international community commit to review health system approaches and develop a long-term strategy and costed action plan that is sufficiently supported. This will afford Syrian refugees equitable access to national health care systems and provide life-saving interventions to all.

opportunity to redefine models for delivery of health services in the context of migration, displacement, refugees and hard-to-reach population considering the high impact are having in Jordan. In the context of the COVID-19 outbreak, the Action Document will also support Jordan to prepare and respond to the pandemic. Furthermore the Action Document aims to “review the health system approaches and the development of a costed long-term strategy”, in line with the outcomes of the Jordan Partnership Paper” (ref. Brussels Conference 2018) by conducting an health financing study aligned with the Health Sector Reform Action Plan 2018-2022, endorsed by the Prime Minister.

The **Overall Objective** of the Action Document is therefore to increase access to quality and equitable health care services for refugees and vulnerable Jordanians through health system strengthening and service delivery, by focusing on Vaccine-Preventable Diseases and Immunization (VPI) programme. In addition, the Action Document aims to support the Ministry of Health to strengthen its capacity to prepare and respond to the COVID-19 outbreak. Furthermore, the Action Document aims to “review the health system approaches and the development of a costed long-term strategy”, in line with the outcomes of the Jordan Partnership Paper” (ref. Brussels Conference 2018) aligned with the Health Sector Reform Action Plan 2018-2022, endorsed by the Prime Minister.

Based on the analysis of the current and future needs and in accordance and in alignment with the Jordan Response Plan (2018-2020), all national health policies, and relevant country priorities, the Action Document proposes the following areas of interventions and related Specific Objectives (SO):

**Area of intervention 1:** Vaccine-Preventable Diseases and Immunization (VPI) programme, disease surveillance, and COVID-19 preparedness and response.

**SO 1:** To strengthen VPI activities at primary health care level, enhance diseases surveillance, and support COVID-19 preparedness and response, to cover the needs of Syrians refugees as well vulnerable Jordanians.

**Area of intervention 2:** Public Health Governance of health Migrant and Refugees.

**SO2:** To support the revision of the existing health systems approaches and the development of a costed and long term strategy and set up a concrete set of priorities and subset of interventions to achieve UHC living no one behind.

In line with the Overall Objective of the EU Regional Trust Fund in Response to the Syrian Crisis, (EUTF Syria) "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", the Action will contribute to the Specific Objective 4 and Result 4.1 of the current Results Framework.

This Action is also contributing to the first two of the three priorities indicated in the recently issued Joint Communication on the global EU response to the Covid-19 pandemic<sup>3</sup>, namely: (i) emergency response to the immediate health crisis and the resulting humanitarian needs; (ii) strengthen health, water and sanitation systems, as well as partners' research capacities to deal with the pandemic and their preparedness; and (iii) address the immediate social and economic consequences.

<sup>3</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/?qid=1587137884705&uri=CELEX%3A52020JC0011>

## **2.2. Context**

### ***2.2.1. Country context***

Jordan is a country classified as middle income economy. It lies at the centre of one of the most volatile regions in the world and has historically hosted sudden influxes of population from neighbouring countries seeking safety and security. Jordan has opened its borders to

Palestinians, Iraqis, and others in need (Sudanese and Yemenis for instance) many times in the recent past.

Jordan's population increased 10 folds over the last 55 years and is estimated at around 9.5 million people by the latest 2015 census, with an average household size of 4.8 persons . The majority of Jordanians live in urban cities, with 60 percent living in Amman, and the three governorates adjacent to it. The Jordanian population is also a young one, with more than half (52.2 percent) being under the age of 25, and youth (15-24 years) constituting 16 percent of the working-age population.

Jordan is one of the countries in the region most affected by the impact of the Syria war, hosting around 671 000 registered Syrian refugees. More than 77 per cent are women and children and more than 50 per cent of the Syrian population are living in Amman area and Mafrqa governorate. Approximately, 80 per cent of the refugees live outside the camps and therefore within Jordanian communities. The remaining 20 per cent is hosted mostly in the two refugee camps of Za'atari and Azraq (respectively hosting around 80 000 and 40 000 inhabitants).

The conflict in Syria and Iraq is having an important impact on the country's socioeconomic conditions. The country's community resources, infrastructure and social services have been seriously overstretched and rising rents and competition for jobs have contributed to raising tensions between refugees and host populations. Moreover, while in the country unemployment is deteriorating and reported at 18.4 per cent (with exception of female unemployment which is less than last year and it went from 33 per cent to 27.8 per cent in Q1 2018) the main current issues on the domestic front are the difficult economic and fiscal situation of the country and the lack of economic growth and related job creation.

Following the outbreak of the COVID-19, the Government of Jordan activated the Defence Law on 17 March 2020, and a nation-wide curfew was imposed on 21<sup>st</sup> March 2020 to ensure citizens' adherence to self-isolation. Curfew will remain in place at least until the end of Ramadan (last week of May 2020). One of the main challenges of the curfew is Jordan reliance in informal labor (52% of the workforce) and its sizeable small and medium-sized enterprises segment (95% of the private sector business). Jordan is likely to see in the coming months an unusual high level of unemployment, increased poverty rate and severely strained public finances.

### ***2.2.2. Sector context: policies and challenges***

The national health priorities of Jordan are outlined in several policy documents including

the National Health Sector Reform Action Plan (2018-2022), the Ministry of Health - MoH Strategy (2016-2020) and the National Health Sector Strategy (2016-2020).

Jordan is committed to the 2030 Sustainable Development Agenda and in achieving Universal Health Coverage (UHC) to leaving no one behind. Health is also part of the reform plan of Jordan Vision 2025, the strategic plan which provides a 10-year framework for guiding Jordan's development<sup>4,5</sup>.

Achieving Universal Health Coverage is critical to ensure financial protection against disadvantageous/increasing health expenditure. Therefore, investing on Primary Health Care (PHC) will increase access to health services and deliver cost effective interventions to the whole population contributing to gradually decreasing health expenditure.

To note is that strategically, Jordan recently signed two important UHC Partnership Agreements: the EU-LUX-WHO UHC Framework Agreement (December 2017) and the WB-WHO UHC2030 Compact. Both UHC partnerships signed with MoH focus on strengthening PHC and adopting the 'Health in All Policies' approach. Overall around 55 percent of the population in Jordan is covered by health insurance, while the percentage for Jordanians is 68 percent. Economic participation rates vary between males and females, noting that 71 percent of males are economically active, compared to only 21 percent for females<sup>6</sup>.

The Ministry of Health (MoH) in Jordan is the main steward in the health sector and the High Health Council (HHC) has a role of policy coordination between ministries and other major stakeholders. The public health sector in Jordan is fragmented and health governance continues to be a challenge.

The Jordanian health system is currently fragile and facing tremendous challenges to address the increased demands for health services due to population growth and refugees influx. These challenges, combined with fragmented health systems governance and the re-emergence of communicable diseases including vaccine preventable diseases, negatively affect the capacity of the health system to adequately respond, by overstressing service delivery. As for the prevention and control of Communicable Diseases (CDs), Jordan has increased its efforts to maintain the targets that it has achieved so far. In 2017, the MoH has adopted a Comprehensive Multi-Year Plan (2018-2022) for the Expanded Programme of Immunization (2018-2022), to maintain immunization coverage rates above 95% and endorsed the Action Plan for Antimicrobial Resistance (2018-2022) and the National Plan for Health and Security (2018-2022) to comply with the International Health Regulations requirements.

However, increasing demand in the health care is also associated to an epidemiological transition to Non Communicable Diseases (NCDs) which currently are the leading cause of mortality, accounting to almost 80% of all death. Risk factors are mainly tobacco use, unhealthy diet and physical inactivity and other lifestyle-related factors. Also, mental

<sup>4</sup> Jordan in Figures, 2017

<sup>5</sup>

The plan identifies partnership in health sectors governance in the following areas: Universal Health Coverage (UHC) with focus on Primary Health Care (PHC), human resources for health, prevention and management of non-communicable diseases including mental health, emergent and re-emergent diseases and emergency medical services as priorities. The longer term Vision 2025 is operationalized through rolling, multi-year Executive Development Programme.

United Nations Country Team Common Country Assessment of the Hashemite Kingdom of Jordan, February 2017

[http://jo.one.un.org/uploaded/publications\\_book/1508663169.pdf](http://jo.one.un.org/uploaded/publications_book/1508663169.pdf)

health disorders are increasing, particularly among Syrian refugees. The lack of effective NCDs governance addressing a prevention programme based on the main risk factors and the absence of an overarching NCDs Multi-Sectorial Action Plan is further fragmenting the capacity of the health sector to effectively and efficiently address NCDs response. Policy reforms are critical to shift health assistance from a management to NCDs prevention model. Policies addressed at increasing equity and social determinant of health in implementing the most costs effective and feasible public health interventions to prevent and control Non Communicable Disease ensure values for money. Since chronic diseases are on the rise in Jordan and increasing health care costs, the provision of cost-effective preventative care would reduce the burden on the health systems and ensure that the limited resources are efficiently utilized.

Services for Vaccine-Preventable Diseases and Immunization (VPI) programme and Non Communicable Diseases (NCDs) prevention and control activities are cost-effectively if delivered at PHC level. Investing in the provision of such services would also substantially contribute to achieve UHC, therefore, improving the health status of both the Syrian refugees and Jordanian population alike, whilst strengthening the Jordanian health system.

The COVID-19 outbreak has contributed to exacerbate some of the health systems challenges, with the provision of essential health services temporarily interrupted and the delivery platforms becoming overstretched, particularly for vulnerable groups including Syrian refugees in urban settings. First and foremost, the outbreak caused a rapid shift in the Ministry of Health priorities, with existing programmes re-purposed to support COVID-19 preparedness and response efforts. The Ministry of Health developed its National Preparedness and Response COVID-19 Plan, aiming to coordinate the health sector response to COVID-19. The Plan integrates the whole-of-government and whole-of-society approach orchestrated by the National Center for Security and Crisis Management.

### **Health Sector Response and policy changes to services for Syrian refugees**

The prime objective of the initial health sector response was to ensure Syrians had access to comprehensive primary health care, including maternal and reproductive health, immunisation, NCDs including mental health, and life-saving secondary and tertiary care.

The year 2015 marked a turning point in Jordan's response with the launch of His Majesty's "Jordan Vision 2025" and the "Jordan Response Plan (JRP)" providing to sectoral reform plans to be aligned to the national development agenda. With the JRP, the Government envisioned an integrated humanitarian and resilience response to meet the needs of both refugees and host communities.

The JRP includes objectives on supporting government budget, scaling up critical government capacities, and strengthening the social service systems. The JRP 2017-2019, health sector response has been funded for 64% (*Source: JRP for the Syria Crisis 2017 Annual Report*). The JRP 2018-2020 health sector response for the third quarter of 2018 has been largely under-funded.

At the beginning of the Syrian crisis, different modalities were used by the Ministry of Health depending on Syrians' registration status and place of residence.

Syrian refugees registered living outside the camps like Jordanian citizens insured under the Civil Insurance Program (CIP), providing them with full and free access to all services, as per the CIP regulations. More than 30 MoH hospitals and 650 primary health care centres offered access to refugees across the country. At a time when non-insured

Jordanians had to pay a fee to access governmental health facilities (corresponding to 20% of the total fee), Syrian refugees received the care free-of-charge. Syrians not yet registered with UNHCR were treated like non-insured Jordanians who paid discounted fees at governmental facilities. However, specific mother and child health interventions, including ante-natal and post-natal care and vaccination, were provided free-of-charge regardless of registration status. Unregistered refugees could also access health facilities established by non-governmental organizations to support the Syria response. Syrians refugees registered and living in the camps accessed in-camp PHC services, provided by humanitarian actors under the supervision of the MoH. Humanitarian actors also coordinated referrals to secondary and tertiary care outside the camps, at the expense of the government.

Between **2012-2013**, 36,144 Syrians accessed out-patient services at MoH hospitals, 145,558 were admitted, and 289,520 received care at primary health care facilities. By 2014, the number of Syrians accessing health services at MoH facilities was increasing at an alarming rate. Governmental facilities were facing increased pressures and shortages of hospital beds, nursing staff, and essential medications and supplies. The financial impact of the Syrian crisis was increasingly impacting the health sector. In November 2014, the impact of Syrians at hospitals and health care centres reached JOD 53 million.

With no budget to cover these rapidly increasing costs, the Government revised its policy on **20 November 2014**. Registered Syrians living outside the camps were to be treated like un-insured Jordanians, who paid a nominal fee for most services, except immunization and maternal health which were provided free of charge. Health services remained heavily subsidized, and the new policy instilled equity between Syrians and vulnerable Jordanians not covered by health insurance schemes. In-camp refugees still benefited from free primary health care services, but costs of secondary and tertiary care were no longer covered fully by the Government. In turn, humanitarian actors mobilized resources to ensure refugees retained access to essential health services. Agreements were made with hospitals through the Jordan Health Awareness Society (JHAS) and a cash-for-health programme was established to enable refugees to pay their bills directly.

Between **2015-2017**, close to 300,000 registered refugees received outpatient services at MoH hospitals. 44,621 cases were admitted to hospitals, including 5,970 who underwent surgeries and 517,459 services were provided at primary health care centres.

As the result of the massive increase in population, the public health system was no longer meeting the national standards for critical indicators, such as the number of beds to population, ratio of health centres to population and ration of physicians to population. The high demand for health services continued to strain the health system and the Government's budget.

In **January 2018**, unable to keep up with the costs and the immense pressure on the health system, the Government was forced to modify again the policy. In the latest formulation, Syrian refugees are considered foreigners and receive a 20% discount on the price non-Jordanians paid-otherwise known as the "unified rate"- when accessing health services at MoH facilities. The new policy entails that refugees pay 80% of the fee and resulted in reducing the numbers of refugees utilizing governmental health facilities, particularly for outpatient services and childbirth, whilst keeping vaccines and specific reproductive health services free of charge for Syrian refugees. The policy increased the cost of services by two to five times, and essential services are no longer affordable for most refugees while the budget required for international agencies to cover refugees has drastically increased.



The World Bank Group (WB) and Islamic Development Bank funded a two years (2016-2018) emergency health programme of 150 million of USD with the objective of supporting the GoJ of Jordan in maintaining the delivery of primary & secondary health services to poor uninsured Jordanians and Syrian refugees at MoH facilities. Over the timeframe August 2017 - May 2018, 1,172,000 of poor Jordanians, 2,572,000 of uninsured Jordanians and 403,000 of Syrian refugees were assisted.

Since February 2018, access to MoH health services by Syrian Refugees decreased from 1.46% to 1.13%, with the main decrease affecting PHC services (Sources: WB). Such figures are likely to further reduce with a larger number of refugees becoming aware of the new policy (Source: *World Bank*).

In light of these changes, the Brussels Conference negotiations have opened the opportunity to reaffirm health as priority for Jordan. In particular, as stated in the paragraph 39 and 40 of the “Jordan Partnership Paper”<sup>7</sup>:

In April 2018, the Ministers of Planning and International Cooperation and Health convened a high-level meeting, to discuss the challenges around the change in health policies, during which, the World Bank presented their study on the health cost for subsidizing Syrian refugees, which came out to be between 27 million and 55 million USD depends on the pricing methodologies used. As a result of the meeting, USAID was requested by MoPIC to create a Multi-Donor Account (MDA), applying lessons learned from similar initiative done in the education sector<sup>8</sup>. The Government expressed the willingness to roll back the health policy change if sufficient funds were received in the MDA to resolve the issue.

Facilitated by the US Government through USAID, an agreement was reached toward the end of 2018 on a roll back of Government’s existing policy, in exchange for the provision of sufficient funds by the donors to cover the associated additional costs. A three-year Joint Financing Arrangement (JFA) underpinning the MDA to that effect was signed in December 2018, followed by a cabinet decision in early 2019 that formalised the return to pre-2018 fee levels. As of May 2020, the US, Denmark and Canada, Qatar and the World Bank have committed to contributing directly to the MDA – with other partners still considering. Eventually, the COVID-19 pandemic expanded further the scope of the MDA, whose funds are being partially re-purposed to support the Ministry of Health to implement its National COVID-19 Preparedness and Response Plan 2020.

While the EU will not make a direct contribution to the MDA, the present intervention is fully aligned with this instrument and its related actions and will also contribute to the continued policy dialogue with the Government of Jordan, in particular as regards the pandemic.

## **Health Governance Challenges**

<sup>7</sup> Reference footnote 1

<sup>8</sup> In the education sector, since 2013 humanitarian actors increased their efforts in mobilising resources for education and child protection within the No Lost Generation (NLG) framework. However, such resources were being used largely for parallel humanitarian approaches, including non-certified informal education. The London Conference 2016 and the resulting Jordan Compact served to build GoJ and donor momentum around refugee children’s access to formal education. The Ministry of Education (MoE) led the “Accelerating Access to Quality Formal Education for Syrian Refugee Children” initiative. This costed initiative was the basis for the establishment of the MDA with the MoE, to which several donors quickly mobilized contributions.

With many gaps and needs, along with the presence of different partners involved in the health service delivery for refugees there is a need to reinforce the institutional capacity and governance to manage and monitor policy and programming addressing the health needs of refugees. Furthermore, with the global momentum of redefining the health agenda of migrants and refugees with the upcoming WHO lead Global Action Plan for promoting the health of migrants and refugees, the Global Compact on Refugees and Migrants, there is the immediate need to support Jordan to align its interventions with these global plans and goals.

Furthermore, the burden of the health challenges of the Syrian refugees in Jordan is not confined to the Syrians themselves but it had impacted Jordanian communities who are experiencing an increased vulnerability to communicable diseases, compromised health services, and access to them, and increasing levels of morbidity, environmental issues, and social problems due to the large influx of refugees.

Currently, the Jordanian health sector is facing the following challenges:

- Recent budget cuts in health have been announced in the Budget Law 2018 compared to the Budget Law 2017<sup>9</sup>;
- Immunisation services need to be sustained. The shortage of financial resources threatens the capacity to maintain the current immunization coverage rates above 95%. The recently endorsed Comprehensive multi-year plan (2018-2022) for the Expanded Programme of Immunisation advocates for sustained support to maintain high coverage rates;
- Jordan's burden of mortality and morbidity related to Non Communicable Diseases is increasing. The lack of effective NCDs governance addressing a prevention programme based on the main risk factors and the absence of an overarching NCDs Multi-Sectorial Action Plan is further fragmenting the capacity of the health sector to effectively and efficiently address NCDs response. Policy reforms are critical to shift health assistance from a management to NCDs prevention model;
- Mental health system needs continuous support. The need for strengthening the primary level of the mental health system, promoting bio-psychosocial model and multi-disciplinary approach, is mandatory to ensure the wellbeing of the population;
- Although the disease profile in Jordan is changing, communicable diseases remain a public health concern and a major cause of morbidity. The threat of measles outbreak and polio in the Region continues. With outbreaks in neighbouring countries has obliged the country to conduct several rounds of supplementary immunization. Diseases surveillance should be maintained and segmented;
- The high out-of-pocket expenditure on drugs and other health technologies remains a burden on the health system and furthermore hinders achieving universal health coverage;
- Inequity in maternal and child health indicators still persist;
- The high turnover and migration of health professionals threatens the capacity of the MoH facilities to respond to the increased demand for health services.
- The COVID-19 outbreak, which dramatically shifted the priorities of the Ministry of Health, and led to a re-purposing of the existing resources to support the Government to effectively prepare and respond to the impact of the outbreak in Jordan.

The proposed Action Document also aims to mitigate the impact of the COVID-19 outbreak in Jordan. With the support of WHO, the Ministry of Health developed the

<sup>9</sup> Budget 2016: 609,7444,027 (actual budget); 2017:550,419,700 (actual budget); 2018: 599,478,000 (estimated to go down as there is no cash money in the treasury); (<http://www.gbd.gov.jo/GBD/ar/Budget/Ministries>)

National Preparedness and Response COVID-19 Plan. The Plan details the interventions to be implemented to ensure an effective and efficient health sector response, addressing all the population in the country. It is a living document, which is regularly updated to reflect the evolving nature of the outbreak in Jordan. The Plan was developed in line with WHO operational planning guidelines and is structured across 9 Pillars, as follows:

- Pillar 1: Country Level Coordination Planning and Monitoring
- Pillar 2: Risk Communication and Community Engagement (RCCE)
- Pillar 3: Surveillance, Rapid Response Teams (RRTs), and Case Investigation
- Pillar 4: Points of Entry (POE)
- Pillar 5: National Laboratories
- Pillar 6: Infection Prevention and Control (IPC)
- Pillar 7: Case Management (CM)
- Pillar 8: Operation Support and Logistic
- Pillar 9 Essential Health Services during COVID-19

The National Preparedness and Response COVID-19 Plan includes a procurement list, which details the technical specifications of the procurement of diagnostics, therapeutics and vaccines, Personal Protective Equipment, medical and laboratory equipment, supplies and consumables needed by the Ministry to enhance the disease surveillance, the Infection Prevention and Control, case management capacities, to prevent and control the spreading of the disease.

As of 19 May 2020, Jordan has reported 629 confirmed cases of COVID-19, and managed to prevent progress towards the community transmission scenario conducting an active surveillance with more than 5000 test/day by Tracing, Testing and Treating (TTT). However, following WHO's recommendation to countries to prepare to all transmission scenarios and with evidence coming from other countries of health system capacities rapidly overwhelmed by the steep increase in the cases, Jordan is streamlining its efforts to prepare for surged response, in line with the COVID-19 Plan.

### **2.3. Lessons learnt**

In the past, public services such as health facilities were designed to meet the needs of the local population. However, the protracted crisis in Syria and its impact on Jordan and its social services warrants the need to plan services that can accommodate the pressures during crisis and emergencies without negatively impacting the Jordanian population.

Currently, the design and strategy of the proposed project builds upon the Ministry of Health (MoH) experience in supporting, managing, and setting standards for the health facilities across Jordan. In particular the MoH implemented until now the immunization programme, developing the system, the capacity and the experience; the present AD addresses the extra burden faced by the MoH in relation to the presence of Syrian refugees. UNICEF supported the MoH for specific needs and gaps in the immunization programme.

EUTF interventions in the health sectors are mentioned in the below paragraph 2.4 and have recently started.

Health is not a focus sector of the EU response in Jordan under the EU-Jordan Single

Support Framework. Important experiences and information are transferred to the EUTF TF team in country from ECHO. Indeed the present Action Document has been developed in close cooperation with ECHO and within the Joint Humanitarian Development Framework.

#### **2.4. Complementary actions**

Within the humanitarian response to the Syrian crisis, ECHO has been supporting different partners that are implementing programmes focusing on the provision of primary healthcare, reproductive health services (including antenatal and postnatal care and ensuring safe delivery), and comprehensive management of Sexual Gender Based Violence cases (case management and psychosocial support for women and girls including teenagers). ECHO is currently supporting, with a budget of EUR 14 million allocated in 2018 the transition towards sustainable access to health care and at the same time will continue to assist those refugees with no access to healthcare due to unresolved protection issues, as well as those residing in camps where health services are exclusively funded by donors and provided by the UN and NGOs.

To promote access to health services of all people at primary as well as secondary and tertiary level, the EUTF has a current overall investment of EUR 14 574 848. This is in line with the current interest of the Government of Jordan to promote universal health coverage. The EUTF is currently supporting access of registered refugees to services through awareness campaigns and cash assistance (IFRC/JRCS and Medair UK) and through support to the national health-system mostly through infrastructure upgrading (UNOPS/MOH) like through the upgrade of emergency departments in three public health facilities in critical geographical areas in the country north-eastern areas (Ramtha and Ruweished close to the Syrian borders) and in east Amman where majority of Syrian refugees reside.

Structural support to the Government of Jordan health system, which falls outside the scope of ECHO and has not so far being targeted by the EU, has been provided by very few donors.

USAID is the main donor in the health sector with a portfolio of over USD 200 million over 5 years (2015-2021). The focus of USAID investment is on health system strengthening providing technical assistance on health financing, trying to revitalise the insurance scheme, supporting the human resource for health strategy, and establishing an electronic disease surveillance system, health service delivery focused on mother and child health including communication interventions. Also, USAID is working on upgrading health centres and hospitals - working as well on upgrading the emergency department in al Basheer hospital one of the main public facilities in Amman - and on mother and child care programmes.

This intervention will support and align with the Jordan Health Fund for Refugees.

#### **2.5. Donor co-ordination**

The donor coordination related to the response to the Syria crisis is done through the MoPIC, who leads on all aspects related to the Jordan Response Plan implementation.

Within the Jordan Response Plan (JRP), the Health Sector Task Force is composed of the

lead ministry (MoH), a lead donor (USAID), and lead UN agency (WHO, with UNHCR, UNICEF, UNFPA as co-leads), and its purpose is to inform decision-making.

There are also, two other working groups working on the health response; the Health Sector Working Group aimed at coordinating health partners working in the humanitarian sector. WHO is the co-chair of the HSWG together with MoH and UNHCR. The HSWG brings together government actors, different UN agencies, donors and national and international NGOs to support the continued provision of essential health services to Syrian refugees and vulnerable Jordanians. Tasks include negotiating the adoption and the strengthening of current policies that affect the health status of Syrian refugees and asylum seekers as well as the affected host population.

A second working group is the Jordan Health Development Partner Forum (JHDPF) which coordinates health partners working in the developmental sector. WHO is the co-chair with USAID. Both MoH and the HHC have a permanent presence in the group. JHDPF consists of interested multi-lateral and bi-lateral partners and donors with active programming in the health sector in Jordan.

In response to the health sector challenges, mainly due to economic constraints and increasing burdens from the influx of refugees, the vision of the group has emerged into more strategic programming with a specific focus on maximizing efficiency gains in the health sector. JHDPF is guided by Jordan's Health Sector key priorities that are reflected in the Health Sector Reform Plan (2018-2022) and the Ministry of Health National Plan (2018-2022) and other key strategic documents and plans. The JRP continues to inform the origins of this group, and is integrated by resilience approaches to achieve the Sustainable Developments Goals 2030 and the Jordan Vision 2025.

Donors working in and supporting the health sector in Jordan are Canada, Denmark, France, Germany, Italy, Japan, Korea, Kuwait, Netherlands, Saudi Arabia, Spain, Sweden, Switzerland, United Kingdom, US, EU, ECHO and the Islamic Development Bank.

In the context of COVID-19 outbreak, the MoH has set up and leads a donors' and stakeholders' coordination mechanism, where WHO and USAID are co-chairs.

### 3. DETAILED DESCRIPTION

#### 3.1. Objectives/Expected Results<sup>10</sup>

The **Overall Objective** of the programme is to increase access to quality and equitable health care services for refugees and vulnerable Jordanians through health system strengthening and service delivery, notably in the context of the COVID-19 outbreak.

Furthermore, the Action Document aims to “review the health system approaches and the development of a costed long-term strategy”, in line with the outcomes of the Jordan Partnership Paper” (ref. Brussels Conference 2018) by conducting an health financing study aligned with the Health Sector Reform Action Plan 2018-2022, endorsed by the Prime Minister. This study will provide a cost estimation of sustainable health programming and health service delivery for refugees and host community. It will also collect and analyses existing health insurance schemes to identify possible financing

The overall objective and specific objectives should correspond with those given in the Logframe in Annex 1

models, which can be applied to refugees in Jordan.

The **Specific Objective/s** is/are:

In accordance and in alignment with the JRP (2018-2020) all National health policies, and relevant country priorities, the Action Document includes the following areas of interventions:

**Area of intervention 1: Vaccine-Preventable Diseases and Immunization (VPI) programme, disease surveillance and COVID-19 preparedness and response (JRP 2018-2020 / RES 1.6, 1.9, 1.10, 1.16, 1.17, 4.17)**

SO1: To strengthen VPI activities at primary health care level, enhance diseases surveillance, and support COVID-19 preparedness and response, to cover the needs of Syrians refugees as well vulnerable Jordanians.

The Action Document will support the delivery of immunisation services and the implementation of preventative activities. As for the service delivery, the Action Document will support the Government of Jordan in covering the extra costs of the vaccines related to the Syrian crisis, in improving and maintaining the cold-chain as well as the effective management of vaccines, and in assessing and strengthening the implementation of immunization activities (through capacity building of MoH staff at primary healthcare level, provision of additional vehicles and cold-chain). Additionally, the diseases surveillance capacity of MoH professionals at primary healthcare level will be enhanced to early detect and respond to outbreaks, including the ongoing COVID-19 pandemic. As for the preventative activities, the Action Document will support the implementation of public health awareness campaigns (i.e. missed opportunities for vaccination, health literacy, diseases risk factors and prevention, health seeking behaviours, rights to access services among other public health priorities). The Action Document is aligned with the Comprehensive Multi-Year Plan (2018-2022) on the Expanded Programme of Immunisation and the National Preparedness and Response COVID-19 Plan.

#### Procurement of vaccines and supplies

In Jordan, the Joint Procurement Department (JPD) is responsible for the procurement of all vaccines. Such procurement occurs on competitive basis at the beginning of each year. A national tendering process is launched and local representatives of international manufacturers bid to supply vaccines for the MoH. The Jordan Food and Drugs Administration (JFDA) is involved in the process and provides all the necessary approvals to facilitate the import of vaccines in Jordan. Within the JPD procurement, the MoH provides vaccines to be delivered for Syrian refugees living in the camps. Such vaccines are reimbursed by UNICEF. The Effective Vaccines Management (EVM) system follows a standardised procedure. Vaccines are initially stored at central level, and dispatched onwards to the governorates and districts. A functioning cold chain is operational at MoH level, and ensures effective vaccines management system.

Nevertheless, the nature and protraction of the crisis requires sustained efforts to ensure that the achievements in terms of vaccination coverage are maintained. The procurement will be less disruptive as possible but still organized in a way to improve cost effective interventions. Therefore a multi-year vaccination procurement plan that is in discussion with MoH, JDP, USAID, UNICEF and WHO in line with the recommendations of the Comprehensive Multi-Year Plan (2018-2022) should be considered as part of this Action

Document.

### Assessment of immunization services

Despite the health system challenges, the GoJ increased its efforts to maintain its significant achievements in the prevention and control of communicable diseases.

In 2017, with the support of WHO, the MoH adopted the Comprehensive Multi-Year Plan (2018-2022) for the Expanded Programme of Immunization and addressed its efforts to maintain immunization coverage rates above 95%. In 2016, the Government of Jordan represented the major source of financing, since it funded between 97%-98% of the national immunization program.

The assessment of immunization services will provide opportunity to stand practice for vaccination across country.

### Vehicles and cold chain

Currently, sustained efforts are needed to sustain and maintain the transportation and cold chain provision throughout the country as well as the monitoring capacity of the Expanded Programme of Immunisation focal points, who ensure the effective vaccines management system at central, governorate, and district level.

### Capacity building and surveillance

In line with the Comprehensive Multi-Year Plan (2018-2022) for the Expanded Programme of Immunization, all Syrian refugees are granted free access to immunization services, which are delivered according to the National Immunization schedule:

Antigens	Schedules	Entire country
BCG	birth;	Yes
DTaPHibIPV	3, 4, 5 months;	Yes
HepB (Pediatric)	3, 4, 5 months;	Yes
Hib	3, 4, 5 months;	Yes
IPV	3, 4, 5 months;	Yes
Measles	9 months;	Yes
MMR	12,18 months;	Yes
OPV	4, 5,9,18 months; 6 years;	Yes
Rotavirus	3,4, 5 months;	Yes
Td	6,16 years;	Yes
TT	1st contact; +1, +6 months; +1, +1 year;	Yes

Such services are provided at PHC level by MoH multi-disciplinary health staff. Additionally, outreach immunization activities are conducted to access “Hard to Reach” beneficiaries (i.e Refugees) through Reach Every District (RED) strategy and “Supplement Immunization Activities (SIAs)” that’s are integrated in the immunization activities implemented at national level.

These interventions are focusing to increase the coverage of all age groups at high risk and the hard to reach populations. Capacity building of MoH staff at primary healthcare level with tailored and targeted trainings in micro-planning vaccination will be conducted to improve reach hard-to-reach groups in remote areas with the aims at increasing the coverage of all age groups at high risk and the hard to reach populations. The training packages will be based on RED Strategy.

Continuous training on the existing Integrated Electronic Response Surveillance (IERS)

system will be conducted, to include the early warning and alerts related to potential disease outbreaks. Since 2014, WHO is supporting the MoH to implement disease surveillance through the IERS. Modules for communicable disease, non-communicable disease and mental health have been developed and implemented within IERS in all health facilities managed by the MoH and the Royal Medical services (RMS). With 600 data entry personnel trained at MoH primary and comprehensive health centres, and about 1000 tablets utilized in health facilities, Jordan has made great advances on disease surveillance. The system has created awareness and built capacity among health workers working in the primary health care clinics.

#### Awareness activities

Conduction of awareness campaigns to target care-takers of children and medical personnel who should check the vaccination status of the child in each visit to a health care facility to minimize missed opportunities in vaccination. These campaigns are including health promotion activities, printing of educational material, conduction of campaigns in occasion of the dedicated World Immunization Week among others.

In addition, large scale public health awareness campaigns to empower Syrian refugees and host communities to increase health awareness (health literacy, diseases risk factors and prevention, health seeking behaviours, rights to access services, among other public health priorities) in occasion of World Health Days among others.

Also, multi-sectorial collaborations will be established with the Ministry of Education and Ministry of Communication through the activation of local committees and through the utilization of social media, in order to inform the communities the importance of vaccination.

UNICEF is involved in the immunisation programme. Together with WHO, UNICEF supported the development of the Comprehensive Multi-Year Plan (2018-2022) on the expanded programme of immunisation. The Plan was developed according to WHO-UNICEF guidelines. Together with WHO, UNICEF supported the implementation of the National Immunisation Programme and UNICEF covers the costs for vaccination inside the Syrian refugee's camps.

#### Support COVID-19 preparedness and response

In the light of the ongoing outbreak, the Action will support implementation of the Pillars of the National Preparedness and Response COVID-19 Plan and surged capacity, including: disease surveillance including for Rapid Response Teams, risk communication and community engagement, procurement of diagnostics, therapeutics and vaccines, Personal Protective Equipment, medical and laboratory equipment, supplies and consumables, scaling up infrastructure and human resources capacities, capacity building of health professionals, sanitation and disinfection, vehicles, refurbishment and rehabilitation activities to support to the provision of essential health services.

#### **Area of intervention 2: Public Health Governance of Migrants and Refugees**

SO 2: To support the revision of the existing health systems approaches and the development of a costed and long term strategy and set up a concrete set of priorities and subset of interventions to achieve UHC living no one behind.

The 2018 Brussels Conference II highlighted the urgent need to “review health system



approaches and develop a long term strategy and costed action plan that is sufficiently supported”.

MoH coordination mechanism and governance

With many gaps and needs, along with the presence of different partners involved in the health service delivery for refugees there is a need to reinforce the institutional capacity and governance to manage and monitor policy and programming addressing the health needs of refugees.

A functioning coordination and governance mechanism shall be put in place to better monitor health interventions on refugees and migrants including MDA among others.

MoH officials will benefit from tailored training to strengthen their capacity on improve coordination mechanism and governance of health programming among refugees and migrants and also to develop better migration policy in agreement with the SDG target 10.7<sup>11</sup>. In this respect, MoH officials will strengthen the communication line with authorities competent of migration policy and start a sustainable joint work toward the achievement of target 10.7 assuring the health policy is integrated.

This intervention includes tailored training for government officials to increase their capacity in managing the health of refugees and migrants in a sustainable matter and align to current global commitments. The training includes, among others, on the job activities and attendance to high education summer schools/short-courses. Trained officials shall be able to facilitate the establishment of a Coordination unit within the MoH able to better coordinate and monitor different partners dealing with health programming for refugees and produce monitoring data. These coordination authorities will also assure interlinkages with other Ministries (such as education, labour, immigration, policy and planning) for a multi sectorial approach.

Finally, the response to COVID-19 requires supporting coordination of donors and stakeholders.

### Health Financing Study

The forecasted health financing study proposed in this intervention, and based on the Public Health Assessment of Refugees and Host Populations conducted by WHO in 2018 and aligned with the Health Sector Reform Action Plan 2018-2022, endorsed by the Prime Minister, will provide options for enhancing financial coverage of refugees and vulnerable Jordanians, with an estimation of the cost implication of sustainable health programming and health service delivery for refugees. It will also collect and analyses information on existing health insurance schemes to identify possible financing models, which can be applied to refugees in Jordan.

A concrete action to support Jordan to develop a comprehensive and sustainable agenda for the health of refugees is needed, particularly enhancing the MoH governance and health finance along with a benefits package referred to as essential UHC with a subset of interventions termed the Highest-Priority Package (HPP) to achieve UHC target set in the SDGs agenda.

Roadmap and exit strategy A road map and exist strategy for sustainable health programming among refugees, migrants and vulnerable Jordanians will be done in a

participatory approach through several workshops where findings of relevant studies will be shared for an evidence-based programming.

This activity will be part of the portfolio of the Coordination unit within the MoH established within this project. The final product will represent the strategic and operational plan guiding the migration agenda in Jordan. It will also be adapted and align with the upcoming WHO Global Action Plan on promoting the health of refugees and migrant assuring domestication with the Jordan context.

**The expected Results** at outcome level are:

**Area of intervention 1: Vaccine-Preventable Diseases and Immunization (VPI) programme, disease surveillance and COVID-19 preparedness and response (JRP 2018-2020 / RES 1.6, 1.9, 1.10, 1.16, 1.17, 4.17)**

- Extra costs related to the Routine Immunization of Syrian refugees and vulnerable Jordanians sustained;
- Assessment to standardise vaccination procedures at PHC level conducted;
- MoH capacity in effective management of vaccines through door to door immunization (vehicles and cold chain) strengthened;
- Capacity of MoH staff at PHC level to conduct immunisation activities and diseases surveillance at central, governorate, and district levels sustained and enhanced;
- Community awareness to reduce missed opportunities for vaccination and enhance other public health interventions as Risk Information about COVID 19 achieved;
- COVID-19 preparedness and response capacity strengthened for both Jordanians and Syrian refugees in line with the National Preparedness and Response COVID-19 Plan, Area of intervention 2: Public Health Governance of Migrants and Refugees
- Capacity of MoH staff to improve MoH coordination mechanism and governance in relation to public health in the context of migration displacement and refugees, and COVID-19 response, at both levels, policy and programming, enhanced;
- Health Financing Study, identifying options for refugees, migrants and vulnerable Jordanians, including a subset of interventions for health service delivery identified and agreed;
- Roadmap and exit strategy for sustainable health programming among refugees and host populations in Jordan developed and agreed.

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

### **3.2. Activities**

The envisaged main activities are suggested under the indirect management approach and are, inter alia:

**Area of intervention 1: Vaccine-Preventable Diseases and Immunization (VPI) programme and disease surveillance, and COVID-19 preparedness and response (JRP 2018-2020 / RES 1.6, 1.9, 1.10, 1.16, 1.17, 4.17)**

- Procurement of RI vaccines and supplies to sustain the extra costs related to the Syrian refugees vulnerable Jordanians:  
Target groups: 50.000 Syrian refugees and vulnerable Jordanians per year<sup>12</sup>.
- Conducting an assessment of the MoH capacity in standardising procedures for delivering the immunisation services at PHC level and developing/revising operating procedures and manuals.  
Target groups: MoH facilities at central, governorate and district levels.
- Procurement and maintenance of additional 15 four-wheel vehicles at central and Governorate level to support the Reach Every District (RED) campaigns as well as the Supplement Immunization Activities (SIAs):  
Target: 15 vehicles for the MoH at central and Governorates level.
- Procurement and maintenance of additional cold chain equipment (i.e. refrigerators) at central, governorate and district level to strengthen MoH capacity in effective management of vaccines through door to door immunization:  
Target: MoH facilities at central, governorate and district levels.
- Capacity building of MoH staff at PHC level to effectively conduct immunisation activities and diseases surveillance at central, governorate, and district levels:  
Target groups: 1000 MoH health staff at PHC level and 50 EPI focal points at central, governorate and district levels.
- Conduct community awareness campaigns to reduce missed opportunities for vaccination and enhance other public health interventions, including COVID-19 risk communication and community engagement  
Target groups: children's care-takers, medical personnel, children, adolescent and women of child bearing age (Syrian refugees and vulnerable Jordanians);
- Procure and distribute COVID-19 diagnostics, therapeutics and vaccines, Personal Protective Equipment, medical and laboratory equipment, supplies and consumables:  
Target: MoH facilities at central, governorate and district levels.
- Support Government of Jordan for COVID-19 surged response in diseases surveillance, case management, and infection prevention and control, sanitation and disinfection.  
Target: MoH facilities at central, governorate and district levels.
- Support Government of Jordan to maintain essential health services during COVID-19 by scaling up infrastructure and human resources, vehicles, refurbishment and rehabilitation capacities and enhancing innovative delivery platforms.  
Target: MoH facilities at central, governorate and district levels.
- Build and support the capacity of health professional in diseases surveillance, rapid response and case investigation, case management, and infection prevention and control.  
Target: MoH professionals

MoH approximately spends USD 28 Million for the vaccines. The AD will support 25% of these costs for Syrians and vulnerable Jordanians = USD 28 Million / 4 = USD 7 Million = Euros 6 Million. In 2016, 210,000 births have been registered. The 25% coverage of 210,000 births = 50,000.

- Implement COVID-19 risk communication and community engagement interventions  
Target: Syrian refugees and vulnerable Jordanians
- Procure and distribute therapeutics and vaccines in light of the new evidence and WHO recommendations  
Target: Syrian refugees and vulnerable Jordanians

**Area of intervention 2: Public Health Governance of Migrants and Refugees**

MoH Coordination unit able to coordinate and monitor different partners dealing with health programming for refugees, vulnerable Jordanians and migrant, and with the response to COVID-19  
Target groups: MoH officials.

- Conduct a Health Financing Study, identifying options for revenue raising, pooling and purchasing of needed health services for refugees and vulnerable Jordanians, in a manner to enhance equity and financial protection, while also estimating the financial implication/costs of sustainable health programming including a subset of interventions for health service delivery termed Highest-Priority Package (HPP) in line with the Disease Control Priorities (DCP3) initiative:  
Target groups: Syrian refugees and vulnerable Jordanian.
- Develop a roadmap and exit strategy for sustainable health programming among refugees and host populations in Jordan:  
Target groups: Syrian refugees and vulnerable Jordanians.

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

**3.3. Risks and assumptions**

The main risks are:

<b>Risks</b>	<b>Risk level (H/M/L)</b>	<b>Mitigating measures</b>
Given the need for the partner to access public primary health level facilities, any change in the provision of access due to MOH change of policy or security measure could hinder the implementation of the project.	Medium	Access the services through NGOs with support of WHO
Any drastic unilateral change of policy made by the MOH to ensure the access of Syrian refugees or other populations to the public PHC facilities could hinder the implementation of the activities	Medium	Assure the access to services through private providers (non-profit and for profit)
Shortage of health public personnel	Low	Unemployment rate is high in Jordan 18.4%, also among post-secondary and Higher Education graduated. The intervention increase Capacity Building of PHC staff
Reduction of key donors in the health sector	Low	Close coordination among donors, MoH, MoPIC and stakeholders
Substantial delays in the registration of the programme in Joriss	Low	Close coordination and involvement of MoH and MoPIC
Outbreak of COVID-19	High	Reallocation/reorientation of the intervention, and use of additional resources for the response. Coordination with MoH strengthened in response to the COVID outbreak, but also in order to monitor the implementation of the rest of the action when relevant.
<b>Assumptions</b>		

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

- High level of commitment amongst the institutional stakeholders to ensure successful implementation of the project, and in particular confirmation of priorities from the Minister of Health appointed on 11 October 2018.

- The PHC facilities to be used and their respective needs are identified following MoH and/or partners data and planning, taking into consideration other donor interventions in the meanwhile.

Mitigating measures have been considered, including coordination between MoH and the implementing partners

### 3.4. Cross-cutting issues

The identified needs have been drawn up taking into consideration all sectors of society, men and women of all ages, youth as well as persons with disabilities in addition to ensuring equal treatment and coverage to Jordanians as well as Syrians alike. Moreover, the project will factor in considerations for gender, environment, WASH, and disabilities working on preventing barriers that prevents from full participation.

The project takes into account gender concerns given that over 50 % of the refugee population in Jordan is composed of women. The project will take into consideration the gender specific guidelines, tools and dimensions (such as the gender marker) agreed upon by UN agencies, NGOs, and national authorities.

The project will take a gender responsive approach, by first identifying and acknowledging the gender specific needs and articulating the construction and procurement accordingly. Finally, the project will also contribute to SDG 5 (“Achieve gender equality and empower all women and girls”) by providing increased access to healthcare, including reproductive health.

### 3.5. Stakeholders

The primary stakeholders of this proposed action are:

- Syrian refugee communities and vulnerable Jordanians  
These are considered to be the first and main priority stakeholders. It is considered that providing for “proper healthcare facilities” to both refugees and vulnerable Jordanians within each community or neighbouring communities will have a positive impact on the overall population “health” thus resulting in better health outcomes, as well as reduce the negative impact of poor economic conditions on health and strains within communities.
- MoH and HHC will be main stakeholders via the support of Ministry of Planning and International Cooperation and they will be included for regular coordination and steering of the programme.
- **WHO** as the UN mandated agency on health, with technical expertise and know-how will provide the main supervision and overall management of the programme;
- **UNICEF** will be regularly consulted to coordinate on the VPI component;
- The **World Bank** will also be regularly consulted for the cost study in the public health governance component;
- Other main health donors among which **USAID and Denmark** will be key donors to coordinate with, in view of the MDA launching to support the health sector.

- Coordination with main donors and stakeholders in relation to the COVID-19 is regularly and closely maintained through the coordination mechanism put in place and led by the MoH, where WHO and USAID are co-chairs.

### **3.6. Contribution to SDGs**

This intervention is relevant for the 2030 Agenda. It contributes primarily to the progressive achievement of Sustainable Development Goal 3: Ensure healthy lives and promote well-being for all at all ages.

### **3.7. Intervention Logic**

The Intervention Logic is based on risks and assumptions stemming from the context analysis. The most significant assumptions are included in the Logframe Matrix in Appendix.

## **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

### **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 from the adoption of this Action Document by the Operational Board until 14 December 2023, which is currently the latest date for implementation of the Trust Fund Madad. A possible extension of the implementation period may be decided by the Manager, and immediately communicated to the Operational Board.

### **4.3. Implementation components and modules**

#### ***4.3.1. Indirect management with WHO***

This action may be implemented in indirect management with the World Health Organisation (WHO). This implementation entails:

- To contribute to increase access to quality and equitable health care services for refugees and vulnerable Jordanians.
- To “review the health system approaches and the development of a costed long-term strategy”

WHO by mandate is the directing and coordinating authority on international health within the United Nations’ system. In Jordan, the envisaged entity has been selected using the following criteria:

- Strong and longstanding partnership of trust and mutual accountability with the Government of Jordan and national stakeholders;
- Leadership in supporting the adoption of international health standards, legal frameworks, and policies;
- 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.

WHO in Jordan is also a co-chair of the donors' coordination working group with MoH.

The EU does not have at the moment direct experience through budget support with the MoH in Jordan.

#### 4.4. Indicative budget

<b>Budget</b>	<b>EU contribution (amount in EUR)</b>	<b>Indicative third party contribution, in currency identified</b>
<b>Indirect management</b>		
Delegation Agreement/Contribution Agreement with WHO	<b>43,000,000</b>	N/A
<b>Total</b>	<b>43,000,000</b>	

*Costs for monitoring, evaluation, communication and visibility shall be included in the projects' budgets and included in each contract.*

#### 4.5. Performance monitoring and reporting

Monitoring shall be ensured primarily through EU Delegations in-country and in particular with the assistance of specific Trust Fund field and liaison officers posted within the EU Delegations. In addition, the EU Trust Fund has an independent Monitoring and Evaluation 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 Syria Monitoring and Evaluation Framework is to assess, across various levels, the degree to which the Overall Objective of the Trust Fund has been achieved. Partners implementing this Action will comply with the ad hoc Monitoring and Evaluation Framework developed for the EUTF Syria as well as with the reporting requirements and tools being developed by the EU Trust Fund.

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

The monitoring and evaluation 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 European Commission.

#### **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 Members States and other stakeholders of the Trust Fund 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 Syria Communication and Outreach Lead. The related costs will be covered by the project budgets. The measures shall be implemented by the implementing consortium/ia, and/or contractors, and/or grant beneficiaries. Appropriate contractual obligations shall be included in, respectively, procurement and grant contracts.

The global objective of the EUTF Syria 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 Member States.

The Communication and Visibility Manual for European Union External Action together with specific requirements for the EUTF Syria 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.

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

	<p><b>Results chain:</b> Main expected results</p>	<p><b>Indicators (All indicators targeting beneficiaries shall be disaggregated by sex and community of origin; a COVID-response disaggregation should also be provided when applicable)</b></p>	<p><b>Sources and means of verification</b></p>	<p><b>Assumptions</b></p>
<p><b>Impact (Overall objective)</b></p>	<p>To increase access to quality and equitable health care services for refugees and vulnerable Jordanians through health system strengthening and service delivery, in the context of the COVID19 outbreak</p>	<p>Percentage of women and girls covered by the Routine Immunisation programme</p>	<p>MoH immunization reports and evaluations</p>	<p>Not Applicable</p>
<p><b>Outcome(s) (Specific Objective(s))</b></p>	<p>1. To strengthen VPI activities at primary health care level, enhance diseases surveillance, and support Covid-19 preparedness and response, to cover the needs of Syrians refugees as well vulnerable Jordanians</p>	<p>Coverage of the Routine Immunisation programme (disaggregated by sex)</p> <p>Number of 1 years 'old fully vaccinated and number of vaccination visits for children under 5 years delivered with EUTF support (disaggregated by sex)</p> <p>Cumulative number of Covid-19 confirmed cases</p>	<p>MoH immunization reports</p> <p>ROM reports, QINs</p>	<p>High level of commitment amongst the institutional stakeholders to ensure successful implementation of the project, and in particular confirmation of priorities from the Minister of Health appointed on 11 October 2018.</p> <p>The PHC facilities to be used and their respective needs are identified</p>

	2. To support the revision of the existing health systems approaches and long term strategy to achieve UHC living no one behind	Number of set of priorities and interventions outlined		following MoH and/or partners data and planning, taking into consideration other donor interventions in the meanwhile.
<b>Other Results (Outputs and/or Short-term Outcomes)</b>	<p>1.1 Access to medical care and health services facilitated to Syrians and vulnerable Jordanians</p> <p>1.2 Strengthened human (MoH) capacity to deliver primary health care services (emphasis on immunisation and diseases surveillance), and response to COVID-19</p>	<p>Number of Syrian refugees and vulnerable Jordanians with access to vaccinations per year</p> <p>Number of primary health care consultations conducted with refugees and host communities (COVID 19 related) (EUTF14)</p> <p>Number of cases treated in emergency services (COVID 19 related) (EUTF 16)</p> <p>Number of professional (MoH) staff trained in primary health care services and diseases surveillance.</p>	<p>MoH immunization reports, QINs, ROM reports</p> <p>WHO reports, attendance sheet, QINs, Rom reports</p> <p>Awareness material, QINs</p> <p>WHO reports, QINs</p> <p>WHO reports, QINs</p> <p>MoM of donors' coordination</p>	

	<p>1.3 Health infrastructure improved</p>	<p>Number of professional staff trained in primary, secondary and tertiary health care services (COVID 19 related) (EUTF 20)</p> <p>Number of people reached through health education activities also COVID specific (EUTF 21)</p> <p>Number of people reached through awareness campaigns, (EUTF 42)</p> <p>Number of Primary Health Care Centres equipped to deliver vaccines.</p> <p>Number of health infrastructure upgraded/refurbished/constructed for the COVID 19 response (EUTF 23)</p> <p>Number of staff trained in target institutions</p> <p>Number of PPE procured and distributed, including surgical and N95 masks, gloves boxes, gowns, goggles, face shields and sanitation equipment (COVID-related)</p>	<p>group documentation, QINs</p>	
--	-------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------	--

	<p>2.1 Local, national and international systems and service delivery capacities in target areas strengthened</p>	<p>Number of technical guidance documents on public advice developed – (COVID-related, to align with EUTF KPI 43)</p> <p>Number of health policies and strategies developed and/or revised with EUTF support</p> <p>Number of health programming developed and/or revised with EUTF support.</p>		
--	-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--