

Health Sector Working Group Meeting, May 2024

Minutes of Meeting

Date: 30 May 2024

Place: UNHCR Amman Branch Office

Chaired by: Dr Adam Musa-UNHCR

Attendees: UNHCR, USAID, UNFPA, UNICEF, CVT, RHAS, Caritas Jordan, IRC, IMC, HI, Medair, ICRC, CDE, Health Appeal, EMPHNET, SAMS, AMR,IOM ,and IRJ

Operational Updates (UNHCR)

- The budget reduction impact was emphasized, and the work finalized with the implementing partners (IMC, AMR, SCJ, and Caritas) accordingly. Cash for health is suspended, only one clinic in urban supporting vulnerable refugees, Zaatari camp there will be no longer Primary health care services supported by UNHCR.
- With the growing needs of the refugee's population, donors' fatigue and reduction in funds partners are invited to think in different modalities and approaches for projects implementation. Focus more on primary health care approach and closer coordination and collaboration should happen with partners and advocate for more medical and surgical missions. As Multi-donor account alone can't solve the problem of refugees' access to Ministry of health supported services.
- At the level of the camps, with the shortages in fundings, example of great collaboration and coordination happened in Zaatari camp where the cohort of NCDs and acute patients after the closure of D6 clinic will be distributed amongst operational partners. Essential health services to be maintained with close monitoring of key public health indicators will continue. If there are any critical gaps, we will inform the partners involved in different forums in the camps and at the national level in this sector. Epidemiological updates from the camps were provided with one suspected measles case in Zaatari camp for a 10-month-old child, Ministry of health has interpreted the case as vaccine associated measles.
- An ISWG workshop on transformation took place on Tue May 28th, the objective of the workshops to come out with recommendations to JoSHC (Jordan strategic Humanitarian Committee). The first recommendation is to consider more sustainable interventions going forward focusing on development solutions and moving away from the considering only the humanitarian approach to the more sustainable interventions especially with the shortages in funds and loss of interests by donors' community. The transition between humanitarian and developmental programs should happen in a smooth and sensible approach. Second recommendation is the establishment of a humanitarian-developmental nexus forum including both types of agencies and Health Partner Development forum fund was a great example provided. This recommendation focused on inviting donors who have dual mandate. The final report and outcomes of this workshop will be presented to JoSHC and other relevant platforms.
- A bilateral Deep dive meeting took place between UNHCR and USAID on May 27th. That included many sectors and health was one of them. In this meeting, UNHCR presented in all sectors the current context, gaps, and challenges with the decrease in funding and explored ways of

collaboration and advocacy with USAID as a development donor. So, in terms of health, it is already advanced with the health partner development forum fund and the MDA. Opportunities explored included the engagement of MOH in service provision at primary health level in the camps and the main gap highlighted on data availability on refugees accessing MOH services.

USAID

USAID provided a brief description of the MDA (Multi Donor Account) or Joint Financing Arrangement. It includes the following donors: USAID, Denmark, Qatar, WB, Germany, Italy, and Canada. The MDA was established when the refugees' access to MOH services was 80% with the purpose of which is to support the governmental health system, reverse the access policy and provide refugees with subsidized cost with only 20% copayment. The MDA is not a cost reimbursement modality for refugees' access, it is a fund that is provided to ministry of health to support the system and allow refugees access. The funds are used quite flexibly by MOH in out of camps settings. Examples include expansion of departments in Bashir Hospital (ICU, Surgery, Cardiac), Renal dialysis unit, Karak governmental hospital. Quarterly meetings take place between MOH and MDA to monitor the progress on the use of funds and the refugees' access to MOH services. The challenge highlighted is presenting the data on refugees' access and more mobilization efforts to take place for refugees' access to MOH supported services mainly at PHC using the service guide and policy manual. This round of MDA support will end in Dec 2024, an extension is expected due to the current gaps in the funding situation, it will be called JFA. Donors are currently conducting an evaluation process to have informed decision on the expected changes on the second round of funds. USAID will ensure continues attendance for this coordination forum to understand the current services provided for refugees by organizations and how it links with the public health care system, explore opportunities for field visits, and highlight opportunities that could be presented for the ministry of health for utilizing the MDA funds.

EMPHNET

A new project/study to be implemented on integrating mental health and family planning services in 2 governorates (Mafraq and Northern valley) targeting vulnerable Jordanians and refugees. This study will include 2 centers in each governorate (one as an intervention and the other a control). Bilateral meetings are welcomed to expand and scale up the project with other organizations.

The NN and stillbirth work audit is continuing in partnership with UNHCR, a reduction in the rate of Stillbirth is noticed especially in Azraq camp.

EMPHNET is offering an online 3 courses in public health (IAPH-International Academia in Public Health), the fee for the course is 30 dollars for the course.

AMR

An establishment of new 5 clinics under project called "Nabed" with Kuwaiti funds 2 in Irbid, 1 in Zarqa, 1 in Amman, and 1 in Balqa. The patients pay supported cost which is higher than the non-insured Jordanian rate. Medications are provided for free based on availability of medications. Signed an agreement with CDE for detecting cases with DDH. Shortages in funds for health center in Zaatari camp by Kuwaiti donors may lead to stop in providing health services in the camp including the diagnostic radiology center, and maternal child health services.

CVT

A presentation was done about their activities in Jordan to strengthen the linkages and coordination with health sector members. Followed by Q&A. The presentation to be attached with the Minutes of Meeting. Organizations who seek self-care training and trauma centered approach can contact CVT for support.

UNFPA

IFH will be the new Implementing partner for UNFPA in Azraq camp providing SRH and SGBV services. HCAC to present the women health friendly/rh program that was implemented in 10 centers funded by UNFPA (1st phase), 20 centers funded by USAID through URC (2nd phase), and 3rd phase a baseline assessment for 40 centers surrounding refugees' camps in Mafraq and Zarqa Governorates.

Medair

In the second week of June Medair will launch a call for proposal to implement community health, behavior change communication and PSS and mobility aid activities. Local NGOs are encouraged to apply. The number of community health volunteers are decreased so NGOs looking to higher qualified volunteers who have been working in the field for long periods are encouraged to approach Medair. The cash for health program supporting deliveries in Zaatari refugee camp will stop by June. And cash for health project design changed to have focal points in the main governmental hospitals for cases uptake and established connections with CBOs.

Action Point: Medair is accepting referrals from NGOs in governorates they are working in including Amman, Zarqa, Irbid, Jerash, Ajloun, Madaba, and Balqa. The contact details and registration link will be shared through working group mailing list.

CDE

- Planning for orthopedic, surgical, and cardiac missions, the floor is open for referral of cases for initial consultations. Close coordination already taking place with UNHCR.

HI

- HI is establishing a rehabilitation department PHC Al-Badya Al Shmalyeh / Mafraq, Kofor Asad / Irbid, and Tal Al Mantah Center / Jordan Valley.
- The National Rehabilitation and Assistive Technology Committee will create a provisioning protocol for the endorsed Prioritized assistive devices list.
- 2 Occupational Therapy created in Karak and Tafilah Hospitals.

IOCC

Azraq camp activities include audiologist and optometrist for hearing and visual tests, ENT and ophthalmologist providing consultations and medications prescription and Ear mold labs.

Urban program located in Amman, Irbid, Karak, Zarqa, and Russayfa including physiotherapy, Occupational therapy, speech therapy and Special education, ENT and Ophthalmology consultations, and mobility aids and ear mold labs.

IMC

Mental health services are running smoothly in urban settings. Referrals for emergency lifesaving from the camps to ministry of health services as first line is progressing well. IMC has been in touch with UNICEF to continue the essential services in camps during the transition of services including the pediatric services at the IMC hospital in Azraq camp. One of the important decisions that was made is to continue the IYCF services integrated into the PHC facilities. IMC, UNHCR and UNICEF will continue to coordinate with relevant partners including the community health partner to make the transition of nutrition services smooth and effective.

UNICEF

UNICEF project operated by IMC was finalized after budget reduction, the outcome is reducing pediatric capacity beds with the same services maintained. IYCF will be integrated within primary health care centers, and it will be discussed how the integration process will take place.

Interagency coordination Unit-UNHCR

Appeal budget was around 89 million dollars, 10 partners reported whether on the Jordan financial tracking or through activity info, 9 partners are still pending funding status reporting for quarter 1. What is reported is only 10.6 million which is 12% of the appealed budget.

Action Point: Interagency coordination unit to present quarter one and quarter two findings in the next working group meeting.

Action Point: reminder for focal points assigned to report on Jordan financial tracking or activity info to comply and submit their activities and funding status for Q1 and Q2.

SRH SWG

The meeting took place on 22nd of May 2024, it was co-chaired with MOH. It was attended by representatives from Bangladesh mission from UNFPA to learn from Jordan experience of delivering humanitarian interventions to the refugee population. This meeting theme was addressing the disparities in the uptake of family planning between Syrian refugees and Jordanians. Presentation used data from DHS, HAUS, and services delivered inside camps. Discussions took place in the meeting to address the reasons for these disparities which include the need for multi-sectoral approach, lack of data until the DHS results are out, and in-depth analysis needs to further take place to address the disparities, women in camps lack other opportunities in their lives beyond having children, and UNFPA position is not to limit number of children but to support couples to have informed decision when to have children.

Action Point: UNFPA will present the outcomes of EMONC assessments for all hospitals next working group meeting.
