

# **HEALTH SECTOR WORKING GROUP (HSWG)**

## **FOR THE HUMANITARIAN RESPONSE IN JORDAN**

### **TERMS OF REFERENCE**

---

#### **BACKGROUND**

Jordan has a long history of hosting refugees and asylum seekers. There are 4 main population groups of concern: Syrians – over 570,000; Iraqis – approximately 26,000 registered with UNHCR; other refugees (Sudanese, Somalis and others) – 2,200 registered with UNHCR; and affected host community.

#### **OBJECTIVES**

The main objectives of the HSWG are to:

- To support and strengthen national capacity in responding to the humanitarian crisis by maintaining a platform for all partners and stakeholders to coordinate their response through information sharing and through pooling of health expertise, resources and health information.
- To coordinate assessment, design, planning, resource mobilization, implementation, monitoring and evaluation of health strategies, projects and activities, including joint interventions that target persons of concern, with the avoidance of duplication and overlaps and ensuring geographical coverage;
- To advocate and initiate a policy dialogue with the Jordanian national authorities including Ministry of Health, other line ministries and donors to adopt and/ or strengthen current policies that affect the health status of persons of concern as well as the affected host population, to ensure that relevant issues are promoted and clearly addressed in these policies;

#### **CORE FUNCTIONS**

To attain these objectives, the HSWG members agree to collaborate on fulfilling the following core functions:

##### **1. Provide a platform to ensure that service delivery is driven by agreed strategic priorities**

- Ensure the inclusion and coordination of all the key humanitarian partners in the health sector.
- Ensure that the engagement of the different partners responds to the needs.
- Link with relevant authorities and other coordination fora.
- Encourage and support decentralisation of health coordination to the sub-national level.
- Support capacity building of health authorities at national and sub-national level, national and international NGOs, and other civil society organisations on coordination and response.

##### **2. Develop mechanisms to eliminate duplication of service delivery**

- Develop, use and update tools for the collection, analysis and management of health data.

- Share regular updates on interventions, discuss their appropriateness and explore programme complementarities and/or integration through a regular update of the 5Ws (Who does What, Where, When and to whom).
- Promote information sharing among partners and with other working groups (WASH, Protection, Education, etc.).

### **3. Conduct needs assessments and gap analyses which inform prioritisation**

- Conduct assessments to identify the needs of the sector
- Promote the implementation of inter-agency and multi-sectoral assessments using commonly agreed indicators.
- Support capacity building of health authorities at national and sub-national level, national and international NGOs and other civil society organisations on needs assessment.
- Conduct gap analyses to determine the gaps in geographic coverage and the priority health interventions that require additional assistance.
- Coordinate a joint analysis of needs assessments and gap analyses to support response planning and prioritisation in the short and medium term.

### **4. Develop sectoral plans in support of the realisation of the humanitarian priorities in the country**

- Develop and regularly update a common strategic plan to respond to the identified needs and to fill the identified gaps.
- Ensure that the immediate response strategy fits with the existing longer term vision.
- Collaborate with other sectors against strategic objectives and address cross-cutting issues.
- Include the development of a transition strategy which includes capacity building of national counterparts and development partners where needed.

### **5. Application and adherence to standards and guidelines**

- Ensure that the members of the HSWG are informed about national policies, norms and engagements related to health
- Support the application of internationally recognised norms, such as the *Sphere Humanitarian Charter and Minimum Standards in Humanitarian Response*
- Promote best practices in programme planning, implementation, monitoring and evaluation.

### **6. Funding**

- Determine broad funding requirements with partners.
- Make recommendations on funding allocations under jointly agreed criteria and prioritisation within the context of the Regional Response Plans.
- Provide technical review of project proposals when requested.
- Track the status of funding requests and share this information with relevant partners.

### **7. Advocacy**

- Develop and implement a common advocacy strategy relating to health of populations of concern.
- Contribute to resource mobilisation to support health priorities.

- Advocate for the active participation of the government at national and sub-national level, particularly the Ministry of Health.

## **8. Monitoring and reporting of the Working Group strategy and workplan**

- Monitor the HSWG strategy and workplan using tools in accordance with agreed minimum standards and common indicators.
- Map progress against the agreed strategic plan and identify corrections when required.
- Produce and share regular reports with all concerned actors on the health needs and activities.

## **9. Contingency planning and preparedness**

- Embed risk reduction in all the activities of the HSWG.
- Contribute to the un-interrupted functioning of the health system by bringing risk reduction into the development agenda in the health sector.
- Contribute to contingency planning at the national and the sub-national level where required.

## **STRUCTURE and WORKING MODALITIES**

The Health Sector is co-chaired by WHO and UNHCR. The secretariat of the sector is provided by UNHCR. The secretariat will call for meetings, document their proceedings and disseminate relevant documentation.

The Health Sector Working Group Meetings will take place on the last Thursday of the month between 12 and 2 pm unless otherwise communicated. However, the sector chairs may call for ad-hoc meetings to discuss specific topics as appropriate. The venue will rotate between UNHCR and WHO. The duration of the meeting will be a maximum of 2 hours.

A draft agenda will be shared a minimum of 3 days before the meeting and inputs sought from all agencies. The meeting minutes will be circulated within 3 working days after the meeting has been held.

A Humanitarian Health Strategy will be developed collectively and all partners will be encouraged to use the strategy for planning their health activities.

The Chairs will be responsible for coordinating the preparation and implementation of the sector's workplan, based on the priorities periodically identified by the sector members.

The core members of the HSWG are:

- a. UN Agencies implementing or funding health programmes;
- b. Registered international, national and local NGOs implementing health programmes;
- c. International Federation of the Red Cross/Red Crescent and International Committee of the Red Cross; Jordan Red Crescent Society
- d. Ministry of Health

Other agencies, donors or organisations involved or funding health activities are also encouraged to attend meetings and be on the health sector mailing list.

Agencies' focal points will represent their respective organisations and will not participate in their own individual capacity. The focal points should therefore be fully knowledgeable about

their agency's mandate, capacities, priorities, and perspectives when attending the health sector working group activities. The focal points will be responsible for briefing their organisation on the orientation, recommendations, and decisions etc. of the health sector working group and will also be responsible for ensuring that appropriate mechanisms are established to facilitate information sharing within their own agency.

The health sector working group chairperson(s), in consultation with the group members or based on their request may invite other speakers/ resource persons to participate in the group meetings and activities to provide specific tasks/ inputs.

### **Subgroups and affiliates**

Based on the identified needs, the health sector may decide to establish sub-groups. Currently, three sub-working groups are reporting to the Health Sector: Reproductive Health, chaired by UNFPA; Nutrition, co-chaired by UNHCR and Save the Children Jordan; Mental Health and Psycho-Social Support, co-chaired by WHO and IMC, reports jointly to the Health and Protection Sectors. Each sub-working group has its own terms of reference and reporting by the chair of the sub-group to the Health Working Sector Group.

A Community Health Task Force, chaired by IFRC, and a Non-Communicable Diseases Task Force, were also formed in late 2013 and early 2014, respectively. These will be time limited with specific deliverables. Other Task Forces may be established as the need arises.

The sector chairs will actively participate in the Inter-Sector Working Group to ensure information sharing, and harmonization of activities and services across sectors.

A Health Sector Strategic Advisory Group was also formed in early 2014, to guide the HSWG in strategic direction, key humanitarian health-related policy decisions and development of key strategies/positions. Current members of the Health Sector Strategic Advisory Group are MoH, UNHCR, WHO, UNICEF, IMC, UNFPA, Handicap International MDM and USAID. A separate terms of reference has been developed for this group.

### **Relationship with field-based Health Sector Coordination Mechanisms**

Currently Health Coordination meetings take place in Zaatri, Irbid, Mafraq and more recently Azraq. For the most part these are chaired by the Ministry of Health with support of either UNHCR or WHO. The Amman-based Health Sector Working Group and the National Emergency Committee are responsible for setting strategic direction for the sector but this direction will be informed by the realities of implementation in the field. The field based coordination mechanisms will develop individual terms of reference. Broad guidance is provided below:

- Coordinate activities at the level of implementation following strategic direction from national level.
- Contextualization of national strategies, and address and agree on solutions to area-specific issues.
- Make inputs and provide feedback on the realities of implementation to inform strategic direction
- Monitoring of area based achievements against national sector targets
- Raise issues to the Health Sector Working group and the National Emergency Committee if they cannot be resolved at field level.
- Provide updates to the Health Sector Working group and the National Emergency Committee

## **GUIDING PRINCIPLES**

The work of the HWSG will be guided by international principles of equity of access and human rights. Reference to the Sphere *Humanitarian Charter and Minimum Standards in Humanitarian Response* will also be made.

In addition, all members of the HSWG agree to base their partnership on the globally agreed upon Principles of Partnership:

- Equality among partners in consultation and decision making
- Transparency among partners
- The primacy of a result-oriented approach to humanitarian action
- Responsibility between partners to accomplish undertaken tasks
- Complementarity between the capacity and activities of local and international actors.<sup>1</sup>

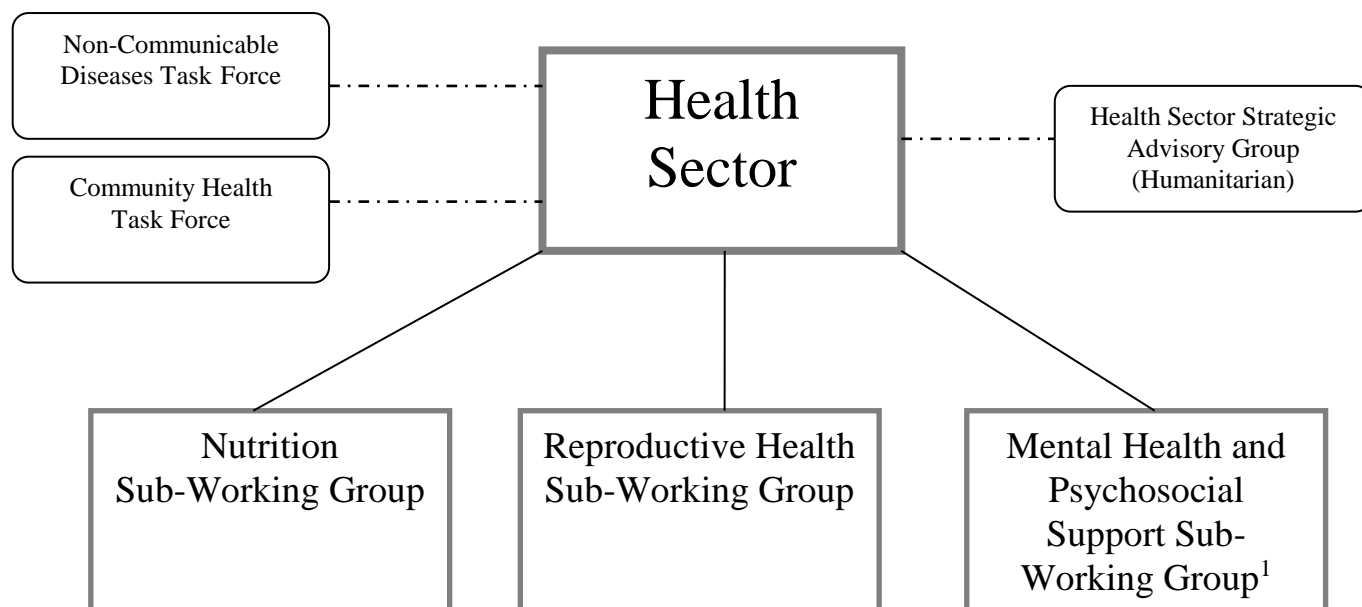
## **AMENDMENTS TO THE TERMS OF REFERENCE**

These terms of reference will periodically be amended, in particular when there are substantial changes in the situation on the ground.

---

<sup>1</sup> 'Principles of Partnership: A Statement of Commitment', endorsed by the Global Humanitarian Platform, 12 July 2007: <http://www.globalhumanitarianplatform.org/pop.html#pop>

Diagram 1: Organogram Health Sector Coordination Jordan



<sup>1</sup>Also reports to the protection sector