



TECHNICAL COOPERATION ON MIGRATION HEALTH IN THE HASHEMITE KINGDOM OF JORDAN

Project type:	Health Promotion & Assistance for Migrants (H2)
Secondary project type:	N/A
Geographical coverage:	Jordan
Executing agency:	IOM Amman, Jordan
Beneficiaries:	Jordanian Ministry of Health, Directorate of Chest Diseases and Migrant Health, WHO and other UN Partners; Academia in Jordan, government officials from selected countries of origin
Partner(s):	Ministry of Health, Directorate of Chest Diseases and Migrant Health, Ministry of Immigration, Ministry of Labour
Management site:	IOM Amman, Jordan
Duration:	15 months
Estimated budget:	US\$ 150,000

Summary

The Hashemite Kingdom of Jordan (HKJ) connects many human movement routes, and is at the same time a destination for many foreign migrant workers. Being the host country for many citizens from other countries in the region, Jordan faces the challenge of meeting the health demands of numerous migrants, including internal migrants, visitors from neighboring countries, tourists extending their stay, refugees in both border and urban areas, and numerous migrant workers from the neighboring countries or from South and South East Asia.

The 61st World Health Assembly (WHA) adopted Resolution 61.17 on the Health of Migrants in May 2008. This Resolution calls for Member States, including Jordan, partner agencies and key stakeholders to inter alia “promote migrant-sensitive health policies and practices and to promote equitable access of health promotion and care for migrants”.

This 15-month project aims to strengthen the capacity of the Government of the HKJ to promote and address the health of migrants. Firstly, it will implement a comprehensive situational assessment and analysis on health needs and vulnerabilities of labour migrants in Jordan, in coordination with the government and other relevant stakeholders. Secondly, a knowledge exchange visit will be organized for selected stakeholders from countries that send migrant workers to Jordan for an inter-ministerial working group meeting (including representatives of the Ministries of Health, Social Welfare, and Labor). This will allow information sharing between

migrant sending and migrant receiving countries. In addition, these stakeholders from migrant-sending countries will be able to participate or at least give input into the National Conference on Migrants' Health in Jordan, where Government agencies, partners and other key stakeholders will validate the findings of the studies and agree on priority actions and strategies. Thirdly, this project will support the newly established Department of Migration Health (DMH) located within the Directorate of chest diseases and Migrant Health within the Ministry of Health (MOH) of Jordan. It is envisioned that based on the findings of the situational assessment studies, the identified gaps and challenges in providing migrants sensitive health services, and the input from all concerned stakeholders during the National Conference, the Ministry of Health and other concerned Ministries of the Government of the HKJ will have increased capacity to address migration related health challenges.

I. Rationale

HKJ hosts an estimated 250,000 irregular migrants from neighboring Egypt, some of whom migrate seasonally, and some for prolonged periods of time. Other migrant workers, originating mostly from Asia, are working mainly as domestic workers and in the service sector (including beauty parlors, restaurants, hotels, etc). According to the Jordanian Ministry of Interior the Directorate of Chest Diseases and Migrant Health these migrants are estimated to be in a range of 150,000.

Some migrants in the HKJ are vulnerable to negative health outcomes. These are often related to their immigration status, particular profession, place of origin, their pre-existing health profile, cultural practices, gender, language barrier, religious differences, and precarious living and working conditions. Most of these factors marginalize these groups of migrants and present obstacles to accessing health services.

According to data from the Ministry of Health, infectious diseases with a possible impact on public health are found in migrant populations, including Multi Drug Resistant (MDR) Tuberculosis. Data gathered through relevant National Health Surveys do not collect disaggregated data on migrant populations and therefore it is difficult to identify the major health needs of these populations. The situation in the HKJ is further complicated due to the different typologies of migrants. There is a marked difference between the two major migrant groups, the group of mostly non-Arabic speaking, non-Moslem female domestic workers coming mainly from the Philippines, Indonesia and Sri Lanka, as compared to the mostly Arabic speaking, male, construction workers coming from Egypt. Regardless of these differences, common to most of the migrants is their being invisible in the health care platforms and certain levels of marginalization from the available health care services.

The demand for foreign labour in Jordan is increasing, leading to the need to include migrants within national strategies and policies, including health related ones. HKJ has expressed clear interest in collaboration with IOM in the area of addressing the challenges of migrants' health.

The existing health promotion programmes do not focus on migrants. There is a risk of introduction and/or reintroduction of diseases that are no longer prevalent in the HKJ should migrants' health needs not be addressed. From a public health point of view it is good practice to

include the most vulnerable groups within the hosting communities into the provision of health promotion and health care services.

Female foreign workers are vulnerable to ill health, due to certain religious, language financial and cultural factors, their working conditions, lack of awareness of appropriate health-seeking behavior, social isolation, poverty, lack of communication options and low literacy levels. Pregnancy might present an additional challenge to female workers, with the real fear of losing employment and options for livelihood. Those with irregular immigration status may face additional challenges due to the potential of further erosion of their basic rights.

Migrants' health is not the sole responsibility of one sector or either migrant-sending or migrant-receiving countries but it is a joint responsibility that requires close cooperation among the different sectors and between relevant countries. Increased regular information sharing, technical collaboration and inter-ministerial collaboration, such as between Ministries of Health, Social Welfare, Labor, Foreign Affairs are considered crucial since the health of migrants issues cannot be addressed by the health sector alone, and thus, necessitates a multi-sectoral approach.

It is foreseen that the newly established DMH will be tasked with data collection on migrants' health, information sharing, coordination with other government departments, international cooperation and programs to address migrants' health in the HKJ. The DMH will be responsible for mobilizing all relevant government entities and development partners to mainstream migration into health policies, develop migrant friendly health programs, and facilitate information sharing.

2. Partnerships and coordination

Jordan, through a letter from the Minister of Health, has requested IOM's assistance in elaborating and supporting the roles and responsibilities of the Department for Migration Health (DMH) within the Directorate of Chest Diseases and Migrant Health Ministry. The newly established DMH will oversee the overall implementation of project activities. IOM will provide technical cooperation with the aim to establish a national framework towards migrant health programming and inclusion of migrants in the relevant national health policies.

This project will be managed by the IOM Mission in Amman, Jordan, supported by the IOM Regional Migration Health Officer (Africa and Middle East) based in Nairobi, Kenya in close collaboration with the HKJ Ministry of Health, and relevant input from the World Health Organization (WHO) Office in Amman, Jordan.

The Regional Migration Health Officer based in Nairobi will support the IOM Chief Medical Officer in providing technical assistance to the Government of HKJ and assist with the implementation of the project activities. Relevant studies will be planned and conducted jointly by the Jordanian MOH DMH Medical Officer and the IOM Medical Officer, with technical support from IOM's Global Migration Health Research Coordinator, amongst others. IOM technical staff in Amman, Nairobi and Manila (Global Coordinator Migration Health Research) will actively participate in study design, data collection and analysis, as well as dissemination of the findings.

IOM Missions in Egypt, Indonesia, the Philippines, Iraq and Sri Lanka will assist in the facilitation of travel by respective government representatives to Jordan.

IOM Amman will provide office space for staff and consultants involved in the project and facilitate visa / travel arrangements for all foreseen international travel. The IOM Migration Health Assessment Centre and its staff in Amman are available for any support needed for the successful implementation of the project.

The Directorate of Chest Diseases and Migrant Health within the MOH will provide the needed support to this project and ensure the successful development and implementation of the project activities, through the participation of key individuals, agencies, ministries and other relevant institutions in the project activities. The Directorate will provide all related strategic information and policy guidelines.

The Directorate has allocated office space for the DMH as needed for the duration of this programme and beyond, and is committed and eager to see the proposal's outcomes go through as envisaged. The Directorate is going to lead the preparatory activities for the National Conference and will provide coordination / assistance for the planned international visits to the HKJ.

3. Sustainability

The project proposed to the IDF will be sustainable as it is envisaged to build the capacity of the Government of the HKJ through a highly participatory approach, as agreed with the MOH of the HKJ. The project will identify existing gaps/issues in migrants' health policies and programmes and will have, as the main outcome, a national action plan to implement the WHA resolution on the Health of Migrants in Jordan, owned by the Ministry of Health with strong buy-in of key stakeholders in Jordan and beyond. With increased knowledge and capacity build in the HKJ Ministry of Health, the government will be able to address the migration related health challenges through improved multi-sectoral and inter-country cooperation and collaboration.

4. Evaluation

No specific external evaluation will be done of the project as a whole, but at the end of the 2 day national consultation on the health of migrants all participants will fill in a questionnaire to assess if the implementation and achievement of expected outputs and outcomes of the project.

5. Results matrix

	<i>Indicators</i>	<i>Baseline/Target</i>	<i>Assumptions</i>
<p><i>Objective</i></p> <p>To contribute to better health outcomes of migrants residing in or transiting through the HKJ, for the benefit of migrants, the HKJ and migrants' countries of origin.</p>	<p>% of migrants returning to Country of Origin as a result of illness or injury</p> <p>Health indicators (incl occupational injuries and prevalence of CDs and NCDs) for migrants are similar to health indicators of local population</p>	<p><i>Baseline: not available</i></p> <p><i>Target: 0-1%</i></p> <p><i>Baseline: not available</i></p> <p><i>Target: difference in health indicators between migrants and local population less than 5%</i></p>	

	<i>Indicators</i>	<i>Baseline/Target</i>	<i>Assumptions</i>
<p><i>Outcomes</i></p> <p>1) Improved capacity of the Government of HKJ, in particular the DMH, to address migration related health challenges in HKJ through better know how and data on migrants' health, as well as strengthened multi-sectoral cooperation among different governmental and non-governmental stakeholders</p> <p>2) Strengthened collaboration and cooperation between the Government of HKJ and relevant governments of labour migrant-sending countries through the exchange of information and country visits with aim to identify common solutions to common challenges with regard to the health of migrants residing in the HKJ.</p>	<p>DMH is fully staffed and funded by the Government of HJK</p> <p>DMH is annually collecting data on health of migrants in Jordan</p> <p>National health policy inclusive of migrants is in place</p> <p>Bilateral labour agreements between HJK and sending countries include comprehensive health coverage of migrant workers with similar rights and protection as local workers</p>	<p><i>Baseline:</i> Currently part of operational and staff costs are funded by IOM <i>Target</i> by December 2012 all staff and operational costs of DMH come from government budget.</p> <p><i>Baseline:</i> Currently no institution is collecting disaggregated data on migrant health in Jordan <i>Target:</i> by end of 2012 the tools are in place to annually collected disaggregated data</p> <p><i>Baseline:</i> Currently there is no policy in place on migrant health in Jordan and/or migrants are not included in national health policy <i>Target:</i> by mid- 2013 a migrant inclusive health policy is in place</p> <p><i>Baseline:</i> Currently the bilateral labour agreements do not adequately provide for health coverage of labour migrants <i>Target:</i> by mid- 2013 comprehensive health coverage is included in bilateral agreements</p>	<p>Continued high level political support in the government of Jordan to address the health of migrants</p> <p>The DMH has high quality technical staff in place to develop and manage migration health policies and programmes and implement the recommended priority actions in the national operational plan</p>

	<i>Indicators</i>	<i>Baseline/Target</i>	<i>Assumptions</i>
Outputs			
1.1 Jordanian health authorities and other relevant stakeholders have gained in-depth knowledge on existing gaps and needs with regard to migrant's health in the HKJ.	Situational assessment finalised	<i>Baseline measurement</i> to date, no study has comprehensively reviewed the health of different labour migrants in Jordan <i>Target</i> comprehensive study report available	Selected researcher(s) have successfully completed the situational assessment and have included inputs and comments by relevant stakeholders
	Nr of copies of study report printed and distributed	<i>Baseline measurement</i> 0 <i>Target</i> 500	Continued support and interest from government authorities in Jordan as well as government representatives from countries of origin, representatives from international community, academia and civil society to work together collaboratively to ensure there is consensus on final national operational plan on the health of migrants
1.2 Inter-sectoral collaboration between government sectors (health, labour, foreign affairs, immigration) and between government and non-governmental partners (UN Community, NGOs, Academia) is strengthened to address migration –related health challenges in Jordan	Nr of inter-sectoral meetings held per year that include also stakeholders from International Community, academia and civil society	<i>Baseline measurement</i> 0 <i>Target</i> 3	
2.1 National operational plan in place to implement priority actions, in line with the WHA Resolution on the Health of Migrants.	National operational plan on the Health of Migrants in place	<i>Baseline measurement</i> currently there is no such operational plan <i>Target</i> national operational plan in place by Dec 2012	
2.2 Jordanian authorities and representatives of countries of origin have better knowledge to address migrants' health needs and challenges through inter-country collaboration.	% of participants that participated in national conference on health of migrants that reported improved knowledge as a results of participation	<i>Baseline measurement</i> 0 <i>Target</i> 80%	

	<i>Indicators</i>	<i>Baseline/Target</i>	<i>Assumptions</i>
<i>Activities</i>			
For Outcome 1:			
<ul style="list-style-type: none"> - Provide technical assistance to the Directorate of Chest Diseases and Migrant Health (DCDMH) in the Ministry of Health in order to effectively conduct a comprehensive situational assessment and analysis on health needs and vulnerabilities of labour migrants, i.e. assist in drafting TOR for researcher, recruiting researcher, developing research methodology, reviewing draft findings, dissemination of results etc - Facilitate regular meetings between different government sectors and between government and non-governmental partners to facilitate input into planning and implementation of situational assessment 			<p>Availability of high quality researchers within allocated budget</p> <p>Continued interest and support from different government and non-governmental partners to address the health of migrants in Jordan</p>
For Outcome 2:			
<ul style="list-style-type: none"> - Facilitate a knowledge exchange visit to Jordan for 6 selected Government officials from Indonesia, Sri Lanka and the Philippines, 2 from each country. The delegation will discuss with the Government of Jordan the relevant issues pertaining to migrants' health in the Kingdom. - In conjunction with the knowledge exchange visit, a National Conference on Migration Health will be organized by IOM and the HKJ MOH, where all relevant stakeholders will be discussing the findings of the Comprehensive Situation Assessment. Relevant stakeholders will include representatives from the Jordanian Government, academia, civil society and representatives from the international community as well as representatives from Indonesia, Sri Lanka and the Philippines. The National Conference shall lead to the creation of a national operational framework with defined priority actions for policy makers and other stakeholders that will strengthen responses on migrant health in HKJ. 			<p>Continued good relations between the government of Jordan and governments of migrant-sending countries</p> <p>Situational assessment has produced good quality results which provide the basis for structured discussion and adoption of national operational plan on migrant health</p>

6. Work plan

Activity	Party responsible	Time frame														
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14	Month 15
Provide technical assistance on sit assessment	IOM	X	X	X	X	X	X	X	X	X	X	X	X	X		
Facilitate regular meetings	IOM/MOH	X				X						X			X	
Facilitate a knowledge exchange visit to Jordan	IOM/MOH															X
Organize a National Conference on Migration Health	IOM/MOH															X

7. Budget