Future challenges for UNRWA

Insufficient funding mechanism:

- Current projections of income and expenditure, for the year 2017, indicate a funding gap of 222.2 million USD across the five sectors.
- Current estimates for 2017 indicate an emergency funding shortfall of 995.6 million USD.
- With the recent funding crisis, we can only anticipate further challenges in service provision and continuity.

Deployment of healthcare reforms during the ongoing Syria crisis:

Implementing health reforms during a protracted armed conflict could stretch the resilience of an under-resourced health system, such as UNRWA. This is of particular relevance in Lebanon and Syria.

Lessons learned which can be applied elsewhere

Medications and Inventory Management:

Policies intended towards improving the rational use of medicines and the availability of stocks are crucial for emergency preparedness planning.

Decentralised decision-making:

During the crisis, operational decisions relating to health care were principally taken at UNRWA field office level. This ensured that decisions were timely and context specific and that any changes to service delivery or programs on offer could be tailored specifically to patient and staff needs.

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Resilience of UNRWA Health Systems Against the Backdrop of the Syria Crisis:

Strategies sustaining service delivery in settings of active conflict (Syria) and settings affected by protracted displacement (Lebanon and Jordan)

In January 2014, when UNRWA was able to complete its first humanitarian distribution in Yarmouk after almost six months of siege, it was met by thousands of desperate residents on the destroyed main street. © 2014 UNRWA Photo

Independent research was carried out by Queen Margaret University, Edinburgh and the American University of Beirut into the service provided by UNRWA in Syria, Lebanon and Jordan. The research explored challenges and strategies deployed by UNRWA regarding health service delivery during the crisis.

Key findings:

- The resilience of the Palestine refugee (PR) community was a key factor supporting service delivery during times of adversity
- Collaboration within UNRWA and with other agencies was essential to maintain care access for displaced populations.

Context:

These strategies took place despite the limited human resource capacity and the socio-political difficulties in Syria and at the countries of displacement.

©2017 UNRWA Photo by Maysoun Jamal Mustafa. Palestine refugee from Syria undergoes medical examination at Beddawi Health Centre, Lebanon.

"*It wasn't a challenge, on the contrary, I was enthusiastic and eager to help because I lived in the camp and I felt with the people because at the end, they are all family to me*". (*Lab Technician- UNRWA Syria*)

Syria

Country fact box:
- **526,744 Registered Palestine Refugees (PRS) with 438,000 currently present in Syria**
- **Prior to 2011, 23 UNRWA health centers were available in Syria**
- **Palestinians cannot hold the Syrian passport however; the majority enjoy the same rights and obligations**
- **In 2017, 95% of PRS depended on UNRWA's services and humanitarian aid for survival.**

Challenges

- **Massive internal displacement of Palestine refugees**
- **Operational difficulties due to loss of infrastructure**
- **Changing health and community needs**
- **Restricted availability of resources**
- **Increased number of beneficiaries reliant on UNRWA services**

Strategies

Absorption:

- **Mitigating high workload and enhancing staff attendance through task-shifting and multi-tasking**
- **Fostering coordination with UN Health Cluster enabled mobile health clinics to access hard to reach, war-torn areas.**

Adaption:

- **Establishing new health care delivery points, in areas where clinics were destroyed, to enable service accessibility.**
- **Adopting safety measures to protect UNRWA health care staff and patients**
- **Expanding the referral net across Syria by contracting with 27 hospitals to improve accessibility to secondary and tertiary care.**

Transformation:

- **Creating resource buffer stock of medicines in hard to reach areas**
- **Introducing new services such as mental health and psychological support (MHPSS)/offering assistance to both patients and staff alike**

©2017 UNRWA Photo by Maysoun Jamal Mustafa. Palestine refugee child from Syria being examined at Beddawi Health Centre, North Lebanon

UNRWA works in a chronic emergency so once an acute emergency happens, the system is in place (…) We start using our own resources until we get financial aid from donors(...)the staff know their roles, they immediately manage to cope on the ground till they receive the support from the field office. (*UNRWA Lebanon Field Office*)

Lebanon

Country fact box:
- **449,957 registered Palestine refugees in Lebanon (PRL) with 32,000 PRS present in 2016**
- **27 UNRWA health centers are available in Lebanon**
- **Government policy of non-admission to Lebanon in May 2014**
- **Social, political and economic deprivation**
- **Expensive healthcare outside UNRWA clinics**
- **24% of PRL and 63% of PRS are severely food insecure**

Challenges

- **Large number of PRL and PRS reliant on UNRWA**
- **Versatile health needs of the PR population**
- **Decentralization of decision making not complemented by devolution of budgets**
- **Hospitalization incurring additional out-of-pocket expenditure from PRL and PRS**

Strategies

Absorption:

- **Sustaining service delivery using available resources and processes**
- **Mitigating the impact of the crisis through logistic responsiveness by changing medicine stocking procedures and prescription patterns to patients thus, preventing stock rupture**
- **Alleviating high workload by building on the pre-existing deep sense of solidarity and social cohesion amongst the PR community**
- **Executing emergency preparedness plans in a timely manner thus, allowing PRS to access UNRWA services shortly after displacement into the country**

Adaption:

- **Expanding the logistics and procurement network to sustain medicine supply**
- **Reconfiguration and expansion of human resources to enhance service capacity**
- **Amending the hospitalization reimbursement offer to secure a better coverage scheme for PRS in secondary and tertiary care**

Transformation:

- **Reconfiguring service offer to address post-traumatic stress, gender-based violence and depression by introducing mental health and psychosocial support services.**

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Jordan

Country fact box:
- **2,175,491 of registered Palestine refugees in Jordan (PRJ) with 17,000 PRS present in 2017.**
- **25 UNRWA health centers are available in Lebanon**
- **Except for 158,000 refugees, the rest hold the Jordanian passport.**
- **Jordanian government halted migration in January 2013**
- **In 2016, approximately 87% of PRS had been categorized as vulnerable or extremely vulnerable with 6 cases of deportation being reported.**

Challenges

- **Difficulties in registering newly arrived PRS**
- **Socioeconomic and political difficulties facing PRS**
- **Falling short of demand on medicine supply**
- **Limited human resource capacity**
- **Limited devolution of decision-making powers**

Strategies

Absorption:

- **Providing care for all using available resources and staff**
- **Managing patient flow using the well- established health systems reforms (E-Health & Family Health Team Approach)**
- **Bolstering health worker dedication with solidarity and social cohesion**
- **Mitigating the impact of the crisis through logistic responsiveness by changing medicine stocking procedures and prescription patterns to patients thus, preventing stock rupture**
- **Executing emergency preparedness plans in a timely manner thus, allowing PRS to access UNRWA services shortly after displacement into the country**

Adaption:

- **Expanding HR capacity to enhance service provision**
- **Facilitating access to care through community links**
- **Introducing new systems (service cards) in order to provide UNRWA services to all refugees including those not officially registered in Jordan.**

Transformation:

- **Establishing the Protection Division within UNRWA to facilitate the access to secondary and tertiary care facilities for vulnerable patients at risk of deportation**
- **Introducing mental health and psycho-social support services to vulnerable patients**
- **Partnering with a local NGO, Jordan Health Aid Society (JHAS), to provide primary health services to PRS residing at the governmental facility, King Abdulla Park (KAP), and previously at Cyber City**

©2017 UNRWA Photo by Maysoun Jamal Mustafa Palestine refugee from Syria receiving pharmaceutical services at Beddawi Health Centre, Lebanon

The over crowdedness, poverty, unemployment etc. needs to be addressed through psycho-social support (…) The headquarters are working on the technical instructions and we have trained a big group of physicians. The HQ will conduct more trainings or reinforcement of trainings so that the mental and psychosocial support services become well established at our clinics. (*Area Officer- UNRWA Jordan*)

Resilience in the UNRWA context
Lessons learned: foremost resilient strategies

Absorption:

- **Alleviating high workload by building on the pre-existing deep sense of solidarity and social cohesion amongst the PR community: The resilient social structure of the PR community was a driving factor that maintained service delivery during peak utilization periods. Health workers' sense of empathy motivated them to go beyond their scope of duty and to work for extra hours when needed.**

Adaptation:

- **Sustaining service delivery and improving service accessibility: This was accomplished by deploying mobile health clinics and establishing health points; as well allowing staff to work at the clinic closest to their place of residence.**
- **Promoting access to care through coordination and collaboration activities within UNRWA and with other agencies. For example in Jordan, UNRWA partnered with a Jordanian NGO, JHAS, to provide primary health services to PRS residing at the governmental facilities. Reconfiguration of human resources to enhance service capacity: For example, UNRWA Lebanon hired PRS teams to meet the increased demand in service utilization.**

Transformation:

- **Reconfiguration and enhancement of service package to address the changing health needs: For example, UNRWA started providing prosthetic devices for those suffering from war-related injuries and disabilities.**
- **Integrating Mental Health and Psychosocial Support (MHPSS) within the family health team (FHT) approach: In response to the changing health needs, UNRWA launched a new program, MHPSS, in all five fields of operation. The program aims at enhancing the psychological and social well-being of refugees. Selected doctors, staff nurses and midwives received trainings on the assessment, identification, and counselling of identified cases**

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