



This report is produced by the Health Sector Working Group in Jordan in response to the Syria crisis. It shows progresses in project implementation and funding status during the reporting period. It summarizes achievement and challenges and highlights foreseen needs for the next quarter. For the monthly update, please see the Monthly Sector Dashboard at [link](#).

### Reporting and Monitoring Phase

#### Implementation of Inter-Agency Appeal in Support of Jordan Response Plan

**REFUGEE:** 23 Partners, 12 Governorates  
Locations: Ajlun, Jerash, Amman, Aqaba, Irbid, Karak, Mafraq, Balqa, Madba, Ma'an and Zarqa Governorates

**RESILIENCE:** 5 Partners, 4 Governorates  
Locations: Amman, Irbid, Mafraq and Zarqa Governorates

#### Funding Status (Refugee component)

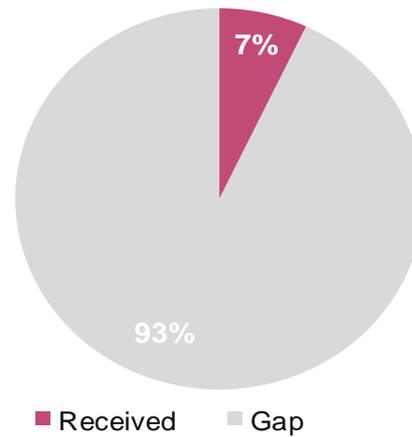
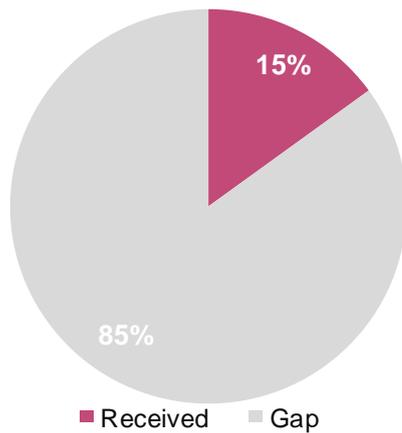
Requested: \$ **78,615,763**  
Received: \$ **11,751,890**  
Gap: \$ **66,863,873**

Source : [Financial Tracking System](#)

#### Funding Status (Resilience component)

Requested: \$ **14,374,678**  
Received: \$ **1,069,101**  
Gap: \$ **13,305,577**

Source : [Financial Tracking System](#)



### Progress against Targets: Sector Priority Indicators

Indicator	Progress (%)	Value
Health		
293 Community health volunteer teams, including Syrian refugees, in place (REF 3.1) Average	45%	356
13572 Referrals for secondary and tertiary care provided (REF 2.4)	31%	29,585
2160 Access to emergency obstetric, neonatal and child care provided (REF 2.3)	13%	14,726
12994 Comprehensive specialized secondary mental health service provided (REF 2.1)	39%	20,556
71387 Comprehensive package of RMNCHA plus Nutrition services provided (REF 1.3.4+PLW + 3.3)	22%	251,521
30317 Improved management of Non- Communicable diseases available based on national guidelines (REF 1.2.2)	31%	66,155



## Key achievements

- Health Sector Working Group maintain its regular coordination forums during first quarter through main Health Sector Working Group (HSWG), Reproductive Health sub working group, Mental Health sub working group, Nutrition sub working group . Field coordination maintained as well in the both camps (Azraq and Zatari) as well as Mafraq and Irbid.
- Maintain health services on the Jordanian Berm (Rukban area) through UN Joint clinic complex (UNHCR, UNFPA & UNICEF) through provision of primary health care , ante natal care , nutrition and IYCF, basic and emergency reproductive health, and medical evacuation/ referrals.
- Improve access of Syrian on the Berm at Rukban area to access established health care services on the Jordan side and referral to lifesaving health services inside Jordan.
- Jordan Response Plan (JRP) 2018/2020 and Regional Refugee Response Plan (3RP) Health Sector chapter endorsed to MOPIC and approved by GoJ.
- Mental health psychosocial (MHPSS) mapping exercise concluded and final report published.

## Challenges faced during the reporting period

- ◇ Huge increase in cost of health services due to ceasing subsidized access for Syrian refugees to Public health services and start charging new foreigner rate minus 20%, this included packages of primary, secondary and tertiary health service where refugees have to pay 2 to 5 times compared to old rate.
- ◇ High demand on secondary and tertiary care including emergency life saving services for camp and non camp vulnerable refugees due to inflation of health care cost.
- ◇ Increase burden and demand on cash for health projects with increased vulnerabilities among urban refugees.
- ◇ Lack of acute care provider for war wounded cases evacuated through the border for critical management.

## Gaps and key priorities foreseen in the next quarter

### ◇ Gaps:

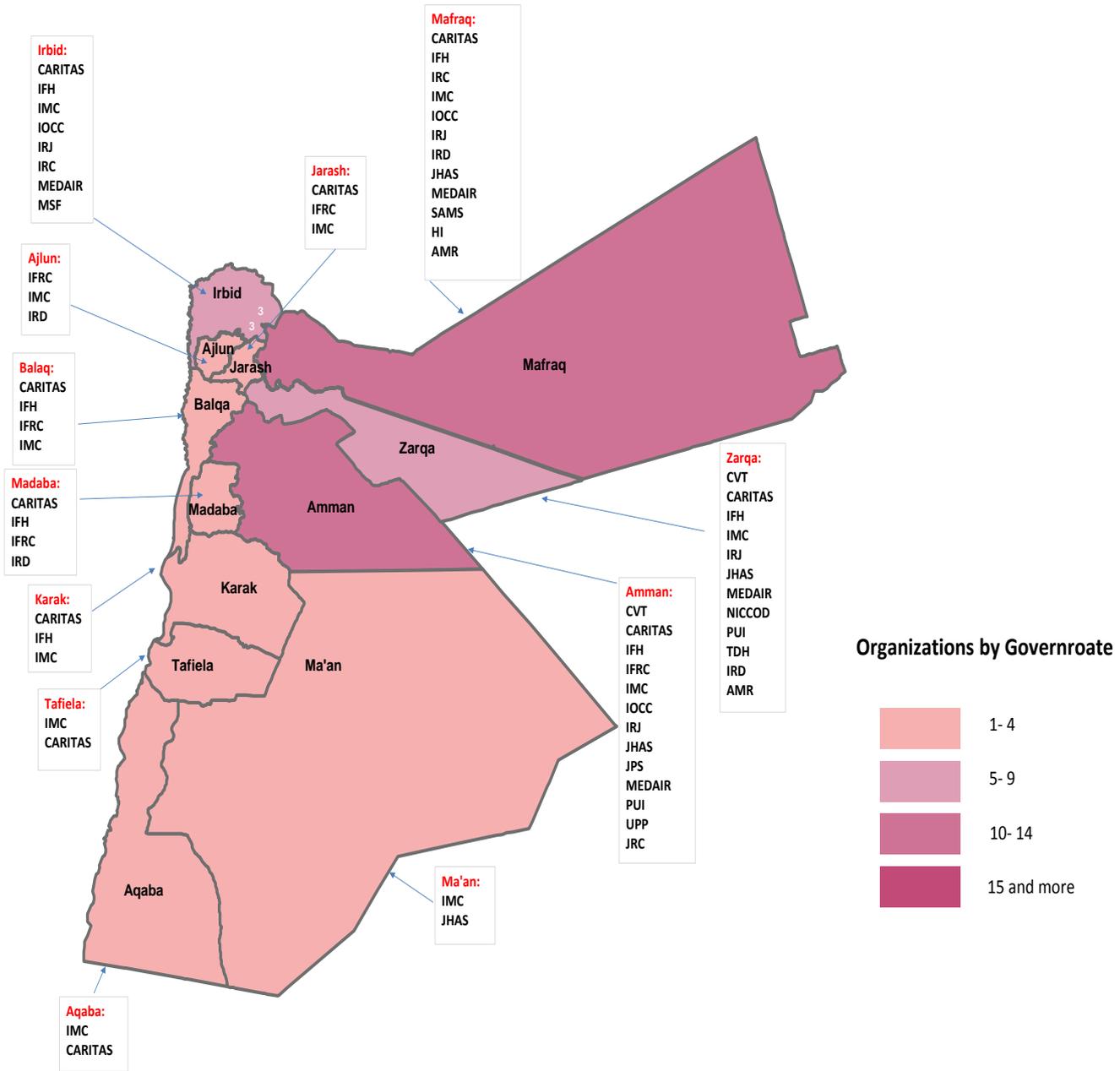
- increase demands on essential secondary and emergency life saving health services with increased cost of medical care.
- scaling down surgical and medical services for survivors of war injuries in north borders.
- difficulties in securing fund for renal dialysis care for more than 120 cases living in urban setting.
- difficulties in securing medical services (medication and blood transfusion) for more than 110 thalassemia patients.

### ◇ Key Priorities:

- Intensify advocacy efforts with key stakeholders (GoJ and donor) to maintain the integration of refugees within the public health care system.
- Maintain essential level of services including medical stabilization for war-wounded acute cases.
- maintain current level of funding that supporting cash based intervention to improve access to essential health services and expand umbrella of coverage targeting vulnerable refugees in urban setting.
- scaling up health services for berm stranded population to include EPI, 24/7 and inpatient services.
- Continue monitoring the impact of new adapted public polices on refugees access and utilization behaviors.



### Organizations and coverage



For more detailed information on the services provided by sector partners, please refer to the Services Advisor:

<http://jordan.servicesadvisor.org/>

For more information on the Protection sector please look at:

<https://data2.unhcr.org/en/working-group/48?sv=4&geo=0>