



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, Mafrqa, Balqa, Tafileh, Madaba, Ma'an and Zarqa.

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

#### Funding Status (Refugee component)

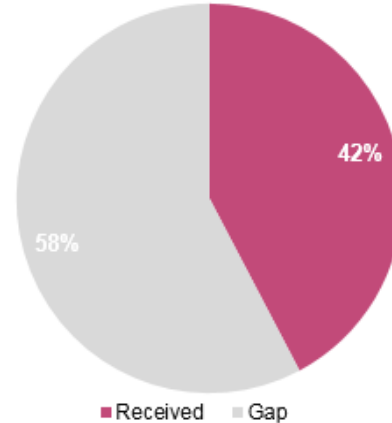
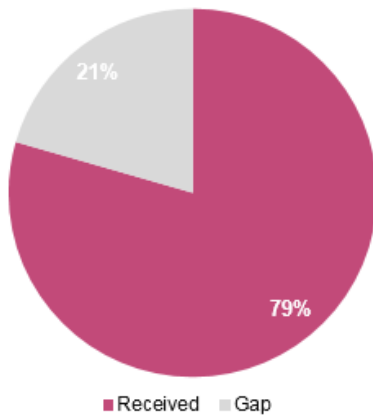
Requested: \$ 78,615,763  
Received: \$ 62,464,981  
Gap: \$ 16,150,782

Source : [Financial Tracking System](#)

#### Funding Status (Resilience component)

Requested: \$ 14,374,678  
Received: \$ 6,076,227  
Gap: \$ 8,298,451

Source : [Financial Tracking System](#)



### Progress against Targets: Sector Priority Indicators

Indicator	Progress (%)	Value
390 Community health volunteer teams, including Syrian refugees, in place (REF 3.1) Average	60%	259
56476 Referrals for secondary and tertiary care provided (REF 2.4)	131%	
10,306 Access to emergency obstetric, neonatal and child care provided (REF 2.3)	61%	6,580
71423 Comprehensive specialized secondary mental health service provided (REF 2.1)	213%	
351575 Comprehensive package of RMNCHA plus Nutrition services provided (REF 1.3.4+PLW + 3.3)	109%	28,567
103792 Improved management of Non- Communicable diseases available based on national guidelines (REF 1.2.2)	108%	7,320



## Key achievements

- ◇ United States, Denmark, and Jordan Launch Multi-Donor Account for Refugee Health. The initial three-year multi-donor account has already received commitments from the U.S. of \$5 million United States Dollars (USD) and Denmark of approximately \$9 million USD, totaling the equivalent of \$14 million USD, with the United States Government planning to contribute an additional \$10 million USD over the life of the arrangement.
- ◇ Health Chapter for Jordan Response Plan (JRP) completed and submitted to MOPIC, wide participation in plan development maintained where 24 organizations inputs included from 5 UN agencies, 16 INGOs and 3 National NGOs.
- ◇ Health Sector Working Group maintain its regular coordination forums during fourth quarter through main Health Sector Working Group (HSWG), Reproductive Health sub working group, Mental Health sub working group, Nutrition sub working group and Community Health platform . Field coordination forums maintained as well in the both camps (Azraq and Zaatari) as well as Mafraq and Irbid governorate.
- ◇ 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.

## Challenges faced during the reporting period

- ◇ Continue provision of health services in public health care facilities at the discounted foreigner rate increased burden on refugees
- ◇ Increased 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.

## Gaps and key priorities foreseen in the next quarter

### ◇ Gaps:

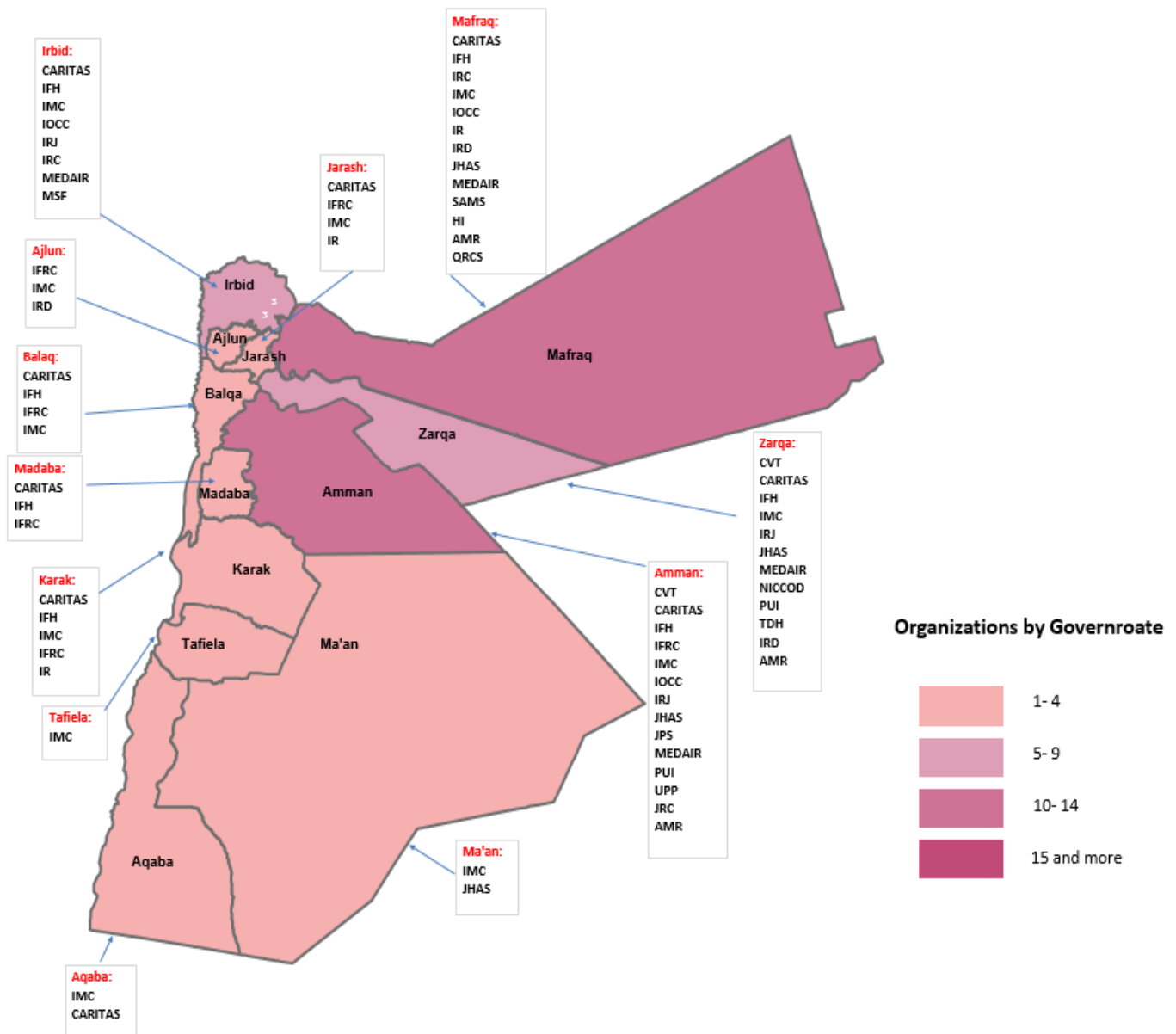
- Funding shortage due to increase demands on essential secondary and emergency lifesaving health services with increased cost of medical care.
- Difficulties in securing medical services (medication and blood transfusion) for thalassemia patients due to cessation of free access.

### ◇ Key Priorities:

- Continue advocacy act with key stakeholders (GoJ and Donor) to maintain the integration of refugees within the public health care system.
- 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.
- Continue monitoring the impact of new adapted public health policies on refugees access and utilization behaviors.
- Increase support to secondary and emergency lifesaving health services programs (referral and cash for health) to minimize impact of increased cost of medical care.



### 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 Health Sector please look at:

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