



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

Partners by Component (Total 23)

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)

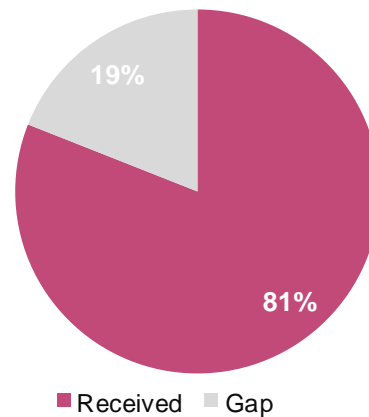
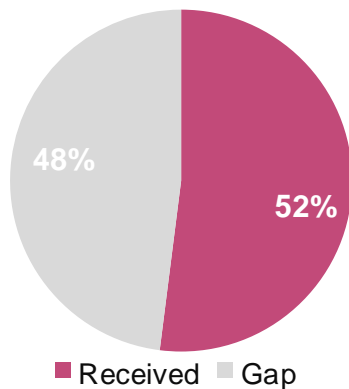
Requested: \$ 100,565,596
Received: \$ 52,604,454
Gap: \$47,961,142

Source : [Financial Tracking System](#)

Funding Status (Resilience component)

Requested: \$ 16,033,242
Received: \$ 13,015,542
Gap: \$ 3,017,700

Source : [Financial Tracking System](#)



Progress against Targets: Sector Priority Indicators

Indicator	Progress (%)	Target Value
305 Community health volunteer teams, including Syrian refugees, in place	29%	757
32,441 Referrals for secondary and tertiary care provided	41%	46,157
9,831 Access to emergency obstetric, neonatal and child care provided	56%	22,700
53,582 Comprehensive specialized secondary mental health service provided	112%	-
107,964 Comprehensive package of RMNCHA plus Nutrition services provided	28%	283,010
101,695 # of NCD cases managed	48%	108,231



Key achievements

- ◇ The Government of Jordan maintained the provision of subsidized health services for Syrian refugees including maternity and childhood services . A multi donor trust fund (Multi Donor Account) has been set up to assist the Ministry of Health to cover costs, with USD 28.5 million so far contributed by the United States, Denmark, GCFF (World Bank) and Canada.
- ◇ Jordan Response Plan (JRP) 2020/2022 launched by MOPIC, wide participation in plan development maintained where UN agencies, Donor community, INGOs and National NGOs are participating .
- ◇ Health Sector Working Group maintain its regular coordination forums during third 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 in 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 rate still burden on vulnerable refugees who suffer from serious or chronic health conditions.
- ◇ Increased demand on secondary and tertiary care including emergency life saving services for camp and non camp vulnerable refugees due to increased vulnerabilities.
- ◇ 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:

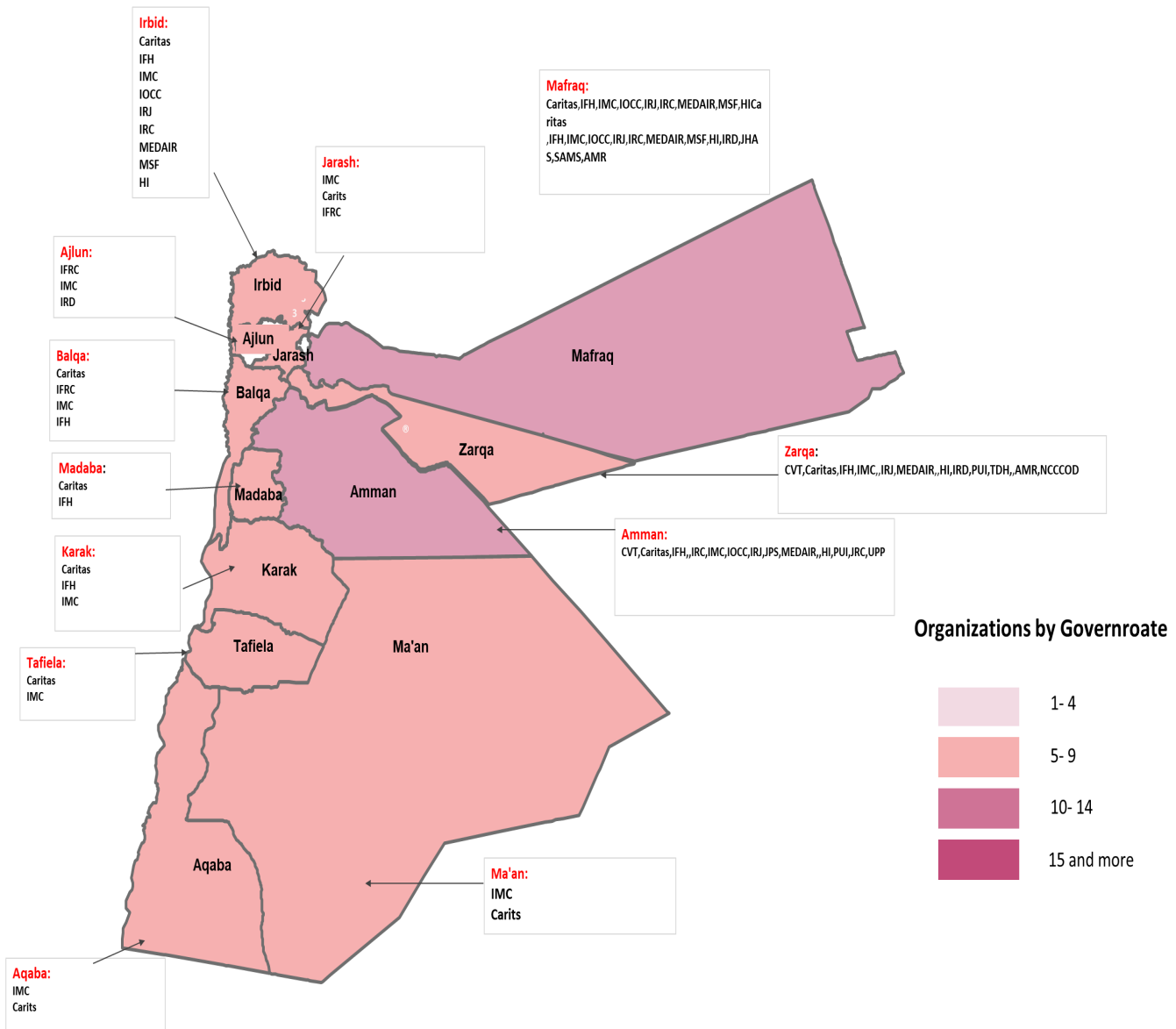
- Funding shortage due to increase demands on essential secondary and emergency lifesaving health services with increased cost of medical care.
- Difficulties in securing medical services (medication and blood transfusion) for thalassemia patients due to cessation of free access.

◇ 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 adopted 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>