



## HEALTH SECTOR

### OBJECTIVE

This Gender Monitoring Dashboard is a monitoring tool that provides evidence on to what extent Health Sector benefits equally women, girls, boys, and men [WGBM] refugees under humanitarian programming.

It has been developed based on available data / information shared by partners on ActivityInfo and other useful resources as: Regional Indicator report, Gender and Age Maps, ISWG and COVID-19 Refugee Response monthly updates, Sector Work Plan, etc.

Data is analysed using several M&E tools: GAM, **A**vailability, **A**ccessibility, **A**ceptability, and **Q**uality, the Age, Gender and Diversity (AGDs) reflecting differences that may exist between the sexes, clarifications, and thus formulate appropriate recommendations.

With the dashboard information and recommendations, we can refine gender lenses with sector annual planning reflected into work plan for 2022.

### 1. Situation of the Sector on Gender

This section clarifies the selection of the sector indicators carefully chosen for the purpose of this Gender Monitoring Dashboard exercise and the analyses of the figures reflecting the achievement towards any gender category reported (WGBM): totals online ActivityInfo/Dashboard.

The below Indicators were selected in close consultation with the Health Sector Coordinators and based on the focus of Health response interventions to Syrian refugees needs under refugee pillar to provide an example to what extent those interventions/activities were gender lensed. Other resilience indicators under resilience pillar could be selected too but due to time limitation we have selected 3 indicators to report on in addition the bulk of funding supported refugees pillar as indicated in the 3RP Health Sector Matrices.

<p><b>REF.1.3 WGBM provided with comprehensive package of Primary Health Care (including RMNCH plus Nutrition) services provided.</b></p> <ul style="list-style-type: none"> <li>• 16650 of beneficiaries served with FP methods.</li> <li>• 30676 of under 5 children and PLWs screened for malnutrition.</li> <li>• 2315 of under 5 children and WCBA identified and treated for Anaemia.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 16650 beneficiaries received modern FP methods.</li> <li>▪ with an average 73.67.</li> <li>▪ 30676 children under 5 and Pregnant and Lactating Women (PLWs) screened for malnutrition with an average 276.36.</li> <li>▪ 2280 children of under 5 and Women at Childbearing Age (WCBA) identified and treated for Anaemia.</li> </ul>
<p><b>REF.1.3.1 Number of antenatal care visits provided for women (&gt;=18) and girls (&lt;18).</b></p> <ul style="list-style-type: none"> <li>• REF5302 of girls assisted.</li> <li>• 36537 of women assisted.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 5302 antenatal care visits provided for girls (&lt;18).</li> <li>▪ 365301 antenatal care visits provided for WOMEN (&gt;=18).</li> </ul>

<p><b>REF.2.4 WGBM were referred for secondary and tertiary care provided:</b></p>	<ul style="list-style-type: none"> <li>• 8083 women assisted.</li> <li>• 2007 girls assisted.</li> <li>• 2107 boys assisted.</li> <li>• 4028 men assisted.</li> </ul>
<p><b>REF.3.2 Number of Community Health Volunteers (CHVs) trained (male/female, Syrian/Jordanian).</b></p>	<ul style="list-style-type: none"> <li>• 8083 women referred for secondary/lifesaving and tertiary care.</li> <li>• 2007 girls referred for secondary/lifesaving and tertiary care.</li> <li>• 2107 boys referred for secondary/lifesaving and tertiary care.</li> <li>• 4028 men referred for secondary/lifesaving and tertiary care.</li> </ul>
<ul style="list-style-type: none"> <li>• 18 of CHVs MALE Syrian trained.</li> <li>• 3 of CHVs MALE Jordanian trained.</li> <li>• 53 of CHVs FEMALE Syrian trained.</li> <li>• 112 of CHVs FEMALE Jordanian trained.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 18 of CHVs trained MALE Syrian.</li> <li>▪ 3 of CHVs trained MALE Jordanian.</li> <li>▪ 53 of CHVs trained FEMALE Syrian.</li> <li>▪ 112 of CHVs trained FEMALE Jordanian.</li> </ul>

**2. Gender Analysis [according to GAM, AGDs, Work Plan...]**

The information / data analysed using the following tools:

- Gender with Age Marker (GAM).
- Age and Gender (AG).
- Availability, Accessibility, Acceptability, and Quality.

<p><b>Under objective 1.3 the figures showed that the services available to all beneficiaries with full consideration to the different age group's needs.</b></p>	<ul style="list-style-type: none"> <li>• 1.3.1 number of women above 18 served with antenatal care visits is very much higher than 18-years girl and this is very logical as number of married women above 18 is higher.</li> <li>• Under beneficiaries served with Family planning FP the figure is not desegregated by sex.</li> </ul>
<p><b>Under objective 2.4 the services are available and accessible to WGMB as the there is no big gap between the served beneficiaries (G&amp;B). Number of women served is double than men as women are more vulnerable.</b></p>	<ul style="list-style-type: none"> <li>▪ In general health interventions responsive and fair – GEMs =4 (Age, Gender and Action) as its health design the types of health services based on the needs expressed by girls, boys, men, and women in different age groups.</li> <li>▪ Reference: there is a code for each individual Gender Equality Measure (“GEM”) based on gender-and age- related response 1-4.</li> <li>▪ =0: No Action</li> <li>▪ =1: Action only</li> <li>▪ =2: Age &amp; Action</li> <li>▪ =3: Gender &amp; Action</li> <li>▪ =4: Age, Gender and Action</li> </ul>
<ul style="list-style-type: none"> <li>• Under indicator 3.2. only three of CHVs trained MALE Jordanian trained while 112women trained and small number and small number of Syrian male verses female.</li> </ul>	

### 3. Recommendations [according to GAM & Workplan]

- Under (Total) figure of beneficiaries, it's important to breakdown the figure per sex and age as it could be reflected on the share of budget spent to support each category and how to ensure equal services and budget share.
- To investigate/ clarify the big difference of served beneficiaries of male and female Syrian and Jordanian under same activity.

To support the findings by conducting qualitative survey to reflect on the quality of services.  
This activity could even be the subject of a recommendation aiming to be integrated into the work plan of the sector.

### 4. Any other relevant topic / subject of concern

- Accessibility of the services during COVID-19 emergency and movement restrictions. For example, all actors have followed different modality in reaching out the beneficiaries (converting some activities into CASH for Health etc.).