



Sector Gender Monitoring Dashboard

Mid-Year (1 January – 30 June 2022)



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 Refugee Response monthly updates, Sector Work Plan, etc. Data is analysed using several M&E tools: GAM, Availability, Accessibility, Acceptability, and Quality, 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 next year Sector work plan.

Frequency: twice a year (mid-year and end-year).

Data Sources:

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.

For reference: [SGFPN page at Operational Data Portal](#).

1. Situation of the Sector with Gender Consideration

This section reports implementation of the Sector interventions in urban and in camps with gender disaggregation, where applicable: Women, Girls, Boys and Men (WGBM). It 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 three indicators to report on in addition the bulk of funding supported refugees pillar as indicated in the 3RP Health Sector Matrices.

REF.1.3 WGBM provided with comprehensive package of Primary Health Care (including reproductive maternal neonatal child health; RMNCH plus Nutrition) services provided.

- 2800 of clinical consultations provided to BOYS
 - 2557 of clinical consultations provided to GIRLS
 - 8028 of clinical consultations provided to MEN
 - 10556 of clinical consultations provided to WOMEN
- 23941 clinical consultations have been provided of which 2800 of clinical consultations provided to BOYS. 2557 clinical consultations for girls,

- 168458 of communicable disease cases managed
- 40068 of NCD cases managed
- 7153 of beneficiaries received modern FP methods
- 7067 of under 5 children and PLWs screened for malnutrition
- 2360 of under 5 children and WCBA identified and treated for Anaemia
- 0 of SGBV BOYS survivors who access medical care
- 0 of SGBV GIRLS survivors who access medical care
- 0 of SGBV MEN survivors who access medical care
- 0 of SGBV WOMEN survivors who access medical care

REF.1.3.1 Number of antenatal care visits provided for women (>=18) and girls (<18).

- 992 of antenatal care visits provided for GIRLS (<18)
- 18090 of antenatal care visits provided for WOMEN (>=18)

REF.2.4 WGBM were referred for secondary and tertiary care provided.

- 5858 of BOYS referred for secondary/lifesaving and tertiary care
- 4575 of GIRLS referred for secondary/lifesaving and tertiary care
- 8301 of MEN referred for secondary/lifesaving and tertiary care
- 13968 of WOMEN referred for secondary/lifesaving and tertiary care

REF.3.2 Number of Community Health Volunteers (CHVs) trained (male/female, Syrian/Jordanian).

- 50 of CHVs trained FEMALE Jordanian
- 250 of CHVs trained FEMALE Syrian
- 5 of CHVs trained MALE Jordanian
- 194 of CHVs trained MALE Syrian
- 206 of FEMALE community workers trained in mental health intervention (psychological first aid)
- 195 of MALE community workers trained in mental health intervention (psychological first aid)

8028 clinical consultations for men and 10556 for women.

- NCD management is an essential part of clinical consultations; however, unfortunately the data is not disaggregated by gender.
- 7153 have been provided with family planning methods, however the data is not disaggregated by gender.
- Malnutrition screening has been done to 7067 of children under five and pregnant lactating women and 2360 of children under five years old and women in childbearing age treated for Anaemia.
- Zero cases reported for WGBM survivors who accessed medical care.

Antenatal care has been provided to 992 girls under the age of 18 years old, and 18090 antenatal care provided for women at the age of 18 years old and older.

Secondary and tertiary health care services have been provided to 5858 boys, 4575 girls, 8301 for men and 13968 for women.

- 50 Jordanian female CHV's have been trained vs 5 CHV's Jordanian males trained.
- 250 Syrian female CHV's trained vs 5 CHV's trained.
- 206 females from CHV's were trained for mental health intervention training (psychological first aid) vs 195 males trained.

2. Gender Analysis [according to GAM and SGFPN Workplan]

The information / data analysed using the following tools:

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

<ul style="list-style-type: none"> ▪ Under the objective REF.1.3 WGBM provided with comprehensive package of Primary Health Care (including reproductive maternal neonatal child health; RMNCH plus Nutrition) services provided; among the clinic consultations it's considered gender lensed among this activity with slightly higher visits among boys vs girls and higher clinic visits among women vs men. - Communicable and non-communicable disease management haven been reported; however it was not disaggregated by gender. - Beneficiaries provided with FP methods have been reported, however data reported was not disaggregated by gender. - Children under five years old (CU5) and PLW haven been screened for malnutrition and the number of the beneficiaries treated with - Anaemia from the same category has been reported, however the data reported was a total of both CU5 and PLW, where CU5 is not disaggregated by gender. - Zero cases reported for of SGBV survivors accessed medical care. ▪ Under objective REF.1.3.1 Number of antenatal care visits provided for women (>=18) and girls (<18) were gender responsive. ▪ Under objective REF.2.4 WGBM were referred for secondary and tertiary care provided; referral for women was slightly higher than men, whereas referral for boys were slightly higher than girls. ▪ Under objective REF.3.2 Number of Community Health Volunteers (CHVs) trained (male/female, Syrian/Jordanian), number of male volunteers is extremely lower than females, Among the Syrian CHV's; number of females trained is higher than males, to evaluate these indicators more information is needed on the total number of male/female and Jordanian/Syrian CHV's. 	<ul style="list-style-type: none"> ▪ 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. ▪ Reference: there is a code for each individual Gender Equality Measure (“GEM”) based on gender-and age- related response 1-4. <ul style="list-style-type: none"> ▪ =0: No Action ▪ =1: Action only ▪ =2: Age & Action ▪ =3: Gender & Action ▪ =4: Age, Gender and Action
--	---

3. Recommendations [according to GAM and SGFPN Workplan]

The information / data analysed using the following tools:

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

- 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.
- Number of SGBV WGBM survivors who access medical should be discussed with organization that provide this service to investigate zero reporting.

- To support the findings by conducting qualitative survey to reflect on the quality of services.

4. Other Relevant Topics

- Highlight other relevant topic / subject of concern.

MOH jointly with UNHCR produced the policy manual for refugees' access to the MOH service to ensure equal access to all refugees.