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, Mafraq, Balqa, Tafileh, Madaba, Ma’an and Zarqa.

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

**Funding Status (Refugee component)**

<table>
<thead>
<tr>
<th></th>
<th>Requested</th>
<th>Received</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Refugee</strong></td>
<td>$100,565,596</td>
<td>$58,502,660</td>
<td>$42,062,936</td>
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</table>

**Funding Status (Resilience component)**

<table>
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<th>Requested</th>
<th>Received</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Resilience</strong></td>
<td>$16,033,242</td>
<td>$14,191,110</td>
<td>$1,842,132</td>
</tr>
</tbody>
</table>

Source: [Financial Tracking System](#)

**Progress against Targets: Sector Priority Indicators**

- 316 MF within community health volunteer teams, including Syrian refugees, in place: 164%
- 37960 WOBM were referred for secondary and tertiary care provided: 82%
- 15336 services of Access to emergency obstetric, neonatal and child care provided: 67%
- 85282 Comprehensive specialized secondary mental health service provided: 176%
- 129656 WOBM provided with Comprehensive package of Primary Health Care (including RMNCH plus Nutrition) services provided: 84%
- 124624 WOBM with improved management of Non-Communicable diseases available: 113%
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 established to assist the Ministry of Health to cover costs, with USD 56.7 million so far contributed by the United States, Denmark, World Bank (GCFF), Canada and Qatar Fund for Development. WB allocated USD 30 million to the MDA out of the USD 200 millions of the extended emergency health project (GCFF).
◊ Health sector submitted the final JRP PSS with a total reduction of 50% under community health as per MOH and MOPIC Request.
◊ 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 have been maintained as well in the both camps (Azraq and Zaatari) as well as in Mafraq and Irbid governorates.
◊ UN joint clinic on the Jordanian berm continue to provide medical assistance to Syrian asylum seekers from Rukban. The clinic provides primary health care, nutrition, reproductive health services and medical referrals for emergency life-saving interventions.

Challenges faced during the reporting period

◊ Continue provision of health services in public health care facilities at the subsidized 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 urban’s vulnerable refugee population.
◊ Inconsistent of the implementation of the reversal MOH policy at different health facilities.

Gaps and key priorities foreseen in the next quarter

◊ Gaps:
  • Funding shortage due to increase demands on essential secondary and emergency lifesaving health services and the donor fatigue.
  • Inaccessible medical treatment for thalassemia patients due to cessation of free access and the high cost.
◊ Key Priorities:
  • Continue advocacy act with key stakeholders (GoJ and Donor) to maintain the integration of refugees into the national health 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.
  • Sustain the current multi-donor trust fund and establish a monitoring mechanism system (USAID)
HEALTH SECTOR
2019 Q4 (Oct.-Dec.)

Prepared by Inter-Agency Coordination Unit and Sector Chair: Dr. Adam Musa Khalifa khalifaa@unhcr.org and Alessio Santoro santoroa@who.int.

Samira Smairat smairats@unhcr.org

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

Prepared by Inter-Agency Coordination Unit and Sector Chair: Dr. Adam Musa Khalifa khalifaa@unhcr.org and Alessio Santoro santoroa@who.int.
Samira Smairat smairats@unhcr.org