

INTER-AGENCY REGIONAL RESPONSE FOR SYRIAN REFUGEES

HEALTH AND NUTRITION BIWEEKLY

Egypt, Jordan, Lebanon and Iraq

April 14-27 2013



HIGHLIGHTS

- **Population movement** – refugee numbers in the region continue to increase. More than a quarter of a million new refugees sought refuge in neighbouring countries since the beginning of April.
- **Operational** - new refugee camp, the Emirati-Jordanian camp, initial capacity 6000, was opened in Jordan. In Iraq, high level coordination meeting by representatives of Ministries of Health and other key ministries, and multiple UN agencies was held in April. The meeting discussed the shortage of human resources in governorates most affected by the refugee crisis. Iraqi government continues to provide free access to healthcare facilities to all Syrian refugees.
- **Primary health care** – acute respiratory infections and diarrhoea remain major causes of acute illness; high incidence of diarrhoea observed in Domiz camp, Iraq for past 6 weeks.
- **Disease outbreaks** – **measles** continues to be reported in Lebanon, Jordan and Iraq. In Jordan, 27 cases, 5 of them from Za'atri refugee camp, have been identified since February; newly identified cases were recent refugee arrivals and there is no evidence of established transmission in Za'atri. A mass measles vaccination campaign was carried out. In Domiz, Iraq, an additional 61 cases have been detected for total of 342 since onset of outbreak. In Lebanon, approx. 16% of 365 cases identified are among Syrian refugees. Since January 2013, 130 cases of **cutaneous leishmaniasis**, almost all among Syrian refugees, have been identified in Lebanon.
- **Mental health** issues remain serious concern. In Za'atri, Jordan, chronic depression (11%) and anxiety disorder (11%) were top two causes of hospital visits secondary to mental health conditions in April. In Lebanon, an average of 560 refugees per week received clinical and social support.



A small girl receives vitamin A in Za'atri refugee camp, Jordan. Mass measles campaign and vitamin A administration was completed on the 25 April
Photo: UNHCR | Ann Burton

POPULATION

- Large numbers of Syrians continue to flee to neighbouring countries to seek refuge from ongoing conflict in Syria. Total of 1.4 million refugees have been registered or are awaiting registration in Egypt, Jordan, Lebanon, Iraq and Turkey. In April alone, number of registered refugees increased from 976,000 to 1,213,000; 76% are women and children (Figure 1). Total registered by country: Lebanon 451,000 (32%), Jordan 448,000 (32%), Turkey 316,000 (22%), Iraq 141,000 (10%), and Egypt 53,000 (4%).
- Proportion of refugees living inside camps varies by country. In Jordan, approx. 203,000 (45%) refugees are in Za'atri camp. In Iraq, approx. 40,000 (28%) refugees are in Al Qu'aim and Domiz refugee camps.
- In Lebanon, where there are no established refugee camps, population distribution varies by region. Among registered refugees, approx. 43% reside in North Lebanon, 37% in Bekaa, 13% in Beirut and Mt Lebanon, and 8% in South Lebanon. In Egypt, where there are no camps, refugees reside (in order of frequency) in Alexandria, 6th October district and Cairo.

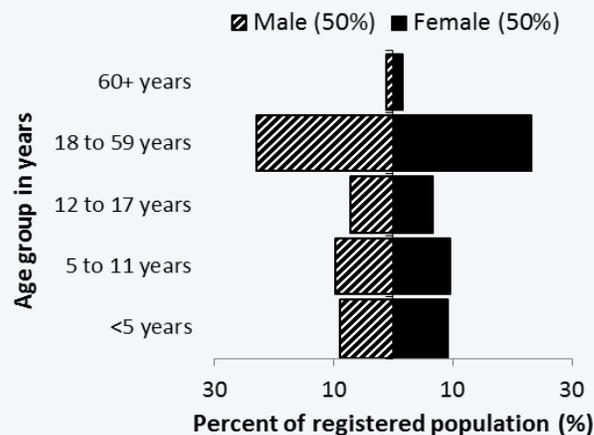


Figure 1 – Demographic distribution of Syrian refugees in the region, April 2013

JORDAN

Operational highlights

- Jordanian Ministry of Health (MoH) with support from WHO is planning field assessment of health service provision in northern governorates with main objective to evaluate effect of Syrian refugees on MoH service utilisation.
- New camp, the Emirati-Jordanian, was opened in Zarqa governorate; in its initial phase, camp will host up to 6,000 refugees.
- UNHCR began revising criteria for expedited registration of refugees with immediate medical needs.

Primary health care (PHC) in Za'atri camp

- **Consultations** in first three weeks of April culminated in 55,551 outpatient visits.
- **Mortality** remains low: crude mortality rate was 0.2 per 1,000 per month and under 5 mortality rate was 0.3 per 1,000 per month.
- **Communicable diseases:** major causes of morbidity remain acute respiratory tract infections (ARIs) and diarrhoea. During reporting period, 44% of patients seeking care for acute illness presented with ARI and 7% presented with diarrhoea (Figure 2).
- **Tuberculosis:** In first two weeks of April, 13,810 new refugee arrivals were screened for TB and 4 new cases were identified.
- **Non-communicable diseases (NCDs):** among >13,000 visits due to NCDs, 20% were cardiovascular disease, 17% lung disease, and 15% diabetes.

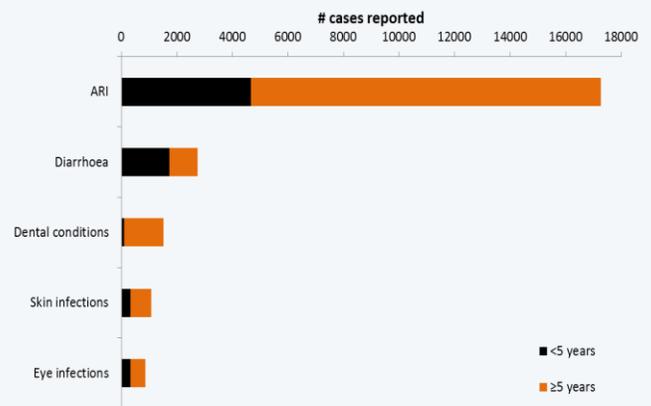


Figure 2 – Top 5 causes of morbidity, Za'atri camp, Jordan

Disease surveillance

- **Measles:** 27 measles cases were reported since February 2013; 5 were identified among refugees in Za'atri and 22 among non-camp populations. All newly identified cases in Za'atri are recent refugee arrivals and there is no evidence of established transmission within the camp. In response to this outbreak and to prevent further spread, the Jordanian MoH in collaboration with various agencies undertook mass measles vaccination campaign in Za'atri camp targeting children and adults between 6 months and 30 years old. The campaign ended on 25 April with 60,051 persons getting vaccinated. In addition, polio vaccination (<5 years only) and vitamin A distribution (6 months to <5 years) was done. Further measles immunisation campaigns are planned for non-camp populations, both nationals and refugees, living in the 4 northern governorates. The Jordanian MoH and the International Organization for Migration continue to vaccinate newly arriving refugees.

Reproductive health

- New clinic opened in Za'atri camp to enhance antenatal, delivery and postnatal services. The proportion of deliveries attended to by skilled health worker remains over 97%.

Mental health

- There were 769 cases of mental health disorders seen at facilities with chronic depression (11%), anxiety disorder (11%) and schizophrenia (9%) being leading causes of health facility visitations.

Nutrition

- Jordanian MoH agreed to draft protocols for management of acute malnutrition (which remains low among refugees) and expedited approval for product importation is being sought.

IRAQ

Operational highlights

- High level coordination meeting attended by representatives of MoH and other key ministries together with multiple UN agencies was held at Iraqi MoH in Baghdad. Shortage of human resources in governorates most affected by refugee situation and continued access of refugees to all government health facilities were discussed. MoH is committed to continue free access to healthcare to refugees at all levels.
- WHO procured consignment of essential drugs to support health facilities providing care to camp and non-camp refugees.

Primary health care (PHC)

- **Outpatient consultations** during first three weeks of April were more than 10,000 in Domiz camp.
- **Mortality** remains low; crude mortality rate and under 5 mortality rate was <0.5 per 1000 per month.
- **Communicable diseases:** major cause of morbidity remains ARI and diarrhoea. During reporting period, 42% of patients seeking care for acute illness presented with ARI and 15.3% presented with diarrhoea. Relatively high incidence in lower respiratory tract infections seen among young children <5 years old in February and March is gradually decreasing, incidence of diarrhoea has remained elevated for all age groups (Figure 3). Further investigation into causes of the high incidence is required.

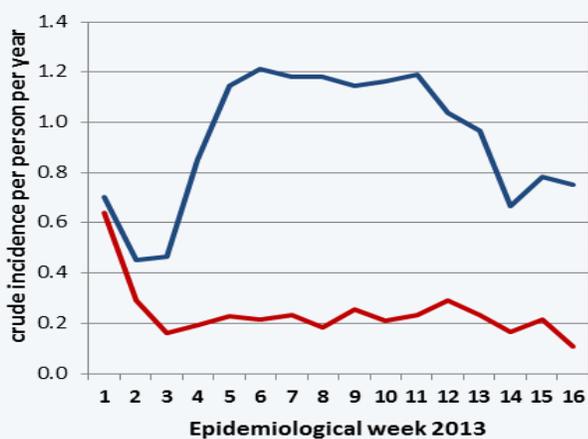


Figure 3 – Trends of weekly crude incidence of lower respiratory tract infections, Domiz camp, Iraq, January – April 2013

Note: axis scales for primary (<5 years) and secondary (≥5 years) axes are different; incidence for ≥5 years is **always** shown on the secondary (right) axis.

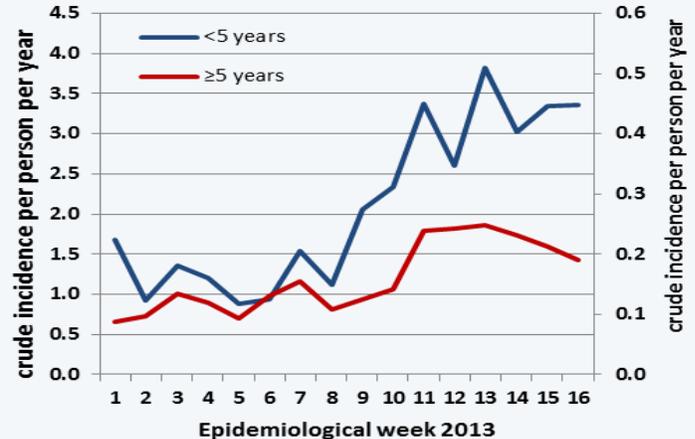


Figure 3 – Trends of weekly crude incidence of diarrhoea Domiz camp, Iraq, January – April 2013

- **Tuberculosis:** 3 cases of TB (1 in a child <5 years) were identified in Domiz camp.
- **Non-communicable diseases (NCDs):** More than 800 persons with NCDs were consulted in Domiz; 47% had cardiovascular disease and 24% lung disease.

Disease surveillance

- Measles continues to spread in camps and among host community in northern Iraq. In first three weeks of April, 61 new cases were identified bringing cumulative number of cases to 342. Kurdistan regional government (KRG), UNICEF and MSF have carried out mass vaccination campaign for measles and meningitis, and mass administration of vitamin A and albendazole in Dohuk, northern Iraq. Target age group for measles vaccination was 6 months to 29 years and nearly 20,000 were vaccinated against measles.

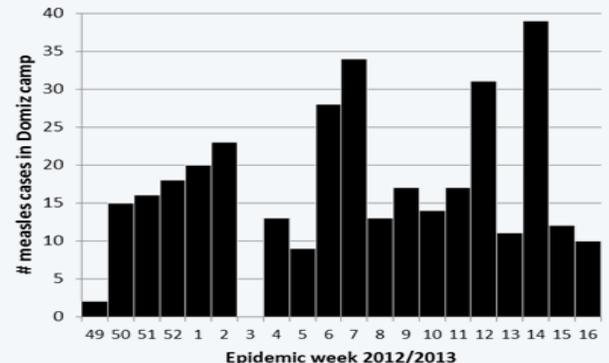


Figure 4 – Weekly reported measles, Domiz camp, Iraq, Dec – Apr 2013

Mental health

- Iraqi MoH in collaboration with KRG and WHO organized mental health training workshop for health workers.

Nutrition

- From 1,193 <5 year old children attending outpatient clinics screened by MSF (using mid-upper arm circumference) in April, severe acute malnutrition was estimated at <1% and global acute malnutrition at 3%.

Referral care

- In Domiz, average weekly referrals for secondary and tertiary care were 207 with emergency referrals accounting for about 5%.

LEBANON

Operational highlights

- Several meetings with key stakeholders were held including national and Bekaa health working groups and forum to discuss lice and scabies.

Primary health care (PHC)

- On average, every week, 2,549 refugees sought care at facilities and mobile clinics supported by UNHCR.

Disease surveillance

- **Measles** – number reported across Lebanon reached 365 cases with approx. 16% being Syrian refugees. Vaccination against measles, polio and administration of vitamin A began at registration sites in Tripoli and Zahle.
- **Cutaneous leishmaniasis** – Since Jan. 2013, 130 cases were reported by Lebanese health authorities; almost all among Syrian refugees.

Mental health

- Mental health care services continue to be provided by IMC's mental health unit; on average, 560 patients received clinical and/or social support every week.

Referral care

- On average 524 persons were admitted every week to partner supported hospitals in Beirut, South Lebanon, North Lebanon and Bekaa; main reasons for admission were obstetric including emergency deliveries, surgical including trauma care and gastrointestinal conditions. Other reasons for referral were cardiovascular disease and urological conditions.

EGYPT

UNHCR and partners in collaboration with Egyptian health authorities provide a range of health services targeted for vulnerable Syrian refugees. Caritas Alexandria and Refuge Egypt clinic provided care for an average 488 Syrian refugees every week including at least 72 persons with chronic conditions. In addition, the agencies continue to provide reproductive health services; an average of 33 women sought antenatal care services every week. During the reporting period, UNHCR and partner agencies provided psychosocial services to an average of 248 people every week. Work is ongoing to improve data gathering and reporting.

Acknowledgment

The regional response for Syrian refugees is the coordinated efforts of more than 61 agencies. We especially acknowledge the contributions of the following partners.

ACF | ACTED | AJEM Lebanon | ALEF | Amel | CARITAS | CLMC | CVT | FHSUOB | GSF | HI | HRC | ICRC | IFH/NHF | IFRC | IMC | IOCC | IOM | IRC | IRD | IRW | JHAS | JICA | KRG | MdM | MF | MODM | MoH Iraq | MoH Jordan | MoH Lebanon | PRCS | PU-AMI | Qandil | QRC | RESTART | SC | UNFPA | UNICEF | UPP | WFP | WHO | YMCA

This report was compiled by UNHCR Regional Refugee Coordination, Amman, Jordan. For more information or to be added to the distribution list please contact the UNHCR Regional Public Health Officer at ahmedja@unhcr.org or the Senior Regional Public Health Officer at khalifaa@unhcr.org. Additional information on the Syria Regional Refugee Response can be found on the UNHCR webportal at <http://data.unhcr.org/syrianrefugees/regional.php>

Note: The information presented in this bulletin is based on the most recent and best available data. UNHCR and its partners will continually update and, where necessary, modify the data and analysis provided, in order to ensure that the most current and accurate view is available to key stakeholders and the public.