



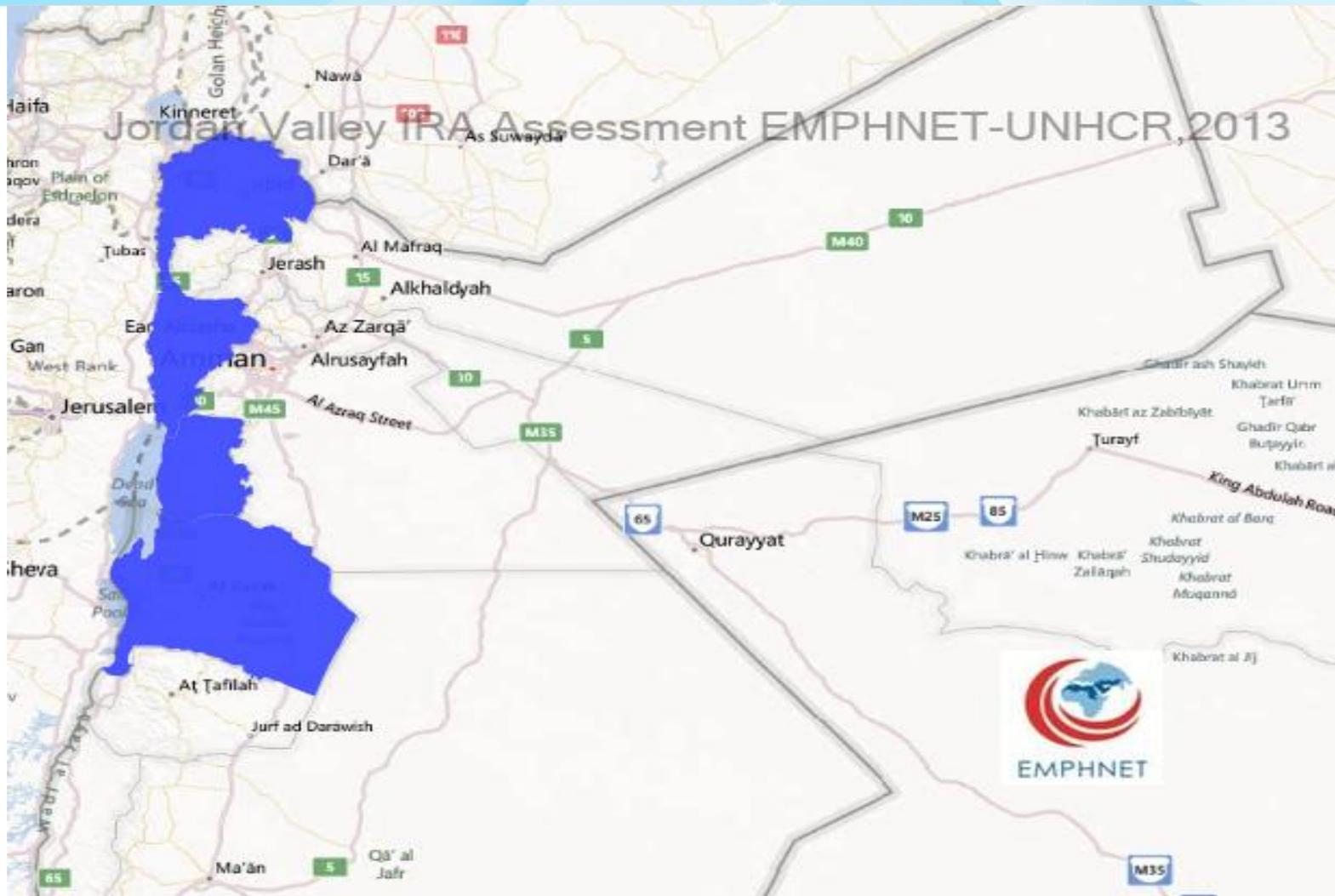
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Jordan Valley Assessment of Syrian Refugees

20 March 2014
Land Mark Hotel
Amman



Jordan Valley



Overall objective

- To determine the main health and related needs of displaced populations in Jordan Valley with the aim of enhancing the humanitarian response.

Methods

- Qualitative study
- Purposive sampling as prescribed by guidelines
- Sample represented a cross-section of typical regions and affected population (UN IASC, 2008).
- Information collected from 24 sites (locations) in the Jordan Valley
- One questionnaire per site

Study Tool

- IASC IRA tool used
- Tool was modified and adopted
- Focus was on H&N, WASH, NFI, access to gov services and education
- Tool was translated to Arabic



Data collection methods

- Key informants interview
 - Official and community
- Group Discussion
 - Homogenous and heterogeneous
- Observation
 - Shelters, health facilities

Ethical considerations

- MOH approved the assessment
- Consent obtained from all participants



Participating agencies



Aman Association

Study Sites



One:

General findings

General-1

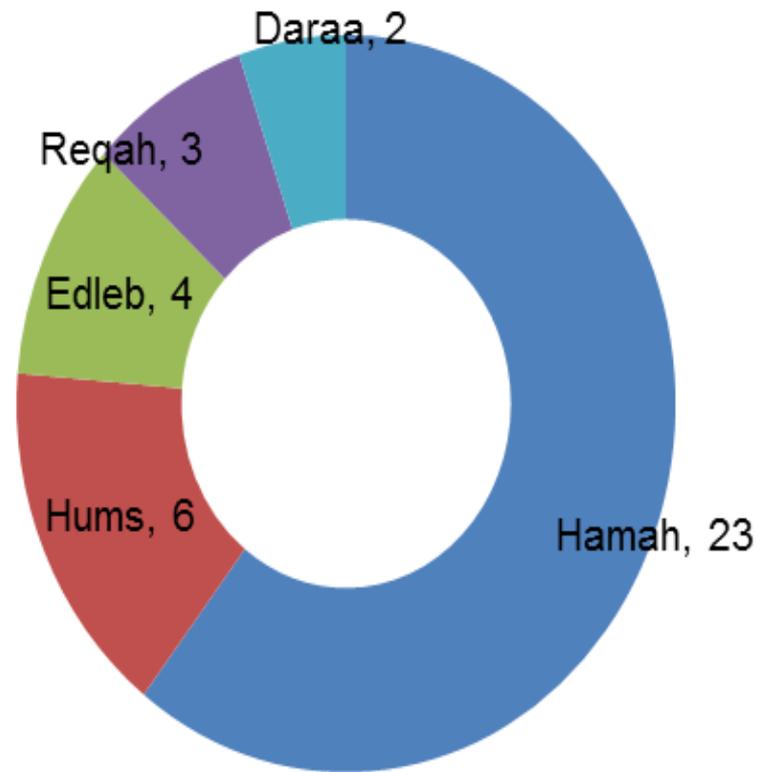
- 311 families (1798 individuals) interviewed
- Average family size 5.8
- 22% of population (399/178) school age children
- 19/24 sites reported registration in police and UNHCR
- 24/24 reported registration in UNHCR
- Registration proportion 92.6%



25% of sites paid 20-30 JD for a third party

General 2: Origin

■ Hamah ■ Hums ■ Edleb ■ Reqah ■ Daraa



General 3

- 7/24 sites reported security in the area is unstable
- 16/24 sites reported willingness of host community to support
- Agriculture was the main source of income
- Wage 0.6-1 JD/hour average income per day 4-7 JD/per
- No problem in registration of new bo marriages



Wage reported to be half of wage of other labors



General 4: UNHCR service

Number of sites 24

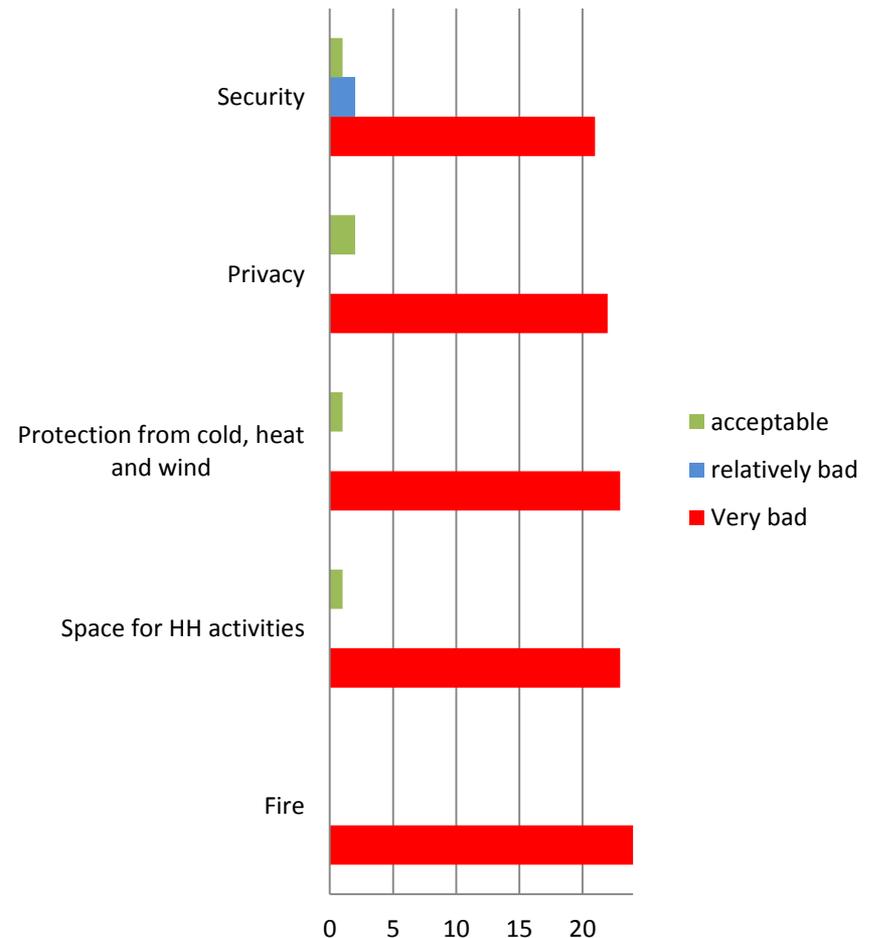
Services	Sites
Food vouchers	22
Free food	13
Iris scan(eye scan)	8

Two:

Shelter and NFI

- All sites-temporary shelters
- Average surface area of each house/shelter is 26 meter square (av. Family size 5.8)
- Only two sites reported they received donated shelters

Shelter and protection



Three:

Water, Hygiene and Sanitation

- 23/24 sites reported using water tanker for drinking and other use
- 1/24 reported using water from unprotected spring
- 9/24 sites reported, in addition to water from tanker they use untreated river water for other use
- They buy drinking water at 3JD/meter



They buy drinking water.

Water consumption

Sites	Amount of water for drinking and cooking /person
13	4-9 lit/day
9	9-13 lit/day
2	4 lit/day

Sites	Amount of water for drinking and cooking/HH
2	less than 25 lit
13	26-50 lit
3	51-75 lit
6	More than 75 lit



Latrines

- Defecation is either in open or in open and managed areas
- No specific latrines for ladies



Latrine

Nutrition and FS-1

- All reported that no nutritional or food aid program available in the area.
- They reported that number of meals and snacks and quality of food reduced

#/meals/snacks/day	Before Crisis	After Crisis
Adults (all sites)	3.6	2.8
Children(<5yrs-all sites)	3.5	2.8



Number of meals and quality decreased

Food stock at home

48%(n=174 HH)found to have existing food stocks

Food stock at the household	
Less than week	40.5%
One-two weeks	25%
More than two weeks	34.5%

Five:

Health Risk and Services



Health risks and services

- MOH is the main/only service provider
- Basic Health Centers are the main source of Health Service provision
- Physicians and nurses are available for services/cares
- 7/24 sites also reported availability of midwives
- Access to health facility considered not easy for refugees



Distance and access to HC

- 20/24 sites reported that nearest health center was 5KM or less from residence
- 4/24 sites reported that nearest health center was more than 5KM and as much as 10 KM
- 23/24 sites reported that access to HF are difficult
- 1/24 sites reported that access to HF is very difficult



Reasons for difficult access

- Transportation
- Financial ability to rent means for transportation
- Registration to the security department of the area

Morbidities

Conditions	Reported by communities	reported by physicians
Diarrhea	22	21
Respiratory infections	18	20
NCDs	10	13
Skin Diseases	8	11
Rheumatological diseases	5	0
Allergy	4	0
Kidney Diseases	3	0

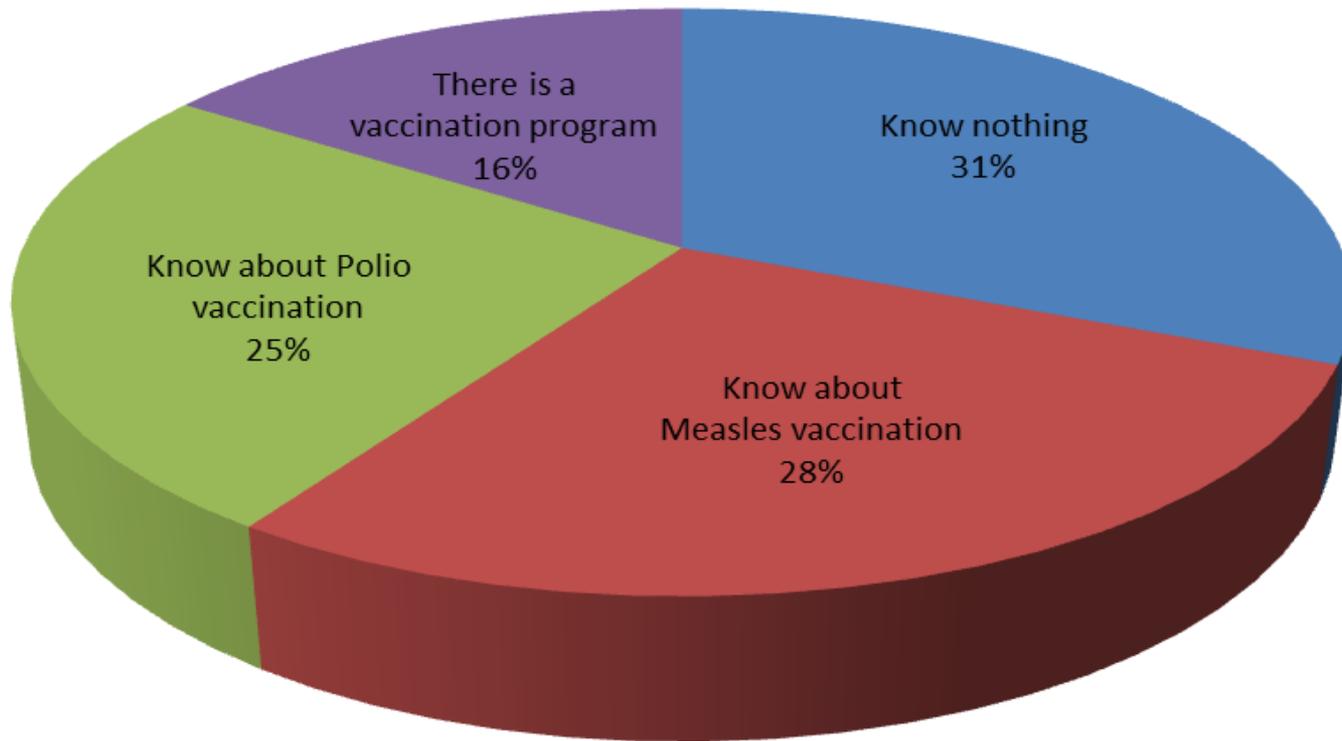


Pop experience in getting Health service(N=24)

Experiences	number of sites
Forced to go to private clinic due to inability to have the free governmental services	12
Patients should be registered at local security center to have the health care	12
Complicated procedures	12
Bad behaviors of health providers	6
Lack of medicines	5
Easy procedures	2
Bad experience bcause hospital was for away	1

Immunization

Knowledge of Syrian refugees in JV on immunization of their children
N=24



Immunization practices

- 20/24 sites only vaccinated children during campaign
- 22/24 sites did not have vaccination card and also parents did not take their children to the health facilities for immunization

- 15/24 sites reported that they get an ambulance if the need
- 19/24 sites they knew the nearest referral hospital
- 18/24 sites reported women delivered in the hospital with no problem
- 2/24 had problems during delivery (cost)
- 4/24 did not have any idea

Health facilities

- Nine health facilities assessed
- They almost had/provided what they suppose to do.
- 94 GP, 34 specialists/residents, 3 dentists, 341 nurses and 21 midwives were working in these facilities
- Post crisis increase in number of general consultations, deliveries and prev. care activities.



Services not available

- Management of
 - Sexual violence
 - Mental Health
 - HIV/AIDS prevention and treatment



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Five:

Education

Education

- 22/24 sites reported 399 children of school age
- FIVE children from one site attend school, without mentioning what type of school



Reasons for not going to school

- 16/24 sites: Continuous movement of the family
- 11/24 sites: Financial problems
- 9/24 sites: Long distance
- 7/24 sites: Fear of violence
- 5/24 sites: Lack of transportation
- 2/24 sites: Education is not important

Recommendations-1

- Provision of **safe drinking water, free of charge**
- Provision of nutrients and balanced food basket
- Provision of proper shelters, blankets, and other necessary items
- Solving the problem of payment related to renting the land for shelter placement at certain sites in South Shouneh
- Registration of people not yet registered at local security centres
- Ensure **free health and education services** for registered refugees

Recommendation-2

- Integration in disease detection programmes, health education, vaccine awareness, education awareness programmes
- **Conduct nutrition assessment particularly for children under-5-years-old and women of childbearing age**
- **Regular immunization outreach program**
- Provision of specialized services for management of victims of sexual violence, mental health and HIV/AIDS prevention, screening and treatment

Recommendation-3

- Measures and urgent awareness should be taken to enrol all children of school-age in schools.
- **More in-depth assessments of education needs/ programs in near future.**
- Advocacy for MOH to establish operational guide for field staff about dealing with Syrians accessing health facilities in order to improve access to different program including vaccination
- Identify dealer for exchange of the food vouchers in the close by community





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Thank You!

