



REFUGEE POPULATION IN JORDAN



APRIL HIGHLIGHTS

Azraq: IMC Clinic in village 3 started activities on the 27th of April with a skeleton team operational 24/7 providing primary health care services including outpatients department consultation, reproductive health care services and referrals to secondary care for patients in need. Main morbidities are respiratory tract infections (47%), diarrheal diseases (7%) and skin diseases (7%).

Assessments:

* UNHCR and JHAS conducted a baseline household survey by telephone of registered refugees entitled *Non-camp Syrian refugee households knowledge, access and uptake of health services*. With 491 households enrolled, the main findings were: 98% have an MOI service card of which 91% issued in the governorate the refugee was residing; 91.7% know refugee children under five have free access to immunization and 96.3% know that UNHCR registered refugees have free access to MoH services. Only 66% knew what support could be provided through UNHCR and partners in the event of an emergency for those not covered by MoH facilities; only 56% of children under five have an immunization card; of household members >18 years 39.8% had at least one chronic condition, and 24% of these were unable to access medicine or other health services.

* Handicap International and HelpAge International published a report titled *Hidden victims of the Syrian crisis: disabled, injured and older refugees*, with results from primary data collected across 3,200 refugees in late 2013. Main findings include: 1) 30% of refugees in Jordan and Lebanon have specific needs (one in five refugees is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; one in 20 suffers from injury, with nearly 80% of these injuries directly resulting from the conflict; 2) 77% of older refugees (60 and above) are affected by impairment, injury or chronic disease; 3) Refugees affected by impairment, injury or chronic disease are twice as likely as the general refugee population to report signs of psychological distress; 4) 65% of older refugees present signs of psychological distress

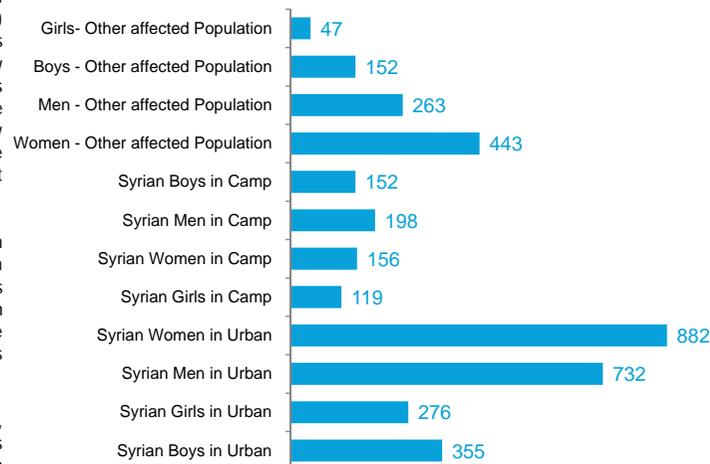
Community Health: IFRC and Jordan Red Crescent trained 18 Community Health Volunteers (CHVs) from 9 different communities from the 26th to 30th April in community based health care and first aid. In total they have now trained 40 CHVs from 20 different communities: eight communities in Ajloun, four in Mafraq, three in Jerash, three in Irbid and two in Amman, with two CHVs per community. The communities all identified NCDs as a concern so further training in this area is planned.

Immunization: The last week in April marked World Immunization Week, commemorated across the world by WHO and partners. The slogan for 2014 was "Immunize for a healthy future: Know, Check, Protect". In Zaatari camp outreach messaging on immunization in the camp through field staff and CHVs was emphasised during that week. MoH/UNICEF/WHO developed a brochure to raise awareness regarding routine immunization.

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NUMBER OF REFUGEES REFERRED FOR SECONDARY AND TERTIARY HEALTHCARE



* Other affected population represents primarily Jordanian host community

NEEDS ANALYSIS

With increasing numbers of Syrian refugees entering Jordan and the clearing of the registration backlog, demand on the public sector as well as NGO-supported clinics continues to grow. While demand for acute care is high, management of chronic non-communicable diseases (NCDs) and demand for prevention services is weak.

The Syrian refugee health profile is that of a country in transition with a high burden of NCDs; in 2013 NCDs accounted for 17% of clinic visits in Jordan. The main causes of morbidity were cardiovascular diseases (38% of visits), diabetes (24%), and lung diseases (14%). However, consultations for acute illness was the main reason for seeking care accounting for 73% of clinic visits (27% of visits were by children <5 years). Communicable diseases also remain a public health concern with a measles outbreak in Jordan in 2013 and a polio outbreak in Syria. Of concern is the low routine immunization coverage amongst refugees. The burden on MoH facilities continues with 16,687 consultations for Syrians in primary health care centres, 763 inpatients and 4,767 outpatient visits in hospitals in Irbid in March 2014. Care for persons with NCDs remains challenging with a UNHCR survey indicating that 23% of those over 18 with an NCD report not being able to receive medications or care on a regular basis. Though there are a number of initiatives, care for war wounded with disabilities or in need of convalescence or nursing care remains insufficient. A Handicap International/HelpAge assessment demonstrated that one in 15 Syrian refugees in Jordan were injured in Syria; in addition, 26% of refugees in Jordan have an impairment.

PROGRESS AGAINST TARGETS

