



*Jordan Medical Referrals at a Glance
Year End Report
January –December, 2016*



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Background

Jordan hosts asylum seekers and refugees from different neighbouring countries. As of 31st December 2016, 655,344 (514,274 and 141,070 in urban and camps respectively) Syrian refugees have been registered with UNHCR Jordan office since the onset of crisis in 2011. In addition, Jordan hosts asylum seekers and refugees from Iraq, Sudan, Yemen and Somalia.

Access to healthcare services for refugees varies according to the country of origin. Syrian refugees living in the urban setting have access to all levels of healthcare services (primary, secondary and tertiary) at governmental health facilities at the non-insured Jordanian rate, given that they hold a valid UNHCR asylum seeker certificate and a valid security card. Syrian refugees residing in the camps and non-Syrian need to pay foreigners' rate when accessing any level of healthcare at governmental health facilities. This renders access to essential and life-saving healthcare services unaffordable without support.

Overview of UNHCR's Referral Guidelines

UNHCR has adapted a policy of structured provision of health services for different nationalities in order to maintain affordable access to secondary and tertiary referral services. Essential secondary and tertiary referrals are available to eligible refugees of all nationalities based on a pre-defined set of criteria at governmental hospitals and other private affiliated hospitals (though UNHCR's implementing partner Jordan Health Aid Society; JHAS).

In order to facilitate referrals, UNHCR has established two levels of authority with the implementing partner in order to facilitate and control the referral process. If the estimated treatment cost is less than JODs 750 per person per year then the UNHCR partner will manage the referral directly, while if the referral cost is more than JODs 750 per person per year, the case has to be approved by the UNHCR health unit (for emergency cases) and/or Exceptional Care Committee (ECC) for non-emergency cases before the referral takes place.

Data Collection and Analysis

Referral care is considered an essential part of access to comprehensive health services, thus UNHCR since 2014 has maintained a medical referral database in order to monitor trends in urban and camp settings in Jordan.

- This report includes all referrals data for the period January to December 2016
- Data was collected from 11 sites; 6 Urban (Amman, Zarqa, Mafraq, Irbid, Ramtha, and south Mobile Medical Unit), 4 camps (Zaatari, Azraq, Cyber City and King Abdullah Park), and Ruwaishid.
- Data was captured on-site daily then compiled and shared on a monthly basis with JHAS referral hub, where the initial data compilation and cleaning was done. Compiled and cleaned data was then shared with the UNHCR Public Health Unit, where secondary data cleaning and analysis was carried out.
- Descriptive analysis carried out using Microsoft Excel 2013.

Summary of Findings

- In 2016, **34,571** referrals for secondary and tertiary healthcare were conducted for **23,296** refugees, 78% of which were referred only once
- Of the 34,571 referrals, **71%** (24,565) were elective and **29%** (10,006) were emergency referrals
- The average number of monthly referrals was **2,881**
- The number of referrals per month varied throughout 2016; mild decline from April to September was due to budget restrictions and sharp increase over last quarter was due to budget supplementation
- Referrals for females accounted for **55%** of total referrals
- Referrals for children under the age of 5 and patients 60 years and older were **19.2%** and **9.4%** respectively
- Majority of referrals were for Syrian (**80%**), followed by Iraqi, Sudanese and Yemeni respectively
- Approximately, **70%** of referrals were to private affiliated hospitals
- Zaatri and Azraq referrals accounted for **56.3%** of total referrals
- Madina referrals were the highest among urban sites accounting for **27.4%** of total referrals
- The most prevalent disease diagnosis was “diseases of the genitourinary system; **17.4%**” followed by “pregnancy, childbirth and puerperium; **14.6%**”
- Overall expenditure on referrals was **6,294,786** Jordanian Dinar (JOD)
- Largest proportion of cost was incurred by “Pregnancy, childbirth and puerperium”; **14%**
- Mortalities occurred primarily among 60 years and older (**32%**)

i. Demographic Characteristics of Medical Referrals in January – December 2016 (n= 34,571)

Figure 1. Medical referrals by admission category and final outcome on discharge

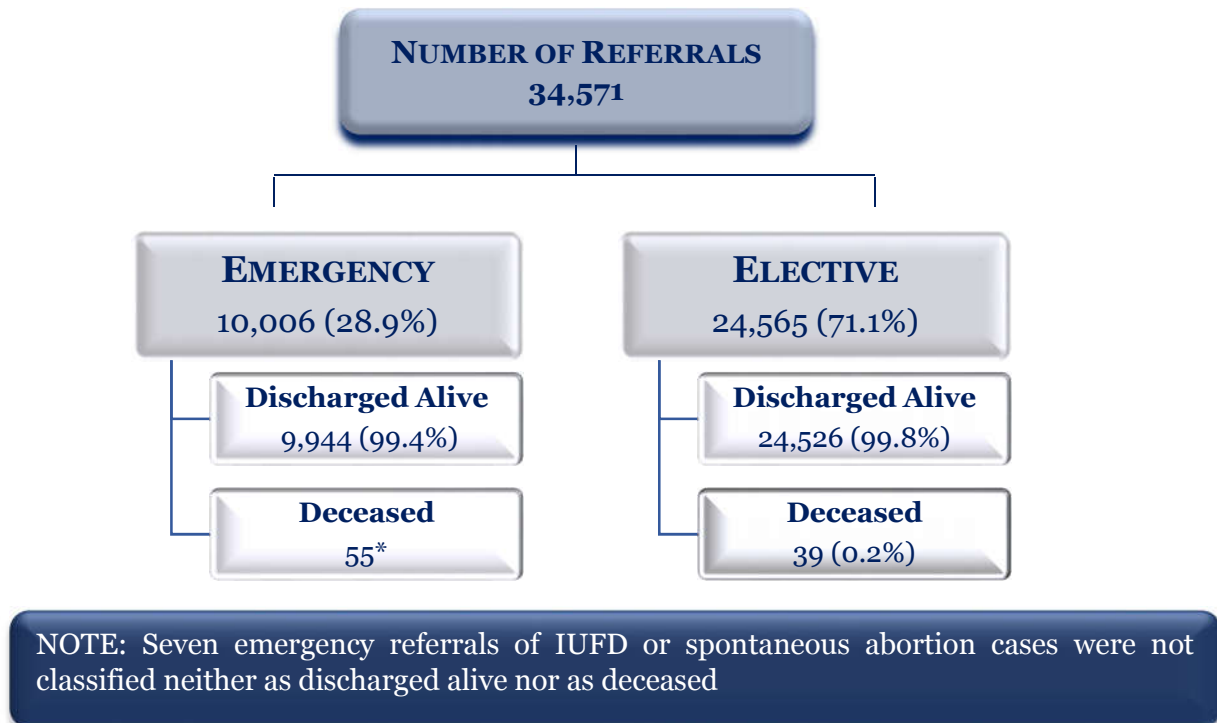


Figure 2. Medical referrals per month; January – December 2016 (n= 34,571)

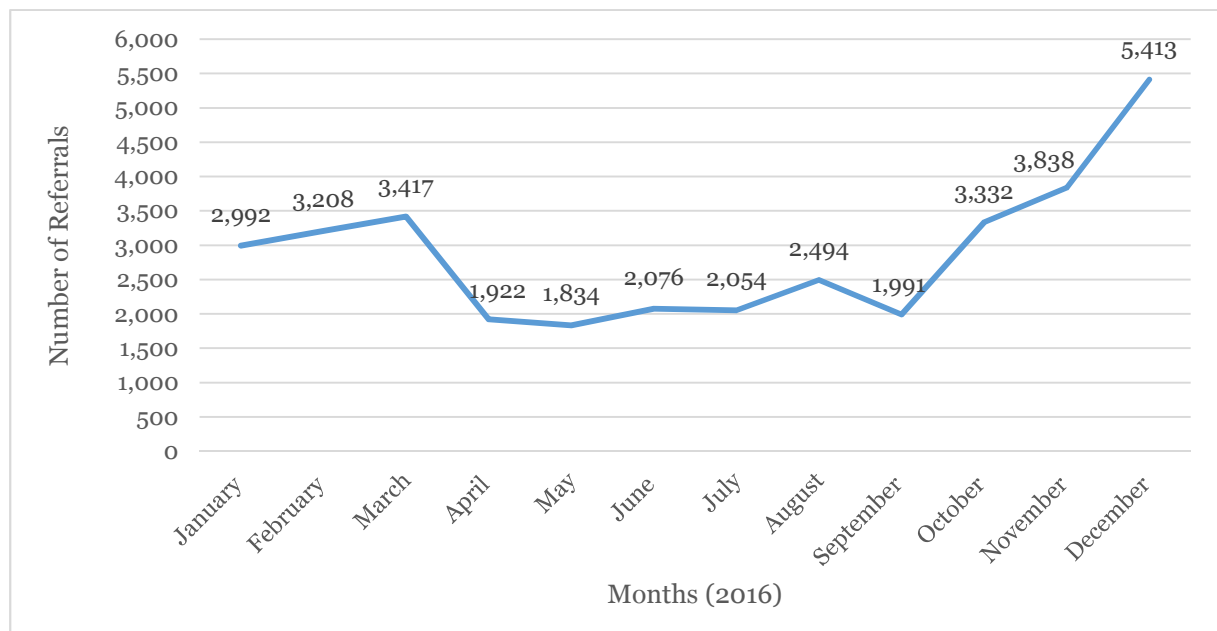


Figure 3. **Frequency of referrals per unique patient; January – December 2016 (n= 23,296)**

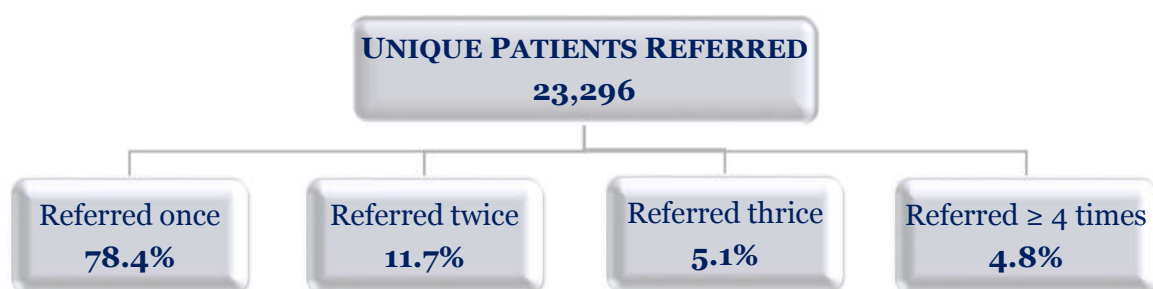
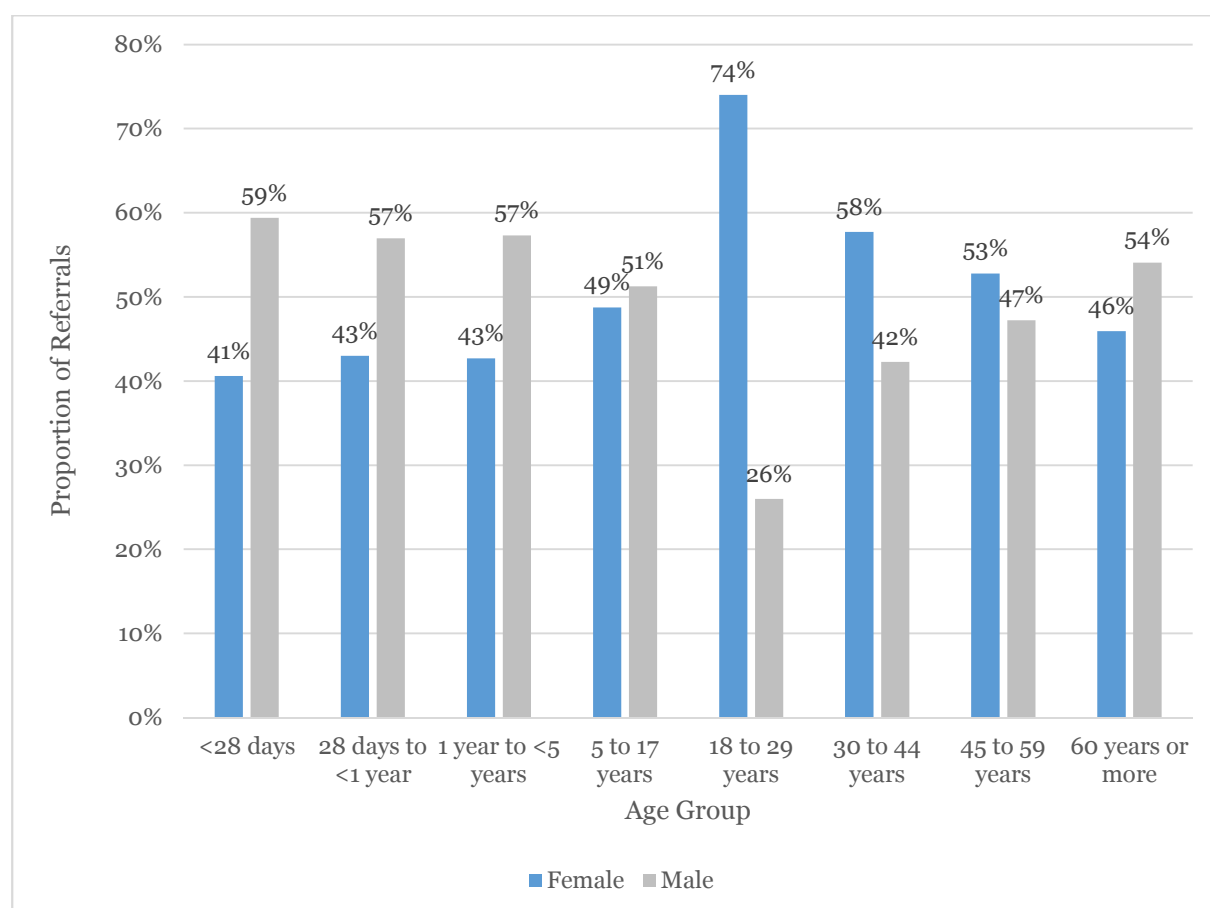


Figure 4. **Proportion of referrals by gender and age group (n= 34,571)**



Key Highlights

- **55.0%**; proportion of total referrals among female patients
- **19.2%** and **9.4%**; proportion of referrals among children under 5 years of age and patients 60 years of age and older, respectively

Figure 5. **Proportion of referrals by nationality (n= 34,571)**

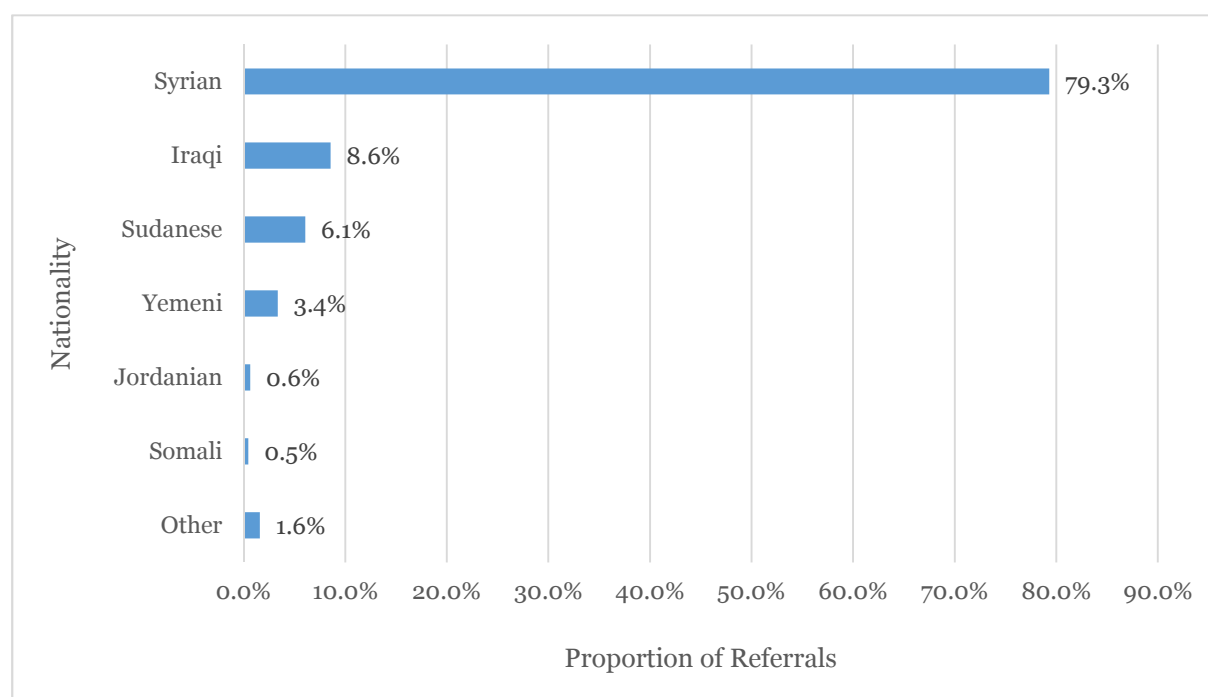
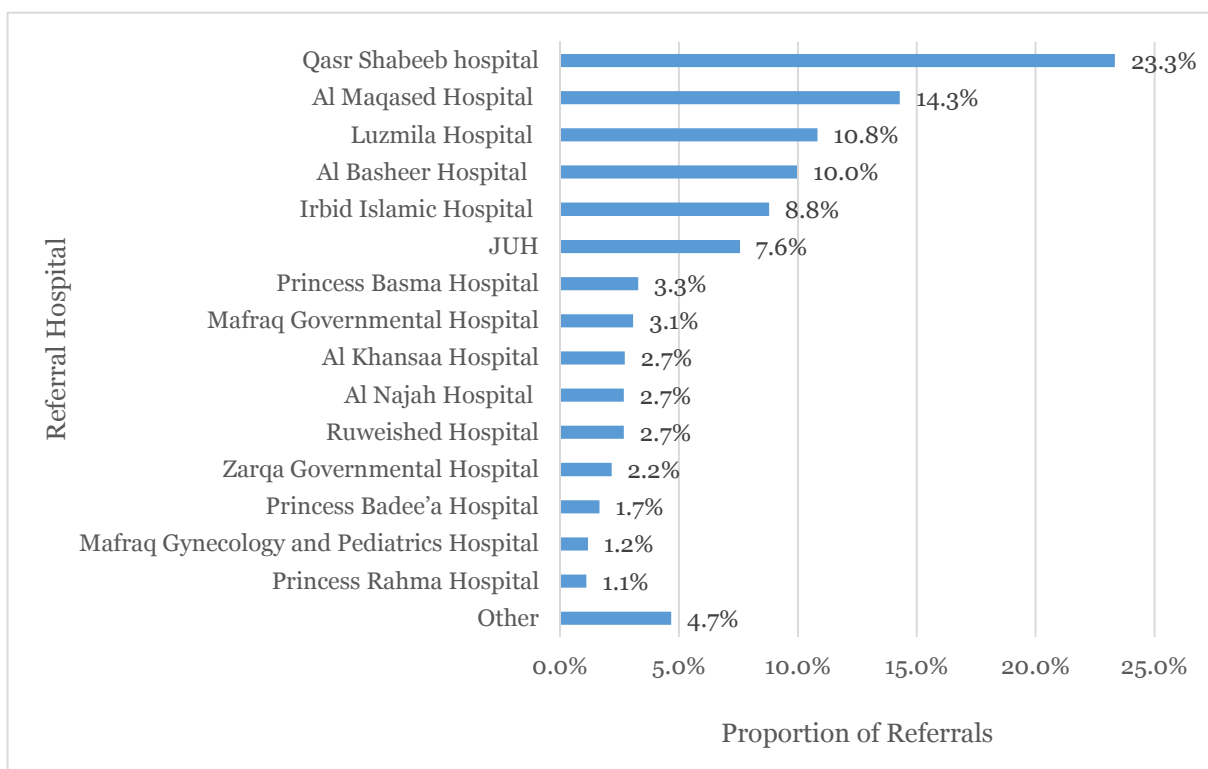


Figure 6. **Proportion of referrals by referral hospital (n= 34,571)**



Key Highlight

➤ **70.2%**; proportion of referrals to private affiliated hospitals

Figure 7. **Proportion of referrals by referring clinic (n= 34,571)**

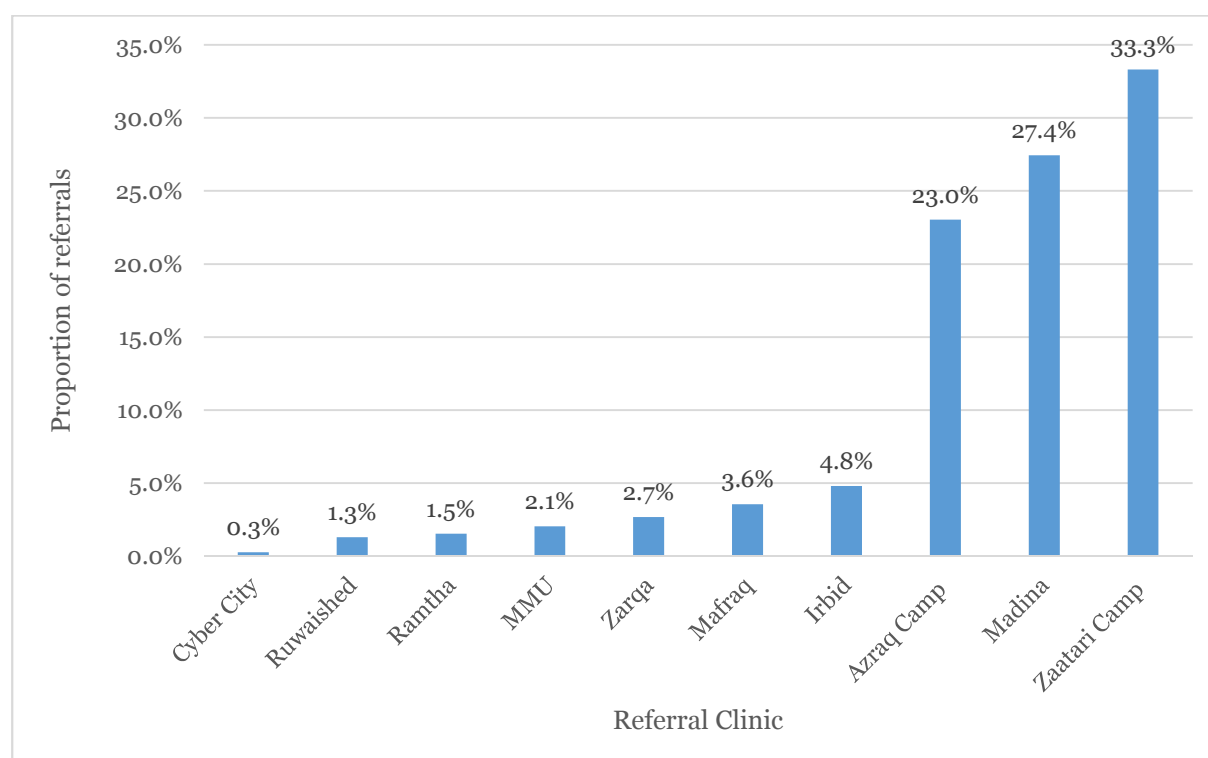


Figure 8. **Number of JHAS Madina clinic referrals by nationality (n= 9,488)**

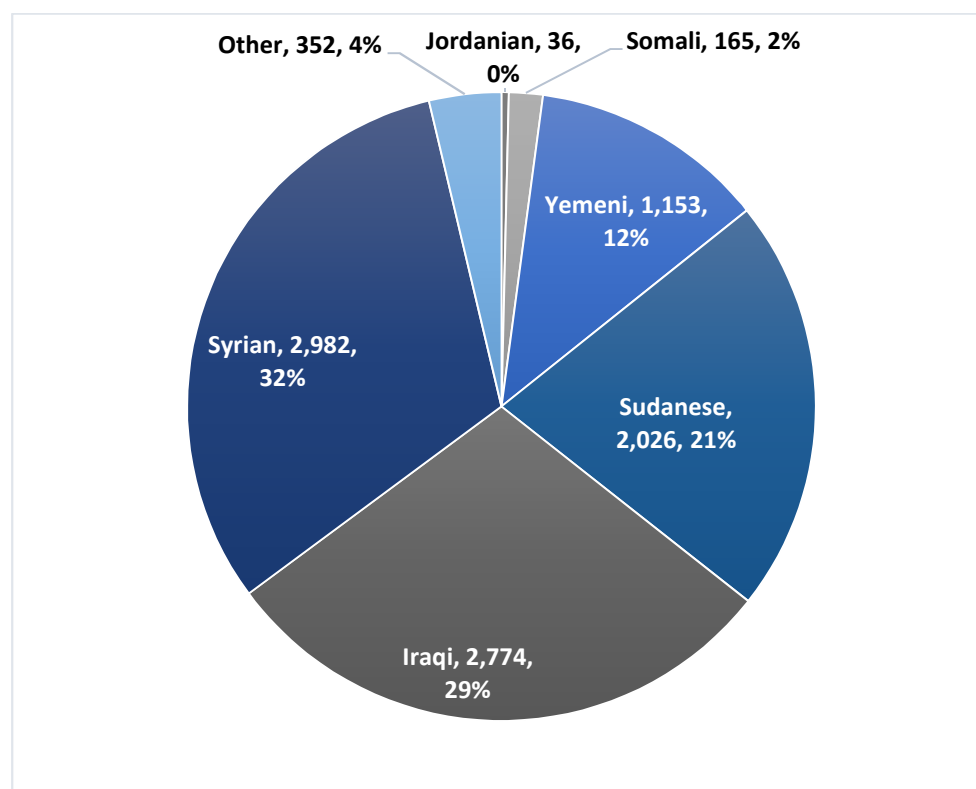
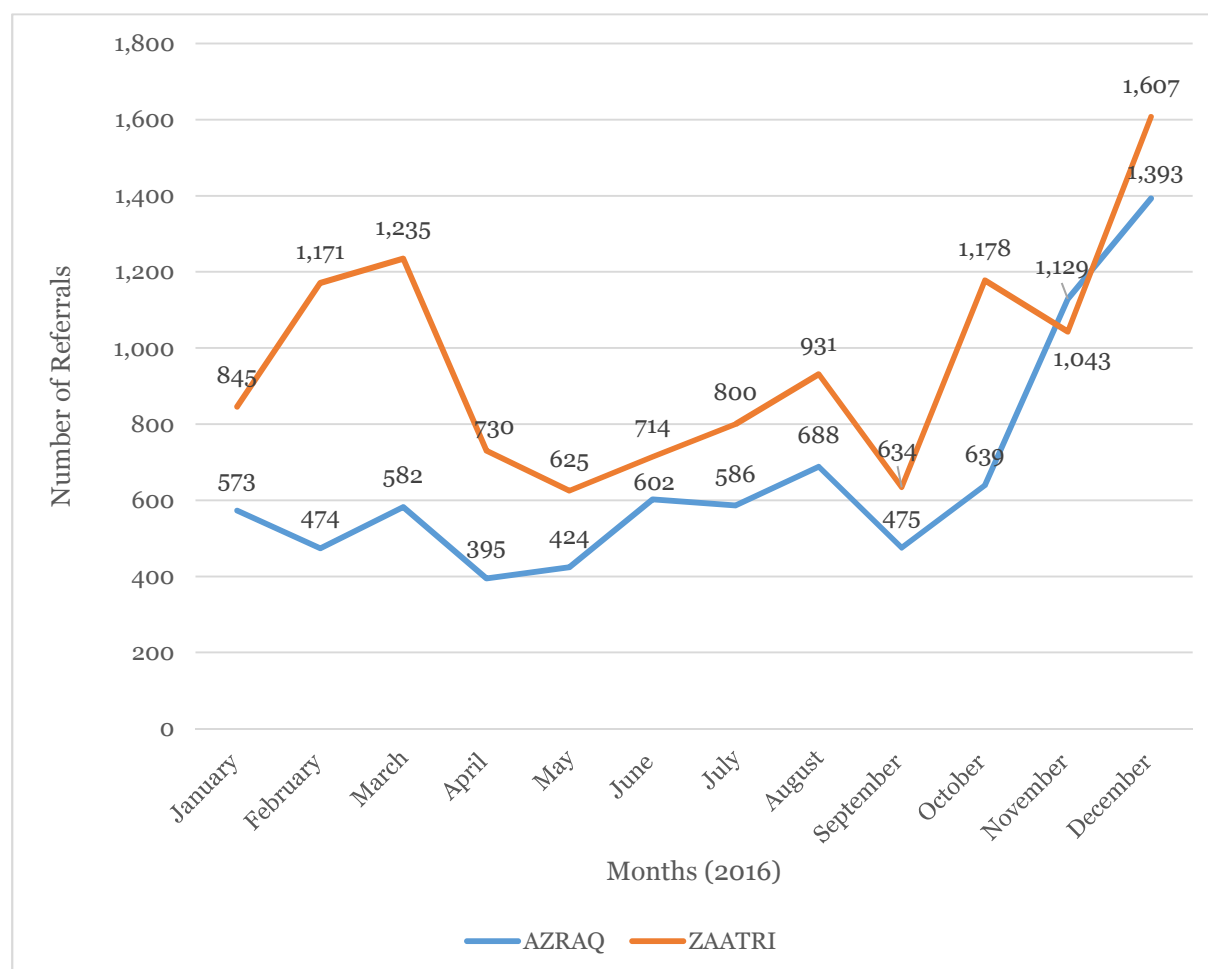


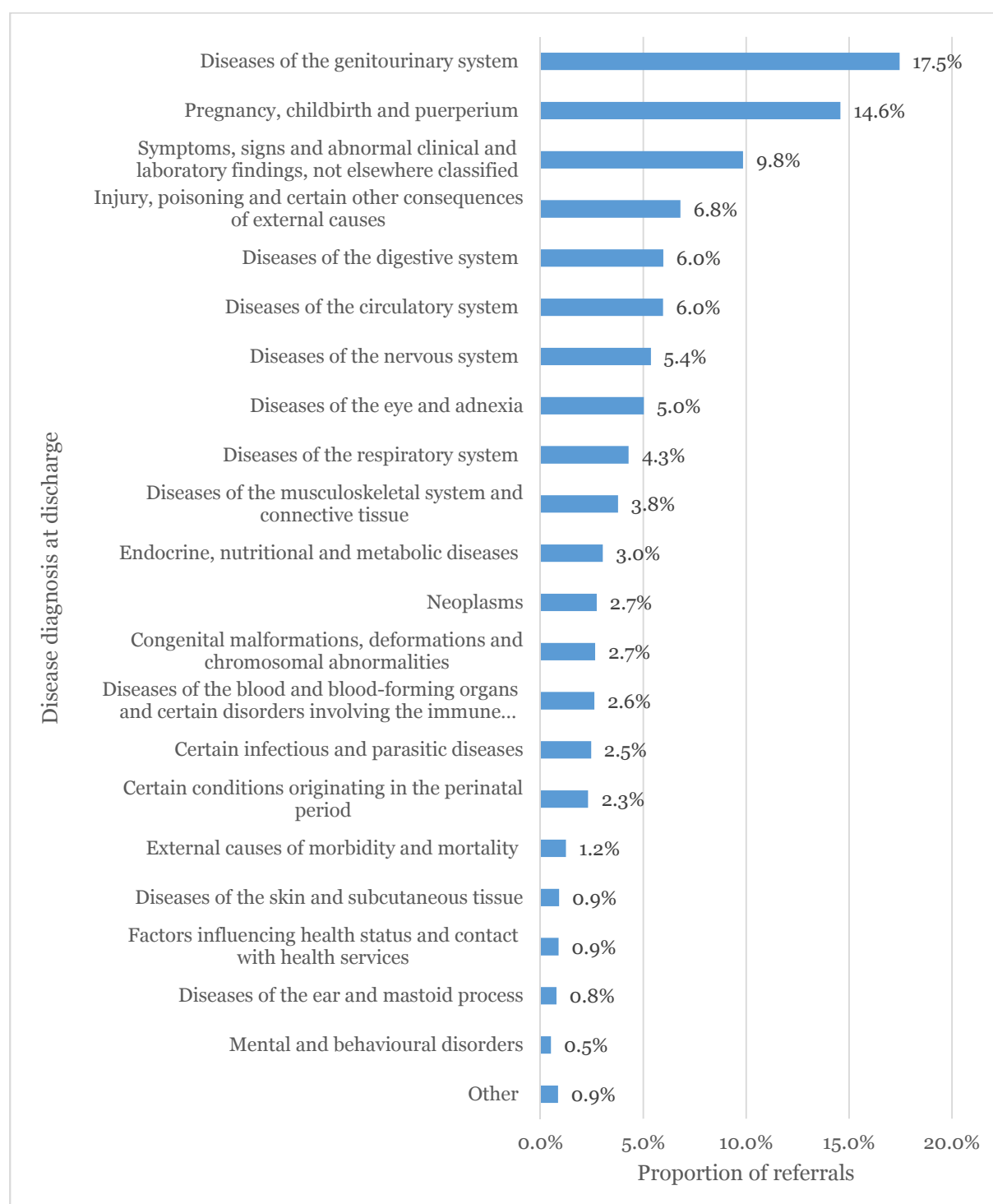
Figure 9. Zaatri and Azraq referrals per month; January – December 2016 (n= 19,473)



Key Highlights

- Zaatri referrals were higher than Azraq referrals throughout 2016 except during November
- Fluctuations in number of referrals in both camps went simultaneously with general referral trend and was due to budget availability

Figure 10. **Proportion of referrals by diagnosis at discharge**

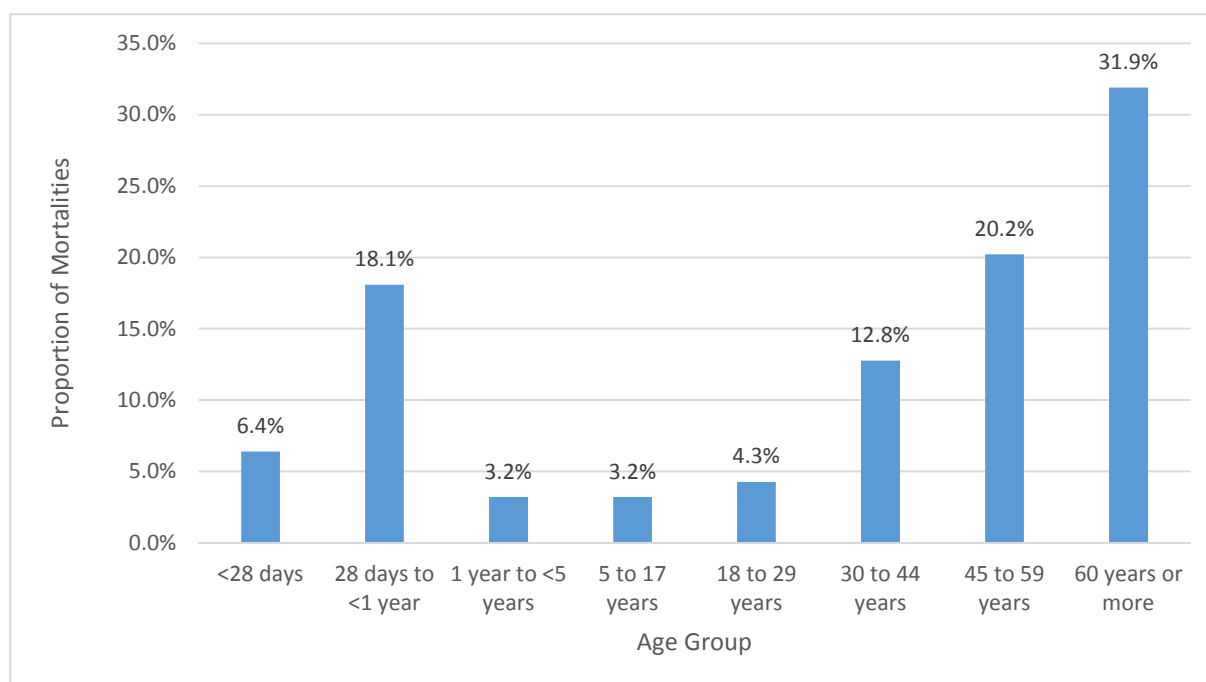


Key Highlight

- The most prevalent disease diagnosis was “diseases of the genitourinary system; 17.4%” followed by “pregnancy, childbirth and puerperium; 14.6%”

ii. Mortality

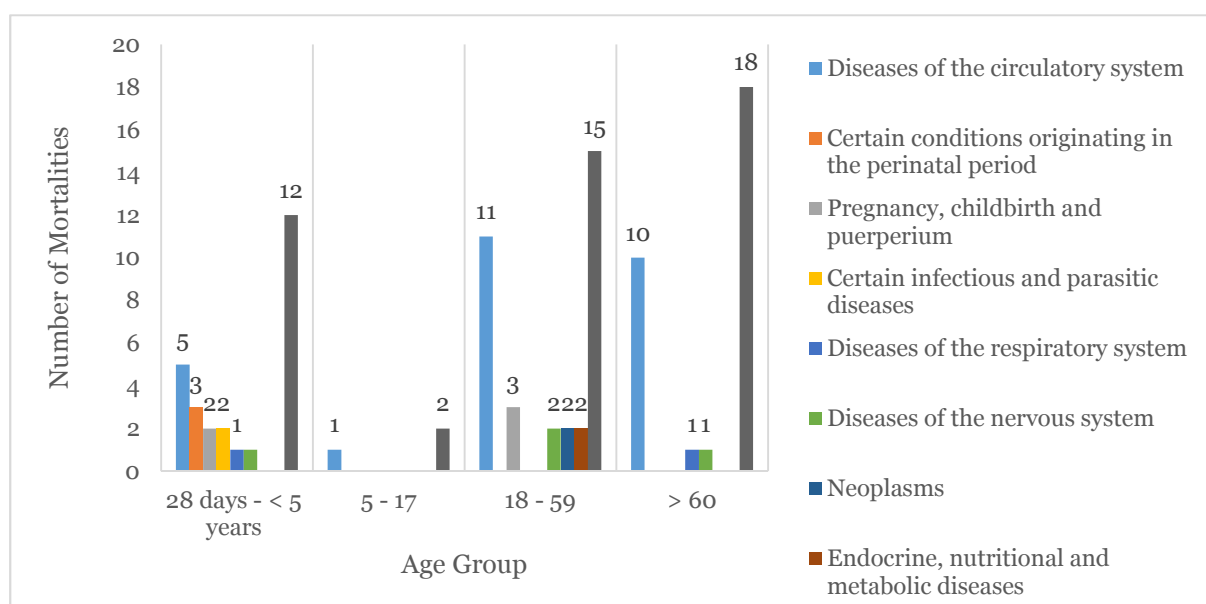
Figure 11. Number and proportion of mortalities by age group (n= 94)



Key Highlight

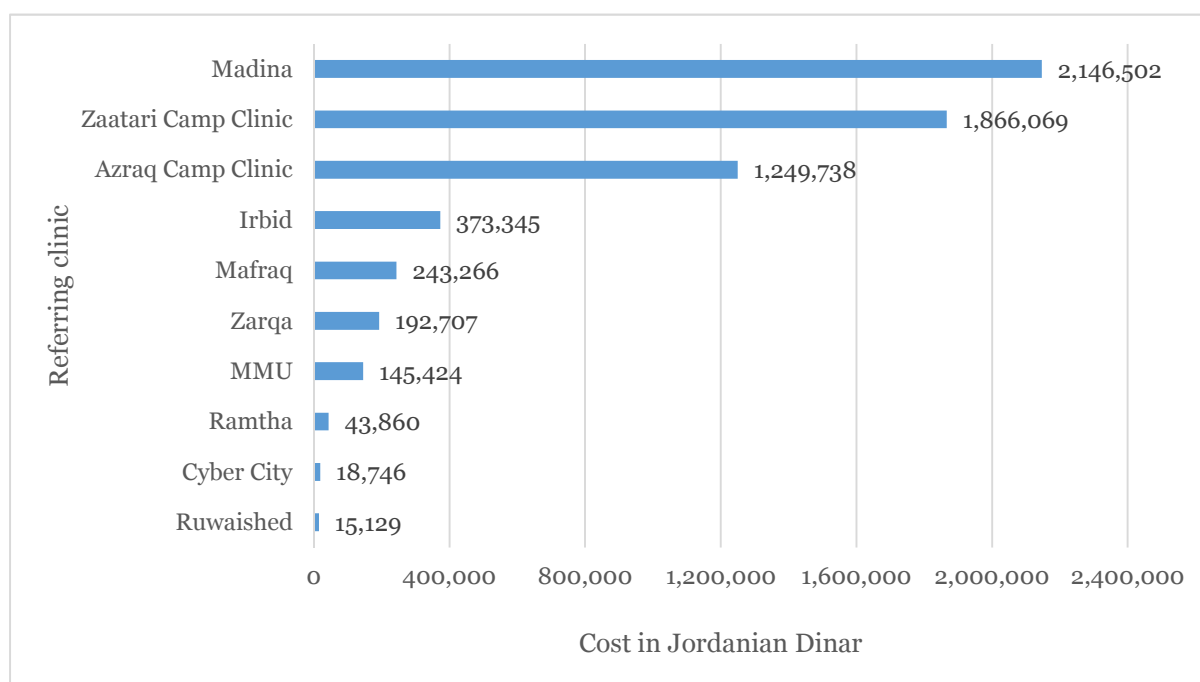
- Mortalities occurred primarily among 60 years and older and under 5 years of age

Figure 12. Top causes of mortality by age group



iii. Costs

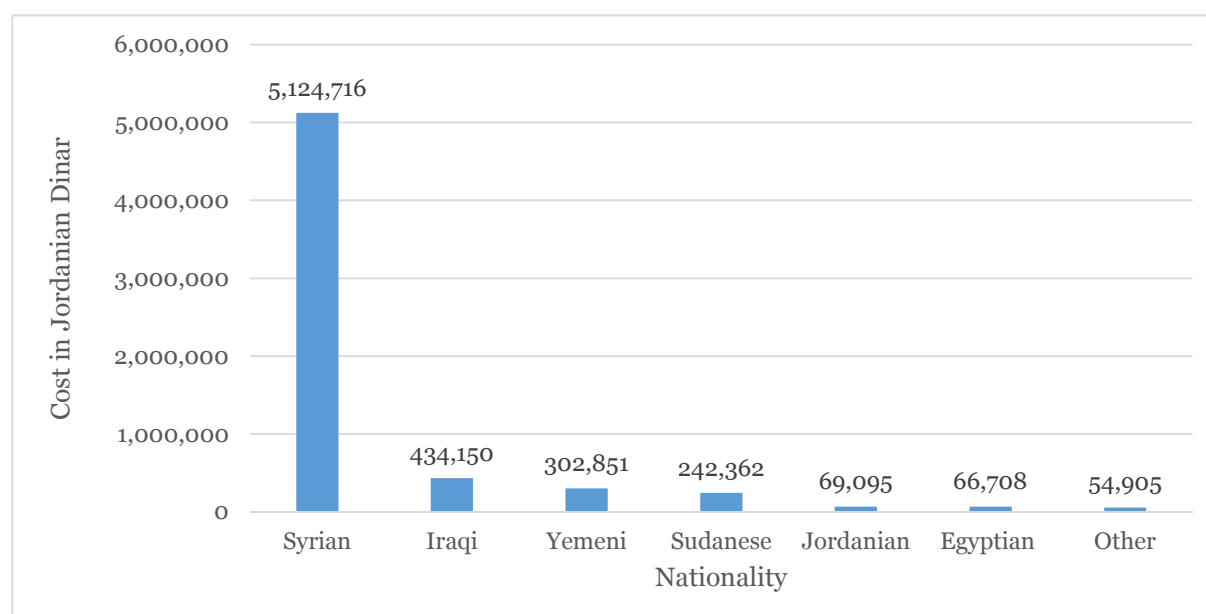
Figure 13. **Costs by referring clinic (n= 6,294,786 JOD)¹**



Key Highlights

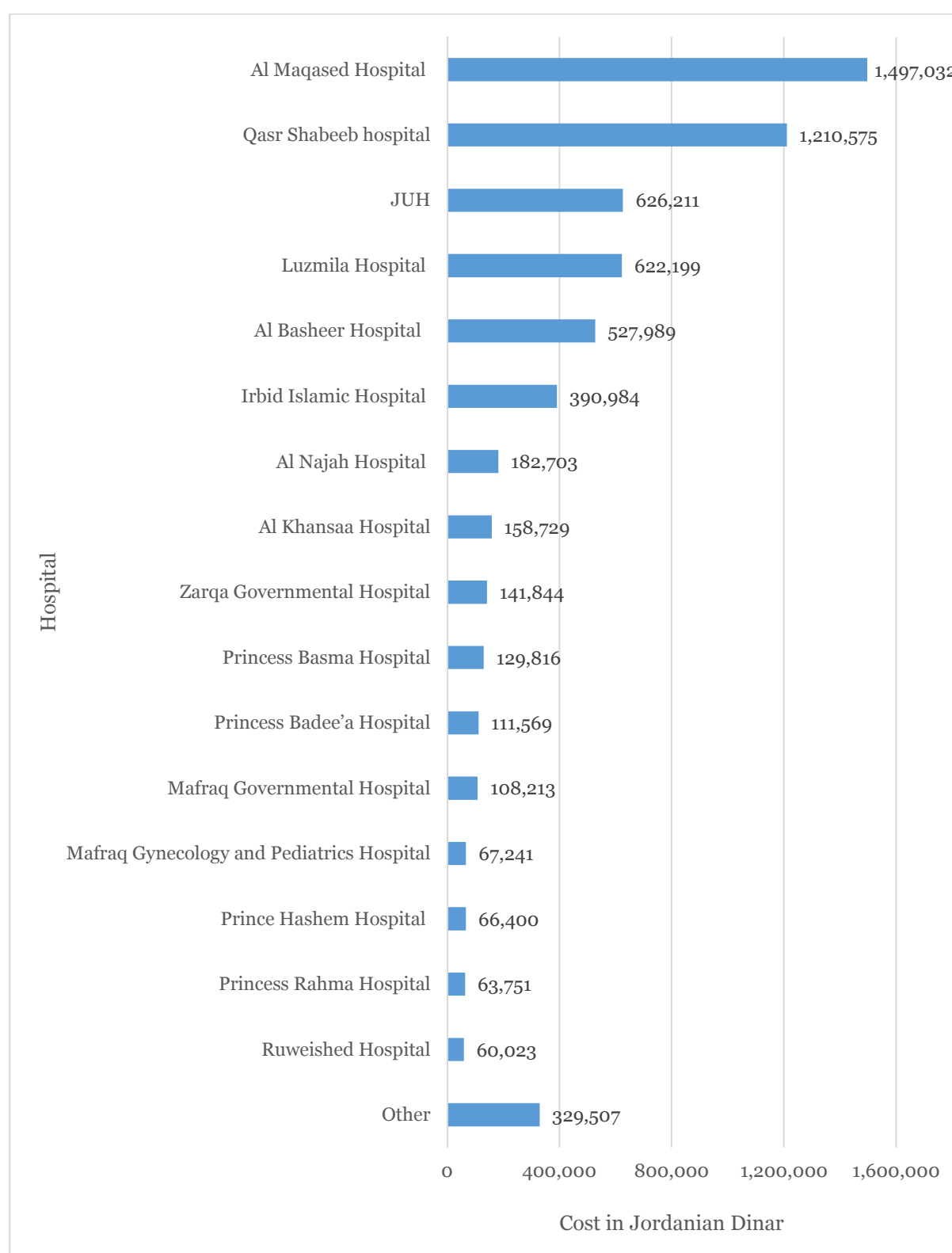
- Madina referrals accounted for the highest cost per site; **34%**
- Zaatri and Azraq referrals; **49.5%** of total cost

Figure 14. **Costs by nationality (n= 6,294,786 JOD)**



¹ One Jordanian Dinar (JOD) = 1,412 US Dollar

Figure 15. **Costs by referral hospital (n= 6,294,786 JOD)**



Key Highlight

- **74.5%** of allocated budget consumed at private affiliated hospitals

Figure 16. **Costs by diagnosis at discharge (n= 6,294,786 JOD)**

