INTER-AGENCY REGIONAL RESPONSE FOR SYRIAN REFUGEES
HEALTH AND NUTRITION BULLETIN
IRAQ, JORDAN AND LEBANON
January – March 2013

Population

The influx of refugees continues with increasing numbers of people crossing the borders on a daily basis. A total of 1.39 million refugees fleeing Syria have sought protection in neighbouring countries with approximately 51% being younger than 18 years old and 76% consisting of women and children (Figures 1 and 2). http://data.unhcr.org/syrianrefugees/regional.php

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

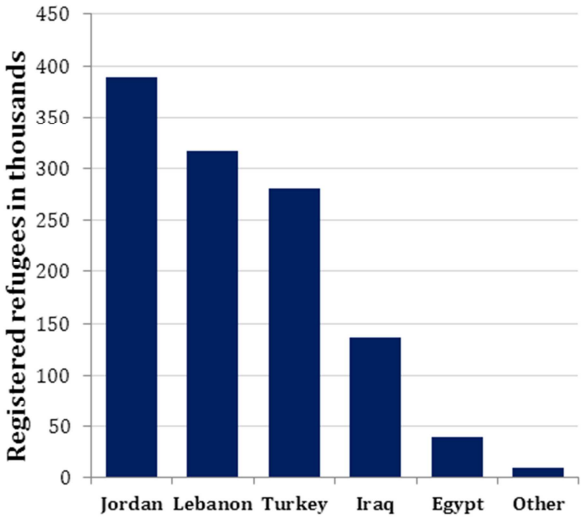

Figure 2 – *Number of registered Syria refugees by country of asylum, April 2013*

Primary Health Care (PHC)

Facilitating access to PHC services for Syrian refugees is the cornerstone of the refugee health strategy in the countries whether they are residing outside or inside of camps. In the refugee camps in Iraq and Jordan, numerous organisations are working closely with Ministries of Health and Social Affairs to provide PHC and emergency services as well as referral care. Refugee-specific standardised health information systems from the camps generate robust and representative data. Gathering data for out-of-camp refugees is more challenging and depends on the districts/regions in the countries; it is less comprehensive and representative at present. In both Jordan and Lebanon, refugees primarily access the available existing Government health centres, some of which are supported by national or international non-governmental organisation (NGOs) and United Nations agencies. Depending upon the situation, health centres provide services free of charge or through a cost-sharing mechanism; for the most part, refugees identified as vulnerable receive their health services free of charge. In Lebanon, which has a more privatised health care system, the situation is more variable. However, mobile clinic services focusing on areas where the poorest refugees are living and that provide PHC services free of charge have recently begun.

Mortality

The reported mortality rates in the refugee camps are low. In Jordan, the crude mortality rate (CMR) in Za'atri camp for the first quarter was 0.1 per 1,000 persons per month and the under 5 mortality rate (U5MR) was 0.3 per 1,000 persons per month. In Iraq's Domiz camp, both CMR and U5MR were estimated to be <0.5 per 1,000 persons per month. Mortality data outside of camps were not collected. However, government and NGO clinics as well as Government hospitals reported a small number of deaths.

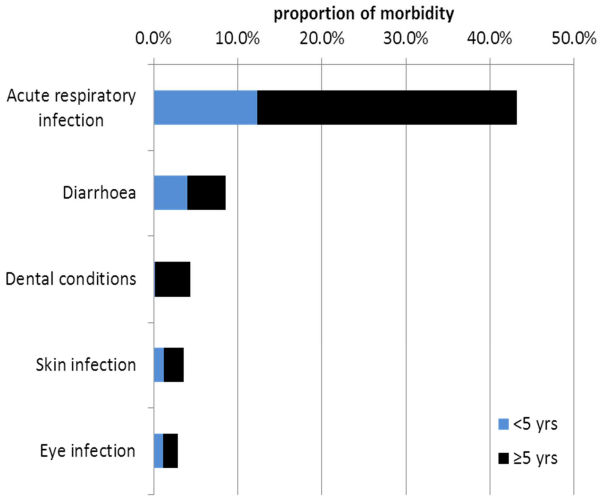

Figure 3 – *Top 5 causes of morbidity due to acute illness, Za'atri cam Jordan, January – March 2013*

Morbidity

Communicable diseases: The main reason for seeking PHC in the two largest refugee camps in Jordan and Iraq was due to acute respiratory tract infections (ARI). In Za'atri camp, Jordan, approximately 43% of clinical visits due to acute illness were diagnosed as acute respiratory infections; this was followed by diarrhoea, dental conditions, skin and eye infections (Figure 3). Among children <5 years, the proportion of visits associated with ARI was 44%.

In Domiz camp in Iraq, 52% of morbidity was associated with ARIs; there was higher incidence in children younger <5 years. The crude incidence of upper respiratory tract infections (URTI) was 6.1 episodes per person/year in children <5 years and 1.3 episodes for ≥5 year olds. This compared with 1.0 among <5 years and 0.1 for ≥5 years, respectively, for lower respiratory tract infections (LRTI; Figure 3). In the twelve International Medical Corps (IMC)-supported government clinics in the North and Bekaa Valley, Lebanon, almost 25% of consultations for communicable diseases were due to ARIs.

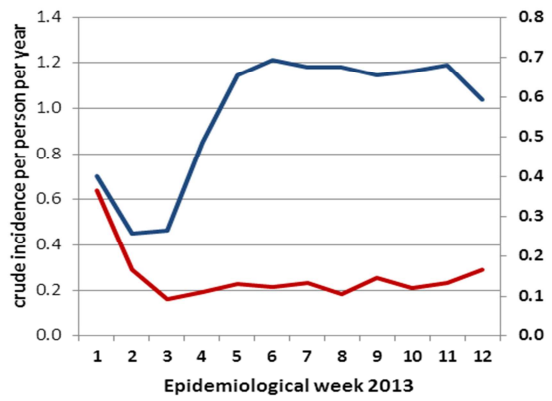

Figure 4 – *Trends of weekly crude incidence of lower respiratory tract infections, Domiz camp, Iraq, January – March 2013*

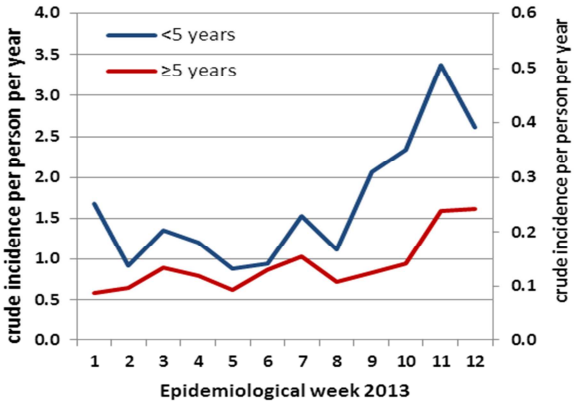

Figure 5 – *Trends of weekly crude incidence of diarrhoea Domiz camp, Iraq, January – March 2013*

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.*

Diarrhoeal disease was the second most common cause of morbidity in these two camps; 8% in Za'atri camp and 9% in Domiz camp for all acute illness visits. Figure 5 shows the weekly trends of diarrhoeal incidence in Domiz, Iraq. The data available from the twelve IMC-supported government clinics in Lebanon showed diarrhoea was <5% of all acute illness visits.

Non-communicable diseases (NCDs): The main NCDs reported in all countries were diabetes, cardiovascular including hypertension, and lung disease (asthma and chronic obstructive pulmonary disease (COPD)). In Za'atri, Jordan, more than 2,500 clinical visits every week were due to NCDs; diabetes (17%), hypertension (15%) and asthma (12%) (Figure 6). In Domiz, Iraq, approximately 200 clinical visits every week were due to NCDs. Data from the twelve IMC-supported government health facilities in Lebanon report that 10% of clinical visits were associated with NCDs; cardiovascular diseases (31%), diabetes (18%) and lung disease (12%) (Figure 6).

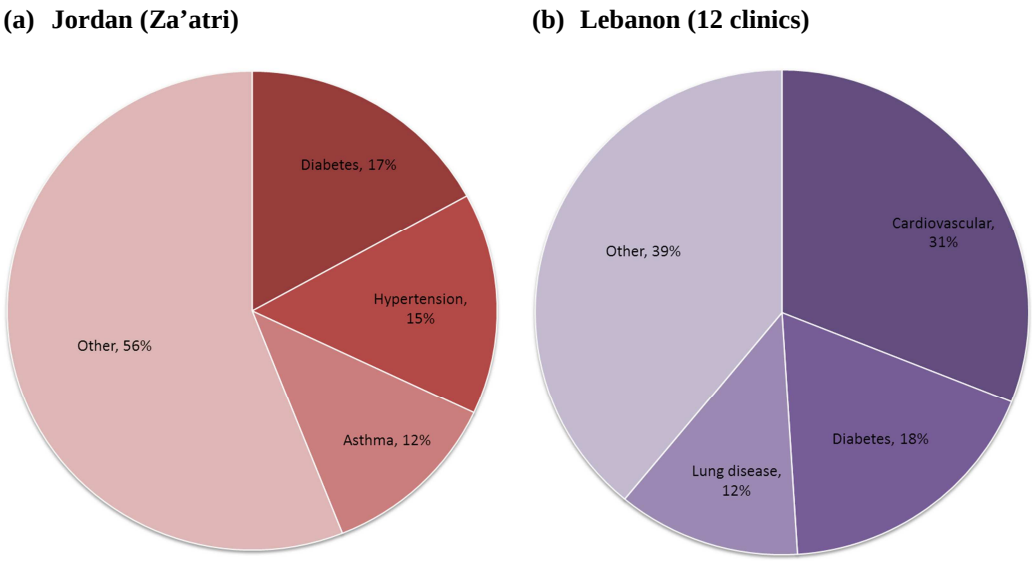

Figure 6 – *Non-communicable diseases as reported from Za'atri, Jordan and Lebanon, January – March 2013*

Tuberculosis (TB): Refugees have access to the National TB treatment programmes in all three countries. In Jordan, 49 cases of TB have been diagnosed since March 2012 through active screening of which 38 (78%) were pulmonary TB and 11 (22%) extra- pulmonary. The screening programme in Domiz camp has not diagnosed any TB cases in the first quarter of 2013. No data are available for Lebanon.

Reproductive Health

Antenatal care (ANC) attendance was poor in all countries where there were data. In Za'atri refugee camp, the proportion of pregnant women completing antenatal coverage (≥4 visits) was estimated at 29% during the reporting period (Figure 7). However, institutional deliveries were high at 97%, with caesarean sections performed in 17% of all deliveries. Prevalence of contraceptive use was minimal in Za'atri (Figure 7).

For Iraq, no data were available on family planning for the refugees.

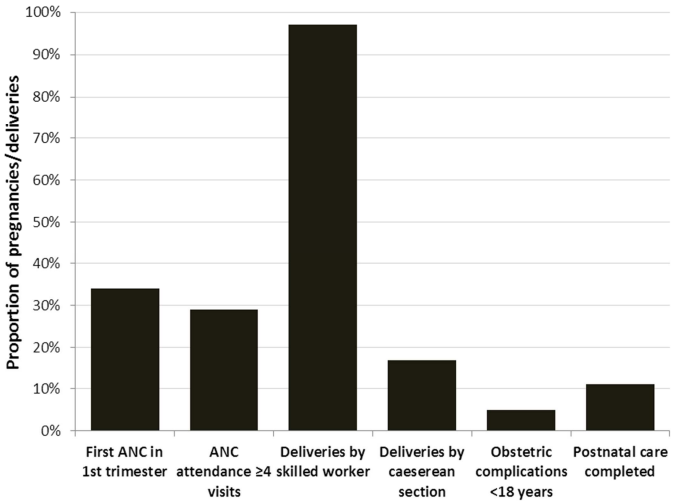

Figure 7 *– Antenatal care (ANC), deliveries, and postnatal care indicators for Za'atri camp, Jordan, January – March 2013*

Although organisations in Lebanon are promoting ANC at the community level, there were no data available regarding refugee ANC attendance. Referral care data showed that UNHCR financially supported 1,742 normal deliveries and 1,186 caesarean sections in the North, Bekaa Valley and South of Lebanon during the first quarter of 2013. The high proportion of caesarean sections in Lebanon continues to be of concern and further assessments will be undertaken as to the reasons behind this. The number of neonates admitted into the neonate intensive care units (NICU) in Lebanon was 170 during this time. UNHCR and partners doing referral care are working on protocols and improved monitoring on admissions and duration of stay in the NICU.

Mandatory HIV testing policies in the region upon arrival or before surgical interventions remains a concern.

Mental Health

In Za'atri, 1,947 consultations were conducted for mental health conditions primarily by IMC between January and March 2013. The main reasons for seeking care were anxiety disorder (22%), schizophrenia (16%) and post-traumatic stress disorder (PTSD; 9%) (Figure 8).

In Iraq, a training on mental health occurred at the end of the March for organisations providing support to refugees.

In Lebanon, several agencies are providing mental health and psychosocial support. The IMC case management unit through its community and facility-based activities conducted more than 400 clinical and social consultations every week in the North, Bekaa Valley and South.

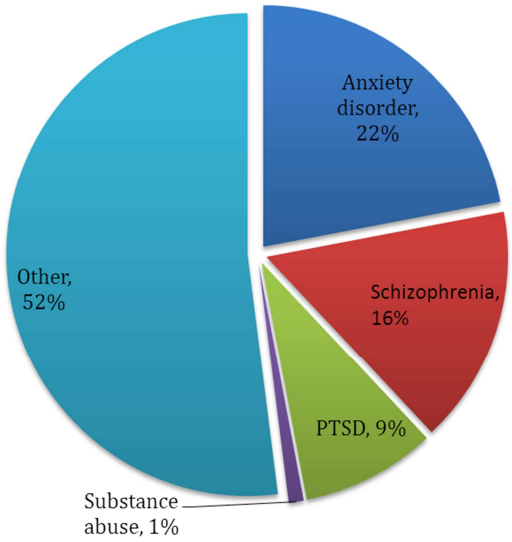

Figure 8 – *Top 4 mental health conditions, Za'atri camp, Jordan, January – March 2013*

Diseases Outbreaks

Measles

In Jordan, there were 2 confirmed cases of measles among refugees in Za'atri; however, there was no evidence of an established transmission within the camp. In Iraq, the first cases of measles started among new arrivals in December 2012. In Domiz, Iraq, 270 measles cases (attack rate: 0.8%) were identified (Figure 9). Age group information was available for 114 cases of which 73 (64%) were children <5 years. In Lebanon, the Ministry of Health reported 365 cases of measles as of April 2013. Among them, 60 cases (16.4%) were in Syrian refugees.

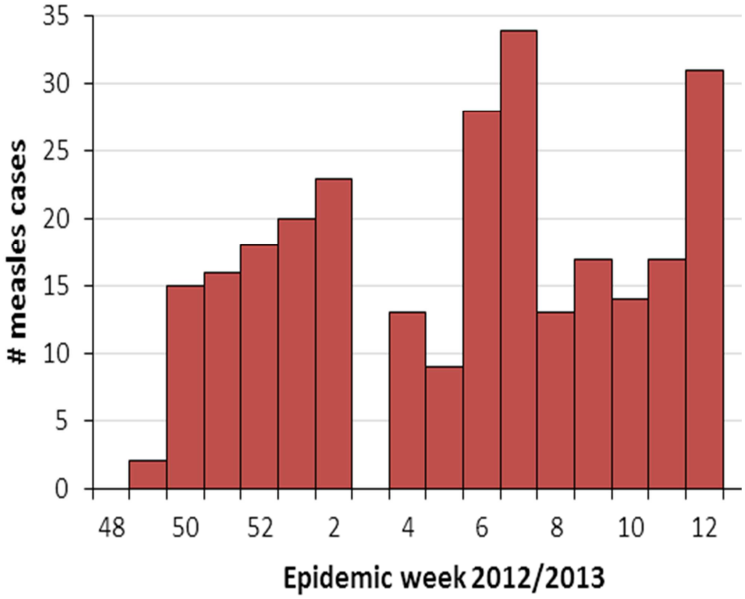

Figure 9 – *Weekly reported cases of measles, Domiz camp, Iraq, D 2012 – Mar 2013*

Mass vaccination campaigns for measles were undertaken in the camps in Iraq and Jordan. In Jordan, the target age group for the campaign was between 6 months to 30 years while in Iraq it was between 6 months to <5 years as part of a national vaccination campaign. In Lebanon, targeted vaccination campaigns were organised in selected regions for children between 9 months to <18 years.

Hepatitis A and Acute Jaundice Syndrome (AJS)

Between January and March 2013, there were 967 cases of AJS reported from Za'atri camp; 526 (54%) were ≥5 years old. One hundred and six (106) cases of hepatitis A, 66 from Domiz and 40 from Al Qu'aim camps, were reported in Iraq (Figure 10); the attack rates were 0.2% and 0.5% for Domiz and Al Qu'aim, respectively. Age group data were available for 59 of the 66 cases of which 61% were ≥5 years. No information was available for Lebanon.

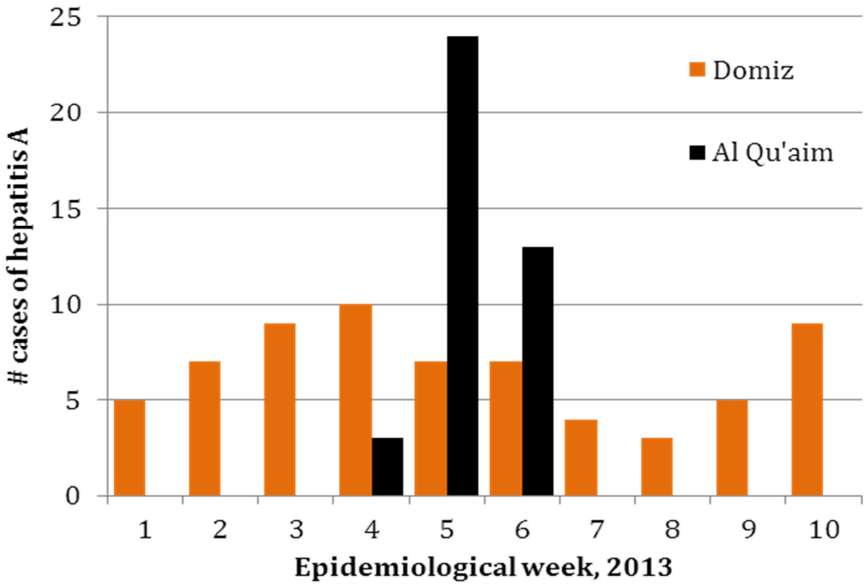

Figure 10– *Weekly reported cases of Hepatitis A, Domiz and Al Qua'aim refugee camps, Iraq, January – March 2013*

The health and water, sanitation and hygiene partners are working closely in all three countries. In Lebanon, partners are actively looking for registered refugees with medical backgrounds to use as outreach volunteers and to work with the communities on health and hygiene education.

Leishmaniasis

Cutaneous leishmaniasis was reported among refugees in Iraq, Jordan and Lebanon. In Za'atri, Jordan, 41 cases have been reported; all arrived from Syria with established lesions. In Iraq, 3 cases were reported from Domiz camp in February. The first cases were reported to the Lebanese health authorities in February.

Polio

Between January and March 2013, no case of polio has been detected. One case of acute flaccid paralysis was identified and investigated in Za'atri, Jordan, indicating a strong surveillance system, and it was negative for polio.

Nutrition

Interagency nutritional assessments were conducted in Lebanon (non-camp populations) and Jordan (camp and non-camp populations) between September and November 2012 by Governments, UNICEF and WFP in coordination with other partners. The assessment showed a relatively low prevalence of global acute malnutrition from children aged six to five years (GAM: Lebanon 4%, Jordan <5.8 % in camp and 5.1% out of camp) and severe acute malnutrition (SAM: Lebanon, <1%, Jordan 1% in camp and 1.1% out of camp). In Al Qua'aim refugee camp, Iraq, an assessment undertaken in March 2013 by the Iraqi Ministry of Health and supported by UNICEF estimated a GAM at <2%. Thus, although important for those individuals suffering from acute malnutrition, the overall prevalence of acute malnutrition does not appear to be a major concern at present among the Syrian refugees. However, this needs to be monitored periodically.

Across the region, infant and young child feeding and micronutrient deficiencies including anaemia are the two key areas on which the nutrition programmes are focusing. In Jordan and Lebanon, active health awareness sessions were conducted and guidance on IYCF including breastfeeding promotion, complementary child feeding, one-to-one counselling and health education for pregnant and lactating women at the primary health care facilities and through community outreach. UNICEF together with other partners are taking the lead in this area.

Secondary and Tertiary Health Care

In Jordan, registered out-of-camp refugees have free access to secondary health care in most situations. A total of 1,062 Syrians living outside the camps were referred through the Jordan Health Aid Society (JHAS) clinics in AbuNsair, Irbid, Madina, Mafraq, Ramtha, Zarqa and Cyber City. A total of 2,457 refugees were referred outside Za'atri for additional investigations or secondary health care. Costs are covered by the Ministry of Health, UNHCR and IMC; the latter receiving funding for the treatment of injuries, especially orthopedic cases in Duleil Hospital. In Jordan, standard operating procedures for referral of refugees have been established, including an additional protocol on the referral for care outside Za'atri refugee camp. An elective care committee (ECC) meets on a monthly basis to discuss all referrals above the established financial ceiling. In the first three months of the year, 158 Syrians were by the EEC with the three main approvals for cardio/circulatory cases, perinatal cases and acute renal failure.

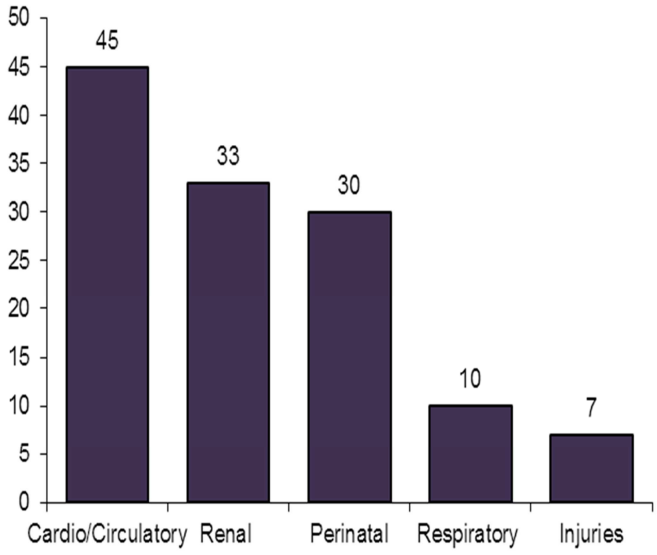

Figure 11 – *Top 5 reasons for referrals approved by the elective care committee to secondary health care facility, Jordan, January – March 2013*

In Iraq as in Jordan, most refugees have free access to health care at all levels. In the first quarter of 2013, more than 3,000 refugees were referred to departments of internal medicine, general surgery, obstetrics and paediatrics in various Government hospitals.

In Lebanon, refugees must pay for referrals in a cost sharing agreement with UNHCR; the refugee agency pays for 100% of vulnerable patients' costs. The main reasons for referral care were institutional deliveries that constituted 42% of all referrals; other conditions included gastro-digestive problems (13%),

respiratory infections (9%), and general surgical conditions (6%). Due to the highly privatized health care system in Lebanon, referral care is very expensive. Currently standard operating procedures for referral care are being developed, and an ECC had its first meeting at the end of March.

Summary and Next Steps

Robust and standardised data are available from the refugee camps in Jordan and Iraq to allow for prioritisation and strategic decision making. For the out-of-camp refugee populations, information is scattered and limited. Although various data are collected by the Governments and numerous partners, the information is not standardised, often not reported in a consistent and timely manner, and not representative of all out-of-camp refugees. In such settings, besides morbidity and mortality data, access and utilisation of health services are needed for emergency care and PHC as well as referral care. Such data will allow for improved targeting of limited resources (both financial and human) in an equitable manner following a public health approach. In the 2nd quarter of 2013, detailed multi-agency assessments regarding health access and utilisation in refugee hosting areas are planned for Jordan and Lebanon.

In Lebanon, a working group has been established that will examine improved data collection from all PHC facilities. Since the mostly privatised and diffuse health care system is based on cost sharing for nationals and refugees, there is insufficient knowledge on access and barriers health care for most of the refugees living in Lebanon. A prospective surveillance system will be rolled out in Lebanon to monitor refugee access to health services by following a cohort of individual refugees. In Iraq, the health information systems and analysis will be further strengthened.

With the continued large influx of refugees to all countries surrounding Syria, health services will become even more overstretched than they are already. While health and data systems will continue to be strengthened, particularly in out-of-camp settings, the challenges of providing access to affordable and quality health care for Syrian refugees will only increase in the months to come.

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

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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.