



## REFUGEE POPULATION IN JORDAN



## AUGUST HIGHLIGHTS

### Polio update

A sub-national polio immunization campaign for hard-to-reach areas was successfully conducted in August. The total number of vaccinated Syrian children inside and outside the camps was 68,274. This includes 17,060 children in Zaatari, and 1,816 children in Azraq. In Zaatari, a rapid convenient assessment for the campaign estimated 98.1% coverage. A post-vaccination campaign coverage survey of 2,100 children was conducted by Royal Medical Services for out-of-camp population, including areas in Irbid, Ajloun and Jarash. The results of the survey showed 93.6 per cent overall reported coverage (92% for Jordanians and 98.6% for Syrians). Confirmed coverage was by finger-marking which was present in 70% of Jordanians and 83.9% of Syrians.

### New arrivals screening

ICRC took over the health screening, triage and provision of primary health care for new arrivals in Raba Sarhan as of the 1st of August. From 1st to 31st August, they screened 4,915 refugees, and provided health care services to 567 refugees. A total of 19 patients were referred to other facilities for follow-up care. Ten of the patients seen had sustained war-related injuries.

From the 1st to 29th of August a total of 849 children between 6 months and less than 5 years were screened for malnutrition; 1 case of severe acute malnutrition (SAM) and 4 cases of moderate acute malnutrition (MAM) were identified and referred to camps. The global acute malnutrition in August new arrivals remains very low at 0.6% (similar to July 2.01% and June 2.9%).

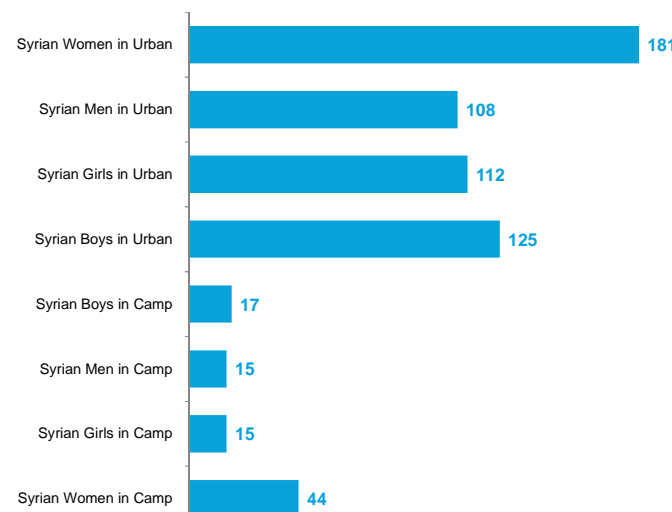
### Community health/persons with disability

In Zaatari camp, training was conducted by UNHCR and FPSC for IRD health field coordinators, who in turn trained 120 Community Health Volunteers on identifying persons with Cerebral Palsy and related disabilities, what services are available for them in the camp, and the referral pathway. This initiative aims to ensure that vulnerable persons with disabilities are identified and receive appropriate services in the camp.

### Azraq health services

IMC's Village 6 clinic was launched and is now operating 24/7. The clinic includes a standby delivery site for emergency cases prepared in partnership with UNFPA. The Village 3 clinic is still operating from 9 am-8 pm. In August, a total of 188 referrals were made to outside the camp, mainly to Tutunji hospital; the number is relatively high due to the lack of secondary health care in the camp.

## NUMBER OF REFUGEES REFERRED FOR SECONDARY AND TERTIARY HEALTHCARE



\* Other affected population represents primarily Jordanian host community



## NEEDS ANALYSIS

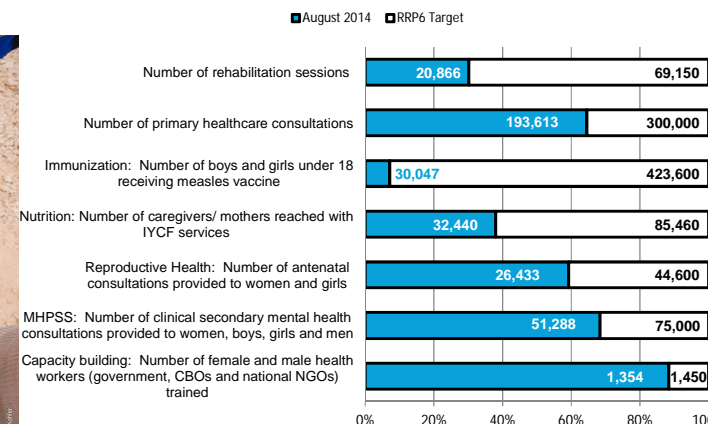
Demand on the public sector health services as well as NGO-supported clinics continues to grow. While demand for acute care is high, management of chronic non-communicable diseases (NCDs) and demand for prevention services needs strengthening.

Neonatal mortality has improved from 26 per 1,000 live births in the camp in 2013 to 13.3 per 1000 in the first half of 2014. Efforts are continuing in 2014 in Zaatari and Mafrag to refocus on appropriate and effective lower technology interventions such as kangaroo mother care, use of the partograph and early initiation of breast feeding as well as ensuring early management of both maternal and neonatal complications prior to referral.

According to a UNHCR survey in non-camp refugees among women and girls aged between 14 and 49 years, 16.6 % were pregnant at least once in the past two years while in Jordan, and of those who had delivered in Jordan, 96.9 % delivered in a health facility – 30.2 % of those, in a private facility. A range of factors could explain the use of private facilities for deliveries including administrative barriers for registered refugees, lack of knowledge of available services and shortage of female doctors in the public sector.

The capacity to address the health needs of war wounded has increased substantially, particularly emergency stabilization, acute surgery and rehabilitation (physical and psychosocial). However, there are still major gaps in medium to longer term post-operative/ convalescent care, home nursing, functional rehabilitation (assistive devices/prosthesis) and community-based rehabilitation.

## PROGRESS AGAINST TARGETS



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Agencies reporting in this update:

