

Weekly Report  
Public Health and Nutrition Za'atri Camp  
Report Date March 30<sup>th</sup> 2013  
HIS Week 12

## 1. Operational Highlights and Situation update

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- Two confirmed measles cases in Za'atri one in a 23 year old woman and one in a 5 month old infant. The five month old infant had been in the camp for only two days when diagnosed which means he had clearly acquired measles before arrival.
- Planning continues for the mass vaccination campaign against measles and polio in Za'atri starting the 13th of April and in refugees in host community starting 27th of April. UNICEF is finalizing microplan with Ministry of Health and other actors; approximately 16 teams will be needed for 10 days in Za'atri. The campaign will be done in out of camp refugees after Za'atri.
- MSF France paediatric hospital opened in Za'atri on Friday the 22<sup>nd</sup> of March. They have two 14-bed wards and one three-bed emergency room. MSF have agreed to provide isolation facilities if paediatric measles cases require admission. Adult isolation facilities need to be identified.
- 3 Jordan referral hospitals reported during the week 100% bed occupancy illustrating the limited capacity to absorb more cases in the public health system. JHAS referred patients to Islamic hospital.
- Ministry of Health has started to receive equipment donated by UNHCR to hospitals in the north. These include incubators, dialysis machines and blood bank equipment as part of a large project strengthening MoH facilities.

## 2. Population

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The refugee crisis continues though the numbers of new arrivals have reduced over recent weeks compared to January and February. Total number of persons of concern is 376,66 with an average of 1,794 arrivals per day (the average in the past 180 days was 1039 persons/day).

Table 1:

Total active Syrians registered with UNHCR in Jordan	321,425
Number of Syrians waiting to be registered with UNHCR	55,236
Number registered in Za'atri as of March 28th	173,274*
Number of new arrivals between March 1st to 28th	40,382

\*These statistics are based on active registrations in the UNHCR database. Users are cautioned that the actual population is subject to uncertainties including but not limited to incomplete camp departure information and other variables. UNHCR and its partners are implementing measures that will improve the registration accuracy. Updates will be provided on a regular basis.

\*\*This figure represents the arrival figure as recorded by IOM. IOM collects people of concern from the border and brings them to the UNHCR reception center. Note that NOT ALL those persons do then register with UNHCR.

### 3. Coordination

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- Health Sector planning meeting held in Amman on the 27<sup>th</sup> of March for the regional response plan chaired by UNHCR and WHO. Main outcomes: agreed to put greater emphasis on primary health care and aim for universal access to primary health care; secondary and tertiary care need to be better targeted for those most vulnerable; agencies should aim to support the Ministry of Health as much as possible to address the needs of Syrians whilst ensuring vulnerable Jordanians are included in project design.

### 4. Mortality and Morbidity

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- JHAS and all hospitals are reporting an increase in the number of injured and trauma cases in the evenings. Increase in the cases is due to car accidents, individual and youths gangs civil offences, stampedes and tear gas from clashes between camp authorities and refugees. Clashes are related to an increase on the demand of voluntary return to more than 500 cases per day. This has over stretched the capacity of camp authorities to process exit documents with refugees protesting for the long processing time. The cases included a child death by car accident; fractures and wounds; upper respiratory problems in protesters and by standers.

### 5. New arrivals

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- From 20 March 2013 until the 26 March 2013 IOM medical team provided health checks for Syrian refugees upon arrival to Za'atri camp for 8,105 individuals. They referred to JHAS for triage 1,300 (13%) new arrivals meeting yellow and red criteria. JHAS triaged 949 (73%) of the IOM screened refugees.

### 6. Communicable diseases and outbreak prone diseases

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- Outbreak rapid response team meeting held in Za'atri on the 26th of March and chaired by Ministry of Health and UNHCR to discuss measles case. Main recommendations: 1. Enhance active case finding at clinic and community level; 2. ensure adequate stocks of Vitamin A; 3. start measles line list and integrated case based surveillance; 4. plan for mass measles campaign starting 13th April. 5. Explore options of how to vaccinate new arrivals on arrival in Za'atri.
- The ongoing vaccination of children under 15 against measles and polio continues through the French Field Hospital (FFH) in Za'atari camp, with vaccines provided by UNICEF/Ministry of Health (MoH).
- Two suspect cases of pertussis (whooping cough) reported by the MSF hospital. Efforts will be made to get laboratory confirmation before deciding on next steps.

- Stool culture on AFP case was negative for polio virus

## 7. Tuberculosis

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- From 20 March 2013 until the 26 March 2013 IOM medical team delivered TB awareness sessions for 4,299 refugees and screened for TB 8,752 Refugees. The total number of TB cases is 41. No new cases were reported during this week.

## 8. Reproductive health

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- A new JHAS/UNFPA RH Unit opened on Sunday March 24th with a midwife to provide family planning services. The Unit is located in Za'atri 3, in the Saudi Caravan Area. Normal delivery, ANC and PNC services will hopefully begin at the beginning of April.
- Preliminary results of assessment and evaluation of the Minimum Initial Service Package (MISP) for reproductive health presented on 24th of March. Main findings:
  - Regarding prevention and management sexual violence in camp there is inadequate lighting of latrines, distance and lack of knowledge of availability of sexual violence services was a problem; mobile toilets are not separated for males and females and women very reluctant to use at night ; distance to schools in Irbid a risk factor; community had very little knowledge of service availability;
  - Regarding prevention of maternal and newborn morbidity/mortality; skilled birth attendants are available; Basic and Comprehensive Emergency Obstetric care and newborn care available 24/7 and while referral services are established they are not always functioning well.

## 9. Food Security/ Nutrition

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- Distribution of micronutrient-fortified porridge continues in Za'atri to all children between 6 and 23 months.
- Medair and JHAS provided data on MUAC screening in JHAS clinics outside of camps for February. The global acute malnutrition rates are very low (less than 0.2%). The expected rates are approximately 5%. This may be related to measurement error, insufficient coverage of services or vulnerable populations not accessing services. This will be explored further.

## 10. Secondary and tertiary care

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- The Referral committee in Za'atri was approved 27th of March. The pre-committee launched on December between UNHCR Public Health Unit and

referral facilities JHAS, MdM, PAC, GSF, RMS, FFH and MFH reviewed and finalised the SOP with the presence of the new camp referral provider MSF. The aim of the committee is to review all non-urgent requests for referral with an estimated cost under 500 JD. Those over 500 JD will go to Exceptional Care Committee. The committee will meet in a bi-weekly session chaired by JHAS referral doctor. The secretary is JHAS health coordinator. Five out of six referral providers clinical coordinators members were present. UNHCR co-chaired session and secured technical assistance. Consultants will be invited when the complexity of the referral case requires.

- Ministry of Health has started to receive equipment donated by UNHCR to hospitals in the north. These include incubators, dialysis machines and blood bank equipment as part of a large project strengthening MoH facilities.