



REFUGEE POPULATION IN JORDAN



MAY HIGHLIGHTS

Azraq:

IMC clinic in Village 3 attended 3,227 patients during the month of May, an average of 150 to 200 cases per day. EPI and vaccination activities started by MoH on 11th of May at the clinic, twice a week. A total of 66 children were vaccinated this month. Through the JHAS referral system, 65 emergency referrals were made outside the camp, but this number is expected to reduce with the opening of IFRC hospital in the camp.

* Handicap International started activities in the camp on 11th of May, including identification of persons with functional limitation and referral to the rehabilitation team. Persons referred include those with injury and functional limitation; persons with disability; older persons (>60 years old) with functional limitation; persons with chronic disease and functional limitation.

* Infant formula milk prescription started on 12th of May, for children deemed to be in need of the formula after their caretakers are assessed by a midwife. Mothers are receiving counselling in Save The Children infant and young child feeding sites. A total of 18 children fitting the criteria were prescribed formula milk.

* Outbreak response manual for the camp was finalized on 22nd of May by UNHCR, MoH, IMC and IFRC; since implemented there was 1 suspected case of meningitis reported following the case definition but it showed to be negative with laboratory investigation after referral to hospital.

Nutrition Survey: Data collection for the Nutrition Survey conducted by UNHCR, UNICEF, WFP, WHO, UNFPA and Medair finished in early May. Preliminary results revealed low levels of malnutrition but high levels of anaemia. In Zaatari, global acute malnutrition (GAM) rates: 1.2% by weight for height, and 1.5% by Mid-Upper Arm Circumference (MUAC), and stunting was 17%. Outside the camp, GAM was 0.8% by weight for height, 0.4% by MUAC and stunting was 9%. For anaemia levels, in Zaatari: 48.7% of children 6–59 months were found to have haemoglobin at less than 11 grams/dl, as did 44.7% of women 15–49 years. Outside the camp, 25.9% of children 6–59 months, and 31% of women 15–49 years.

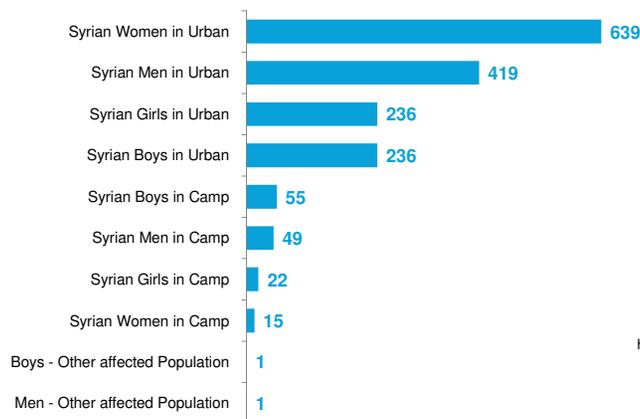
Oral rehydration: During May the number of Oral Rehydration Therapy (ORT) corners increased to 14 in Zaatari, one in EJC and one in Azraq camp. In total 831 children under five years old visited the ORT corners, and the majority of cases were watery diarrhoea with no dehydration. A total of 1,521 oral rehydration solution (ORS) sachets were distributed to children after a demonstration of how to prepare the solution and dissemination of key messages on how to prevent diarrhoea, importance of hand washing, personal hygiene and environmental sanitation issues.

Capacity building: UNHCR, CDC and Central Public Health Laboratory had a joint mission to Zarqa Public Health laboratory to assess laboratory capacities to support the disease control program for Zarqa governorate and Azraq camp. Main findings included shortcomings in laboratory biosafety environment and equipment, limited capacity to cover the governorate needs and recurrent interruptions in some services due to poor maintenance services and non-functioning machines. Based on these findings UNHCR and CDC decided to promote laboratory capacity and safety in a joint initiative with MoH.



©UNHCR/Jared Kohler

NUMBER OF REFUGEES REFERRED FOR SECONDARY AND TERTIARY HEALTHCARE



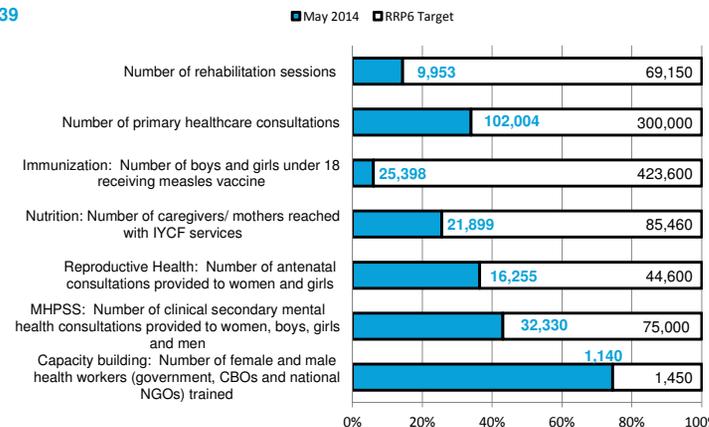
* Other affected population represents primarily Jordanian host community

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



Leading Agencies: UNHCR – Ann Burton: burton@unhcr.org, WHO – Said Aden: adens@who.int; Reproductive Health: UNFPA – Shible Sahbani: sahbani@unfpa.org, Maysa Al-Khateeb: mal-khateeb@unfpa.org; Mental Health and Psychosocial Support: IMC – Ahmad Bawaneh: abawaneh@InternationalMedicalCorps.org, WHO – Zein Ayoub: ayoubz@who.int; Nutrition: SCJ –Sura Alsamman: salsamman@savethechildren.org.jo

Agencies reporting in this update:

