

Health Sector Jordan

Monthly Report

Report date: 15 September
2014

Period covered: August 1st–31st 2014*

* Data from July may also be included



Population data

Total active Syrians registered with UNHCR in Jordan	613,252
Number of Syrians waiting to be registered with UNHCR	0
Number of persons registered in Zaatari as of 31 st August	79,630
Number of Syrians registered in Emirati Jordanian Camp (as of 31 August 2014)	3,703
Number of Syrians registered in Azraq Camp (as of 31 August 2014)	11,966
Number of new arrivals between 1 st and 31 st August	4,323

Operational highlights and situation updates

- Number of Syrian new arrivals has been steadily decreasing since April 2014
- Number of Iraqi new arrivals slowly increased; approximately 100 people are being registered on a daily basis. From 17 – 21 August alone, there were over 550 newly registered Iraqis. Iraqis can still access Jordan through legal borders, and 66 per cent of these newly registered had arrived one month earlier. The new arrivals mainly hail from Baghdad, Ninewa, Anbar and Salahedine.
- As of 15 July, UNHCR urban registration centres can no longer register refugees who have left the camps without officially being bailed out by a Jordanian sponsor, which will increase the number of refugees unable to access government health services.
- IMC will extend mental health services for Syrian refugees in the south, in Ma'an, Tafilah and Karak within MoH primary health care facilities.
- Over 30 health sector participants attended a two-day workshop on 19–20 August to field test the Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action.
- A sub-national polio immunization campaign for hard-to-reach areas was successfully conducted in August and reached 68,274 Syrian children inside and outside the camps; two further national campaigns will be conducted before the end of the year.
- UNFPA will have to close a number of their JHAS Reproductive health clinics in the urban areas as of 1st September due to funding constraints.

- Princess Badea hospital in Irbid will no longer be able to provide health services to Syrians referred to them from UNHCR and other health partners (regardless of the availability of cost coverage) as the hospital has reached full capacity.

New arrivals

- 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.
- Since 1st August 2014, IOM medical team started to provide pre-departure health services for the new arrivals at Raba Sarhan Transit Centre (RTSC). IOM's medical team provides "fitness-to-travel" health checks for all the refugees before they move to the camps. During the reporting period 4,620 refugees were fit to travel and 131 cases were referred to the responsible organization in RSTC as they were not fit to travel to the destination camp.
- During August, 2,133 children aged 6 months to 15 years were vaccinated against measles; 2,220 children aged 0 to 15 years were vaccinated against polio; and 937 children aged 6 months to 5 years were provided with Vitamin A.
- From the 1st to the 29th of August a total of 849 children between 6 months and less than 5 years were screened; 1 SAM case and 4 MAM cases 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%).

Coordination and assessments

Coordination

- **Monthly MHPSS** meeting held on 20 August at the Ministry of Health. Main outcomes: 1. IMC and WHO presented draft Guidelines on MHPSS Projects, which outline fundamental components in designing, implementing and evaluating MHPSS projects (final document can be downloaded here: <http://data.unhcr.org/syrianrefugees/download.php?id=6916>); 2. ARDD - Legal Aid delivered a brief presentation on their activities, which include litigation and free legal services and provision of training to legal staff in MHPSS issues as well as individual one-on-one psychosocial work and psychosocial service provision in community projects. 3. IMC announced their plans to initiate mental health services for Syrian refugees in the south, in Ma'an, Tafilah and Karak within MoH primary health care facilities.
- **Monthly Reproductive Health** meeting held on 21 August at the UNFPA office in Amman. Main outcomes: 1. RH services comprehensive checklist was discussed; partners who piloted it provided positive feedback though the checklist took a long time to complete and should perhaps be divided into sections; 2. Discussed indicators used in RRP6 monitoring and agreed to develop a monitoring framework; 3. Feedback from members who attended the SGBV and Child

Protection SOP/ referral pathways training highlighted the importance of such trainings and recommended they should be attended by as many health actors as possible.

- **Monthly Health Coordination Meeting** held on 28 August at WHO in Amman. Main points of discussion: **1)** As of 15 July, UNHCR urban registration centres can no longer register refugees who have left the camps without officially being bailed out by a Jordanian sponsor, which will increase the number of refugees unable to access governmental healthcare. UNHCR-supported Caritas and JHAS clinics will continue to provide services for emergency cases. **2)** UNHCR presented Aid Advisor, a new database which will result in a public interface mapping all services being provided in different sectors and details of how to access, mainly to facilitate referrals between organisations but also to make this information accessible to refugees. **3)** Medical resettlement is increasingly being viewed as an option for Syrian refugees with serious medical conditions and a good prognosis, for which treatment is not available and/or not accessible to refugees in Jordan. Criteria for medical resettlement were presented.
- **Nutrition Sub-Working Group** met on 12 August; Main outcomes: 1. A position paper on availability of breast-milk substitutes at the border has been drafted and the group's agreed recommendation is to not provide infant formula at the border but rather fast-track women and children under one year to be taken to Raba Sarhan transit centre where they can be assessed by trained female personnel and should there be a need, given prepared formula until they are taken to Azraq.
- **Community Health Task Group** met on 18 August at Jordan Red Crescent Society. Main outcomes: 1. Key messages divided by thematic areas shared. 2. Household visit form reviewed and finalized. 3. Working on finalizing ToRs for Health Committees
- **Health Sector Strategic Advisory Group (SAG)**: The *Health Sector Humanitarian Response Strategy* for 2014–2015 was finalized by the SAG. The document can be downloaded from the Inter-agency Information Sharing portal:
<https://data.unhcr.org/syrianrefugees/download.php?id=6800>
- Two-day workshop held on 19–20 August for health sector actors to field test the **Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action**. Undertaken by consultants of the global Gender-based Violence Area of Responsibility and hosted by the Sexual and Gender-Based Violence Sub-Working Group (SGBV SWG). Over 30 participants attended the training: **Main points were**: 1. Need to expand the number of health actors who are aware of the SGBV referral pathways and appropriate actions. 2. Make sure that Amani campaign materials and reference cards are available on the desks of health services providers. 3. Need to compare aggregate data from different sectoral providers to see to what extent the survivors are accessing health services).

Health Services

Zaatari

- Three additional routine immunization sites have been established in the camp – Saudi clinic, AMR clinic, and JHAS new clinic. This brings the total number of routine immunization sites to eight. IOM are helping in the logistics on daily basis to deliver the MoH nurses and the vaccines

to the vaccination sites. In August 548 children received their 1st BCG vaccine, and 406 were fully immunized in the camp.

- MdM's District 4 clinic in Zaatari will downsize as of January 2015. Extra support will be transferred outside, and they are coordinating with MoH to see where support will be better focused. The more comprehensive clinic in District 2 will remain, and at the moment, there are no plans to hand over EPI.
- Oral Rehydration Therapy (ORT): 183 children were rehydrated at the ORT corners, 657 children received Oral Rehydration Solution and sent back home, and only 38 referred for further medical care. These numbers are much lower than July, hopefully pointing to a decrease of diarrhoea cases in the camp.
- Training was conducted by UNHCR and FPSC for IRD 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. It was a ToT training for the health field coordinators who in turn conducted the training for the 120 CHVs. Services available include: physiotherapy by NHF and FPSC, mobility aids by HI, FPSC and Mercy Corps (only for school aged children 6-18 who are integrated in their school program); Inclusive education and special education inside the schools for children with mild and moderate cerebral palsy; medications for epilepsy (IMC) and muscle spasticity (JHAS), general medical care (JHAS, MFH); diapers NRC; swallowing problems (HI); hearing and visual aids by Holy Land institute; child protection for specific children. The purpose of this is to make sure that vulnerable persons with disabilities are identified and received the appropriate services in the camp.
- A food poisoning incident occurred in Zaatari in a family of 20 members who had all eaten from the food market (a shop that prepares meat meals). In response to this outbreak the following were done: 1) immediate complete investigations carried out by an investigation team from the Directorate of Health Mafraq. 2) The authorities closed the shop and charged the shop owner. 3) Outbreak response meeting concentrating on food poisoning in the camp was held 4) Reach assessment results of food handlers will be used to approach shops that prepare food for medical checkup including chest X-rays and stool cultures by the Ministry of health. The later is based on meeting between SRAD, UNHCR, and MoH on dealing with food markets in the camp

Azraq

- A Memorandum of Understanding for the management of the IFRC hospital has been approved by MoH and is now pending MoPIC approval; they are currently running X-ray and laboratory facility in the camp.
- UNFPA in partnership with IMC prepared a standby delivery site for emergency cases in Village 6, as there is currently no fully functional delivery site in the camp. The reproductive health services in the IMC Village 6 clinic, however, are functioning 24 hours a day, seven days a week.
- IMC's Village 6 clinic was launched and is now operating 24 hours a day, seven days a week. The Village 3 clinic is still operating from 9 am and 8 pm, and any cases received during the night will be referred to Village 6. IMC is also recruiting Community Health Volunteers and should complete the recruitment process before the end of September.
- EPI activities have been partially suspended in Village 3 (ANC Tetanus Toxoid) due to cold chain problems; UNICEF is seeking a solution; MOH vaccinators are bringing the vaccines twice a week.
- Reported Leishmania cases have risen to 35.

- Holy Land Association visited the camp to assess the need for hearing aids, visual aids and autism cases, and identified 15 cases in need of support. They will conduct regular twice monthly visits to the camp.
- A total of 188 referrals were done out of the camp mainly to Tutunji hospital; the number is relatively high due to the lack of secondary health care in the camp.

Urban

- The Ministry of Health in Irbid Governorate provided the following health services to Syrians in Irbid during the month of July: Hospitals provided 3,119 outpatient services, 2,098 emergency services, 645 inpatient services and 193 surgeries. Princess Basma hospital was the hospital providing the highest number of outpatient services and emergency services at 1,396 and 669 respectively; Princess Badea hospital provided the highest number of inpatient services and surgeries at 224 and 147 respectively. Public health centres provided 10,749 services to Syrians. These numbers are slightly less than June when 7,687 health services were provided for the first two weeks of June.

Immunization

- 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. 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 coverage (92 per cent for Jordanians and 98.6 per cent for Syrians). Finger-marking was present in 70 per cent of Jordanians and 83.9 per cent of Syrians.
- A seventh round of Polio campaign took place in Za'atari camp from 17-21 of August with 17,060 children under-five vaccinated. The rapid convenient assessment for the campaign estimated 98.1 per cent coverage.
- The polio vaccination campaign was held in Azraq Camp on 27–28 August, a total of 1,816 children were vaccinated (926 boys and 890 girls).
- IOM started supporting routine immunizations in Zaatari camp by deploying three nurses to the Qatari clinic, Saudi clinic, and Syrian clinic on 17 August. IOM provides immunization against BCG, IPV, HIB, HBV, measles, OPV, and DPT for children (0 to 18 months) and Tetanus Toxoid immunization (TT) for women, according to the National Immunization Schedule. Ten community health workers started to provide awareness campaigns regarding the importance of the routine immunization and the locations of the provided service in the camp in order to raise awareness and increase the routine immunization coverage inside the camp.

Communicable diseases and outbreak prone diseases

- No new cases of polio have been reported since the last confirmed case in April 2014 in Iraq. As the security situation in Iraq is deteriorating, however, it is possible other cases have emerged

but have not been reported or confirmed. In the third week of August, a three-day regional workshop hosted by WHO and UNICEF was held to discuss the second phase of the Middle East response to the outbreak.

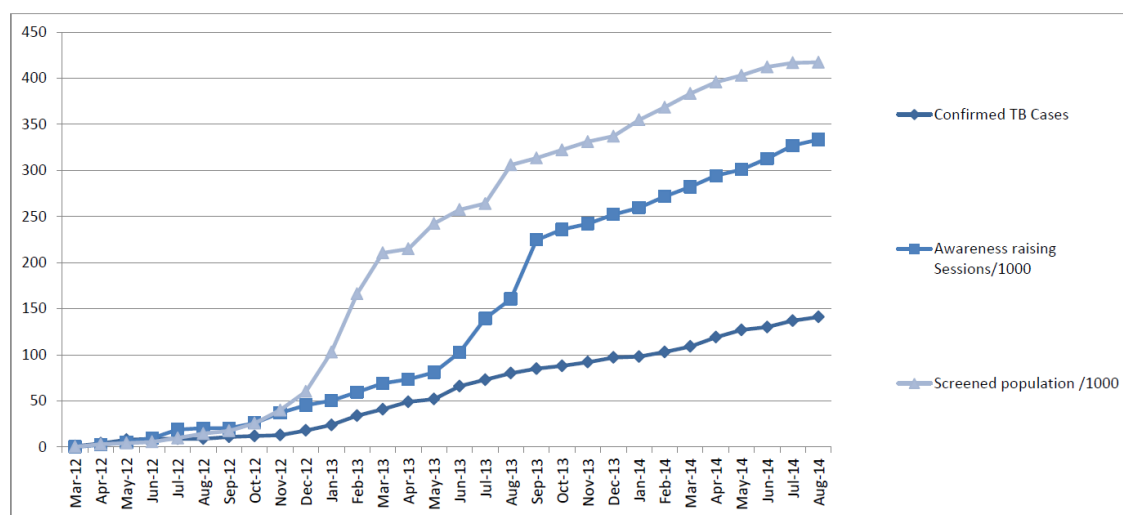
- Two cases of visceral leishmaniasis have been reported in Zaatari camp

Tuberculosis

- In August, IOM medical team delivered TB awareness sessions for 6,309 refugees and members from the host community making the total from 28th March 2012 up to date 333,275 (53 per cent males and 47 per cent females). Total number of refugees screened this month was 556.
- During August, 4 new TB cases were diagnosed: 1 pulmonary and 3 extrapulmonary. The total number of TB cases since March 2012 is 141: 97 pulmonary TB (including 4 MDR cases) and 44 extrapulmonary; out of the 141, 91 cases have completed their treatment successfully.

Graph 1: Cumulative TB Screening, Awareness Raising Sessions and Detected TB Cases among Syrian Refugee from 28 March 2012 to 31 August 2014 Jordan

Epidemiological graph:



Cumulative TB Screening, Awareness Raising Sessions and Detected TB Cases among Syrian Refugee from 28 March 2012 to 31 August 2014, Jordan

Reproductive Health

- The comprehensive RH services checklist is available for download from the portal: <https://data.unhcr.org/syrianrefugees/download.php?id=6824>
- UNFPA will have to close a number of their JHAS clinics in the urban areas due to funding constraints. The RH map will be updated to reflect this, so accurate information on what services

are provided where can be available. The latest RH map, completed in July, can be downloaded from the portal: <https://data.unhcr.org/syrianrefugees/download.php?id=6821>

- UNFPA completed supporting 20 primary health care centres at MoH with IUD kits, autoclaves and other medical equipment, following a joint agreement with WHO to respond to increase demands on RH services as result of the Syrian crisis.
- In Zaatari camp, 379 pregnant women and 831 women of reproductive age received 2 or more TT vaccines. A total of 325 baby kits were distributed.

Nutrition

- Save the Children Jordan distributed SuperCereal Plus to 170 pregnant women in Zaatari in July; all women were enrolled in antenatal care and were above their first trimester of pregnancy.
- Mid-Upper Arm Circumference (MUAC) screening is now being carried out for pregnant and lactating women (PLW) in UNFPA clinics in Zaatari, and in Mdm clinics for PLWs and children. The cut-off for identifying malnutrition in PLWs is less than 23 cm. Very few cases are being identified.
- Blanket distribution of SuperCereal Plus was carried out in all JHAS clinics in July, reaching 1,092 children in Zaatari and 11,811 children in communities.
- Improvement in the SAM program of JHAS clinic in Zaatari due to many strategies put in place including: home visits to identified defaulters, involving the community health volunteers to refer the SAM cases in their blocks and troubleshooting for those families who have difficulties attending the follow up. This has improved the attendance up to 50 per cent.

Secondary and Tertiary Care

- Irbid Directorate of Health communicated with UNHCR that Princess Badea hospital will no longer be able to provide health services to Syrians referred to them from UNHCR health partners (regardless of the availability of cost coverage) as the hospital has reached full capacity and is unable to receive any more patients through the previously established referral pathways. Other referral channels are being explored by UNHCR, UNFPA and JHAS such as the referral of pregnant to Yarmouk Hospital in Irbid for deliveries.
- As of 1st September, UNHCR will stop covering the delivery cost of pregnant Syrian women whose UNHCR certificate has been expired for more than one month. Measures have already been put in place for fasttrack renewal of pregnant women whose UNHCR certificate has or will expire around the expected time of delivery. The reason for this was the relatively large proportion of referral costs spent on women whose registration has expired many months prior to delivery. Mass communication activities were conducted during July and August and will continue in September to ensure awareness of this policy change among Syrian refugees.
- In the the Exceptional Care Committee held on 27 August, 65 non-urgent cases were reviewed. JHAS submitted 29 cases (25 Syrian, 3 Iraqi, 1 Somali) of which: 13 were approved; 13 are awaiting final decision (after vulnerability and eligibility assessment); 1 is pending; 2 were denied.

Caritas submitted 36 cases (25 Iraqi, 9 Sudanese, 1 Syrian, 1 other), of which: 5 were approved; 7 were denied; 8 are pending; and 16 are awaiting final decision after vulnerability and eligibility assessment. 289 emergency cases had already received pre-approval with an estimated cost of 224,200 JD; of these, 215 cases (all Syrian) were referred by JHAS and 74 cases were referred by Caritas (45 Iraqi, 1 Egypt, 9 Somali, 16 Sudanese, 1 Syrian, 2 other 2).