



## REFUGEE POPULATION IN JORDAN



## OCTOBER HIGHLIGHTS

### Polio update

From 26–30 October, a national immunization campaign against polio was successfully conducted. A total of 1,159,063 children 0-5 years were vaccinated, of which 150,042 were Syrian.

### New arrivals screening

In October at Raba Sarhan, ICRC screened 600 refugees, and provided 193 health care consultations. A total of 43 patients who had sustained war-related injuries were referred to other facilities for follow-up care.

In addition, 34 children under five years old were screened for malnutrition, and no cases were detected.

### Azraq health services

The IFRC hospital opened on 12 October for paediatric and internal medicine, and as of 30 October, with the addition of services in surgery and gynaecology/obstetrics is fully operational. From 12 –21 October, there were: 43 paediatric consultations; 45 internal medicine consultations; 7 paediatric inpatients; 16 internal inpatients; 33 laboratory visits; and 55 x-ray visits. The first delivery took place in the hospital on 30 October.

### Treatment of malnutrition

SCJ is currently following up on 24 cases of moderate acute malnutrition (MAM) in Azraq camp, and 51 cases in Zaatari. Medair, in cooperation with JHAS, reopened their supplementary feeding programme in communities for children under five and pregnant and lactating women. Treatment of cases in the camp and in the communities is being done with Plumpy'Nut provided by UNHCR.

### Mental health in EJC

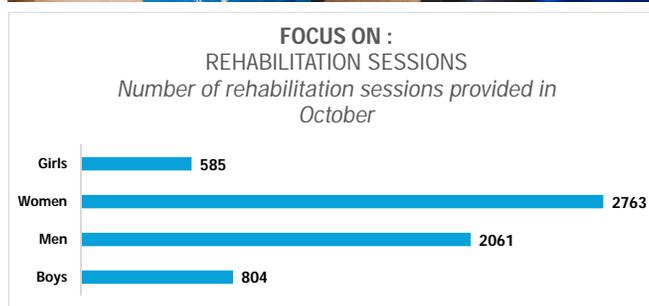
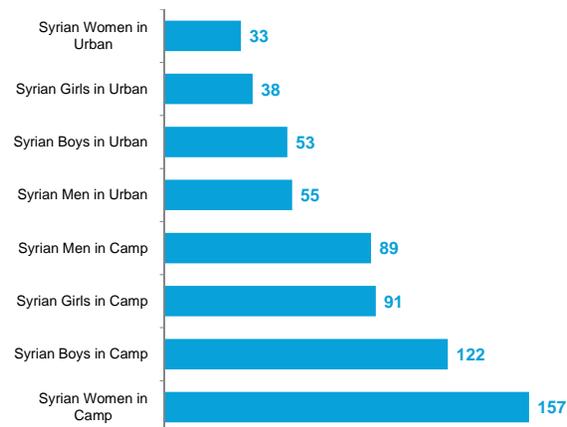
IMC started providing mental health services in Emirati Jordanian Camp (EJC). A psychiatrist is available one day a week, while the psychosocial team will provide services on a daily basis.

### Reproductive Health updates

In mid-October, JHAS started providing RH services in Amman at the UNHCR/JHAS clinic. A gynaecologist is available three times a week, and a midwife is available six times a week.

UNFPA/IFH provided trainings on "Family Planning methods and how to provide counselling", "Introduce RH protocols to Health providers in order to apply them in their clinics", and Clinical Management of Rape, to health providers including health educators, midwives, and doctors, from MoH, UPP and MdM. Each training was attended by around 25 participants.

## NUMBER OF REFUGEES REFERRED FOR SECONDARY AND TERTIARY HEALTHCARE



## NEEDS ANALYSIS

Most refugees have access to MoH services but those who are unregistered, have expired asylum seeker certificates, or without a valid service card are unable to access services free of charge. Assessments have demonstrated that these vulnerable groups may incur significant out-of-pocket expenditures on health.

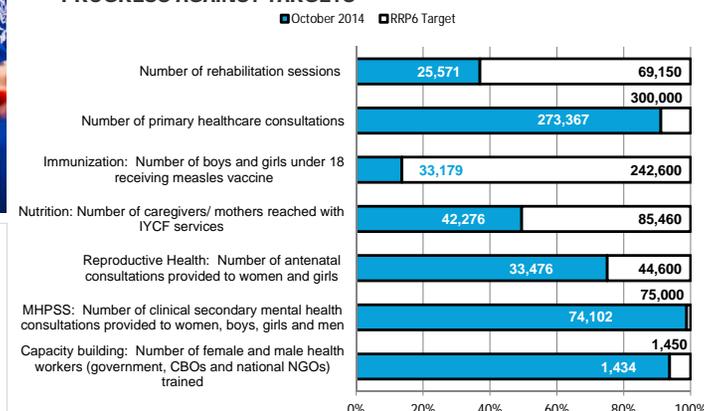
The Syrian health profile is that of a country in transition with a high burden of non-communicable diseases (NCDs); 23.9 per cent of refugees with an NCD reported difficulty accessing medicine or other health services. Communicable diseases also remain a public health concern with the resurgence of some diseases previously controlled in Jordan such as measles and the threat of polio.

Eight per cent of refugees in Jordan having a significant injury of which 90 per cent are conflict-related: men accounted for 72 per cent of the injured persons; the impact of injuries on men of productive age increases household vulnerability. There are significant gaps in convalescent care, home nursing, functional and community-based rehabilitation.

The proportion of deliveries in girls under the age of 18 was 9.8 per cent in the first half of 2014 - a significant increase compared to 5 per cent in 2013. Girls under 18 are more likely to experience obstetric and neonatal complications. Mental health and psychosocial problems remain a significant need. Clinical management of mental disorders by non-specialized health professionals needs expanding.

The demand on the public sector continues to grow. Since the Syrian crisis, the density of doctors per population decreased from 26.2/10,000 in 2010 to 23.1/10,000 in 2013; these shortages are experienced in areas hosting the majority of refugees. There has been a marked increase of the workload in some centres affecting quality of care, waiting times and satisfaction with services by both Jordanians and Syrians. This also fosters resentment amongst the Jordanian population.

## PROGRESS AGAINST TARGETS



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