

HIGHLIGHTS

Population movement – refugee numbers in the region continue to increase. Since May 12, over 145,000 new refugees arrived in the region. At least 75% of those registered are women and children.

Operational – In both Egypt and Lebanon, partners are expanding support to additional health facilities to facilitate access to primary health care. Needs assessment took place in Karnak in Jordan. In Iraq and Lebanon, the refugee health information systems will be further improved.

Primary health care – acute respiratory infections and diarrhoea remain major causes of illness; incidence of bloody diarrhoea decreased from peaks observed previously. Health and WASH agencies continue to respond.

Disease outbreaks – measles continues to be reported across the region. In Jordan, there were 17 new measles cases in Za'atri camp during the reporting period bringing the total since February to 41 (attack rate 0.02%, case fatality 0%). A new mass vaccination campaign starting on 8th June is planned for the 4 northern governorates of Ajloun, Irbid, Jerash and Mafraq. The campaign will target all children between 6 months and 14 years; objective is to achieve 95% coverage for target population. In Lebanon, as of 24 May 2013, the MoPH reported total of 902 measles cases; <5 years 430. An estimated 15% are Syrians refugees.

Referral – In Lebanon, most referrals for exceptional specialist care were for children <5 years old (45.1%). Most common disease groups are neonatal or congenital conditions (26.3%), surgery (21.3%), and cardiovascular diseases (19.5%).



A young refugee child rests in the corner of a small rented shelter. In Lebanon, all refugees live in non-camp settings and providing basic and secondary health care is a major challenge.

Photo: UNHCR | B. Ahmed

POPULATION

- Large numbers of Syrians continue to flee to neighbouring countries to seek refuge from ongoing conflict in Syria. Since the beginning of the Syria crisis, a total of 1.6 million refugees have been registered or are awaiting registration in Egypt, Jordan, Lebanon, Iraq and Turkey. Since May 12, there were more than 145,000 new refugees in the region. At least 75% of those registered are women and children. Refugee population by country is Egypt 75,442, Iraq 154,372, Jordan 493,825, Lebanon 499,656 and Turkey 377,154.

JORDAN

Operational highlights

- The Jordanian National Immunization Technical Advisory Group met on the 22nd May and agreed to carry out a mass measles vaccination campaign in the four northern governorates in early June.
- The Jordanian Food and Drug Authority approved the importation of nutritional and other products to manage acute malnutrition.

Primary health care (PHC) in Za'atri camp

- There were more than 35,000 **consultations** during the reporting period; a rate of visitation equivalent to 19 per 100 refugees per week.
- Mortality** remains low among refugees. Figure 1 shows trends for under 5 mortality rate (U5MR) and crude mortality rate (CMR) in Za'atri since January 2013. U5MR has consistently remained below 0.30 per 10,000 per day.
- Communicable diseases:** major causes of morbidity remain acute respiratory tract infections (ARIs) and diarrhoea. During reporting period, an increasing number of bloody diarrhoea was observed (Figure 2).
- Non-communicable diseases (NCDs):** among 7,572 visits due to NCDs, 22% were cardiovascular disease, 16% diabetes and 12% lung disease.

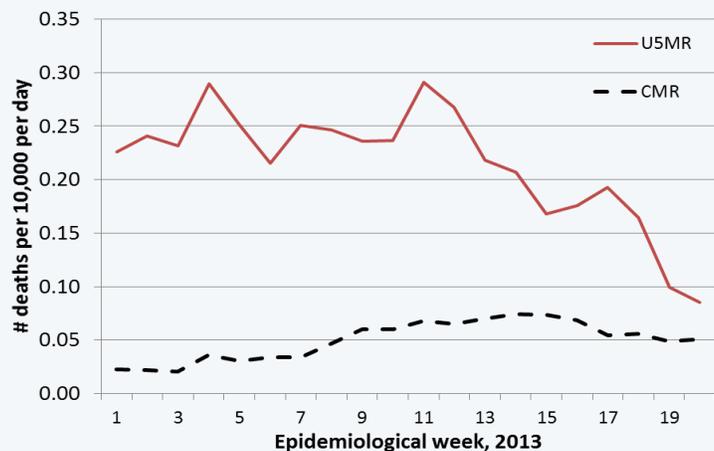


Figure 1 – Mortality* trends, Za'atri, Jordan, Jan – May 2013

*to minimise bias, weekly rates calculated are for 8 consecutive weeks

Disease surveillance

- Measles:** 17 new measles cases were reported in Za'atri camp during this period bringing the total since February to 41 (attack rate 0.02%, case fatality 0%). A new mass campaign starting on 8th June is planned for the 4 northern governorates of Ajloun, Irbid, Jerash and Mafraq. The campaign will target all children between 6 months and 14 years and the objective is to achieve 95% coverage in this age group.
- Bloody diarrhoea:** an increase in incidence of bloody diarrhoea observed in Za'atri camp. In response, the MoH in partnership with UNHCR has taken a number of steps including availing specimen transport media to hospitals and clinics, and sharing clinical protocols for case management. In addition, hygiene promotion activities have been stepped up; ACTED distributed additional soap to camp residents.



Figure 2 – Weekly reported cases of bloody diarrhoea, Za'atri, Jordan

Reproductive health

- Family Protection Department supported by UNFPA completed its first training workshop on the prevention and response to gender-based violence. Multiple other training workshops are planned for the month of June.

Mental health

- There were 431 cases of mental health disorders seen at facilities with psychotic disorder (19%), and severe emotional disorder (15%) being leading causes of health facility visitations.

LEBANON

Operational highlights

- Vaccinations for measles, polio and vitamin A provision have continued in the Tripoli and Bekaa registration sites in collaboration with UNICEF. More than 3,800 children were vaccinated in Tripoli and Bekaa

Primary health care (PHC)

- Almost 5200 refugees sought care at facilities and mobile clinics supported by UNHCR.
- Partners are increasing support to additional PHCs in Bekaa, South Lebanon and Beirut to facilitate access to primary health care.

Disease surveillance

- **Measles** – as of 24 May 2013, the MoPH reported a total of 902 measles cases in the whole of Lebanon. Out of the total measles cases, 430 cases were seen in children < 5 years old while 235 cases were reported among 5-9 year old children. An estimated 15% of cases are Syrians.
- **Cutaneous leishmaniasis** – Since Jan. 2013, 164 cases including 15 new cases during this reporting period were identified by Lebanese health authorities; almost all among Syrian refugees.

Mental health

- Mental health care services continue to be provided by IMC's mental health unit; approx. 510 patients received clinical and/or social support every week.

Referral care

- Expenditures for secondary and tertiary health care are high in Lebanon. For refugees in need of exceptional specialist care, UNHCR has established a mechanism for review. Between September 2012 and May 2013, the total number of life-saving emergency cases reviewed was 487.
- Referrals were carried out by the three partner agencies: International Medical Corp (IMC) 246 (50.5%), Makhzoumi Foundation (MF) 151 (31.0%) and Caritas Lebanese Migrant Centre (CLMC) 90 (18.5%)
- Most referrals were for children <5 years old (45.1%) and adults 8 to <60 years (29.0%). The proportions for other age groups were 10.7% and 15.2% for children between 5 and 17 years and seniors 60 years or older respectively (Figure 3). The median age was 11 years (range: new-born infants to 97 years); 60.1% were male.
- The most common disease groups were neonatal or congenital conditions (26.3%), surgery (21.3%), and cardiovascular diseases (19.5%) (Figure 4)

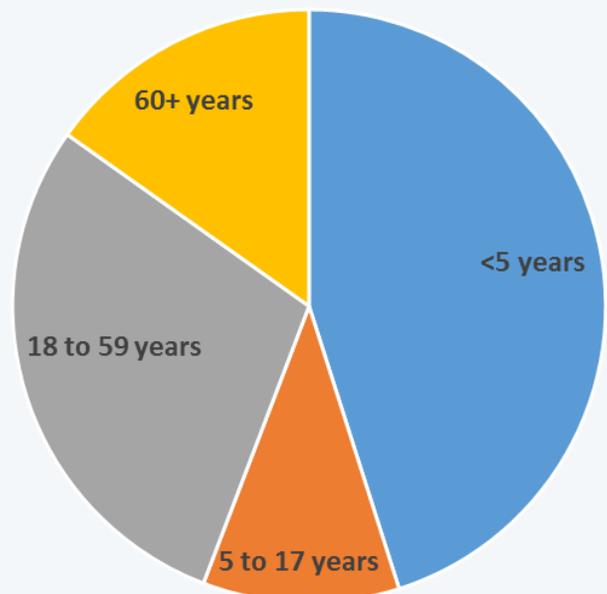


Figure 3 – Referral care distribution by age group

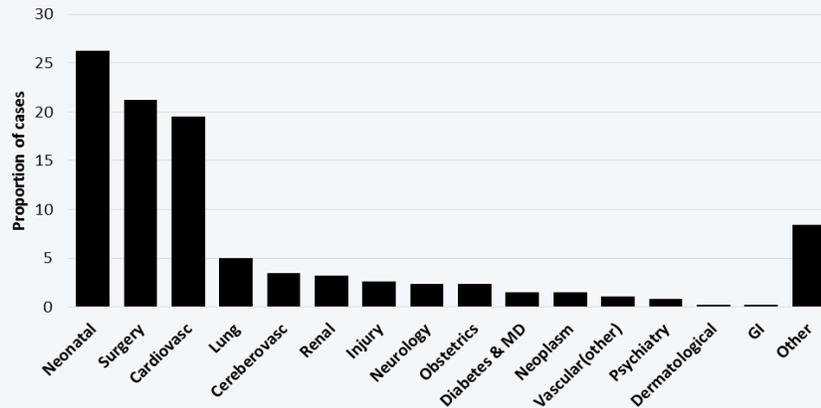


Figure 4 – The most common disease or intervention categories for referral

EGYPT

Operational highlights

- Health subgroup meeting was held on 22nd May. To avoid overlap of activities, close collaboration and coordination with the MOH was recommended.
- UNHCR’s partner “Resala” will start health services provision in Damietta after training of the staff.

Primary health care (PHC)

- Caritas and Mahmoud Hospital provided primary health care for 563 Syrians and referred 232 for secondary and tertiary care. A further 113 patients with chronic illness received care.

Mental health

- A total of 249 families benefited from psychosocial services via UNHCR partner agency PSTIC.

Acknowledgment

The regional response for Syrian refugees is the coordinated efforts of more than 61 agencies. We especially acknowledge the contributions of the following partners.

ACF | ACTED | AJEM Lebanon | ALEF | Amel | CARITAS | CLMC | CVT | FHSUOB | GSF | HI | HRC | ICRC | IFH/NHF | IFRC | IMC | IOCC | IOM | IRC | IRD | IRW | JHAS | JICA | KRG | MdM | MF | MH | MODM | MoH Egypt | MoH Iraq | MoH Jordan | MoH Lebanon | MOSA Lebanon | PRCS | PSTIC | PU-AMI | Qandil | QRC | RESTART | SC | UNFPA | UNICEF | UPP | WFP | WHO | YMCA

This report was compiled by UNHCR Regional Refugee Coordination, Amman, Jordan. For more information or to be added to the distribution list please contact the UNHCR Regional Public Health Officer at ahmedja@unhcr.org or the Senior Regional Public Health Officer at khalifaa@unhcr.org. Additional information on the Syria Regional Refugee Response can be found on the UNHCR webportal at <http://data.unhcr.org/syrianrefugees/regional.php>

Note: The information presented in this bulletin is based on the most recent and best available data. UNHCR and its partners will continually update and, where necessary, modify the data and analysis provided, in order to ensure that the most current and accurate view is available to key stakeholders and the public