

Health Sector Bi-weekly Report  
Public Health and Nutrition Jordan  
Week 1 and 2 HIS Zaatri  
Report Date 27th January 2014

## 1. Operational Highlights and Situation update

---

- One new polio case confirmed in Al-Hasakeh Province Syria; the total number of reported polio cases in Syria remains at 17 as one previously confirmed case was withdrawn after review; no confirmed cases in neighbouring countries.
- Another round of OPV was conducted in December with 14,078 children aged 0 to less than 5 years reached in Zaatri; 1032 children in Emirati Jordanian Camp and 83,582 Syrian children in out-of-camp settings.
- An increase in neonatal deaths noted in Zaatri in December with 13 deaths (compared to 4 in November); the rate has reduced again in January with three deaths in between January 1<sup>st</sup> and 23<sup>rd</sup>.
- Medical screening and vaccination of new arrivals moved to Raba Sarhan Transit Centre from Zaatri on the 11<sup>th</sup> of January.
- Second meeting of the Community Health Task Force chaired by IFRC held on 15 January
- 18,075 Syrians were provided with health services in primary health centres in Irbid in December ; this compares to 14,592 in November and 12,725 in October.
- In Zaatri in week 1 there were 56 live births and six deaths; 5% of births were by caesarean section.

## 2. Population

---

Total Syrian persons of concern in Jordan are 588,545. The registration backlog has been cleared. New arrivals have remained steady with 1,697 new arrivals registered between 12<sup>th</sup> and 19<sup>th</sup> of January 2014.

Total active Syrians registered with UNHCR in Jordan	588,545
Number of Syrians waiting to be registered with UNHCR	0
Number of persons collecting WFP ration in Zaatri*	81,238
Number registered in Emirati Jordanian Camp as of	3,854
Number of new arrivals from 12nd of Jan to 19 <sup>th</sup> of Jan 2014.	1,697

\* As of second distribution cycle in December 2013

### 3. Coordination and Assessments

---

- Irbid Health Coordination meeting held on Tuesday 22nd of January. MoH update included Syrian health services provided in December 2013.
- Health Coordination Meeting held in Mafraq on the 16<sup>th</sup> January chaired by Ministry of Health. Main outcomes: Director of Mafraq Women and Children's Hospital will visit Zaatri camp to review the neonatal and maternity services due to the large number of referrals out of the camp.
- Second meeting of the Community Health Task Force, chaired by IFRC, was held on 15 January 2014, with the attendance of 13 organisations. **Main outcomes:** the group is working on finalizing its Terms of Reference, and drafting a Community Health strategy for the Syrian response in Jordan. Small working groups were formed to draft generic job descriptions (JD)/profile for volunteers, with the aim of having a standardised JD describing roles and responsibilities and standardised incentive/allowance/stipend so as not to create competition and ensure accountability from the volunteer and the organisation hiring the volunteers. The next meeting will be held on 19 February 2014, and will include a review of existing IEC material to be adapted to current context.
- Data collection in IMC's Assessment of Health Care Access in out-of-camp refugees was completed and is currently being analyzed. Some **initial trends** have been observed. 1. The initial findings have shown that there is a significant gap in the provision of Reproductive Health services. Health facilities are overwhelmed with overcrowding cited as a problem across respondent groups. Respondents also sought reproductive healthcare only in case of emergency needs and for delivery itself. There was almost no mention of Syrians seeking antenatal care. 2. A lack of specialized care services, equipment and medications also affects those seeking healthcare services for disability care, which was reported in high numbers across respondent groups. 3. Chronic diseases make up a significant portion of the burden of disease in the Syrian refugee population but patients are frequently unable to access consistent and sufficient supplies of necessary drug regimens. There is also a large gap in the in the regular monitoring of chronic conditions of patients or the supervision of their disease management.

### 4. New arrivals

---

- From 1<sup>st</sup> to 14<sup>th</sup> Jan 2014 IOM medical team vaccinated 2,239 refugees against polio, 3,232 against measles and 1,027 were provided with Vitamin A supplements.
- IOM medical team started to provide the first health screening and triage and vaccination services to the newly arrived Syrian refugees at Raba'a Sarhan transit center (RSTC) where the reallocation of the mentioned services from Zaatri camp to RSTC took place on 11 January 2014.
- UNHCR reviewed medical screening in Raba Sarhan on the 16<sup>th</sup> January; **Main findings:** vaccination and identification of medical issues progressing

well; need to have clear list of contraindications to vaccination to avoid too many children/adults being excluded; UNHCR specific needs codes should be applied to new arrivals assessed as falling into the “yellow” category so that their need for assistance on arrival in Zaatri is flagged on the manifest; similarly clear referral letters to should be given to these same refugees; many children arriving without shoes and donations are being sought; an additional meal needs to be distributed in Raba Sarhan when there are delays in processing as sometimes there are many hours between meals.

## 5. Health services

---

### Urban

- 18,075 Syrians were provided with health services in primary health centres in Irbid; this compares to 14,592 services in November and 12,725 in October. in hospitals 6,532 Syrians attended outpatient clinics and emergency room (the majority in Princess Basma Hospital (2547) followed by Ramtha Governmental hospital (1403) and Princess Rahma hospital (919); 650 Syrians were admitted to hospitals with the majority in both Princes Basma Hospital (183) and Princess Badea Hospital (183) followed by Ramtha governmental hospital 130 );160 surgeries were provided to Syrians 81 in Princess Badea Hospital and 55 in Princess Basma Hospital.
- IMC deployed the first Mobile Medical Team to Irbid. The first MMU provided services on December 29th to Zoubia Village where 109 patients were seen. The second MMU deployment took place December 30th to Thenaibeh where 124 patients were seen. Of the total 138 patients seen in December, 61% were female and 39% male. 54% were between 0-4; 55% of patients seen were Syrian refugees, all of whom were registered with UNHCR. The rest were Jordanian.

### Azraq

- IMC has completed the construction of a health post in village 3 and construction on the main health facility in village 6 is nearly complete; IFRC Hospital facility remains on standby

## 6. Immunization

---

- MoH, UNICEF/WHO/UNHCR and partners implemented another round of polio vaccination in camps (third round) and outside the camps (second round) in late December. In Za’atari Camp from 21st-24th Dec 2013 30 teams carried out the campaign under MoH supervision; each team composed of 5 persons (3 supervisors from MoH each supervising 10 teams, 1 from IOM per team with a total of 30 staff and 4 refugee community health workers from IRD with a total of 120). 16,524 children aged 0 to less than 5 years received two drops of Oral Polio Vaccine (OPV). In EJC camp on 26th December 1032 children received OPV; and from the 28th December to 5th Jan 2014 897,864 children including 83,582 Syrian children outside of

camps received OPV. Coverage data is awaited but the numbers vaccinated are less than the previous round in November. **Lessons learnt:** As winter is a low transmission period for polio all efforts need to be made to ensure as high a coverage as possible for the next round in March. As the campaign strategy in Jordan is not door-to-door success of the next round hinges on a very strong communication plan and intensified community level social mobilization activities. Most importantly will be to increase awareness about the campaign through multiple strategies (mass media and interpersonal communication) as well as address the increasing concern about the need for additional rounds especially amongst the medical profession. As the coverage in the first round in out-of-camp settings was very high, most of the reasons for missed children are related to lack of awareness and low risk perception. It is recommended that the communication and social mobilization activities for the next round focus on addressing these two areas especially that parents might be even less interested to take a third additional doses of OPV as they rely more on their routine immunization.

- Next national vaccination campaign against polio is planned to start on the 2nd - 6th of March (5 days) targeting children 0-5 years
- A new full-time vaccination nurse is now providing immunization services at the UNFPA/JHAS clinic in District 3 of Zaatari camp. The total number of immunization sites in Zaatari is now four.

## 7. Communicable diseases and outbreak prone diseases

---

- In response to the increasing numbers of scabies cases detected and the shortage of effective scabies treatment in Jordan, UNHCR is in the process of internationally procuring Permethrin 5%. The medication is expected to be available for use end of February.

## 8. Tuberculosis

---

- From 1<sup>st</sup> to 14<sup>th</sup> January 2014 IOM medical team delivered TB awareness sessions for 4,006 refugees and members from the host community; during the same period, 6,359 refugees were screened for TB.
- One new pulmonary TB case was detected and confirmed during the reporting period. The total number of TB cases up to date is 98; 69 Pulmonary TB including 3 MDR cases and 29 extrapulmonary.

## 9. Reproductive health

---

- An increase in neonatal deaths noted in Zaatari in December with 13 deaths (compared to 4 in November); 17 out of 21 neonatal death audits have been conducted by UNHCR. MoH, UNICEF, UNHCR and UNFPA undertook a rapid assessment of neonatal services in Zaatari on the 23<sup>rd</sup> of January and will include visit Mafraq Obstetrics and Paediatrics hospital.

- In Zaatari camp, two additional gynecologists are now working at the JHAS/UNFPA clinic in District 3, expanding the capacity to provide reproductive health services to camp residents. In addition, a new full-time vaccination nurse was hired for the same clinic, and is also providing family planning sensitization as well as referrals for family planning services simultaneously.
- In EJC, a new gynecologist is working full time to provide RH services at the IFH/UNFPA. clinic

## 10. Nutrition

---

- JHAS has started treatment of SAM children inside Zaatari camp after MSF closed their paediatric ward, and are accepting referrals from other agencies. In urban settings, JHAS have started SAM management with PlumpyNut and admitted a some children into the programme; also encourage referrals to their clinics from other agencies and are accepting referrals for routine treatment of MAM. SAM with complications will be referred to Jordan University Hospital (JUH) through JHAS..

## 11. Secondary and tertiary care

---

- Exceptional Care Committee held on 23rd December; 167 submissions reviewed for 162 were approved, 4 pending and 1 denied. 116 cases were Syrians, 53 Iraqis and 6 other nationalities. Out of these 132 cases were emergency life-saving admissions, the total approved amount was 244,262 JDs under UNHCR budget for 148 cases while 14 cases supported under OCHA budget with 14,985 JDs.