

# Health Sector Jordan

## Monthly Report

Report date: May 8<sup>th</sup> 2014

Period covered: April 1<sup>st</sup>–30<sup>th</sup> 2014

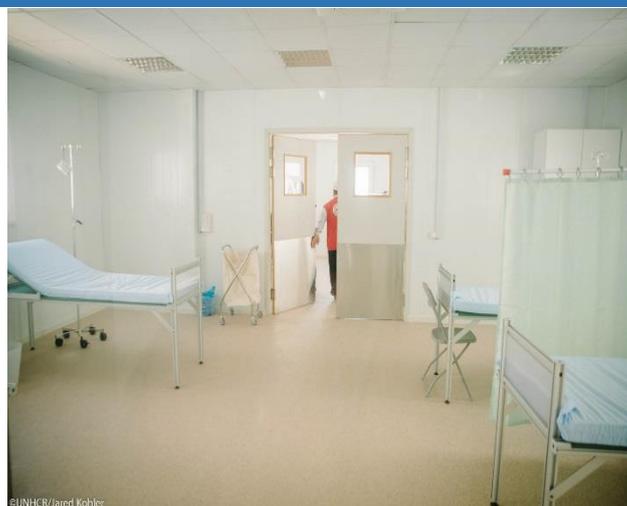


Photo: IFRC Hospital Azraq Camp

### Population data

Total active Syrians registered with UNHCR in Jordan	<b>594,596</b>
Number of Syrians waiting to be registered with UNHCR	<b>0</b>
Number of persons collecting WFP rations in Zaatari*	<b>93,693</b>
Number of Syrians registered in Emirati Jordanian Camp (as of 26 April 2014)	<b>3,811</b>
Number of new arrivals between 1 <sup>st</sup> and 30 <sup>th</sup> April	<b>10,314</b>

\* As of second distribution cycle in April 2014

## Operational highlights and situation updates

- Azraq refugee camp officially opened on 30 April.
- Nutrition Survey in camp and non-camp refugees completed on the 1<sup>st</sup> of May
- One confirmed case of measles in Zaatri during April in a 14 month-old child who was living outside the camp in Irbid and no history of measles vaccination.
- Total number of polio cases in the region stands at 37 (36 in Syria and 1 in Iraq).
- UNFPA, in cooperation with the Institute of Family Health and IRC, organized a regional training of the trainers on the clinical management of rape from the 6–10 April 2014. Four Jordanian service providers participated along with other participants from the region involved in the Syrian crisis
- MoH is requesting support for its neonatal screening programme for phenylketonuria and hypothyroidism as the 10% increase in number of specimens has strained services and prolonged processing times.

## New arrivals

- During the reporting period, IOM screening team provided health checks on medical conditions for Syrian refugees upon arrival to Raba'a Al Sarhan transit center (RSTC) for 13,233 refugees of whom 6,327 (48%) were male. Of those a total of 2434 screened positive 2,154 (yellow category, 16%) and 280 (2%) were red cases. Females are more likely to be positive for all screened systemic conditions with exception of neurology and war injury.

- Of the 280 red cases the most common conditions were injury, pregnancy, cardio vascular patients in need of medication, severe infectious cases and cases of early discharge from hospital.
- During April there were 5,487 children under fifteen vaccinated against polio, 5,323 children aged 6 months to 15 years vaccinated against measles and 2,334 aged under five years received vitamin A.

## Coordination and assessments

### Coordination

- **Monthly MHPSS** meeting held on 16 April at the Ministry of Health. Member updates included: CVT MHPSS services targeting Syrian and Iraqi refugees (survivors of torture and violence) in Zarqa are now based in the Youth Center Association, CVT planning trainings for interested agencies on counselling, self-care and trauma care; NHF is currently in the process of establishing eight mobile clinics covering various areas and providing multidisciplinary services including legal and medical, among others; Caritas expressed difficulties providing mental health services to Iraqi beneficiaries who are unregistered/lack residency permits; IMC concluded the mhGAP training of 35 participants in the month of April.
- **Monthly Reproductive Health** meeting held on 17 April at the UNFPA office in Amman; Main outcome: small task forces were formed to work on performance checklists focusing on the following areas: antenatal care, delivery, post-natal care, family planning, HIV/STIs and GBV.
- **Monthly Health Coordination Meeting** held on 24 April in Amman. Main Outcomes: 1. RRP6 review planning meeting for the health sector scheduled for early May: 2. OCHA presented timelines and health sector criteria for the upcoming Emergency Response Fund call for Proposals. 3. Polio Control Room meeting to discuss strengthening of AFP surveillance especially in the private sector. 4. MoH is requesting support for its neonatal screening programme for phenylketonuria and hypothyroidism. The number of specimens has increased by 10 per cent partly due to the Syrian influx. Due to staff shortage the results are taking around two weeks to process which is negating the benefits of early screening.
- **Health Sector Strategic Advisory Group met on 29 April hosted by MoH**; the focus of the discussion was the RRP6 mid-year review, and the main outcome was the specification of criteria for inclusion of projects in the RRP or NRP and planning for next steps in the RRP revision for the health sector.
- **Community Health Task Force** met on the 16<sup>th</sup> of April. Main outcomes: 1. Now that the ToRs for the group are finalized they are now looking at gaps in community health. 2. A 5ws matrix was shared for each organisation to review and complete which will assist in identifying gaps by governorate. 3. Organizations are requested to raise awareness on the importance of vaccinations. 4. Efforts are being made to ensure linkages with other sub-groups and Task Force (nutrition, RH and NCDs)

## Assessments

- **Handicap International and HelpAge International published a report** titled *Hidden victims of the Syrian crisis: disabled, injured and older refugees*, with results from primary data collected across 3,200 refugees in late 2013. Main findings include: 1) 30 per cent of refugees in Jordan and Lebanon have specific needs (one in five refugees is affected by physical, sensory or intellectual impairment; one in seven is affected by chronic disease; one in 20 suffers from injury, with nearly 80 per cent of these injuries directly resulting from the conflict; 2) 77 per cent of older refugees (60 and above) are affected by impairment, injury or chronic disease; 3) Refugees affected by impairment, injury or chronic disease are twice as likely as the general refugee population to report signs of psychological distress; 4) 65 per cent of older refugees present signs of psychological distress. Among the recommendations made, NGOs, UN agencies and other humanitarian organisations are encouraged to collect, analyse and use sex, age and disability disaggregated data (SADDD); sensitise and build the capacities of staff to identify and include people with specific needs (people with impairment, injury, those suffering from chronic disease and older people) in response activities; and develop strategies that strengthen existing support mechanisms for people with specific needs. The full [report can be downloaded here](#).
- Team from Johns Hopkins University spent one week in Amman in late April to finalise preparations for the planned **Assessment of Health Status and Access to Health Care of Syrian refugees in out-of-camp settings in Jordan**. This is being done in conjunction with WHO/UNHCR/ IRC and Jordan University of Science and Technology. This is a quantitative survey which will sample 1,500 Syrian refugee households. The JHU team, IRC and JUST piloted the questionnaire and sampling methodology and have made a number of changes to both based on the pilot. The survey is scheduled to start at the beginning of June.
- UNHCR and JHAS conducted a baseline household survey by telephone of registered refugees entitled **Non-Camp Syrian Refugee Households Knowledge, Access and Uptake of Health Services** – Main Findings; 491 households enrolled; 98% have an MOI service card of which 91% issued in the governorate the refugee was residing; 91.7% know refugee children under five have free access to immunization and 96.3% know that UNHCR registered refugees have free access to MoH services. Only 66% knew what support could be provided through UNHCR and partners in the event of an emergency for those not covered by MoH facilities; only 56% of children under five have an immunization card; of household members >18 years 39.8% had at least 1 chronic condition 24% of these were unable to access medicine or other health services. Recommendations are being developed and the full report will be issued shortly. The same survey will be conducted every three to six months to assess impact over time.
- Eastern border was visited by UNHCR in order to assess **war wounded** service capacities and gaps at crossing points, second line assembly points and Ruwaished hospital. Outcome: very basic medical evacuation capacities available at crossing points, health post is available with first aid and essential services at assembly points while advance cases evacuated directly to Ruwaished hospital for stabilization and secondary referral to Mafraq hospital. War wounded services need strengthening. A coordination group will be launched second week of May for this purpose.

## Health Services

### Zaatari

- Two new clinics started operating within Za'atari Health care system: the Zaa'tari Medical Center for the Arab Society for Medical Rescue in District 1, Street 17, operating 6 days a week with a GP, paediatrician, Gynaecologist, Dentists (3 chairs), a pharmacy, and part time specialty clinic (cardiologist, ENT, Neurosurgeon); an ophthalmologist will be starting soon. The second clinic is the Qatari clinic on the ring road opposite to district 8 with a GP, Pediatrician; a gynaecologist and specialty clinic will be starting soon.
- The construction of the Kuwaiti clinic has started in District 3.
- Despite the opening of Azraq camp, Zaatari is still receiving vulnerable cases of war wounded who are unaccompanied and who are in need of home based long term care.
- New UNHCR/JHAS comprehensive primary health care centre in District 6 is now functional; open 24 hours a day, it comprises an emergency department, primary health care, reproductive health services in coordination with UNFPA, rehabilitation services in coordination with Handicap International, mental health services in coordination with IMC, and also does referrals outside the camp. The clinic will be operating 24/7. The former clinic in district 3 will be open from 9-4 and will only provide primary health care.
- UNFPA/JHAS facility expanded at District 5 site, with a total bed capacity of 13, and two new resuscitation devices. Training to use the resuscitation devices will be conducted by a specialized medical engineer. The increase in stage 3 (postnatal) beds up to 8, stage one to 3 beds and 3 delivery beds has resulted in a marked increase in the number of deliveries happening in the camp instead of being referred outside.

### Azraq

- Azraq camp officially opened on 30<sup>th</sup> April, it began to receive refugees from Rabaa Sarhan as of the 27<sup>th</sup> of April, 772 person registered before the official inauguration of the camp on the 30<sup>th</sup> of April. IMC Clinic in village 3 started activities on the 27<sup>th</sup> of April with a skeleton team operational 24/7 providing primary health care services including outpatients department consultation, reproductive health care services and referrals to the secondary care for patients in need, a total of 581 consultations done since the 28<sup>th</sup> April till the 5<sup>th</sup> of May, that's an average of 72 consultations/ day. Main morbidities are respiratory tract infections (47%), diarrheal diseases (7%) and skin diseases (7%). There were a 60 consultations for chronic diseases (mainly hypertension and diabetes). 13 antenatal care visits for pregnant women and one normal delivery took place in the health facility.
- Referrals: presence of an ambulance from JHAS started in IMC clinic on the 6<sup>th</sup> of May for referral out of the camp, additional ambulance will be sent on the 1<sup>st</sup> of June to have 2 ambulance for referrals out. For referrals inside the camp the Civil Defence ambulance transfers the patients within the camp and is accessible on the hotline.
- The IFRC hospital opening is delayed till the beginning of June 2014

## Urban

- From 29 March – 25 April 2014 MoH in Irbid provided in hospitals 4274 hospital outpatient services, 2503 emergency admission, 696 inpatient services and 197 surgeries. The highest provider for outpatients was Princess Basma Hospital (2139), highest for emergencies was Princess Rahma hospital (744) and the highest for inpatient services was Princess Badeaa Hospital. In Public Health Centers: 15,829 services were provided.
- IMC stopped MMU services and deployed all staff to Azraq camp.
- Lice has been noted to be a problem in school children in Ajloun especially those with high number of Syrian students. The DoH is going to provide the schools with anti-lice shampoo free of charge. Currently there are two schools affected mainly in the evening shifts for Syrian students in Ajloun; one in Ebbeen village and one in Kufranja village.
- IFRC and Jordan Red Crescent trained 18 CHVs from 9 different communities from the 26th to 30th April in community based health care and first aid. In total they have now trained 40 CHVs from 20 different communities: 8 communities in Ajloun, 4 in Mafrq, 3 in Jerash, 3 in Irbid and 2 in Amman with 2 CHVs per community. The communities all identified NCDs as a concern so further training in this area is planned.

## Immunization

- The last week in April marked World Immunization Week, commemorated across the world by WHO and partners. The slogan for 2014 was “Immunize for a healthy future: Know, Check, Protect”. In Zaatri camp outreach messaging on immunization in the camp through field staff and CHV was emphasised during that week. MoH/UNICEF/WHO have developed a brochure to raise awareness regarding routine immunization.

## Communicable diseases and outbreak prone diseases

- After a rapid assessment of AFP surveillance was conducted in early April by WHO and MoH, it was found that there was a knowledge gap among clinicians and many are hesitant to report AFP cases, although the cause of this is unknown. The issue is being followed up by WHO/UNICEF/MoH,
- WHO/MoH are planning refresher courses on case identification of communicable diseases including AFP
- Notable increase in diarrhea cases in Zaari camp (acute watery diarrhoea and acute bloody diarrhoea) has triggered an alert. Response measures have started with the establishment of more ORT corners, ensuring ORS supply in the clinics, strengthening use of the case

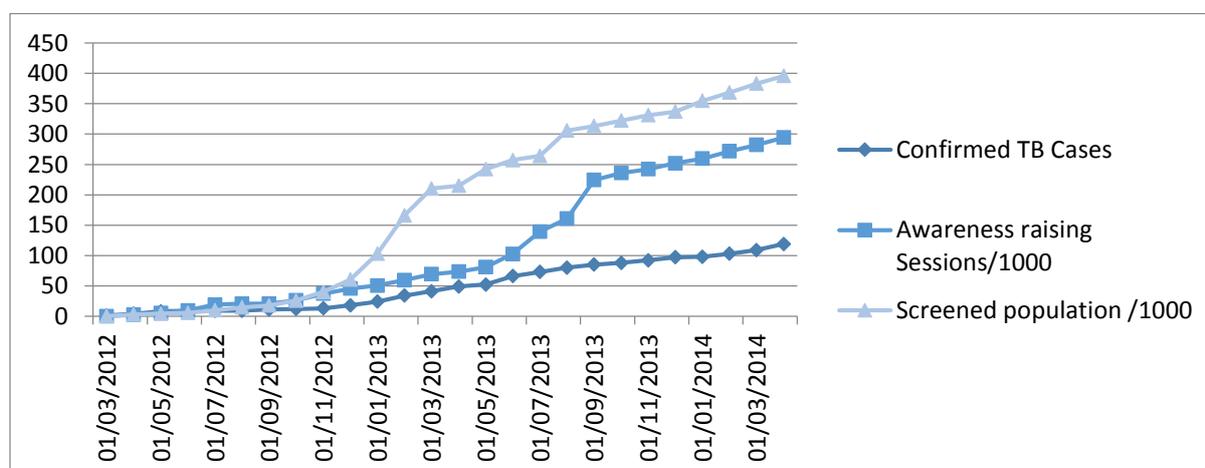
definition, sample collection, and line listing. IRD CHVs have been trained on ORS preparation, active case finding, referrals of the cases to the clinics and follow up.

- One confirmed case of measles during April for a 14 months old child who was living outside the camp in Irbid and missed all the campaigns and routine immunization. Vaccination was done for his contacts.
- Increase cases of Chicken Pox in Zaatri. Cases are occurring at the same time out of the camp.
- JHAS received a donation of 9,000 bottles of lice medication from IOCC, and will distribute to agencies who request it.

## Tuberculosis

- From 29<sup>th</sup> March to 2<sup>nd</sup> of May IOM medical team delivered TB awareness sessions for 9,575 refugees and members from the host community making the total from 28th March 2012 up to date 291,394 (53% males and 47% Females); The total screened for TB during this reporting period was 11,078 refugees
- During April nine new TB cases were diagnosed: 8 pulmonary and 1 extrapulmonary. The total number of TB cases since March 2012 is 119; 84 Pulmonary TB including 3 MDR cases and 35 extrapulmonary. IOM is providing follow up for 46 cases under DOTS and follow up for their contacts; 69 TB cases completed their treatment successfully.
- A regional concept note has been submitted to the Global Fund for HIV, TB and Malaria to address TB in the Syrian crisis including in neighbouring countries. Jordan is one of the countries included in the concept note. Agencies involved include Ministries of Health, UNDP, WHO, UNHCR and IOM.

**Graph 1: Cumulative TB Screening, Awareness Raising Sessions and Detected TB Cases among Syrian Refugee from 28 March 2012 to 30 April 2014 Jordan**



## Reproductive Health

- From 29 March – 2 May, UNICEF distributed 227 new-born baby health kits to new-born babies (105 girls, 127 boys), and 226 mother kits to new mothers during their discharge from the delivery rooms in Zaatari camp. The number of baby kits is higher than that of the new mothers due to a set of twins delivered at the JHAS clinic.
- WHO-UNFPA signed an agreement to support MoH primary health care facilities with 20 IUDs kits; MDM trained a doctor to provide IUD insertion services as per MoH protocol.
- As part of the reproductive health awareness campaign, community health volunteers from IRC and IRD will be engaged in six family planning awareness sessions (three for males and three for females) and tent-to-tent awareness activities which will regularly be held in Zaatari camp. These sessions are conducted with active community and youth involvement. Men will be targeted specifically for some sessions, discussing issues specific to their needs and concerns. Sessions will be conducted at Saudi clinics, JHAS and MDM, with additional sessions in youth centers targeting adolescent males and females separately. Newly created UNFPA IEC materials (i.e. small leaflets) will complement and support these initiatives on the following topics: breastfeeding, danger signs during pregnancy, family planning methods and map to reproductive health clinics in Zaatari.
- Awareness sessions were held in Aman/IRC/IFH/JHAS/UPP-JWU /MDM centres with a focus on family planning, early marriage, personal hygiene, sexually transmitted infections, nutrition, and vaccination for pregnant / lactating women and girls.
- RH clinics in camps and urban areas performed health education activities, breast examination and blood pressure screening in celebration of World Health Day on April 7<sup>th</sup>. On the same day, UNFPA/JHAS offered services to 258 beneficiaries including antenatal care, consultation for family planning, breast examination, and blood pressure screening.
- UNFPA, in cooperation with the Institute of Family Health and IRC, organized a regional training of the trainers on the clinical management of rape (CMR) from the 6–10 April 2014. Four Jordanian service providers participated along with other participants from the region involved in the Syrian crisis. This five-day training included modules on the CMR services, medical care for survivors, psychosocial interventions, and one day on facilitation practice for CMR skills and action planning.

## Secondary and tertiary care

- UNHCR has completed equipping of Northern Burn Center in Princess Basma Hospital in Irbid. UNHCR, Humani Terra and MOH Joint meeting took place to develop an operation plan for the Unit which is expected to be fully operational by September 2014. Humaniterra will provide specialised training in Burns Management for both doctors and nurses and support

with consumables. This will be the first burn/reconstruction unit in the north and the second in the country with a total capacity of 43 beds.

- Exceptional Care Committee held 23<sup>rd</sup> April. Outcome: 193 cases were reviewed; 126 cases were emergency cases and 67 case were non-emergency. 143 cases were Syrian, 37 Iraqi, 16 Sudanese and 14 other nationalities. Total approved amount under all nationality was 237,837 JDs; 197,916 was under Syrians, 25,593 JDs under Iraqis, and 14,328 under other nationalities (Somali, Sudanese, Eritrean and stateless).
- UNHCR is conducting an assessment in the most affected MOH facilities and services in order to design its support project for 2014. Several facilities/services have been completed (Zarqa PH Laboratory, Ramtha Hospital, Princess Rahma Hospital, Al Basheer Hospital and Totanji Hospital). Needs identified include neonatal care, emergency care, intensive/critical care, trauma care, neurosurgery, renal failure and laboratory services. Priorities will be determined in conjunction with MoH and Department of Biomedical Engineering.

## Mental health

- There has been an increase in the Syrian caseload accessing mental health services in Zarqa and east Amman.
- Until the end of April, staff in 16 primary health care centres had been trained with the mhGap programme to identify and respond to mental health issues.