

# Health and Nutrition Quarterly

Iraq, Jordan, and Lebanon

January – March 2014

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Photo caption. A refugee family in Kawergosk camp, Iraq  
Photo: UNHCR Iraq PI Unit | UNHCR

## Highlights

**Population movement** – Syrian refugees continue to cross the borders into neighbouring countries. As of April 2014, there are a total of 2.8 million refugees who have sought protection in the region.

**Mortality** – Since January 2014, there have been 68 deaths reported in Za’atri (crude mortality rate - 0.24 per 1,000 per month). The under 5 mortality rate for the first quarter of 2014 was estimated at 0.43 per 1000 per month. The major causes of death were diabetes and diabetes complications, cardiovascular diseases, and neonatal deaths.

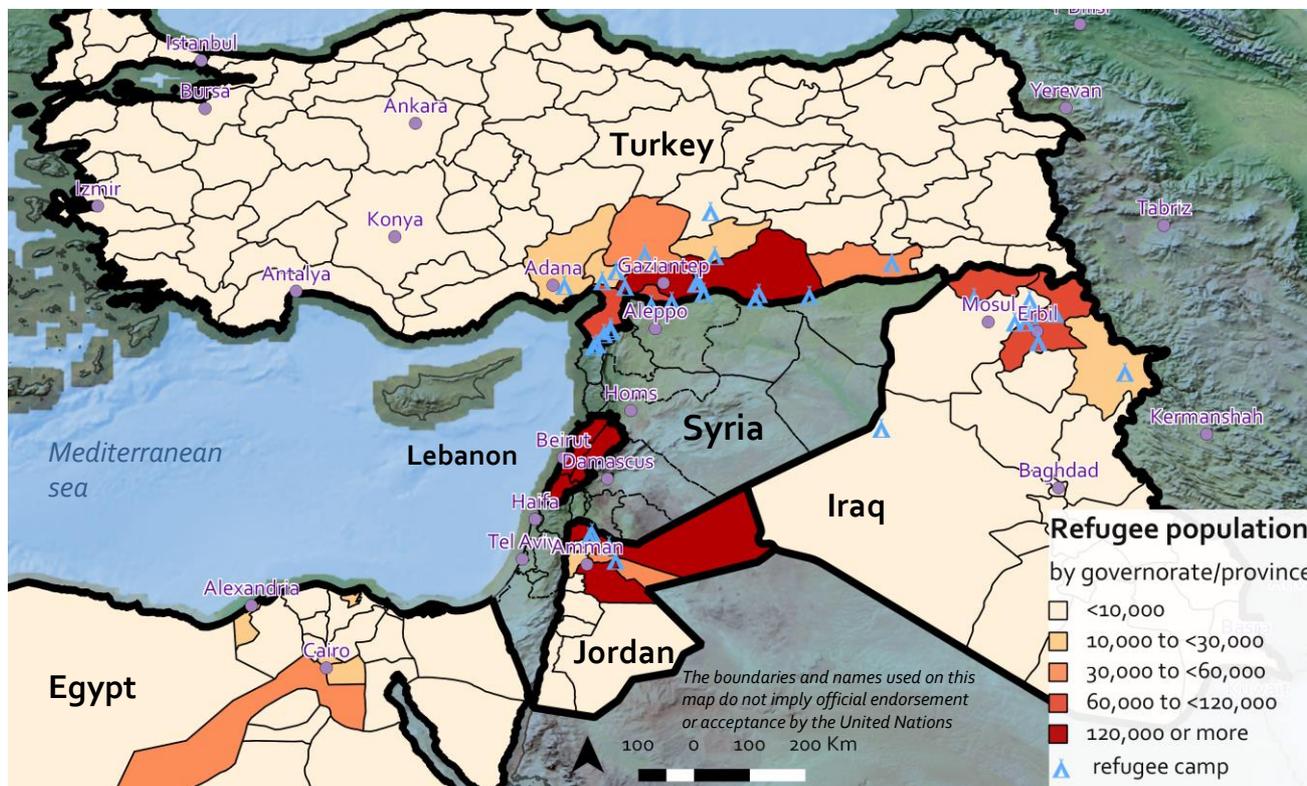
**Primary health care (PHC)** – A total of 317,747 consultations were reported from Iraq, Jordan and Lebanon– an average of 24,442 consultations per week. In refugee camps, the health utilization rate (HUR) varied from camp to camp. In Za’atri camp, Jordan, a HUR of 7.7 consultations per person-year was observed. In Kurdistan, Iraq the highest HUR was observed in Basirma (13.8) while the lowest in Domiz (1.9).

**Communicable diseases** – In all refugee camps acute respiratory tract infections (ARIs) were the main reasons for seeking care; the overall incidence of ARI was 32.1 per 1000 refugees per week in Kurdistan and 44.7 per 1000 refugees per week in Za’atri camp. Among the 4 largest refugee camps, diarrhoeal incidence was lowest in Domiz camp Iraq and highest in Darashakran, Iraq.

**Disease surveillance** – In Za’atari camp Jordan, 2 cases of confirmed measles, 6 cases of suspected non-meningococcal meningitis, and 46 cases of hepatitis A associated acute jaundice syndrome were reported. In Kurdistan camps, Iraq, 1 case of confirmed measles, 1 case of non-meningococcal meningitis, and 139 cases of hepatitis A associated acute jaundice syndrome were reported. No polio cases reported among refugees in the region.

### Population

Syrian refugees continue to cross the borders into neighbouring countries. There are a total of 2.8 million refugees who have sought protection in the region. Refugee population by country is: Egypt- 137,086, Iraq- 223,113, Jordan- 593,346, Lebanon- 1,056,089, and Turkey- 736,137 (Figure 1). Facilitating access to primary health care (PHC) services for all Syrian refugees is the cornerstone of [the refugee health strategy in all countries](#).



**Figure 1** – Population distribution of refugees by governorate or province in the five most affected countries.

### Primary Health Care (PHC)

Reports were received from 7 camps in Iraq, Za’atri camp Jordan and facilities participating in the UNHCR-supported Health Information System (HIS) in Lebanon. Between January and March 2014, Iraq, Jordan, and Lebanon reported a total of 317,747 consultations – an average of 24,442 consultations per week.

In Za’atri camp Jordan, a total of 184,626 primary health consultations were reported. Among the 7 camps in Kurdistan, Iraq, the highest number of consultations were in Domiz camp which recorded 24,248 consultations. Consultations were also reported from Arabat (5,170), Basirma (10,607), Darashakran (15,155), Gawilan (6,727), Kawergosk (13,160), and Qushtapa (4,736) camps. A total of 79,813 consultations were reported in Kurdistan. In Lebanon, among the health facilities participating in HIS, a total of 53,308 PHC consultations were reported. In Za’atri camp Jordan, a health utilisation rate (HUR) of 7.7 consultations per person-year was observed. In Kurdistan, Iraq the highest HUR was observed in Basirma (13.8) while the lowest in Domiz (1.9). Figure 2 shows the trends of HUR since January for all camps.

Health utilisation rate per person per year	
<b>7.7</b> Za’atri camp, Jordan	<b>6.9</b> Arbat camp, Iraq
<b>13.8</b> Basirma camp, Iraq	<b>8.9</b> Darashakran camp, Iraq
<b>1.9</b> Domiz camp, Iraq	<b>9.7</b> Gawilan camp, Iraq
<b>4.0</b> Kawergosk camp, Iraq	<b>4.5</b> Qushtapa camp, Iraq

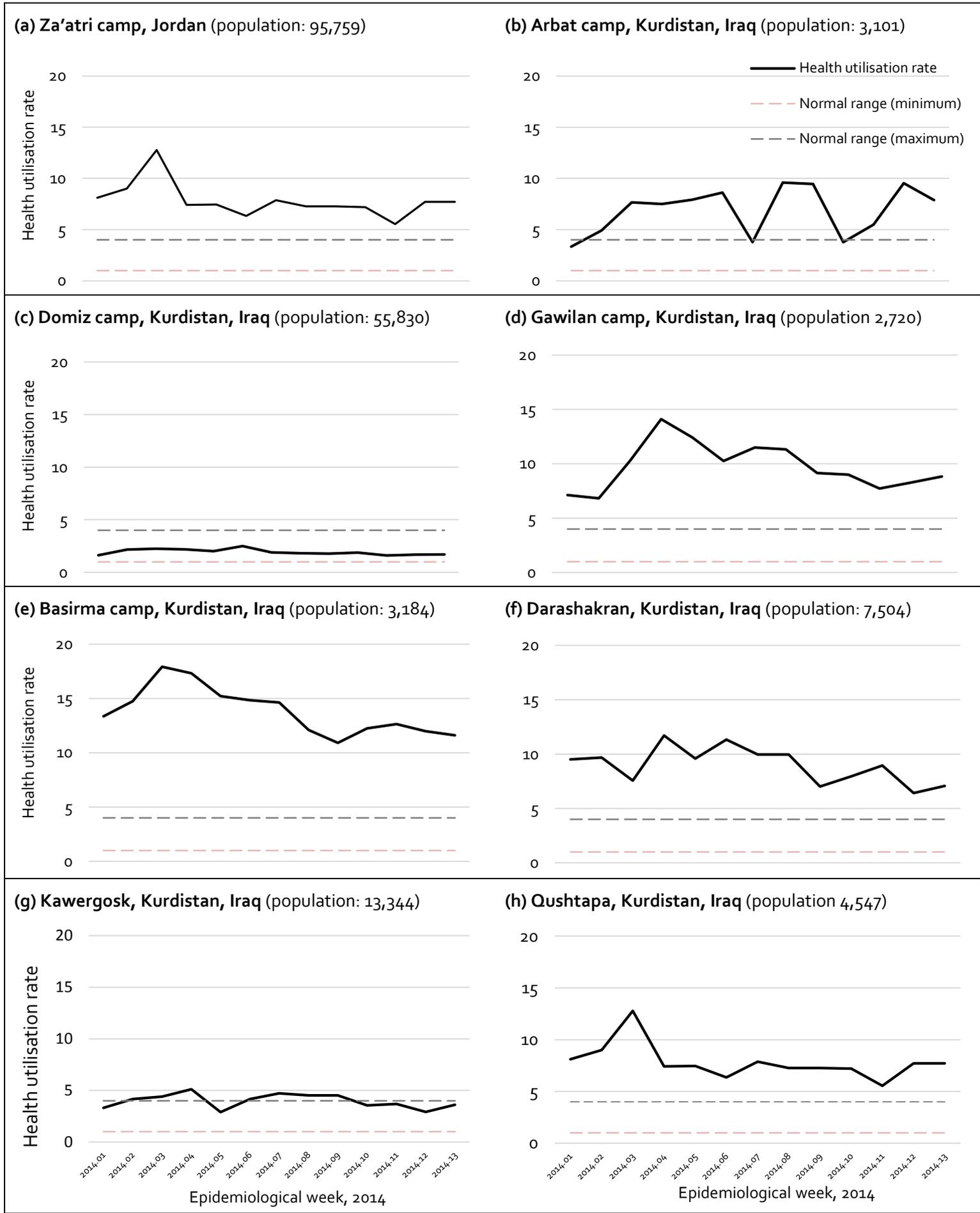
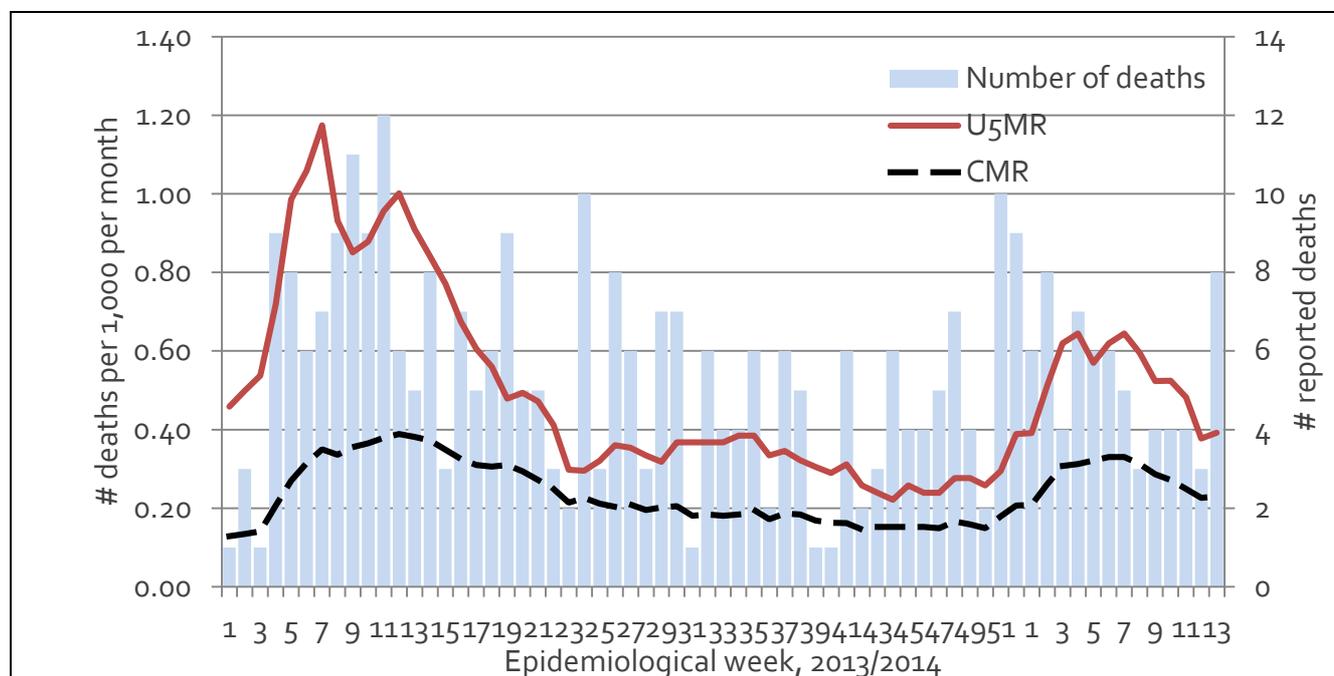


Figure 2 – Health utilisation rate per person-year by camp, Iraq and Jordan, January – March 2014

## Mortality

Since January 2014, there have been 68 deaths reported in Za’atri (crude mortality rate (CMR) - 0.24 per 1,000 per month). The under 5 mortality rate for the first quarter of 2014 was estimated at 0.43 per 1000 per month. Figure 3 below shows weekly trends of mortality in Za’atri camp. Mortality data was not available for other countries.



**Figure 3 – Weekly mortality trends in Za’atri camp, Jordan, January 2013– March 2014.**

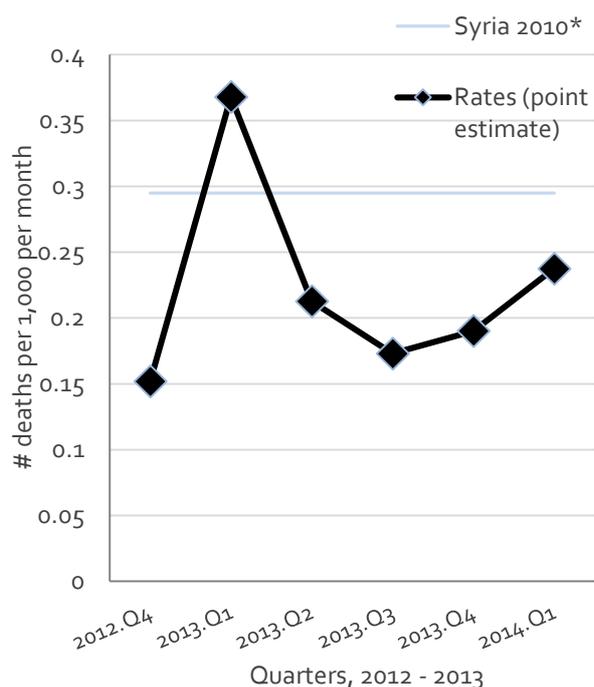
**Note:** Number of deaths (bars) are shown on the secondary y-axis. In order to increase reliability, weekly rates, are calculated on a moving 12-week basis. Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp population. Rates indicated here are preliminary and may be revised.

**Table 1 – Mortality indicators for Za’atri refugee camp, Jordan, Jan – Mar 2014**

Mortality rate*	Rate per 1,000 per month (95% confidence interval)
<b>Crude</b>	0.24 (0.19 – 0.30)
<b>Under 5</b>	0.43 (0.28 – 0.65)
<b>Age-specific</b>	
<1 year	1.50 (0.94 – 2.38)
1 to <5 years	0.10 (0.04 – 0.27)
5 to <18 years	0.05 (0.02 – 0.11)
18 to <60 years	0.11 (0.06 – 0.18)
60+ years	3.37 (2.33 – 4.88)
<b>Quarters (2012 – 2013)</b>	
2012. Quarter 4	0.15 (0.09 – 0.26)
2013. Quarter 1	0.37 (0.30 – 0.45)
2013. Quarter 2	0.21 (0.17 – 0.27)
2013. Quarter 3	0.17 (0.13 – 0.22)
2013. Quarter 4	0.19 (0.15 – 0.24)
2014. Quarter 1	0.24 (0.19 – 0.30)

\*Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp population. Rates indicated here are preliminary and may be revised

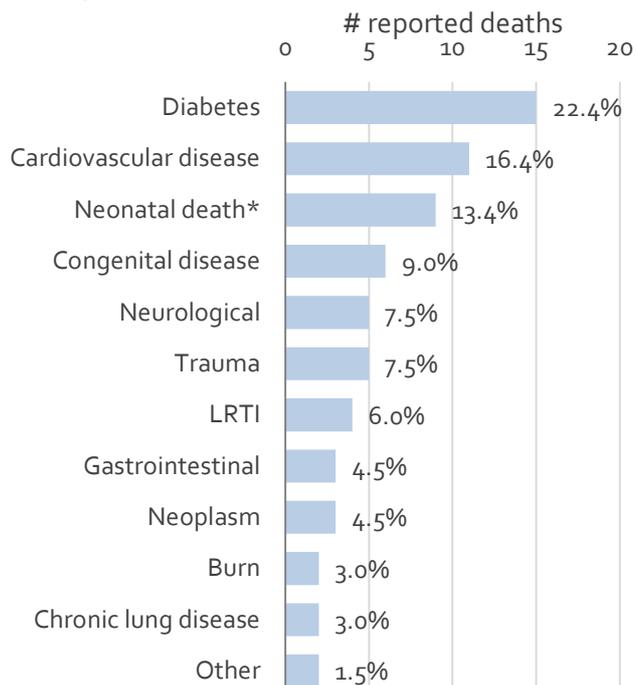
**Figure 4–** Quarterly mortality rates, Za’atri, Jordan, 2012-2014



\*Syria crude mortality rate for 2010. Source: World Bank.

**Note:** Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp population. Rates indicated here are preliminary and may be revised.

**Figure 5–** Reported causes of death, Za’atri, Jordan, January - March-2014



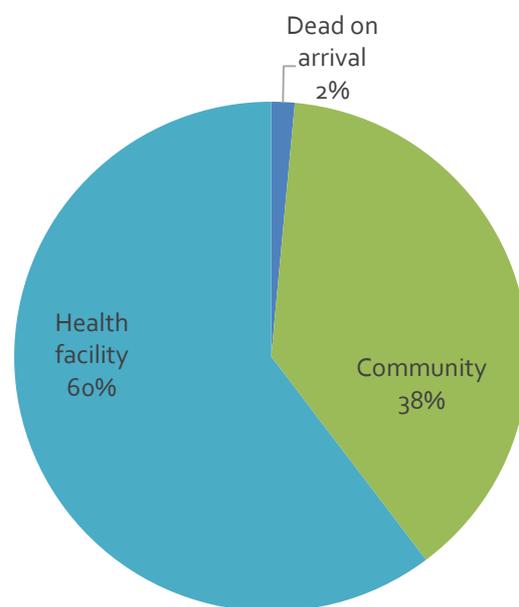
\*Due to difficulty identifying cause of neonatal death from available data, all deaths occurring within 28 days of birth have been categorised as neonatal death

LRTI: Lower respiratory tract infection

The estimated age-specific mortality was highest among those 60 years or older (3.37 per 1000 per month) followed by infants <1 years (1.50) and lowest among 5 to <18 year-olds (0.05) (Table 1).

While the general trends (Table 1, Figure 3) shows an increase in mortality rates in the winter of 2013/2014, the CMR for the first quarter of 2014 only increased slightly compared to preceding quarters and was much lower than the 2013 first quarter CMR of 0.37 per 1000 per month (Figure 4, Table 1). For comparison, according to the World Bank, the estimated CMR for pre-war Syria in 2010 was 0.29 per 1000 per month.

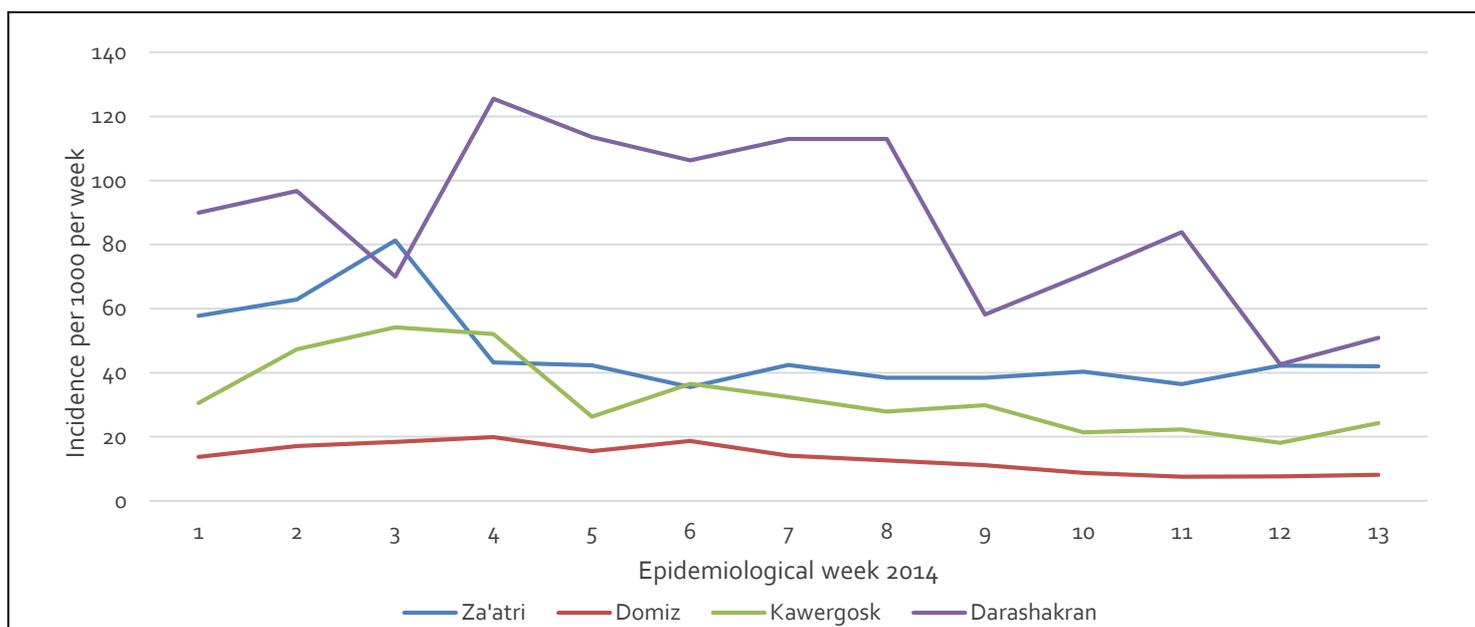
Among the 68 deaths reported, 15 cases (22.4%) had diabetes and diabetes complications, 11 (16.4%) had cardiovascular diseases (with no diabetes), and 9 (13.4%) were neonatal deaths (Figure 5). The location of death was health facility 41 (60.3%), community 26 (38.2%); 1 (1.5%) person died on arrival or the way to facility (Figure 6).



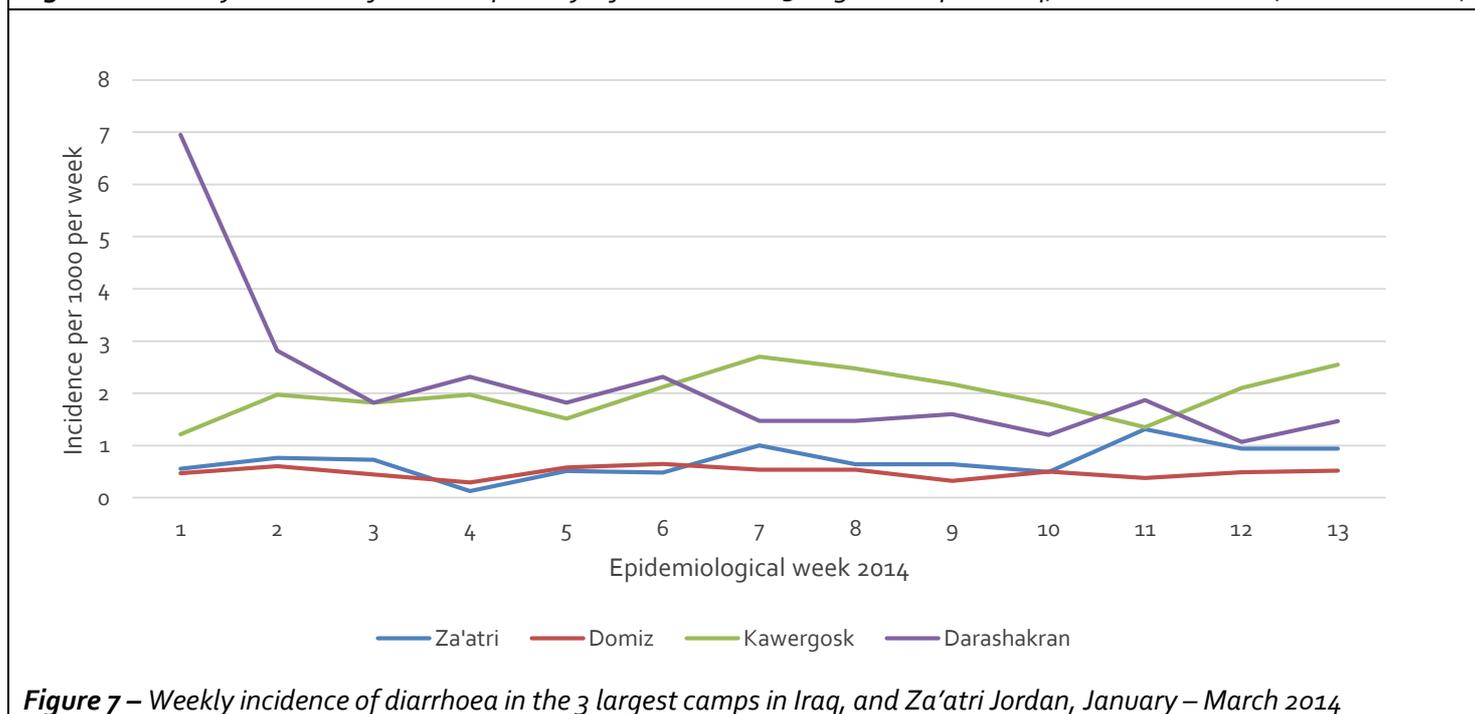
**Figure 6 –** Mortality by location, Za’atri camp, Jordan, January – March 2014

## Morbidity

**Communicable diseases:** Of the 67,712 consultations reported in Kurdistan, Iraq, acute respiratory tract infections (ARIs) (51%) were the number 1 cause of communicable diseases followed by urinary tract infections (5%). The overall incidence of ARI was 32.1 per 1000 refugees per week. Of the 107,696 consultations in Za'tari, Jordan, ARI (51%) was the top cause of illness followed by skin infection (10%). The incidence of ARI was 44.7 per 1000 refugees per week. Figures 6 below show the variations in incidence of ARI among the 4 largest refugee camps reporting data this quarter. Peak incidence of ARI was observed in Darashakran camp between weeks 4 and 8 (Figure 6). Incidence of diarrhoeal diseases also varied by camp. The incidence in the largest 3 camps in Iraq and Za'atri Jordan, is shown in Figure 7 below. Diarrhoeal incidence was lowest in Domiz camp Iraq and highest in Darashakran, Iraq. Peak incidence was observed in week 1 in Darashakran camp.



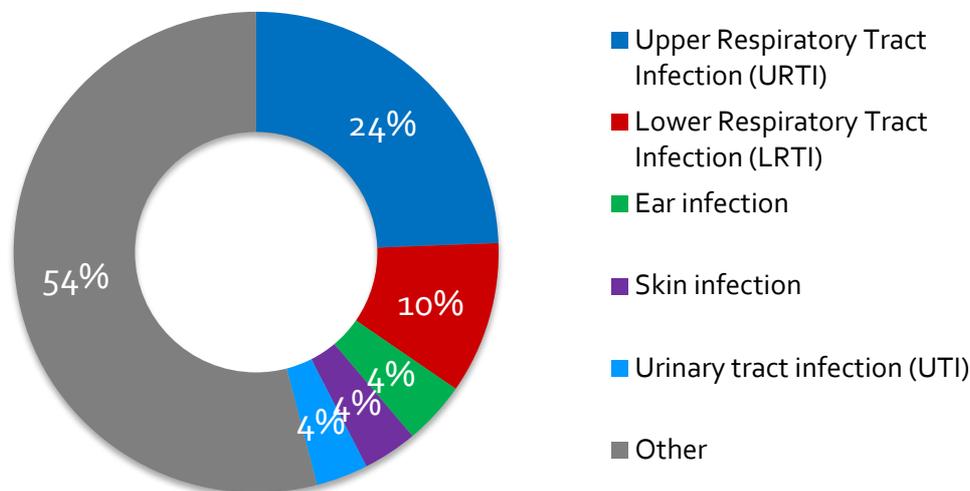
**Figure 6 – Weekly incidence of acute respiratory infections in the 3 largest camps in Iraq, and Za’atri Jordan, Jan – Mar 2014**



**Figure 7 – Weekly incidence of diarrhoea in the 3 largest camps in Iraq, and Za’atri Jordan, January – March 2014**

In Lebanon, there were 47,403 refugees presenting with communicable diseases reported by primary health care facilities participating in the HIS. Among them, ARI (35%) was the leading cause of morbidity, followed by ear infection (4%) and urinary tract infections (3%) (Figure 8).

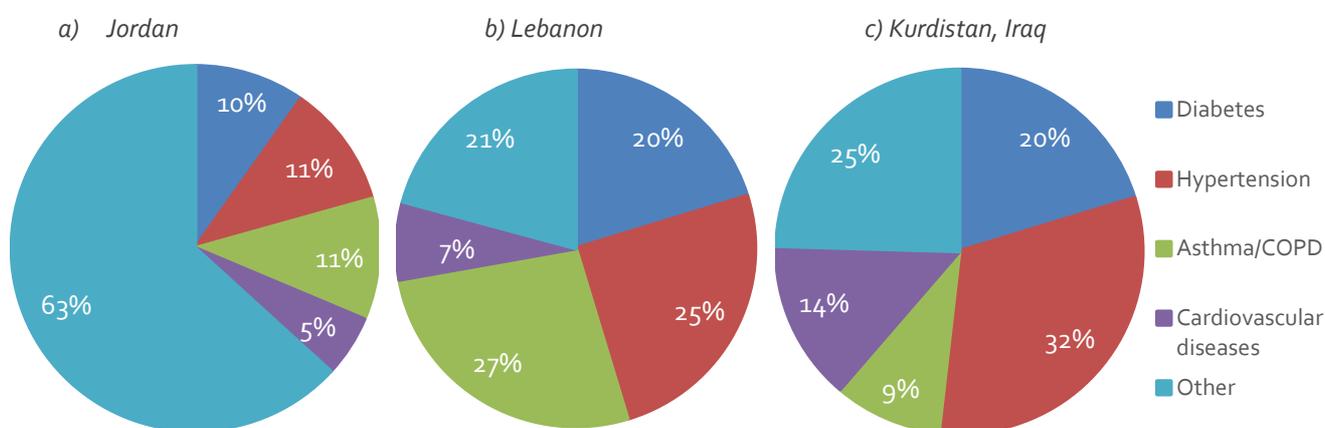
**Figure 8** – Top 5 diagnoses for communicable diseases at PHC centres and mobile medical units, Lebanon, January - March 2014



**Non-communicable diseases (NCDs):** Diabetes, hypertension, cardiovascular conditions and chronic lung diseases (asthma and chronic obstructive pulmonary disease) were the three primary reasons for seeking care. In Za’atri camp, Jordan, of the 62,142 consultations for NCDs, there were 6,754 (10.9%) consultations for hypertension, 6,685 (10.8%) for chronic lung diseases and 6,065 (9.8%) for diabetes (Figure 9).

In the 7 camps in Kurdistan, Iraq, a total of 4,605 NCD consultations including 1,452 (31.5%) hypertension, 933 (20.3%) diabetes, and 653 (14.2%) cardiovascular diseases were reported (Figure 9).

In Lebanon, PHC facilities participating in the HIS reported 4,547 consultations related to NCDs. Chronic lung diseases were the primary reason for seeking care (1,220 [26.8%]) followed by hypertension (1,142 [25.1%]) and diabetes (920 [20.2%]) (Figure 9).

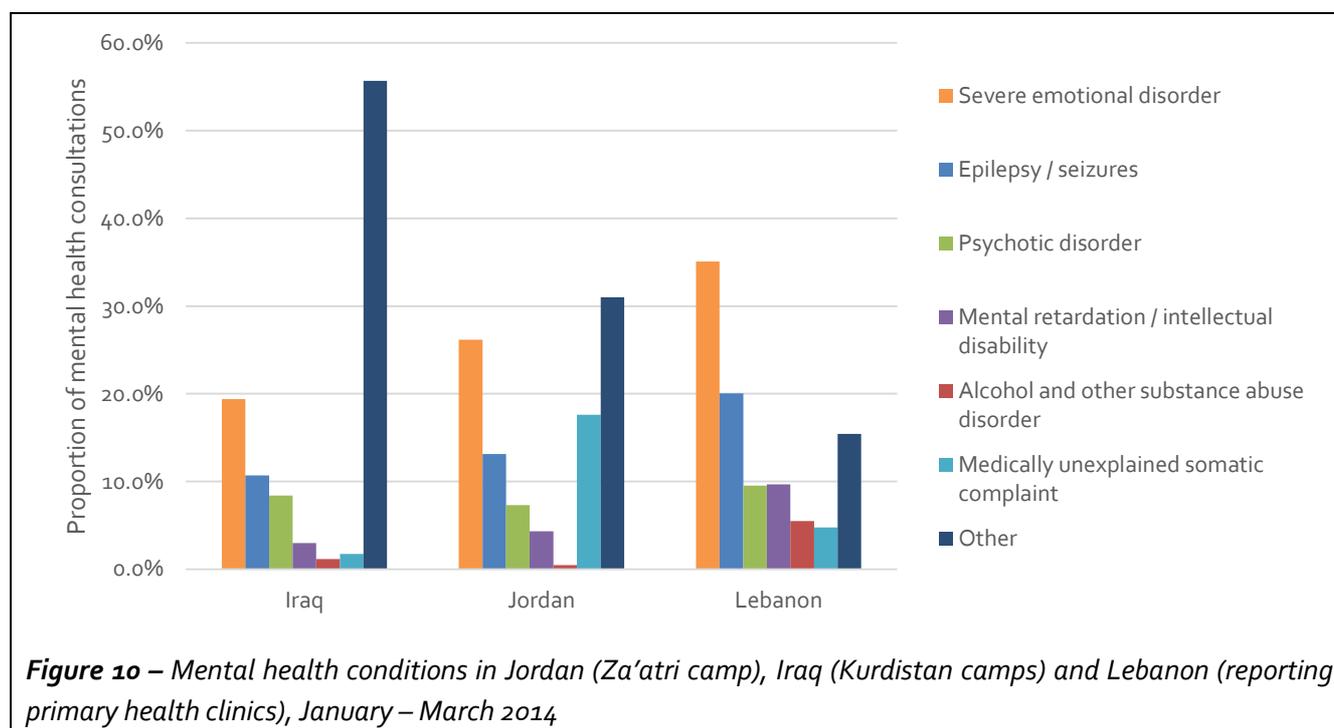


**Figure 9** – Non-communicable diseases as reported from Za’atri camp (Jordan), Kurdistan camps (Iraq), and Lebanon, January – March 2014

## Mental Health

Figure 10 (below) shows the proportion of major mental health conditions for which care was sought in Lebanon, Iraq and Jordan.

Among reporting PHC centres in Lebanon, there were 713 consultations reported. The top three conditions for which care was sought were severe emotional disorders 250 (35.1%), epilepsy/seizures 143 (20.1%) and mental retardation/intellectual disability 69 (9.7%) (Figure 10). In Za’atri camp, Jordan, there were 6,437 consultations. The top three conditions were severe emotional disorders 1,683 (26.1%), medically unexplained somatic complaints 1,134 (17.6%) and epilepsy/seizures 846 (13.1%) (Figure 10). In Kurdistan camps, Iraq, there were 1,047 mental health consultations reported. The main three conditions reported were severe emotional disorders 203 (19.4%), epilepsy/seizures 112 (10.7%), and psychotic disorders 88 (8.4%) (Figure 10).



## Injuries

Between January and March 2014, a total of 9,859 injury-related consultations were reported from 7 refugee camps in Kurdistan (Iraq), Za’atri camp (Jordan), and participating health facilities in Lebanon.

Of the 6,449 consultations reported in Kurdistan, unintentional injuries 1420 (22%), and burns 996 (15%) were the main causes of injury.

In Za’atri camp, Jordan, the reported injury-related consultations were 2,765. Among them, war-related injury 1285 (46%) and non-war related assault 650 (24%) were the main reported causes of injury-related consultations.

In Lebanon, 645 consultations were reported by participating facilities. Among them, intentional injuries 107 (17%) and burns 97 (15%) were the main reported reasons for seeking care.

## Reproductive health

During the first quarter of 2014, 8,356 women registered at antenatal care facilities in the 7 Kurdistan camps of Iraq, reporting facilities in Lebanon, and Za'atri camp, Jordan.

Among the 1,901 women who received their first antenatal care in Kurdistan, Iraq, 94.7% were registered within their first trimester. At least 415 women completed post-natal care at the camp facilities during this period. In Lebanon, among the 2,485 women who received their first antenatal care at facilities reporting to the HIS, 57.3% received their initial care during the first trimester.

Of the 3,970 women who received their first antenatal care between January and March in Za'atri, Jordan, 1,856 (46.7%) received their initial care before the end of the first trimester. There were 711 deliveries at facilities within the camp in Za'atri (crude birth rate, 29.6 per 1000 per year). Among the women who delivered, 35% had at least 4 antenatal care visits, 17% had received 2 or more tetanus toxoid vaccines, and 68% were screened for anaemia. All births reported were attended to by skilled birth attendants and 15% were caesarean deliveries. The number of women who reported to have attended at least 3 post-natal care clinics within 6 weeks of delivery was 1,616 (coverage, 229%). This high postnatal coverage (>100%) may partly be due to incorrect reporting of all post-natal clinic visits as third visits (third visits are used to measure coverage).

## Diseases surveillance

In Za'atari camp Jordan, 10 cases of suspected measles (2 subsequently confirmed) were reported between January and March 2014. Za'atri also reported 6 cases of suspected non-meningococcal meningitis, and 46 cases of hepatitis A associated acute jaundice syndrome. There were no confirmed outbreaks of diarrhoeal diseases (see Figure 7 for incidence in 4 camps).

In Kurdistan camps, Iraq, 4 cases of suspected measles (1 subsequently confirmed) and 1 case of non-meningococcal meningitis were reported. There were 139 cases of hepatitis A associated acute jaundice syndrome reported. While in several camps elevated incidence of bloody and/or watery diarrhoea were observed occasionally ([see weekly, monthly and quarterly camp reports published elsewhere](#)), no outbreak was confirmed. Routine vaccination coverage estimates for key vaccines were BCG, 86%; DPT/Pentavalent third dose, 83%; oral polio third dose, 84%; measles, 77%; MMR, 99%; and rotavirus third dose, 60%. Vitamin A coverage was estimated at 97%.

In Lebanon, 8 cases of suspected measles, 18 cases of non-meningococcal meningitis, and 28 cases of hepatitis A associated acute jaundice syndrome were reported by participating facilities. No details on confirmation were available.

**Polio:** In Lebanon, 1 case of non-polio acute flaccid paralysis (AFP) was reported, while 2 cases each of non-polio AFP were reported from Kurdistan camps, Iraq and Za'atri camp, Jordan.

There was no case of confirmed paralytic polio among refugees in the region.

Outside refugee camps, 1 case of confirmed paralytic polio with date of onset 10 February 2014 was confirmed in Baghdad, Iraq. Genetic sequencing suggests close relationship with virus circulating in Hassakeh, Syria. No new cases of wild polio virus was detected. Multiple rounds of mass polio vaccinations were carried out in all camps.

## 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

## Further information

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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

