

# Health Sector Jordan

## Monthly Report

Report date: June 9<sup>th</sup> 2014

Period covered: May 1<sup>st</sup>–31<sup>st</sup> 2014



Photo: Nutrition Survey

### Population data

Total active Syrians registered with UNHCR in Jordan	593,577
Number of Syrians waiting to be registered with UNHCR	0
Number of persons collecting WFP rations in Zaatari*	84,705
Number of Syrians registered in Emirati Jordanian Camp (as of 31 May 2014)	3,790
Number of Syrians registered in Azraq Camp (as of 31 May 2014)	7,179
Number of new arrivals between 1 <sup>st</sup> and 31 <sup>st</sup> May	7,606

\* As of second distribution cycle in May 2014

## Operational highlights and situation updates

- Preliminary results of the Nutrition Survey conducted in April revealed low levels of acute malnutrition but high levels of anaemia.
- One new case of polio confirmed in Mada'in district in Baghdad-Resafa province, Iraq
- War Wounded Task Force was re-launched by UNHCR and met for the first time on 14 May
- Seven proposals were received in response to a call for proposals by OCHA for the Emergency Response Fund and will be reviewed by a health sector committee.
- Clinics continue to report an increase in scabies cases amidst continued shortages of appropriate treatment in Jordan.

## New arrivals

- During the reporting period, IOM screening team provided health checks for Syrian refugees upon arrival at Rabaa Sarhan transit center (RSTC) for 8,541 refugees of whom 4,327 (51 per cent) were female. Of those, a total of 1,730 screened positive; 1,536 (18 per cent) in the yellow category, and 194 (2 per cent) in the red category. Females are more likely to be positive for all screened systemic conditions with exception of skin diseases, war injury, ENT, surgery, dental and hereditary/genetics. Most common conditions included pregnancy, cardiovascular and gastric/hepatic conditions.

- During May, 3,731 new arrival children aged 6 months to 15 years were vaccinated against measles; 3,879 children aged 0 to 15 years were vaccinated against polio; and 1,617 children aged 6 months to 5 years were provided with Vitamin A.
- Handicap International is present in the Azraq reception area 24 hours a day, seven days a week, and also have a mobile team. They found some cases that should have gone to Zaatari instead of Azraq e.g. with external fixators. Current guidance is that any case that needs to be hospitalized, even for convalescent care, should go to Zaatari and if they are fairly independent, they can go to Azraq.
- Save the Children Jordan/UNICEF began screening new arrivals at RSTC for malnutrition, using MUAC measurements. All children aged 6–59 months and pregnant and lactating mothers are being screened. From 14–24 May, out of 400 children screened, four cases of malnutrition were identified and referred to the IMC clinic in Azraq. At the IYCF caravan in RSTC nutritional snacks are distributed to mothers, and counseling is provided, including clarification on the infant formula dispensing process in Azraq (only done for cases considered to be in need after an assessment with a doctor and midwife).

## Coordination and assessments

### Coordination

- **Monthly Reproductive Health** meeting held on 22 May at the UNFPA office in Amman; Main outcomes: 1. RH map was updated to include services provided by MSF and IFRC; 2. general framework for the performance checklists being developed for the group was revised, and a template was created and shared with the group.
- **Monthly Health Coordination Meeting** held on 29 May in Amman. Main Outcomes: 1) WHO gave a short presentation about Middle East Respiratory Syndrome (MERS); the Ministry of Health Guidance will be circulated 2) DRAFT Health Sector Ethical Guidelines for researchers were circulated prior to the meeting and feedback was requested from the group in order to finalize. 3) Agencies were asked to send information on medical supply stockpiles and standby rosters of staff for the revision of the contingency plan. The scenario being prepared for is an influx of 3,000 refugees per day for 30 days
- **Nutrition Sub-Working Group** met on 13 May and 20 May. Main outcomes: 1. Wait for MoH guidance on Vitamin D supplementation but provide information to doctors on correct advice for breastfeeding women regarding Vitamin 2) Drafted guidance on Nutrition Interventions amongst Syrian Refugees in Jordan with an emphasis on micronutrient deficiencies and IYCF (details below). 3). Nutrition Action plan updated.
- **Health Sector Strategic Advisory Group** met on 27 May. 1. Contingency planning was discussed; agencies are asked to submit stockpiles; much of the planning is focusing on Azraq as this is where new arrivals will go.
- **Community Health Task Group** met on 21<sup>st</sup> of May. Main outcomes 1. Further revisions to the mapping of community health activities were agreed. These will include nationalities of

CHVs; more precise locations, training received and services provided. 2. Also working on emphasizing messages for newborns and home visits for the newborn.

- **NCD Task Force** met on 12<sup>th</sup> May. Main outcomes. 1. Continued discussion on draft list of equipment which should be available at different levels of care for management of NCDs (comprehensive healthcare centres and primary health care centres); once consensus is reached, list will be endorsed. 2. Feedback received on the proposed training of clinical providers and nurses/health educators in June on management of NCDs at the primary health care level-ensure national guidance is followed and adequate attention to lifestyle changes and prevention. 3. MoH, EMPHNET and WHO planning an assessment of NCD management in MoH facilities. It is hoped this will be extended to NGO facilities.
- **War Wounded Task Force was re-launched by UNHCR** and met for the first time on 14 May, with participation from 17 organisations. Highlights. 1. The group's first task is to map services being provided and flow of referral in order to identify gaps or bottlenecks and enhance communication between different actors. 2. Most interventions are focused in Ramtha, as the highest number of acute cases cross through the western border. 3. Jordan has the highest proportion of war wounded refugees – one of 15 Syrians in Jordan have sustained war-related injuries in Syria. Area with largest number of these cases is Zaatari, followed by Amman. 4. Major gaps identified include convalescent or post operative care and communication with the many hospitals providing initial management and stabilisation
- **RRP6 mid-year review:** Health Sector members met on 4 May to discuss the criteria for allocation of activities under the RRP or the National Resilience Plan. IMC developed a scorecard outlining the criteria which was circulated to Sector members to assist them in evaluating where their projects should be placed.
- **Monthly MHPSS** meeting held on 21 May at the Ministry of Health. Members discussed the issue of providing transportation to MHPSS beneficiaries. Various viewpoints were raised, mentioning both concerns with the provision of fees as well as with the lack of fee provision, as well as the importance of adhering to inter-agency vulnerability criteria. The issue will be revisited in more detail at the next meeting, with possible development of brief guidelines for the group (including caps) in order to ensure consistency among service providers.

## Assessments/Surveys

- Preliminary results of the Nutrition Survey conducted in April by UNHCR, UNICEF, WFP, WHO, UNFPA and Medair revealed low levels of malnutrition but high levels of anaemia. For global acute malnutrition (GAM) 1.2 per cent in Zaatari by weight for height, and 1.5 per cent by Mid-Upper Arm Circumference (MUAC); stunting was 17 per cent; outside the camp, GAM was 0.8 per cent by weight for height, and 0.4 per cent by MUAC; stunting was 9 per cent. For anaemia levels, in Zaatari: 48.7 per cent of children 6–59 months were found to have haemoglobin at less than 11 grams/dl, as did 44.7 per cent of women 15–49 years. Outside the camp, the numbers were 25.9 per cent of children 6–59 months, and 31 % of women 15–49 years.
- Johns Hopkins University/ WHO/UNHCR population based survey on health access and utilisation for out of camp refugees is scheduled to start early June.
- UNHCR and JHAS released the final report of the Health Access and Utilisation Survey Amongst Non-Camp refugees in Jordan, March 2014. The report is here:<http://data.unhcr.org/syrianrefugees/admin/download.php?id=6029> and here <http://data.unhcr.org/syrianrefugees/admin/download.php?id=6028>

## Health Services

- During May the number of ORT corners increased to 14 in Za'atri, one in EJC and one in Azraq camp; in total 831 children under five years old visited the 16 Oral Rehydration Therapy (ORT) corners. The majority of cases were watery diarrhoea with no dehydration only 59 of them were referred to the Diarrhoeal Treatment Units (DTUs) for further investigation and medical treatment while the rest received ORS. A total of 1,521 ORS sachets were distributed to children after a demonstration of how to make ORS and dissemination of key messages on how to prevent diarrhoea, importance of hand washing, personal hygiene and environmental sanitation issues. UNICEF distributed 25,000 ORS sachets to all 16 ORT corners in the above mentioned three camps.

### Zaatari

- Over the last few weeks there has been an increase in the number of watery diarrhoea cases in the camp. A number of stool samples were tested, and were confirmed to not be rotavirus although they do appear to be viral. Four of the samples grew *Shigella Flexneri* and one grew *Shigella Boydei* but these are not thought to be causing most of the cases of diarrhoea. Specimen collection is taking place from all clinics with specimen referral forms, still cups and Carey Blair have been provided. ORT corners (IRD communal tents, JHAS, MDM (2 Clinics), ARM, MFH). Training has been conducted for IRD CHVs to run the corners. There are now 14 Oral Rehydration Therapy (ORT) corners in the camp, and community mobilization is being done around hygiene. Line listing of diarrhea cases is in place and distribution of ORS, Soap, Zinc and diaper rash cream to the clinics.
- Opening of the new clinic, RAF on the ring road with a general practitioner, paediatrician, and a gynaecologist
- There has been a sudden increase in stillbirths in the camp, from two each in February in March and three in April to 8 in May. UNHCR, UNICEF and UNFPA will be gathering more information on all the May cases to see if they were associated with congenital abnormalities, problems during labour or during pregnancy.
- The UNFPA/JHAS clinic has also reported an increase in deliveries, from 25 to 40 per week. Approximately 1,000 babies have been delivered at the clinic since its opening in July 2013.

### Azraq

- IMC clinic in Village 3 attended 3,227 patients during the month of May, an average of 150 to 200 cases per day. There have been five deliveries (one of which was a caesarean) and two spontaneous abortions. Only a few mental health cases have approached the clinic, although an increase in such cases has been observed.
- Two cases of severe acute malnutrition (SAM) attended in the clinic, one case is non complicated SAM and being followed with PPN in the clinic, the second was referred to Jordan Hospital since he developed diarrhoea and some medical complications. Around 15 cases of moderate acute malnutrition (MAM) have been received and treatment for these cases will start shortly.

- 65 emergency referrals were made outside the camp; this number expected to reduce with the opening of IFRC hospital in the camp;
- EPI and vaccination activities started by the MOH on the 11th of May in IMC clinic/ Village 3, twice a week (Sunday & Wednesday). A total of 66 children were vaccinated till the end of May. Out of which 25 children were vaccinated with IPV +Hib + HBV DaPT-1ds, 20 children were vaccinated with IPV +Hib + HBV DaPT-2ds OPV, 5 Children were vaccinated with IPV+ Hib + HBV DaPT-3ds + OPV, 12 children were vaccinated with Measles + OPV, 3 children were vaccinated with MMR-1 + OPV & finally 1 child vaccinated with DPT+OPV + MMR-2.
- Handicap International started activities in Azraq on the 11th of May, their activities includes Identification of persons with functional limitation and referral to the rehabilitation team : These include persons with injury and functional limitation, person with disability, older persons (>60 years old) with functional limitation, person with chronic disease and functional limitation. HI also assist with accompaniment of most vulnerable persons through the reception area process and provision of communal assistive devices/mobility aid for people in urgent need. In addition there is a mobile team doing the rehabilitation activities in the camp.
- New born kit supply to women who gave birth started in IMC Clinic, 4 women received new born kit during May; Kits are supplied by UNICEF, stored in IFRC and distributed in IMC Clinic.
- Infant formula milk prescription started on the 12th of May, prescription is according to the updated SOP, mothers are receiving counselling in Save The Children IYCF sites. A total of 18 children fitting the SOP criteria have been prescribed formula milk, 8 of which are less than 6 months and 10 between 6-12 months.
- Outbreak response manual for Azraq Camp has been finalized on the 22nd of May by UMHCR, MoH, IMC and IFRC; since implemented there was 1 suspected case of meningitis reported following the case definition, it showed to be negative with laboratory investigation after referral to hospital.
- One mortality reported on the 27th of May for a 50 year old male referred to Tutanji hospital, underlying cause of death was Cerebrovascular Accident.

## Urban

- Handicap International now has fixed points present in the following sites: Amman: Makassed Hospital, Al-Jazeera Hospital, Aqleh Hospital, JHAS Al Madina clinic, Abu Nseir clinic, and Basma Sahib Center; in Irbid: Basma Bani Kanana clinic, Basma Aidon clinic, JHAS clinic; in Mafrqa, Basma City Center clinic; in Zarqa, Al Dulail and CBR centre.
- Since the beginning of the year 25 workshops were conducted in Mafrqa by MOH through the support of WHO. Topics of the training included Maternal Health, Non-Communicable Diseases and other various health topics. The number of trainees were 513 ( 63% were females and 37% males). The same activities took place in Irbid.

## Immunization

- Routine Vaccination for Syrian refugees at Za'atari, EJC and Azraq camps is ongoing through five fixed EPI teams in Za'atari, twice a week in EJC and Azraq camps, during the of May 444 children receive BCG vaccine and 431 children were fully immunized. In addition to that 332 pregnant women and 1034 non-pregnant women receive the required doses of TT vaccine.
- In May the school immunization campaign has been conducted for all first grade students (received OPV and Td vaccines) and grade 10th grade students (received Td vaccine) the breakdown is as follows in Za'atari camp:

1 <sup>st</sup> Grade		10 <sup>th</sup> grade	
Td + OPV vaccines		Td vaccine	
Girls	Boys	Girls	Boys
1385	1156	137	86

- In response to Polio Outbreak in the region and as a follow-up on the recommendation of second regional polio planning meeting in April, UNICEF/WHO/UNHCR and MoH have completed the preparation for the first Polio subnational immunization campaigns to reach the hard to reach groups/areas in the host community and Syrian refugee camps (Za'atari, EJC and Azraq) to cover all (0 – 5 years old) from 08th – 11th June 2014.
- For the June SNIDs the required tOPV was already provided by UNICEF through MoH. In addition to that UNICEF provided 500,000 flyers, 5,500 tally sheets/reporting forms and 120 megaphones in support of the upcoming June Polio SNIDs in Jordan.
- Community Health Task Group members were contacted to undertake mobilization, and UNHCR will be sending two rounds of SMS to inform people about the campaign. Expected number of children to be immunized is 170,000–200,000.

## Communicable diseases and outbreak prone diseases

- Clinics run by UNHCR and other organisations have seen an increasing number of patients with scabies, resulting in an increase of medication consumption. There continues to be shortages of medication to treat scabies in Jordan. Although UNHCR has imported permethrin, it is not sustainable for them to continue providing clinics run by international NGOs with the medication and they have requested other agencies to start looking into procuring permethrin.
- One case of polio due to wild poliovirus type 1 was reported in a child in Mada'in district in Baghdad-Resafa province, Iraq, with onset of paralysis on 7 April. This is the second case of a child being paralyzed due to polio in Iraq since the regional outbreak began in late 2013.

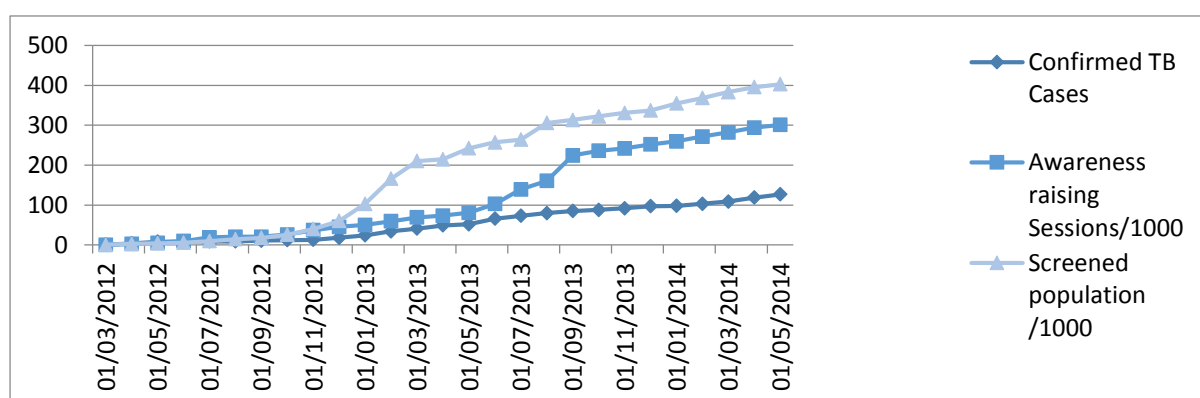
According to the Global Polio Eradication Initiative, “a targeted mop-up campaign is currently ongoing in the area where the two cases in Iraq were found.” This latest case brings the total number of cases in the Middle East to 38 – two in Iraq and 36 in Syria.

- At the end of May, there were three confirmed deaths due to MERS in Jordan, all in healthcare workers who had been exposed to infected patients. Cases identified in Jordan so far have all been secondary, and training for hospital staff is being conducted across the Kingdom, including in Zaatari and Azraq. There is no evidence of community transmission so far. Dr Lana Meiqaril ([MEIQARIL@jor.emro.who.int](mailto:MEIQARIL@jor.emro.who.int)) is the MERS focal point at WHO. More information and updates can be found at [http://www.who.int/csr/disease/coronavirus\\_infections/en/](http://www.who.int/csr/disease/coronavirus_infections/en/)
- UNHCR, CDC and Central Public Health Laboratory had a joint mission to Zarqa Public Health laboratory to assess laboratory capacities to support the disease control program for Zarqa governorate and Azraq camp. Main findings. 1. Shortcomings in laboratory biosafety environment and equipment 2. Limited capacity (to cover the governorate needs 3. Recurrent interruptions in some services due to poor maintenance services and non-functioning machines. Based on these findings UNHCR and CDC decided to promote laboratory capacity and safety in a joint initiative with MoH

## Tuberculosis

- During the reporting period IOM medical team delivered TB awareness sessions for 7,177 refugees and members from the host community making the total from 28th March 2012 up to date 301,212 (53 per cent males and 47 per cent females). Total number of refugees screened was 8,541.
- During May, eight new TB cases were diagnosed: five pulmonary and three extrapulmonary. The total number of TB cases since March 2012 is 127: 89 pulmonary (TB including 4 MDR cases) and 38 extrapulmonary; out of the 127, 74 cases have completed their treatment successfully.

**Graph 1: Cumulative TB Screening, Awareness Raising Sessions and Detected TB Cases among Syrian Refugee from 28 March 2012 to 31 May 2014 Jordan**





## Reproductive Health

- IRC, Nour Hussein Foundation and UNFPA organised a training on “Clinical Care for Sexual Assault Survivors”. The goal of this training was to improve clinical care, psychosocial support services and general treatment of sexual assault survivors by providing medical instruction and encouraging competent, compassionate, confidential care. The program is intended for both clinical care providers and non-clinician health facility staff. It is designed to be delivered in a group setting with facilitators guiding participants through the material and directing discussions and group participation as appropriate.
- From 3 May to 30 May, 316 newborn kits were distributed to newborn babies in Zaatari camp (142 girls and 174 boys), to a total of 312 mothers. The difference in number of mothers and kits is due to the fact that four sets of twins were delivered in the reporting period. The kits being distributed are “Zaatari-made kits”, sewn by women from the camp, who work in a tailoring workshop in the UN Women oasis, in an agreement between UNICEF and UN women). Items that are not produced by the women (such as shampoo and diapers) are still distributed as before.

## Secondary and tertiary care

- The ECC reviewed 70 cases from JHAS and Caritas along with a further 144 emergency cases.
- Of the 40 cases referred by JHAS (37 Syrian, 3 Iraqi) 9 cases were approved costing 14,144 JDs, 5 cases denied and 1 pending case plus a further 25 cases waiting for a final decision based on a vulnerability and eligibility assessment.
- Of the 30 cases referred from Caritas (24 Iraqis, 1 Somali, 3 Sudanese, 1 Yemeni and 1 Syrian). 7 approved cases totaling 31,717 JDs, 5 denied, 6 cases left pending and 12 cases waiting for a final decision based upon a vulnerability and eligibility assessment.
- The 144 emergency cases cost a total of 137,839 JDs (76 Syrians, 54 Iraqi, 1 Egyptian, 3 Somalis, 10 Sudanese).

## Nutrition

- The Nutrition Sub-Working Group met on the 20<sup>th</sup> May and has identified certain areas to be prioritized for interventions in 2014 and beyond. These include micronutrient deficiency especially iron deficiency ; anaemia prevention; ensuring special nutritional needs of different vulnerable groups (including the elderly, and refugees with specific and rare disease conditions that require special nutritional interventions) are met; developing and implementing a standardized training package on infant and young child feeding (IYCF) to address behaviour and knowledge gaps, and linking with the Reproductive Health Sub-Working Group in areas such as anaemia in women of reproductive age.



## Mental health

- MSF France have assigned a psychosocial manager and MHPSS team to attend to the MHPSS needs of beneficiaries in their ongoing surgical programme (reconstructive rehabilitation).
- 32 health professionals from (Amman, Mafrqa, Ramtha, Irbid) received training on mhGAP (the intervention guide for Mental, Neurological and Substance Use disorders in non-specialized health settings) supported by WHO. 16 PHCs from (Amman, Mafrqa, Ramtha, Irbid) received supervision on the mhGAP by WHO.