

# Health Sector Jordan

## Monthly Report

Report date: 15 October

2014

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

2014



### Population data

Total active Syrians registered with UNHCR in Jordan (as of 27 September 2014)	619,127
Number of Syrians waiting to be registered with UNHCR	0
Number of persons registered in Zaatari (as of 27 September 2014)	79,225
Number of Syrians registered in Emirati Jordanian Camp (as of 27 September 2014)	3,785
Number of Syrians registered in Azraq Camp (as of 27 September 2014)	14,691
Number of new arrivals between 1 <sup>st</sup> September and 30 <sup>th</sup> September	5,686

## Operational highlights and situation updates

- Number of Iraqi new arrivals has increased considerably: 2,659 from 1–21 September. Most of them are coming by air and entering legally.
- Rapid assessment done by UNHCR for Al Nadeem MoH Hospital in Madaba.
- Zaatari Camp **Contingency Plan in the event of flooding/cold weather** has been revised.
- UNFPA conducted two workshops (7–10 and 14–17 September) in Zaatari camp on Emergency Obstetrics and Best Practices for 37 gynaecologists, nurses and midwives.
- IFRC/Jordan Red Crescent trained 30 new community health volunteers (CHVs) in September for Amman, Mafraq and Irbid.
- WHO and IMC held a workshop to disseminate initial findings of the 2014 4Ws mental health and psychosocial (MHPSS) mapping exercise, which found there is a wider distribution of MHPSS services compared to previous years, but still a shortage of services in the south.

## New arrivals

- From 1–30 September at Raba Sarhan ICRC screened 2,625 refugees, and provided 241 health care consultations. A total of 27 patients were referred to other facilities for follow-up care. Twenty-five of the patients seen had sustained war-related injuries. The total arrivals figure is

half of the one in August, but almost three times as many war wounded were received through the eastern border.

- During September, 2,570 new arrival children aged 6 months to 15 years were vaccinated against measles, with a coverage rate of 99.88% (2 individuals were not vaccinated due to contraindications, and 1 due to refusal); 2,693 children aged 0 to 15 years were vaccinated against polio with a coverage of 100% (4 children had received IPV due to immunodeficiency); and 1,123 children aged 6 months to 5 years were provided with Vitamin A.
- Since 1<sup>st</sup> August 2014, IOM medical team started to provide pre-departure health services for the new arrivals at Raba Sarhan Transit Centre (RTSC). IOM's medical team provides "fitness-to-travel" health checks for all the refugees before they move to the camps. In September, 5,724 refugees were fit to travel and 223 cases (3.9%) were referred to the responsible organization in RSTC as they were not fit to travel to the destination camp.
- In September, 1,113 children under five were screened at RSTC, and the rate of global acute malnutrition (GAM) was 2.8%. This is an increase from August (0.6%); however, the GAM rates in both June and July were around 2%. There was a sudden peak in identified cases: seven cases of severe acute malnutrition (SAM) and 24 cases of moderate acute malnutrition (MAM) were referred for treatment in both Zaatari and Azraq camps. The nutritional status of new arrivals will continue to be monitored.

## Coordination and assessments

### Coordination

- **Monthly Reproductive Health (RH)** meeting held on 23 September at UNFPA in Amman. Main outcomes: 1) M and E indicators for Sub-Working Group (SWG) members will be developed by the end of the year, to be reported on for 2015. 2) As partners frequently receive requests for information, a draft RH profile was developed, to be updated on a quarterly basis, and will be further discussed at the next meeting. 3) The RH map was updated and has been uploaded to the portal: <http://data.unhcr.org/syrianrefugees/download.php?id=7075>
- **Monthly Health Coordination Meeting** held on 30 September at UNHCR in Amman. Main outcomes: 1) MoH Amman will follow up on the access for MoH vaccinators to Azraq camp. Routine immunization coverage rates in the camp remain poor. 2) UNHCR and JHAS need to follow up with Totanji Hospital for their rejection of some women referred from Azraq in labour because they were not in advanced labour. The 1.5 hours round trip make this impractical 3) IFRC will circulate an updated matrix of the community health activities; there is a big difference in the coverage of CHVs per governorate with Amman having a very low coverage.
- **Nutrition Sub-Working Group** met on 16 September at Save the Children Jordan. Main outcomes: 1) M and E indicators will be developed for the group to report on in 2015. The current indicators being used by different organisations will be compiled and common ones will be proposed. 2) The revised Nutrition workplan was discussed and will be finalized shortly. 3) The possibility of making camp hospitals "baby-friendly" was also discussed along with the measures to strengthen the Baby-friendly Hospital Initiative outside of camps.
- **Community Health Task Group** met on 17 September at Jordan Red Crescent Society, chaired by IMC. Main outcomes: 1) Group is still working on standardizing tool for home visit

data collection, as a lot of information is being collected but not all of it is being used or is found to be relevant. 2) Thematic groups are working on core messages for CHVs. Will coordinate with RH SWG as they are also developing core messages. 3) The group is also working on Minimum Training Packages for CHVs. 4) There is a big difference in CHV ratio per refugee from one governorate to the next. If people are looking at having CHVs, to consider governorates with less coverage. For example, Amman has 1 per over 3,000 registered refugees, while Ajloun has 1 per 500.

- **War Wounded Task Force Coordination** meeting held on 10 September with participation of QRC, CVT, MSF-H, MSF-F, IRW, Al Maqsed Hospital, Al Bayader Hospital and others. Main Outcomes: 1) Slight decrease in numbers of injured crossing the borders in the last month due to improvement of field hospital services inside Syria. 2) Communication/Referral network has been established between treating facilities and UNHCR protection/health in order to ensure medical follow up of wounded cases in the post-acute treatment phase especially for vulnerable cases including unaccompanied children, minors, women at risk, disabled and elderly. 3) Guidance note is being developed by UNHCR for wounded discharge and transfer in order to improve care cycle and eliminate confusion throughout transfer process.
- **Planning for 2015:** The Strategic Advisory Group and Health Sector SWG chairs met on 17 September to discuss the secondary data review and identify needs, challenges and recommendations to be presented in the Jordan Response Plan (JRP) and Regional Refugee and Resilience Plan. Following this meeting, a workshop was held on 23 September, and attended by over 40 participants from the Health Sector, to discuss draft Objectives, Outputs and Indicators for next year's response, for both the refugee and resilience pillars. These will be finalized once approved by the JRP Health Task Force.

## Health Services

### Zaatari

- Zaatari camp **Contingency Plan in the event of flooding/cold weather** has been revised. This version covers the winter period 2014/15 but there will be periodical reviews during that time. Emergency shelter spaces will be available in Districts 5, 8 and 11. Additional spaces can be opened at short notice. Save the Children will set up facilities with heaters and additional water (if necessary). Mattresses and blankets will be pre-positioned. ACTED to provide additional water to the four emergency spaces (if required). WFP have authorised the release of welcome meals to community members in the emergency spaces upon the second night in an emergency space. Arrangements have been made to transport families/individuals who have mobility difficulties or are vulnerable. For health services JHAS will provide the following support: one fixed team in the JHAS Clinic 24/7; one fixed JHAS medical team at the reception area and additional JHAS medical teams can be activated if necessary. Messaging by district teams/field staff to lift electrical wires from the ground continues. UNHCR distributing and installing wire hangers in most dangerous areas of camp. Several projects to improve electricity will be implemented by November – however due to safety concerns, all electricity will be disconnected if flooding occurs.
- Oral Rehydration Therapy (ORT): From 31 August–25 September, **143** children (64 girls, 79 boys) were rehydrated at the ORT corners, **563** (270 girls, 293 boys) received Oral Rehydration

Solution (ORS) and sent back home, and only **20** (13 girls, 7 boys) were referred for further medical care.

- There have now been two episodes of severe food poisoning involving large groups of people over the last couple of months. One of these incidents was found to be related to expired chicken, and 240 chickens were confiscated, but neither one of the main supermarkets was involved. Currently a lot of work is being done on food inspection in Zaatari with JFDA to improve standards.
- 223 normal deliveries took place at the UNFPA/JHAS clinic; 93 cases were referred outside the camp.

## Azraq

- ORT: From 31 August–25 September, **2** children (both boys) were rehydrated at the ORT corners; **271** (187 girls, 84 boys) received ORS and were sent back home; and **2** (both girls) were referred for further medical care.
- IFRC Hospital confirmed opening date in Azraq to be 12 October; this will greatly improve access to secondary care and reduce the need for referrals.
- MOH compound in the camp is expected to be ready mid-October after which MoH staff will be present regularly in the camp.
- Leishmaniasis treatment (Pentostam) supplied to IMC clinics in the camp through MoH, IMC staff attended all the Leishmaniasis cases who were awaiting treatment in weeks 39 and 40.
- There was a visit from HolyLand Institute to assess the needs in the camp (hearing aids, visual aids and autism cases) and 15 cases were identified. They will conduct two regular visits per month for Azraq.
- One mortality reported on September 24 (week 39) in an 84-year-old female.
- Outbreak alerts in September: there was a Bloody Diarrhoea alert in week 37, samples were collected and sent to the Zarqa Public Health Lab, and results were negative; no more cases were identified in weeks 38 and 39.
- Outpatients: a total of 4,672 consultations were performed during the month of September (until 26 September – week 40 not included); 4,175 acute, 355 chronic medical conditions, 114 mental health conditions, and 28 injuries.
  - For acute conditions the three main diagnosis were respiratory tract infection (54% of total consultations) followed by watery diarrhoea (11% of total consultations), and skin conditions (9% of total consultations);
  - For chronic conditions: the three main diagnosis were hypertension (37%), followed by diabetes (18%) and other (26%).
  - For mental health: the two main diagnosis were anxiety disorder (9%), followed by chronic depression (8%).
- Reproductive Health:
  - Antenatal Care: a total of 146 antenatal consultations performed (54 in the 1<sup>st</sup> trimester, 92 in 2<sup>nd</sup> and 3<sup>rd</sup> trimester);
  - Delivery Care: a total of 52 deliveries took place in September from Azraq Camp (4 of which were C-sections and 2 were stillbirth)
  - Family Planning: Family planning methods provided to 97 beneficiaries in September.
- Referrals

- A total of 171 referrals were made to Tutunji hospital; 33 obstetrics; 30 internal medicine; 18 paediatric medicine; 14 general surgery; 6 gynaecology; and 74 other.

## Urban

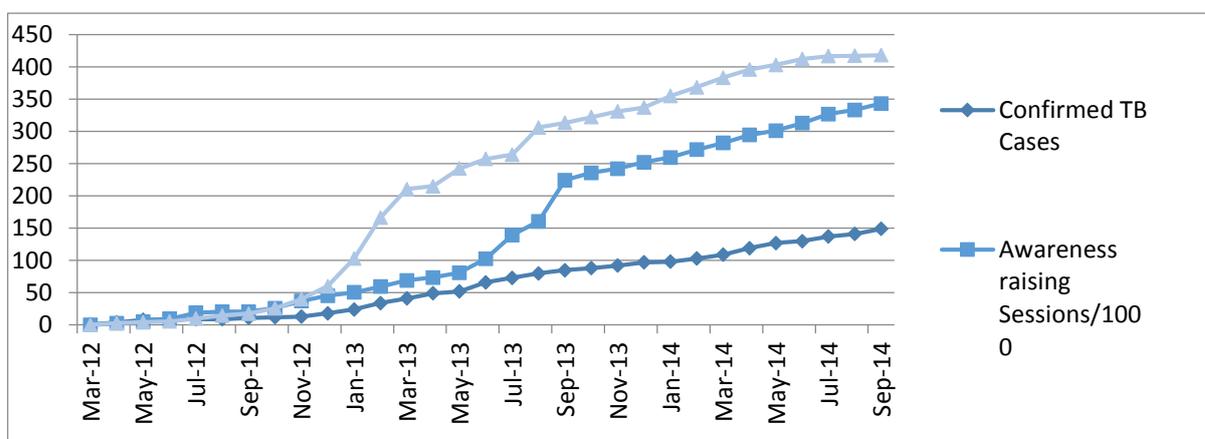
- Rapid assessment done by UNHCR for Al Nadeem Hospital in Madaba to identify load, barriers, gaps and needs resulting relating to Syrian access. Summary: 1) The hospital is currently managing with an occupancy rate of 70%; Syrian caseload is approximately 8–10% of overall caseload. 2) The majority of the increased caseload is on the emergency room and maternity department. 3) Conclusion: support to emergency room and labour department to be considered.
- In Irbid for the month of September there was 4,340 hospital outpatient visits by Syrians, 556 inpatients including 152 surgeries. There were 16,694 visits to Ministry of Health public health centres by Syrians.
- During the month of September, JHAS clinics provided through the UNHCR project healthcare services to a total of 6,547 patients in the urban setting at clinics in Amman, Zarqa, Irbid, Ramtha, Mafraq and a medical mobile unit covering the south of Jordan.

## Immunization

- The next National Polio Vaccination campaign will be taking place from 26-30 October where the polio vaccine will be provided to children under 5 years of age of all nationalities free of charge, in all public health centres during the campaign period. Preparations are nearly finalized; trainings and awareness campaigns for service providers, hygiene promoters and other supporting partners were held, and arrangements were made for vaccine carriers and the required cold chain.
- A Mobilization, Immunization Awareness and Outreach workshop for NGOs was supported by MoH and UNICEF and facilitated by MoH, UNICEF and UNHCR on 30 September. The aim was to provide NGOs with information on the current polio outbreak in the region, the upcoming national polio vaccination campaign starting on 26 October and coordinate mobilization activities and monitoring of the campaign. NGOs will play a key role in mobilizing and monitoring the implementation of the campaign and access of refugees to the vaccination.
- In Zaatari camp, a total of **2,572** children (1,200 girls and 1,372 boys) were vaccinated from 31 August–25 September. Out of which, 478 were vaccinated with BCG; 345 with IPV +Hib + HBV DaPT-1ds; 320 were vaccinated with IPV +Hib + HBV DaPT-2ds OPV; 367 were vaccinated with IPV+ Hib + HBV DaPT-3ds + OPV; 388 were vaccinated with Measles + OPV; 288 were vaccinated with MMR-1 + OPV; and 386 were vaccinated with DPT+OPV + MMR-2.
- In Azraq camp, a total of 90 children (43 girls and 47 boys), were vaccinated from 31 August–25 September. Out of which, 12 were vaccinated with BCG; 19 were vaccinated with IPV +Hib + HBV DaPT-1ds; 19 were vaccinated with IPV +Hib + HBV DaPT-2ds OPV; 22 were vaccinated with IPV+ Hib + HBV DaPT-3ds + OPV; 1 was vaccinated with Measles + OPV; 8 were vaccinated with MMR-1 + OPV; and 9 were vaccinated with DPT+OPV + MMR-2.

## Tuberculosis

- In September, IOM medical team delivered TB awareness sessions for 9,770 refugees and members from the host community making the total from 28 March 2012 up to date 343,045 (53% males and 47% females). Total number of refugees screened this month was 964.
- Eight new TB cases were diagnosed: 7 pulmonary and 1 extrapulmonary. The total number of TB cases since March 2012 is 149: 104 pulmonary TB (including 4 MDR cases) and 45 extrapulmonary; out of the 149, 96 cases have completed their treatment successfully.



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

- IOM medical team started to build new networks with partners who provide services to Syrian refugees outside the camps in order to deliver educational messages regarding TB prevention, symptoms, where to seek medical services and the referral mechanisms of any presumptive TB case.

## Mental Health

- In September, IMC received approval to commence mental health service provision in the Emirati Jordanian Camp (EJC). IMC was provided with a caravan near the clinic and plans to begin providing services in mid-October.
- IMC provided four Psychological First Aid trainings to 97 participants from NGO (staff and volunteers) in Zaatari; this will help to facilitate refugees seeking services in a way that protects their psychosocial wellbeing and preserves their dignity.
- WHO and IMC held a workshop on 17 September for the MHPSS SWG to disseminate the initial findings of the 4Ws MHPSS mapping exercise. The mapping was conducted between July-August 2014, with contributions from 47 MHPSS actors including government bodies, UN agencies, iNGOs and local CBOs. The main findings of the 2014 4Ws mapping include:

- There is a wider distribution of MHPSS services compared to previous years where MHPSS was mostly concentrated in the capital, however there is still a shortage of services in the south, with 44.4% of MHPSS services targeting the northern governorates, 43.65% targeting the central governorates, and only 10.86% targeting the southern governorates.
- MHPSS programs and activities have approximately equal targeting of women, girls, boys and men.
- Interventions for developmental disorders/intellectual disabilities remain to limited.
- Limited clinical management of mental disorders by non-specialized health professionals (e.g. PHC general health staff).

Recommendations include supporting support the inclusion of MHPSS considerations in other sectors, and increasing interventions focusing on facilitating conditions for community mobilization, organization and ownership. The final report will be disseminated during October 2014.

## Reproductive Health

- UNFPA conducted two workshops (7–10 September and 14–17 September) in Zaatari camp on Emergency Obstetrics and Best Practices. The workshops targeted gynaecologists, nurses and midwives, and a total of 37 participants from JHAS, IMC, Institute of Family Health (IFH) and MFH attended. The training used an interactive approach including pre- and post-tests, as well hands-on practice, and covered life-saving technical interventions to save mothers' and newborns' lives. As a result UNFPA developed a new delivery file, is preparing a document on infection control – including using steam and hot air ovens; evidence on delayed cord clamping was shared and demonstrated and a new monitoring tool will be also introduced.
- In Zaatari camp, from 31 August–25 September 1,090 pregnant and 1,283 non-pregnant women received the required dose of TT vaccine; 158 mothers received newborn kits, for 159 newborn babies (62 girls, 97 boys), including one set of twins.
- In Azraq camp, from 31 August–25 September, 26 pregnant women received the required dose of TT vaccine; 26 mothers received newborn kits, for 26 newborn babies (13 girls, 13 boys).
- JHAS, UNHCR and UNFPA met with the Mafraq hospital manager to discuss the issue of delivery referrals to the hospital, after problems were reported. The clinical referral guidelines were shared, and there has been some improvement in the issue following the meeting.
- UNFPA/JHAS held a roundtable discussion in Zaatari for RH care providers, where gynaecologists and midwives provided recommendations to revise the logbooks currently being used.
- UNFPA/JHAS also conducted a one-day training in Zaatari about infection control best practices, where recommendations and MoH policies were shared with partners.
- On 18 September, IFH in cooperation with UNFPA Jordan organized two health campaigns, focusing on RH issues for Syrian refugees in both Cyber City and King Abdullah Park.

- On 29–30 September, IMC with the support of UNFPA, conducted the first part of the family planning counseling training for obstetricians and midwives in the IMC Azraq clinics, as well as personnel from JHAS, the Nour Hussein Foundation, and IHF. A total of 18 participants attended the training in IMC’s Amman office. The second part of the training is planned for 14–15 October.

## Nutrition

- Save the Children Jordan is now responsible for management of MAM cases in Azraq camp.
- Following discussions in the NWG and with UNHCR HQ, the use of the Plumpy Nut commodity to treat cases of MAM in children has been approved. The recommended adjusted dose for such use is around 75 kcal/kg/day, and Plumpy Nut should be used as a supplement in addition to normal food.

## Secondary and Tertiary Care

- UNHCR’s Exceptional Care Committee was held on 22 September to consider high cost secondary and tertiary health care, and reviewed 77 cases. JHAS submitted 34 cases (33 Syrian and 1 Iraqi), of which 21 were approved, four denied and nine pending (awaiting final decision after vulnerability and eligibility assessment). Caritas submitted 43 cases (35 Iraqi, 2 Syrian and 5 Sudanese, one other), of which nine were approved, 12 denied and 21 cases pending (awaiting final decision after vulnerability and eligibility assessment). Emergency cases were 234 (157 Syrian cases JHAS, and 77 cases from Caritas – 48 Iraqi, 18 Sudanese, 7 Somali and 3 Syrian + one other). All emergency cases had received pre-approval.