

Health Sector Jordan

Monthly Report

Report date: 15 November

2014

Period covered: October 1st–31st 2014



Population data

Total active Syrians registered with UNHCR in Jordan (as of 1 st November 2014)	619,141
Number of Syrians waiting to be registered with UNHCR	0
Number of persons registered in Zaatari (as of 1 st November 2014)	80,735
Number of Syrians registered in Emirati Jordanian Camp (as of 1 st November 2014)	3,933
Number of Syrians registered in Azraq Camp (as of 1 st November 2014)	12,296
Number of new arrivals between 1 st –31 st October	332

Operational highlights and situation updates

- The number of Syrian new arrivals is markedly reduced with only 332 for the month of October compared to 5,686 in September.
- Princess Basma Burn and Reconstructive Surgery centre, Irbid which was fully equipped under the UNHCR capacity building project has started receiving patients in October
- The IFRC hospital opened on 12th October
- MSF-H hospital expansion in Zaatri with a capacity of 42 beds and with 2 isolation rooms

New arrivals

- In October at Raba Sarhan, ICRC screened 600 refugees, and provided 193 health care consultations. A total of 43 patients who had sustained war-related injuries were referred to other facilities for follow-up care.
- During October, 171 new arrival children aged 6 months to 15 years were vaccinated against measles, with a coverage rate of 100%; 181 children aged 0 to 15 years were vaccinated against

polio with a coverage of 100%; and 59 children aged 6 months to 5 years were provided with Vitamin A.

- IOM's medical team provides "fitness-to-travel" health checks for all refugees at Raba Sarhan Transit Centre (RSTC) before they move to the camps. In October, 331 refugees were fit to travel and 78 cases (24%) were referred to the responsible organization in RSTC as they were not fit to travel to the destination camp.
- In October, 35 children under five were screened at RSTC, and no cases of malnutrition were found.

Coordination and assessments

Coordination

- **Monthly Mental Health and Psychosocial Services (MHPSS)** meeting held on 15 October at the Ministry of Health. Main outcomes: 1) Introduction of new group member, World Relief, who are in the process of registering in Jordan and plan to do early childhood development activities, CFS/AFS, WASH activities, and recreational activities in Amman. 2) Gender Marker presentation delivered by the Sector Gender Focal Point, Dr Lina Darras from ARDD-Legal Aid. 3) WHO and IMC updated the group on the Vulnerability Assessment Framework process, as well as the JRP/3RP. 4) Link to psychological first aid manual was shared: http://www.who.int/mental_health/publications/guide_field_workers/en/
- **Monthly Reproductive Health (RH)** meeting held on 23 October at UNFPA in Amman. Main outcomes: 1) Group is working on standardizing core messages, will coordinate as necessary with the Nutrition Sub-Working Group and Community Health Task Group; 2) Presentation on importance of breastfeeding was delivered by MoH; UNICEF is working to map and coordinate breastfeeding activities. 3) IFH training schedule was shared and members were encouraged to send staff to the upcoming MISP trainings.
- **Monthly Health Coordination Meeting** held on 30 October at UNHCR in Amman. Main outcomes: 1) WHO is undertaking rapid assessments of several countries in the region to assess level of preparedness of Ebola response as a preventative measure; 2) UNICEF, UNHCR and ICRC are holding discussions regarding how to respond to certain immediate health needs identified at transit sites on the border, now that people are spending longer periods of time there; no additional infrastructure will be set up, as strategy remains to advocate for access to territory. 3) UNHCR, IRD and MoH are holding meetings regarding referral mechanism for refugees included in the national HIV programme, to ensure financial coverage and maintain confidentiality. 4) UNHCR meeting with SRAD to discuss waiving the recent requirement that Syrians present a "disease-free certificate" (which they have to pay for themselves) when applying for MoI cards. 5) UNFPA to discuss with MoH regarding implementation of national Hepatitis B policy which recommends screening and providing management, to consider implementing in camps.

- **Nutrition Sub-Working Group** did not meet in October but finalized two documents: Technical Fact Sheet:
 - Nutrition Situation – Syrian Refugees Response in Jordan: <https://data.unhcr.org/syrianrefugees/download.php?id=7202>
 - Nutrition Response Interventions for Syrian Refugees and Vulnerable Host Community in Jordan 2014-2015: <https://data.unhcr.org/syrianrefugees/download.php?id=7363>
- **Community Health Task Group** met on 15 October at Jordan Red Crescent Society, chaired by IFRC. Main outcomes: 1) Group is still working on standardizing tool for home visit data collection 2) IRC, Save the Children, IMC and JRC all agreed to incorporate Care of the Newborn messages and activities in their community health programme. 3) Participants of the group would like the CHTG to continue, and it was decided that the positions of Chair and Co-chair should be rotated so a vote will likely be held at the next meeting. 4) The UAE is funding IRC for a 12-month (1st Oct 2014–30th Sep 2015) community health project in Mafraq and Irbid with 40 CHVs in each location. 5) Lack of follow up for people who have returned home from clinics/hospitals after being referred; IFRC will reach out to Handicap International about their CH activities and to invite them to the group. 6) At least three organisations are paying volunteers the previously agreed upon 10JD/day for 4 hours per day which demonstrated that this agreement has had a positive impact.

Health Services

Zaatari

- A new project was started by FPSC with two physiotherapists conducting rehabilitation sessions to disabled person other than cerebral palsy. They are coordinating their activities with the Age and Disability WG.
- Age and Disability WG are conducting a campaign to improve refugees awareness about available services in the camp related to disabled persons and the existing referral pathway.
- MSF-H hospital expansion with a capacity of 42 beds and with 2 isolation rooms
- Meetings to coordinate care for Cerebral Palsy are held once a month; a master list has been compiled of all cases, their assistance needs and assistance already provided or ongoing. This is helping to identify gaps.
- A series of meeting in DoH Food and Environment Division in Mafraq regarding drinking water quality in the camp. The meetings involved ACTED, UNICEF, UNHCR, SRAD, and MoH. Action points made to include random testing for turbidity, total dissolved solids, and PH. Agreement on including NH4 testing is still pending.
- Expired food in the camp has been confiscated by food quality inspectors from DOH Mafraq from small shops including chips, biscuits, and chocolates. A plan will be put in place to start further food inspection missions in the camp.
- Oral Rehydration Therapy (ORT): In total 97 children under five visited and received ORT at ORT corners in the camp and 153 Oral Rehydration Sachets (ORS) were given to children and sent back home.

Azraq

- In total five children under five were rehydrated at the ORT corners and 209 ORS sachets were given to children for home use.
- The IFRC hospital opened on 12th October for paediatric and internal medicine, and as of 30 October, with the addition of services in surgery and gynaecology/obstetrics is fully functional.
 - From 12 –21 October, there were: 43 paediatric consultations; 45 internal medicine consultations; 7 paediatric inpatients; 16 internal inpatients; 33 laboratory visits; and 55 x-ray visits. maternity with backup C-section services started on the 30th of October, 3 deliveries performed on the 1st day including 1 case of C-section;
- Hospital data is integrated in the camp HIS as of week 45
- Referrals out: a total of 98 referral were done in October, this compares with 171 referrals in September (a reduction of 57%) that is attributed to the start of hospital activities.
- Handicap International started activities in village 6 fixed site on the 19th of October;
- Lice treatment campaign done in collaboration with UNICEF and IMC;

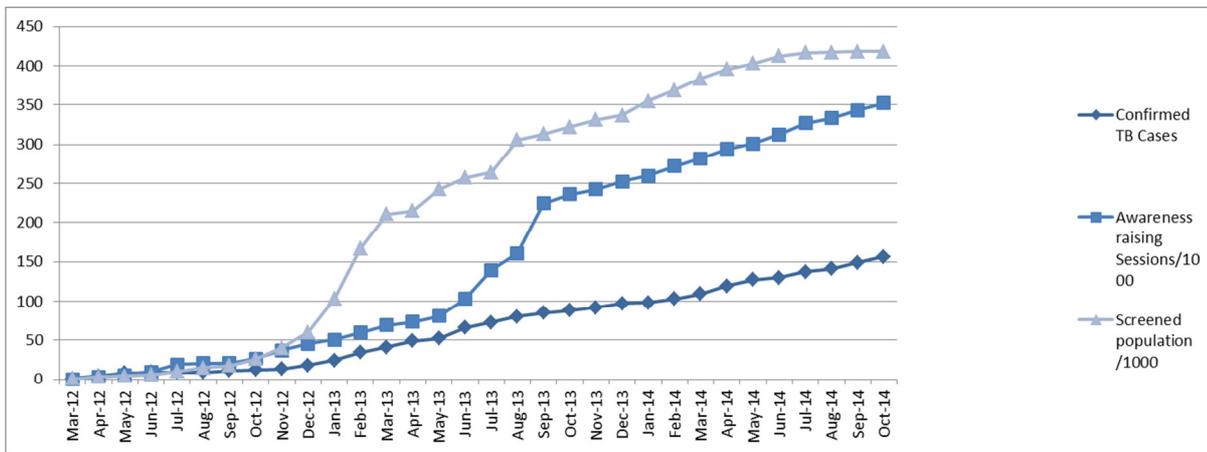
Immunization

- MOH/UNICEF/WHO/UNHCR and partners implemented the first round of Polio National Immunization Days (Polio-SNIDs October/November) in host communities (26th – 30th October) and in three Syrian refugee camps (2nd – 6th November). Administrative vaccination data shows 1,138,653 children 0-5 years (including 129,632 Syrian and 53,425 children of other nationalities) vaccinated in host communities, while 20,410 children vaccinated in the camps. Overall, 1,159,063 children 0-5 years (including 150,042 Syrian and 53,425 children of Jordanian and other nationalities in camps and host communities) were vaccinated
- In Zaatari camp, a total of 496 children received BCG vaccine and 369 children were fully immunized through routine vaccination through the eight fixed EPI points.
- In Azraq camp, 11 children were fully immunized.

Tuberculosis

- In October, IOM medical team delivered TB awareness sessions for 9,119 refugees and members from the host community making the total from 28 March 2012 up to date 352,164 (53% male and 47% female). Total number of refugees screened this month was 251.

- Seven new TB cases were diagnosed: 1 pulmonary and 6 extrapulmonary. The total number of TB cases since March 2012 is 156: 104 pulmonary TB (including 4 MDR cases) and 52 extrapulmonary; out of the 156, 100 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 October 2014 Jordan

Mental Health

- Following the opening of an inpatient unit in Maan hospital, WHO is in preliminary phases of establishing an inpatient mental health unit in Zarqa, in addition to creating a screening team for outpatient clinics.
- On 13 October, WHO, MoH, IMC, beneficiaries and partners including “Our Step Association”, International Federation of Medical Students Association (Jordan) and Caritas Jordan celebrated World Mental Health Day 2014, with the theme “Living with schizophrenia”. A short video on the awareness campaign leading up to the celebration was produced and can be found here: <http://www.youtube.com/watch?v=9GVphLf7scA&list=UUhwJHVF7BFllaLL9KUbmob1g>
An article with more information can be found here: <http://www.emro.who.int/jor/jordan-news/world-mental-health-day-2014.html>
- As a recommendation that came out of the 4Ws mapping exercise, planning to roll out series of trainings in 2015 on IASC guidelines and new guidelines developed by the Working Group; one for humanitarian aid workers in general, the other for mental health workers. Planning will occur over next months.
- IMC started providing mental health services in EJC. A psychiatrist is available one day a week, while the psychosocial team will provide services on a daily basis.

Reproductive Health

- UNFPA, UNHCR and MoH conducted a joint mission to Zaatari UNFPA/JHAS delivery unit, where on average 60 deliveries are taking place per week. Still facing some problems in referring cases outside the camp. The referral criteria are being reviewed and communication with MoH are taking place to resolve the problem.
- IMC, with the support of UNFPA, finalized family planning training practical session for clinicians and UNFPA partners in Azraq.
- UNFPA/IFH provided trainings on “Introduce RH protocols to Health providers in order to apply them in their clinics” (12–13 October), “Family Planning methods and how to provide counselling” (14–16 October), and Clinical Management of Rape (19–23 October), to health providers including health educators, midwives, and doctors, from MoH, UPP and MdM. Each training was attended by around 25 participants. The MISIP training originally scheduled for 26–30 October was pushed back to November in order to not coincide with the October national polio campaign, conducted on the same dates.
- JHAS started providing RH services at its UNHCR/JHAS clinic in Madina Amman in mid-October. A gynaecologist is available three times a week, and a midwife is available six times a week. This will maintain reproductive health services for non-Syrians and/or Syrians with no access to governmental health services; services will include antenatal care, post natal care and family planning.
- In Zaatari camp, 347 newborn baby health kits and 346 mother kits were distributed to newborn babies and their mothers. In addition, 580 pregnant women and 921 non pregnant women received required doses of TT vaccine.
- In Azraq camp, 31 newborn baby health kits and 31 mother kits were distributed to newborn babies and their mothers. In addition, six women received TT+2 shots, and 25 women received the first shot.

Nutrition

- This month, Medair conducted two trainings on Community-based Management of Acute Malnutrition and Infant and Young Child Feeding (IYCF). The first training was a two-day programme on 22–23 October, attended by seven Nutrition Officers from JHAS clinics, as well as their Nutrition Coordinator and Nutrition Assistant. The second session on 29 October was attended by 19 Community Health Volunteers (CHVs) from Irbid, Mafraq, Zarqa, Amman, Jerash and Ajloun. Both trainings were also attended by two Medair Community Mobiliser Officers and the Health and Nutrition Officer. Both sessions covered IYCF (including breastfeeding and complementary foods for children aged 6–24 months), middle-upper arm circumference (MUAC) screening for children under five (CU5) and pregnant and lactating women (PLWs), and IYCF education sessions integrating awareness on iron deficiency anaemia, as well as behavior change communication. Additionally, the training for nutrition officers also covered screening for iron deficiency anaemia for pregnant women, children with severe acute malnutrition and children with chronic conditions, screening of CU5 for malnutrition by weight for height, and planning, monitoring and reporting on nutrition screening and

supplementary feeding programme. As outcomes of the training, Nutrition Officers in urban JHAS/UNHCR clinics are now the pathway for referrals, and have the tools to assist beneficiaries who have trouble breastfeeding, as well as apply their technical knowledge to screen CU5 and PLWs for malnutrition and ensure they are enrolled in appropriate treatment programmes. Nutrition Officers will also conduct regular IYCF education sessions for clinic beneficiaries. CHVs will apply their skills when conducting household visits, including MUAC screening and IYCF education (including how to prevent iron deficiency anaemia with food), and make referrals for identified cases of malnutrition.

- During the month of October, 1,544 pregnant and lactating mothers were reached with Infant and Young Child Feeding (IYCF) promotion and counselling in the camps, host communities and at the RSTC. All mothers who delivered in the camps had been followed up by SCJ's IYCF counsellors who provide one-to-one sessions. Furthermore, 15,303 children under five and lactating mothers received nutritional snacks. The second IYCF caravan in Azraq camp was opened in the first week of October.

Secondary and Tertiary Care

- Princess Basma Burn and Reconstructive Surgery centre start receiving patients in October in a pilot phase, so far 6 patients have been treated and stabilized in this center which was fully equipped under the UNHCR capacity building project in 2013. The centre will open officially on the 4th December 2014 with capacity of 42 beds including outpatient unit, burns ward, isolation room, reconstruction ward, burn ICU with 6 beds capacity and 3 operation theaters.
- UNHCR has identified a back-up referral network jointly with JHAS in view of the overloading of Ministry of Health facilities. This includes one hospital in Irbid; a hospital in Zarqa for Zaatri; and Al Makassed hospital in Amman. Hospitals have been contracted, SOPs have been established, and the new referral network will be piloted in the first two weeks of November.
- ECC session 29th October 2014 reviewed 106 cases as follows:
 - JHAS 29 cases (Syrian 20, Iraqi 6, Sudanese 3). Final Decisions: approved 7 cases, denied 1 case, 21 cases awaiting final decision after vulnerability and eligibility assessment.
 - Caritas 77 cases; Iraqi 58 cases, Somali 2, Sudan 13, Syrian 3, Yemen 1. Final Decisions: approved 6 cases; denied 14 cases, pending further information 21 cases. 36 cases waiting final decision after vulnerability and eligibility assessment)
- Emergency cases were 278 cases with a total cost of 199,882 JDs. The cases were as follows: JHAS 158 cases (136,056 JDs): 154 were Syrian, Iraqi 1 and Sudanese 3 cases. Caritas 120 cases (63,826 JDs); Iraqi 84 cases, Somali 5, Sudan 27, Syrian 1, other 3.