Jordan: RRP6 MONTHLY UPDATE - SEPTEMBER 2014

HEALTH

REFUGEE POPULATION IN JORDAN

SEPTEMBER HIGHLIGHTS

New arrivals screening

From 1–30 September at Raba Sarhan Transit Centre (RSTC), 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.

In September, 1,113 children under five were screened at RSTC, and the prevlance of acute malnutrition based on MUAC was 2.8%. This is an increase from August (0.6%); however, the prevalence in both June and July was around 2%. There was a sudden peak in identified cases in September: 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.

Trainings

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.

On 29–30 September, IMC with the support of UNFPA, conducted the first part of the family planning counseling training for 18 participants including obstetricians and midwives in the IMC Azraq clinics, as well as personnel from JHAS, the Nour Hussein Foundation, and IHF.

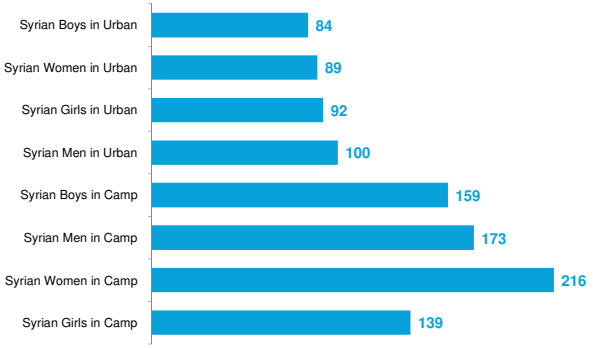
Zaatari contingency plan

Zaatari camp Contingency Plan in the event of flooding/cold weather for winter 2014/15 has been revised. Emergency shelter spaces will be available in Districts 5, 8 and 11. Arrangements have been made to transport families/individuals who have mobility difficulties or are vulnerable. For health services JHAS will provide 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.

MHPSS 4Ws

On 17 September, WHO and IMC presented the results the 2014 4Ws mappping exercise. There is a wider distribution of MHPSS services compared to previous years, but still a shortage of services in the south, where only 10.86% of services are located. MHPSS programs and activities were shown to have approximately equal targeting of women, girls, boys and men. Interventions for developmental disorders/intellectual disabilities remain limited, as does clinical management of mental disorders by non-specialized health professionals (e.g. PHC general health staff).

NUMBER OF REFUGEES REFERRED FOR SECONDARY AND TERTIARY HEALTHCARE IN SEPTEMBER



FOCUS ON :
MENTAL HEALTH

Number of clinical secondary mental health consultations provided in September

NEEDS ANALYSIS

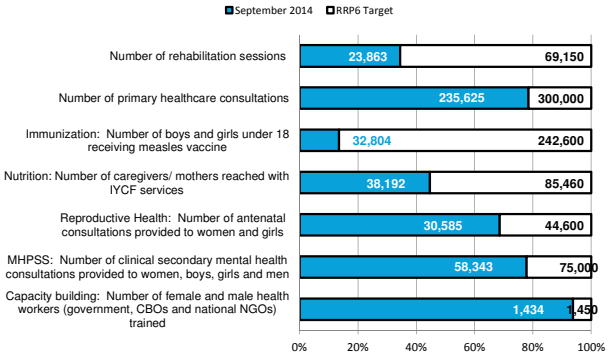
Most refugees have access to MoH services but those who are unregistered, have expired asylum seeker certificates, or without a valid service card are unable to access services free of charge. Assessments have demonstrated that these vulnerable groups may incur significant out-of-pocket expenditures on health.

The Syrian health profile is that of a country in transition with a high burden of non-communicable diseases (NCDs); 23.9 per cent of refugees with an NCD reported difficulty accessing medicine or other health services. Communicable diseases also remain a public health concern with the resurgence of some diseases previously controlled in Jordan such as measles and the threat of polio.
Eight per cent of refugees in Jordan having a significant injury of which 90 per cent are conflict-related; men accounted for 72 per cent of the injured persons; the impact of injuries on men of productive age increases household vulnerability. There are significant gaps in convalescent care, home nursing, functional and community-based rehabilitation.

The proportion of deliveries in girls under the age of 18 was 9.8 per cent in the first half of 2014 - a significant increase compared to 5 per cent in 2013. Girls under 18 are more likely to experience obstetric and neonatal complications. Mental health and psychosocial problems remain a significant need. Clinical management of mental disorders by non-specialized health professionals needs expanding.

The demand on the public sector continues to grow. Since the Syrian crisis, the density of doctors per population decreased from 26.2/10,000 in 2010 to 23.1/10,000 in 2013; these shortages are experienced in areas hosting the majority of refugees. There has been a marked increase of the workload in some centres affecting quality of care, waiting times and satisfaction with services by both Jordanians and Syrians. This also fosters resentment amongst the Jordanian population.

PROGRESS AGAINST TARGETS



Leading Agencies: UNHCR – Ann Burton: burton@unhcr.org, WHO – Suzanne Averill: averills@who.int; Reproductive Health: UNFPA – Shible Sahbani: sahbani@unfpa.org, Maysa Al-Khateeb: mal-khateeb@unfpa.org;
Mental Health and Psychosocial Support: IMC – Ahmad Bawaneh: abawaneh@InternationalMedicalCorps.org, WHO – Zein Ayoub: ayoubz@who.int; Nutrition: SCJ –Sura Alsamman: salsamman@savethechildren.org.jo

Agencies reporting in this update: