

# WHO EMRO Emergency Response and Operations Jordan Mission: Report and Recommended Next Actions

Objectives	<ol style="list-style-type: none"><li>1. To assess the health facility capacity and healthcare utilization of Ruwaishid Hospital in Ruwaishid, Jordan.</li><li>2. To understand the involvement of Ruwaishid Hospital in the provision of medical care to refugees at the Berm and to identify the related current and forecasted gaps in the ability by the MoH to deliver healthcare services to this population.</li></ol>
Date	14 January 2016
Places	Amman and Ruwaishid, Jordan

## Brief Summary

### Background

The influx of people to Hadalat and Ruqban areas (henceforth, *the Berm*) in North-East Jordan, near the borders of Syria and Iraq, has been ongoing since at least 2013. Humanitarian organizations have since been working to assist people at the Berm through the provision of protection and assistance aid, in coordination with the Jordanian Royal Medical Service (RMS), which is the medical arm of the Jordanian Armed Forces. In April 2015, a North-East Border Health Sector Group (NEBHS) was initiated in Amman with membership consisting of humanitarian actors involved in providing assistance to Syrian refugees stuck at the Berm and an agreement to meet monthly regarding the coordination of humanitarian activities at the Berm. Since November 2015, humanitarian actors have noted that there has been a sharp increase in the number of people who arrived to the Berm. The health needs of the population at the Berm have been emphasized as a significant area of concern by humanitarian actors and health interventions have been noted as a prioritized area for interventions. As of 10<sup>th</sup> January 2016, UNHCR registered 12,000 persons. However, the consensus amongst working group members is that the population will likely at least double by the end March and contingency planning is being undertaken by some organizations to support approximately 40,000 people in the Berm by mid-2016. Thus, the already significant health needs are expected to grow and this has brought into question the potential of the MoH, in addition to other actors, to provide timely and appropriate responses.

Ruwaishid is the nearest town located to the Berm (80km from Hadalat and 150km from Ruqban). Additionally, it is the nearest Ministry of Health (MoH) Hospital and the MoH health facility to which almost all patients from the Berm are initially referred to. Thus, a backup plan to travelling to the Berm was agreed to with the MoH, consisting of a joint team visit to Ruwaishid Hospital, in order to better understand the hospital's capacity to serve patients, with a focus on the current and anticipated demands that may be placed on the hospital's services by persons at the Berm. Thus, an assessment mission was undertaken, informed through two sources of information: first, secondary data collection on Berm and Ruwaishid health needs through meetings with key humanitarian actors; second, primary data collection via a joint MoH-WHO visit to Ruwaishid Hospital.

### Joint WHO-MoH visit to Ruwaishid Hospital

The rapid assessment conducted was based on the *Joint Rapid Health Facility Capacity and Utilization Assessment (JRHFCA)* (2013), which was validated by a joint WHO-MoH team in 2013 to study health facilities at all levels across Jordan. The primary appendices used for the assessment were *Appendix F: Health Care Utilization Survey Form* and *Appendix G: Health Facility Capacity Assessment Tool*. The visit was facilitated by the Hospital's Deputy Director, Dr. Sameh Abd Al Hadi, the hospital's chief anesthesiologist, the team was unable to obtain a comprehensive list of definitive statistics. Nevertheless, it had been decided prior to arrival that the JRHFCA, combined with semi-structured interviews with key health staff, would be used to guide the MoH towards areas of focus in an upcoming, formal assessment.

**Ruwaishid Hospital (RH)**, a 20-bed in-patient facility with nearby 7-bed emergency and out-patient facility has a catchment area of approximately 7,000 persons, among whom approximately 550 are Syrian refugees currently living in Ruwaishid.. The sole nearby health centre belonging to the MoH is the Karama checkpoint Primary Healthcare Centre (PHC), near the town of

Bustan and beyond the military checkpoint, which is staffed by one general practitioner, with referrals directed to Ruwaishid Hospital.

The hospital has one surgical and obstetric facility, each, a 3-bed ICU, and 20 in-patient beds. Seven general practitioners and 30 nurses complement a team of in-house specialists, including 1 orthopedic and general surgeon, each, 2 gynecologists, 2 internists, 3 midwives, 1 dentist, and 13 technicians. With respect to the people stranded at the Berm, only those requiring urgent care are brought to RH. Usually these transfers arrive between 21:00 and 23:00 hours and without notification or standard data. Though the hospital does not disaggregate its statistics regarding provision of care to Syrian refugees into Berm vs. non-Berm patients, during the month of December 2015, the number of consultations across all departments was 4,300 (2%, or 78, Syrian refugees from Ruwaishid) and 30-40 patients per week are reportedly transferred to RH from the Berm for medical follow up. Further consultation figures were reported approximately as noted below:

Department	Figure per month	Comments
Emergency room	1,764	Of note, there was no information regarding how many patients were referred by the Royal Medical Service (RMS) or the onward referral / transfer of these patients (whether they received stabilization or definitive care at RH).
Pediatrics	455	In addition, 486 regular vaccination visits were conducted through the Expanded Program on Immunization (EPI) (247 for Syrian refugees). MoH Mafrak directorate staff were involved in the November 2015 vaccination campaign that was conducted at the Berm.
Internal medicine	574	
Obstetrics	600	This data requires further verification and disaggregation. It is unclear how many patients were referred and which number had prenatal consultations vs elective or emergency obstetric care. Also, it is unclear how many Syrian (from Berm vs surrounding community) vs non-Syrian patients were seen. Data on outcomes and onward referral or transfer of patients is also lacking.
Orthopedics	125	Inadequate time to review patient reports to see origin of patients and type of injury.
General surgery	82	
Dentistry	265	No data whether Syrian refugees have requested or benefited from dental consultation.

In the initial discussion with Dr. Sameh, he noted that ICRC and UNHCR have in the past and continue to provide ad-hoc donations to various departments (for example, among other donations shown, ICRC had supported the radiology department with digital X-ray equipment and UNHCR had donated a medical fridge to the laboratory).

Overall, in discussions with healthcare staff it was found that three primary patient populations seen are seen at the hospital who originate from the Berm and for whom the hospital’s facilities require improvement in order to adequately treat:

1. **Neonates and infants** (reportedly 60% with etiology of disease linked to hypothermia).
2. **Obstetrical cases** (65% of women were noted to have had previous cesareans and almost three-quarters of these had one or more contraindications to vaginal birth after cesarean). Of the cases that arrive to Ruwaishid Hospital, 50% are transferred to a higher-level care facility.
3. **Traumatic injuries** (70% from blast injuries). Following stabilization, 40-75%, depending on the healthcare staff present and functioning equipment, are sent forward to a higher-level of care facility.

Linked to the above were shortcomings in the quality and quantity of supplies or equipment available to treat aforementioned patient categories and cases. Of note:

1. **Neonatal care:** There is only one functional incubator (out of three) and there is a shortage in neonatal resuscitative equipment.
2. **Obstetrics and surgical care:** Both the obstetrics and general surgical operating theaters require upgrading as there are multiple aspects related to the provision of obstetric and surgical care that need either increased supply or upgrading of equipment. For example, only one of three surgical lights, anesthesia machines, and pulse oximeters is currently functioning. In the emergency room, there is only one cardiac monitor, pulse oximeter, and emergency trolley.
3. **Laboratory:** There are many referrals which are undertaken to nearby hospitals (including for patients coming from the Berm) with the underlying reason being that the laboratory does not have the necessary reagents or equipment to undertake these tests. Furthermore, the laboratory does not have the capacity to perform arterial blood gas (ABG) analysis; therefore, any patients requiring or expected to need ABGs are transferred to nearest hospital in Mafrqa (approximately 2 hours away).
4. **Waste management:** There is currently no incinerator so medical waste that may be burned is incinerated within the area of the compound and other items are stored nearby.

### General recommendations and follow-up points

Consider establishing or strengthening the following interventions, per area:

#### 1. The Berm (Hadalat & Ruqban)

- a. **Vaccination:** Support of humanitarian actors and MoH in conducting upcoming vaccination campaign.
- b. **Provision of medical supplies:** Provide, if appropriate, Embrace Nest™ Neonatal warmers to humanitarian actors' primary care clinics. Additionally, consider provision of WHO mobile clinics to MoH/RMS or relevant humanitarian actors, having fully evaluated its appropriateness to the patient population and environmental conditions that would affect the mobile clinic's operation.

#### 2. Ruwaishid

- a. There is a need to upgrade, expand and innovate Ruwaishid hospital to meet the upcoming unexpected challenges especially the readiness and capability of Emergency division and obstetric care besides needed lab. innovation and renewing the obsolete equipment and supplies. A lot is needed through more detailed assessment of the health care capacity there including specialized manpower and by increasing the preparedness and ability for responding to the ongoing influx of refugees
- b. **Formal assessment Ruwaishid Hospital:** Promote the formal assessment of Ruwaishid hospital by the MoH, focusing on the potential improvements to be made in the provision of medical care for neonatal, obstetrics, and trauma cases, as well as laboratory capacity and medical waste management.

#### 3. RMS, MoH, other government departments and humanitarian actors

- c. **Referral of medical cases:** Coordinate more effectively and equitably medical transfers between the RMS and Ruwaishid Hospital. WHO and the North-East Border Health Sector Group (NEBHS) should engage with the RMS and MoH to improve this communication. Continued advocacy should be pursued to ensure that peoples' access to medical care via transfers to RMS health facilities, Ruwaishid Hospital, and other health facilities is undertaken in a timely, equitable, and effective manner.
- d. **Contingency plan:** Assist the MoH in drafting a contingency plan for MoH facilities providing services to patients at the Berm, ensuring that there is a plan to rapidly scale up services and medical goods, in case the number of refugees entering Jordan suddenly and sharply increases.

List of people participating the assessment		
1	Dr Riyad Okour,	Director of Planning Department, Ministry of Health
2	Dr Sami Sheikh Ali,	Head, Data Management Department, Communicable Diseases Directorate Ministry of Health
3	Dr Ali OKHOWAT, Ali	Technical Officer, Emergency Response and Operations, Eastern Mediterranean Regional Office (EMRO)
4	Ms Lamia Rantissi	Technical Officer, WHO Country Office Jordan