

INTER-AGENCY REGIONAL RESPONSE FOR SYRIAN REFUGEES

# HEALTH AND NUTRITION BIWEEKLY

Iraq, Jordan, and Lebanon

June 9 – 22, 2013



One of 26 incubators delivered by UNHCR to health facilities in Damascus, Syria.  
PHOTO: Adam Khalifa, UNHCR

## Highlights

**Population movement** – refugee numbers in the region continue to increase. Since May 12, over 50,000 new refugees arrived in the region. At least 75% of those registered are women and children.

**Operational** – in Jordan, a new Public Health Strategy for Tuberculosis among Syrian Refugees has been developed. In Lebanon, UNHCR Public Health Unit held a meeting with the Director General of Health to discuss issues related to refugee health including possible utilization of the Ministry of Public Health referral control system.

**Primary health care** – acute respiratory infections and diarrhoea remain major causes of illness. In Domiz, Iraq, incidence of diarrhoea continues to decline from peaks observed earlier in the year.

**Communicable diseases** – no new measles cases have been reported from Za'atri, Jordan. The total confirmed since February 2013 is 16 (attack rate 0.02%, case fatality rate 0%). Measles vaccination activities continue in the northern governorates of Jordan. At least 75% of targetted population have so far been vaccinated.

**Referrals** – in Lebanon, between January and May, the leading reasons for referrals to secondary and tertiary health facilities were obstetric conditions, respiratory infections, and trauma and other injuries. Estimated total costs were highest for obstetric and neonatal conditions.

**Nutrition** – in Iraq, in a survey carried out in late May, data on nutritional indicators including prevalence of moderate and severe acute malnutrition (MAM and SAM) was presented. MAM was estimated at 5.2% and SAM at 2.2%.

## POPULATION

Large numbers of Syrians continue to flee to neighbouring countries to seek refuge from ongoing conflict in Syria. Since the beginning of the Syria crisis, a total of 1.7 million refugees have been registered or are awaiting registration in Egypt, Jordan, Lebanon, Iraq and Turkey. Since June 8, there were more than 50,000 new refugees in the region. At least 75% of those registered are women and children. Refugee population by country is Egypt 87,527, Iraq 159,286, Jordan 491,365, Lebanon 572,224 and Turkey 392,481.

## JORDAN

### Operational highlights

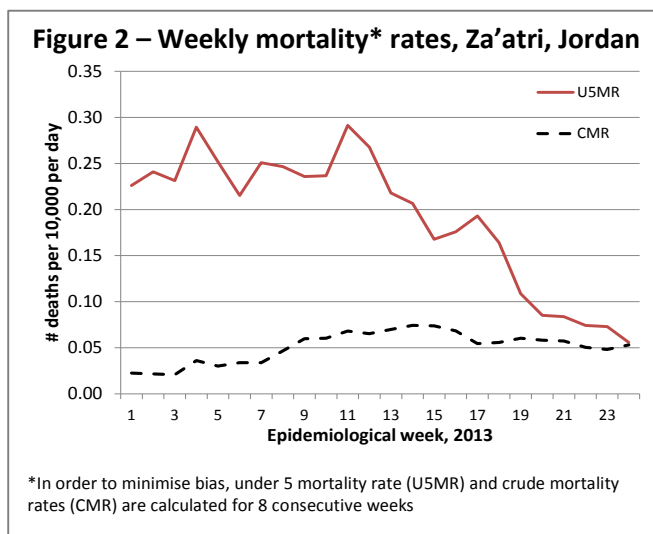
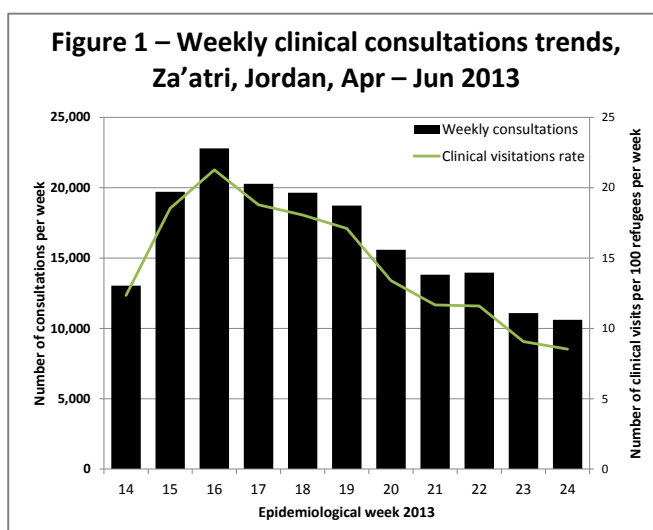
- The Jordanian Ministry of Health in collaboration with WHO and UNHCR is carrying out health facility assessment in the Northern Governorates. So far, almost 75% of facilities have been assessed.
- A new Public Health Strategy for Tuberculosis among Syrian Refugees in Jordan has been developed. Technical assistance was provided by US CDC.

### Primary health care (PHC) in Za’atri camp

- In Za’atri, the number of **consultations** per week have reduced in the last few weeks (Figure 1). The weekly rate of clinical visitations has declined to less than 9 per 100 refugees per week (Figure 1).
- **Mortality** remains low among refugees. Mortality in Za’atri has continued to decline from peaks observed in the first three months of the year (Figure 2). U5MR has now declined to less than 0.10 per 10,000 per day and crude mortality rate remains stable.
- **Communicable diseases:** major causes of morbidity remain acute respiratory tract infections (ARIs) and diarrhoea. IOM and JHAS continue to screen new refugee arrivals and provide vaccination for polio and measles.
- **Non-communicable diseases (NCDs):** among 5,413 visits due to NCDs, 16% were cardiovascular disease, 13% diabetes and 9% lung disease.

### Disease surveillance

- **Measles:** There were no new suspected or confirmed measles cases from Za’atri in the last 3 weeks. As of June 22, there are a total of 16 confirmed measles cases including 3 cases identified since the beginning of June in Za’atri camp (attack rate 0.02%, case fatality 0%). Across Jordan, total confirmed is 71. MoH and partners are continuing with mass vaccination campaign in northern governorates. More than 460,000 including 74,325 out-of-camp refugees have been vaccinated against measles since the beginning of the exercise.
- **Tuberculosis:** During the reporting period, 5,808 refugees were screened for TB by IOM. New TB cases identified were 2 pulmonary TB and 3 extrapulmonary TB.



### Reproductive health

- UNFPA in partnership with JHAS continue to support reproductive health services. At least 3,024 women benefited from a range of services including antenatal care services, delivery, postnatal services and family planning. Awareness sessions were conducted in Za’atri, Cyber City, and King Abdullah Park. Proportion of deliveries by caesarean section remains below 10%.

### Mental health

- Mental health and psychosocial support coordination group met at the MOH on June 19. Two new NGO members – Triangle NGO and American Refugee Committee - briefed the group about planned activities.
- Training for planned Mental Health Assessment led by MOH, WHO, IMC and EMPHNET has started.

## LEBANON

### Operational highlights

- The UNHCR Public Health Unit had a meeting with the Director General Health. There is a possibility of utilizing the Ministry of Public Health referral control system. UNHCR will explore this likelihood as discussions for a Memorandum of Understanding begin.
- A secondary and tertiary health care coordination meeting was held on June 14. The meeting concluded the need for implementing partners to hire focal persons who will be stationed at hospitals.
- An agreement that was signed with YMCA on chronic disease medication is now operational. Refugees can now access medications for chronic diseases at centres throughout the country.

### Primary health care (PHC)

- During the reporting period, 6,323 patients sought primary health care services in UNHCR supported health facilities.
- Primary health assessment visits with focus on identifying suitable new sites for expanded service provision continue. A new centre in Tripoli, North Lebanon has been added to the PHC network.

### Disease surveillance

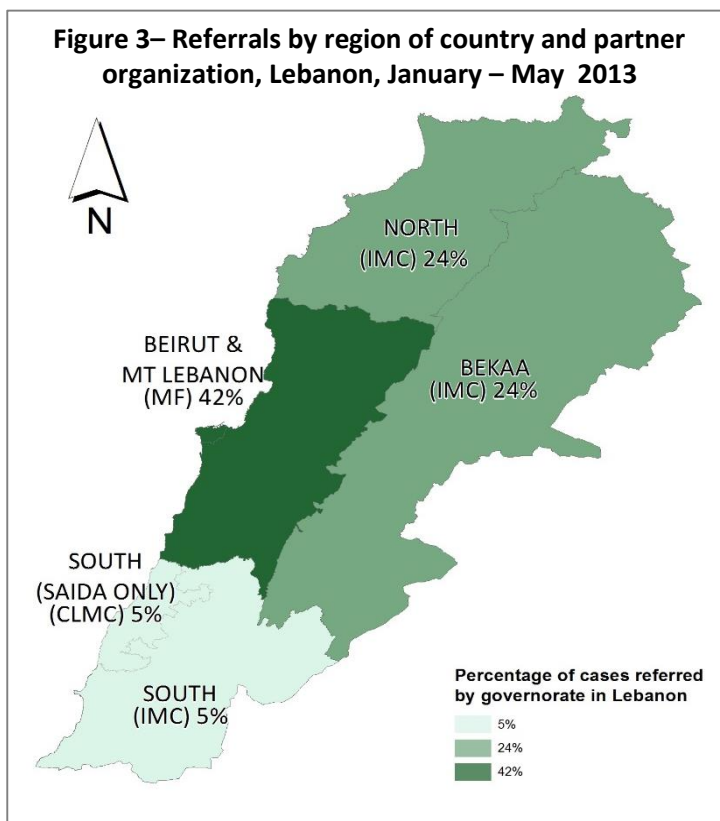
- **Vaccinations** against measles and polio, and vitamin A administration continued in North Lebanon and Bekaa.
- The total number of confirmed cutaneous leishmaniasis continues to grow. In Bekaa, 250 confirmed cases are now reported. New treatment centres have been operationalized across the country. UNHCR contributes to consultation costs for all Syrian nationals.

### Mental health

- A total of 1053 patients received clinical and psychosocial support from International Medical Corps (IMC), Makhzoumi Foundation (MF) and Restart in the past 2 weeks.

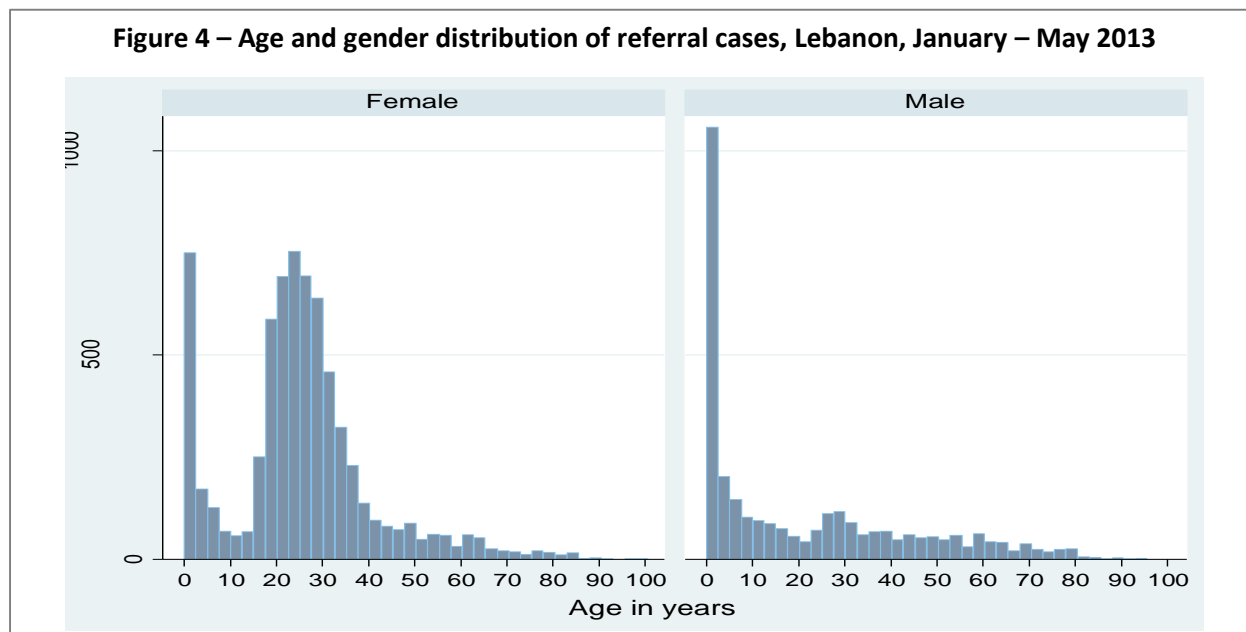
### Referral care

- UNHCR, the IMC, MF and Caritas Lebanese Migrant Centre (CLMC) have continued to support refugees seeking secondary and tertiary health care

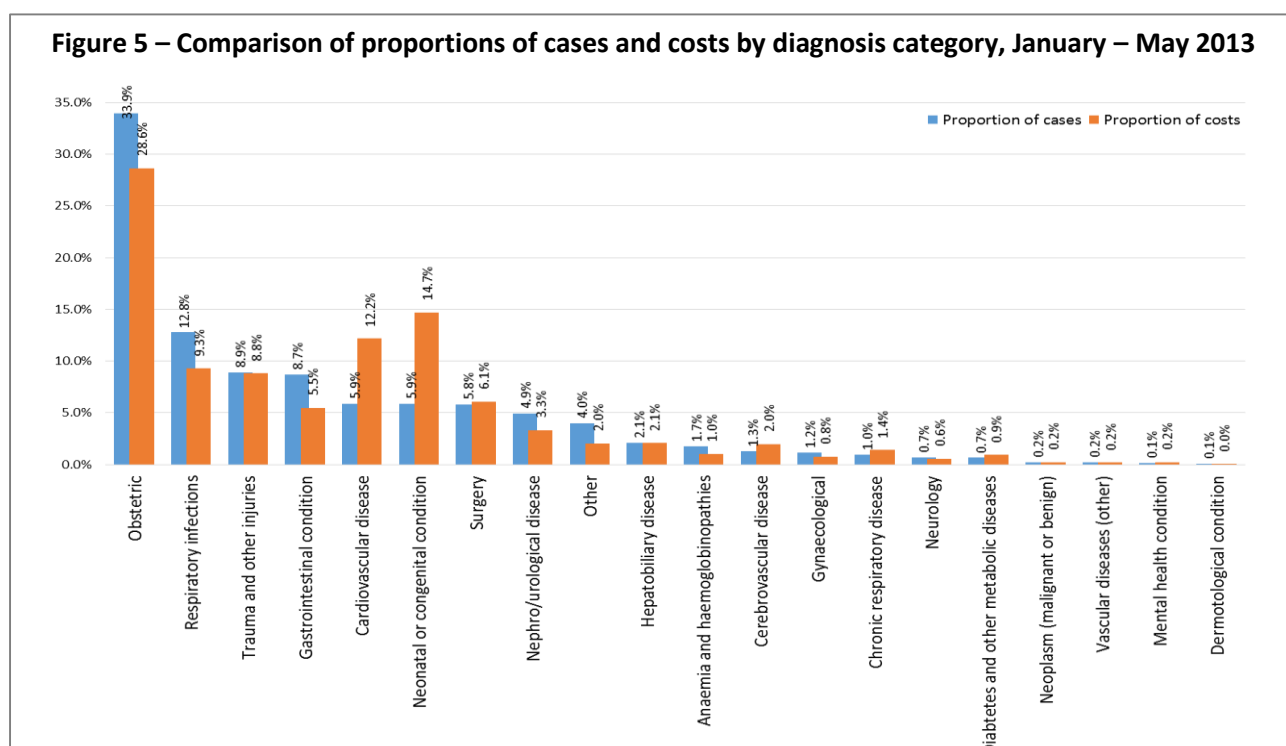


across Lebanon. Between January and May 2013, there were 9,451 refugee referrals reported to UNHCR. Referrals by region were: Beirut and Mt Lebanon, 42.1%; Bekaa, 23.6%; North, 24.0%; and South, 10.3%. (Figure 3)

- Among the 9,451 referrals, 69.9% were female and median age was 23 years (range 0 to 98 years). The age distribution varied by gender; median age was 24 years (range 0 to 98 years) for females and 11 years (0 to 94 years) for males (Figure 4).



- The leading reasons for referrals to secondary and tertiary health facilities were obstetric conditions (33.9%), respiratory infections (12.8%), and trauma and other injuries (8.9%). Figure 5 below shows the proportion of cases and proportion of total costs by diagnosis category.
- Among obstetric cases, main reasons for referrals were in order of frequency normal delivery (54.5%), delivery by caesarean section (31.5%), miscarriages and other early pregnancy complications (6.0%), and antenatal and postpartum haemorrhage (2.4%).



## IRAQ

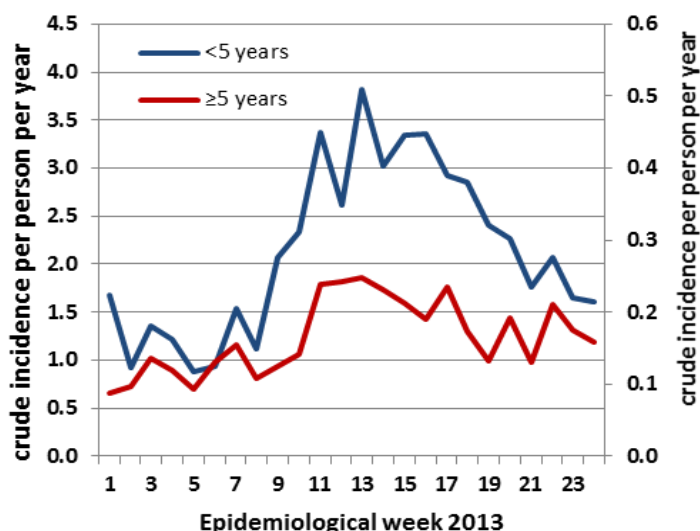
### Operational highlights

- Plans are underway to move refugees from Al’Quaim camps to Al’Obeidi. IRW will be the health partner for primary health in the new camp. The department of health will continue to carry out preventive activities and operate secondary and tertiary care.
- As part of its support to the Cholera Preparedness Plan 2013, UNICEF donated 50,000 sachets of ORS to the Directorate of Health, Duhok governorate, Kurdistan regional government.

### Primary health care (PHC)

- In Domiz, 5,735 refugees sought care at facilities in the camp.
- **Mortality** remains low in Domiz. Estimated crude mortality rate is <0.5 per 10,000 per day.
- **Communicable diseases:** major causes of morbidity in Domiz camp, Iraq remain acute respiratory tract infections (ARIs) and diarrhoea. Incidence of diarrhoea has continued to decline from peaks observed earlier (Figure 6).
- **Non-communicable diseases (NCDs):** in Domiz, among 278 cases with NCDs, 49% were cardiovascular disease and 17% were lung diseases.

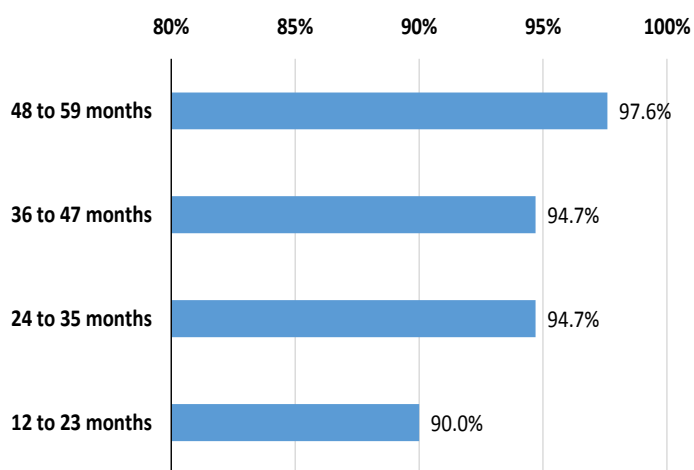
**Figure 6 – Weekly incidence of diarrhoea, Domiz, Iraq, 2013. Incidence for ≥5 years is shown on the right axis.**



### Disease surveillance

- **Measles:** in the past two weeks, two suspected measles cases were identified in Domiz camp. As of June 22, total cases reported so far are 385 cases (attack rate 1.0%, case fatality rate 0%). In a survey carried in late May (see “Nutrition” below), vaccination coverage for measles for children older than 1 year was observed to be ≥90% (Figure 7).

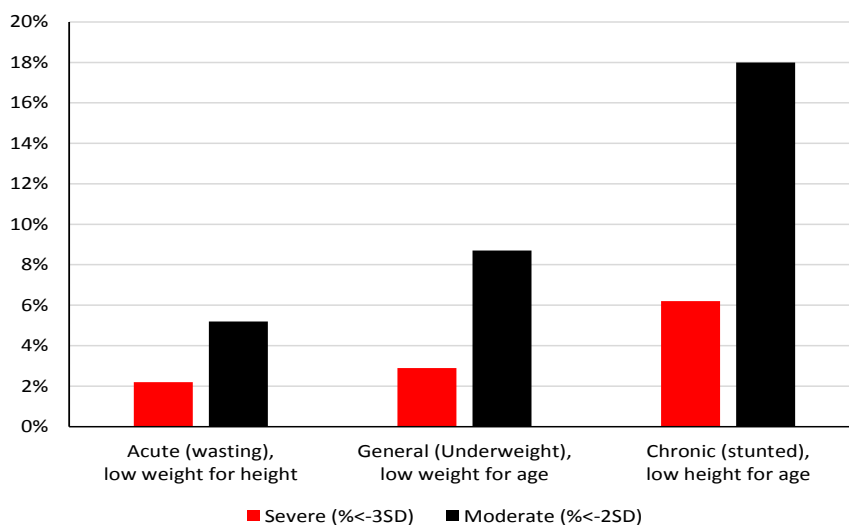
**Figure 7– Measles vaccination coverage by age group, Domiz, Iraq, May 2013**



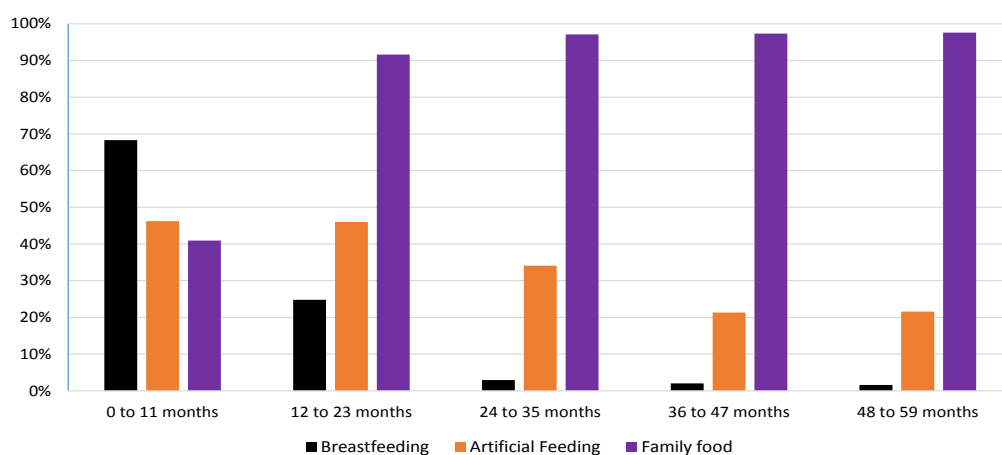
### Nutrition

- Initial results for the rapid nutrition assessment carried out between 20 – 31 May in Domiz camp by the Department of Health, Dohuk Governorate, Northern Iraq and supported by UNICEF were released. Moderate acute malnutrition was estimated at 5.2% and severe acute malnutrition at 2.2%. According to the WHO classification of malnutrition, the result indicates a poor/medium nutritional status of children under five in Domiz camp (Figure 8).
- For infants (<1 year old) breastfeeding, artificial feeding and giving family food was reported by 68.3%, 46.2% and 40.9% respectively. Figure 9 below highlights feeding habits of children younger than 5 years by age group.

**Figure 8 – Prevalence of wasting, underweight and stunting among children <5 years old, Domiz, Iraq, May 2013**



**Figure 9 – Feeding habits of children younger than 5 years old, Domiz, Iraq, May 2013**



### Acknowledgment

The regional response for Syrian refugees is the coordinated efforts of more than 61 agencies. We especially acknowledge the contributions of the following partners.

ACF | ACTED | AJEM Lebanon | ALEF | Amel | CARITAS | CLMC | CVT | FHSUOB | GSF | HI | HRC | ICRC | IFH/NHF | IFRC | IMC | IOCC | IOM | IRC | IRD | IRW | JHAS | JICA | KRG | MdM | MF | MH | MODM | MoH Egypt | MoH Iraq | MoH Jordan | MoH Lebanon | MOSA Lebanon | PRCS | PSTIC | PU-AMI | Qandil | QRC | RESTART | SC | UNFPA | UNICEF | UPP | WFP | WHO | YMCA

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Note: The information presented in this bulletin is based on the most recent and best available data. UNHCR and its partners will continually update and, where necessary, modify the data and analysis provided, in order to ensure that the most current and accurate view is available to key stakeholders and the public