

HEALTH AND NUTRITION BIWEEKLY

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It's morning in Za'atri. Mortality estimates declined by 42% in the second quarter.

Photo: Greg Beals | UNHCR

Source: Guardian Witness

Highlights

Population movement – refugee numbers in the region continue to increase. Since July 6, over 90,000 new refugees were registered bringing total across the region to 1.9 million. At least 70% of those registered are women and children. For the first time, the number of refugees in Jordan is now officially **more than 500,000**.

Primary health care – Crude mortality in Za'atri camp Jordan has declined by 42% in the second quarter to 0.21 per 1,000 per month from 0.37 per 1,000 in first quarter. Age-specific mortality rates were highest among seniors ≥ 60 years old (2.04) and children < 1 year old (1.34). In addition to neonatal deaths, chronic conditions e.g. cardiovascular diseases, diabetes, and neurological diseases were the leading conditions associated with mortality. About a third of all deaths occurred in the community. During the two week reporting period, mortality remained stable. In South Lebanon, ARIs, diarrhoea, STI, and ear infections were the leading causes of acute morbidity among Syrian refugees.

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%). Two suspected measles cases were reported in Domiz, Iraq. The total suspected and confirmed cases reported from Domiz since December 2012 is now 391.

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 1.9 million refugees have been registered or are awaiting registration in Egypt, Jordan, Lebanon, Iraq and Turkey. Since July 6, there were more than 90,000 new registered refugees in the region. At least 70% of those registered are women and children. Refugee population by country is Egypt 99,167, Iraq 159,792, Jordan 506,505, Lebanon 651,011 and Turkey 428,246.

JORDAN

Operational highlights

- The Jordanian Ministry of Health and WHO in collaboration with UNHCR, UNICEF and NGOs have completed health facility assessment in the Northern Governorates. A joint launch that included presentation of preliminary results was carried out and final report is scheduled to be released before mid-August

Primary health care (PHC) in Za’atri camp

- In Za’atri, there were 13,511 outpatient **consultations** in the last two weeks. The number of visitations per week remain <6 per 100 refugees per week.
- Mortality** remains low among refugees in Jordan. In Za’atri, since October 2012, there have been 193 deaths (54.9% male) reported (Crude mortality rate [CMR] 0.20 per 1,000 per month). The age-specific mortality rate was highest among children younger than 1 year old (1.34) and seniors 60 years or older (2.04) (Table 1). Of the 173 people for whom location of death was available, 112 (64.7%) died in a health facility, 59 (34.1%) died in the community (home or tent), and 2 (1.2%) died on their way to health facility (Figure 1). Of the 154 cases for whom cause of death was identified, 31 (20.1%) were neonatal deaths, 30 (19.5%) were due to cardiovascular diseases including hypertension and ischaemic heart disease, and 14 (9.1%) were associated with diabetes and other metabolic diseases (Figure 2). The CMR for the first two quarters of 2013 were 0.37 and 0.21 per 1,000 per month respectively indicating a decline in reported mortality of 42% in the second quarter (Figure 3, Table 1). For comparison, according to the World Bank, the estimated CMR for Syria in 2010 was 0.29 per 1000 per month. The mortality data reported here is based on data collected and collated prospectively by health partners in Za’atri. Estimates of mid-interval populations were used to calculate rates. Caution: in refugee camps, there is generally an

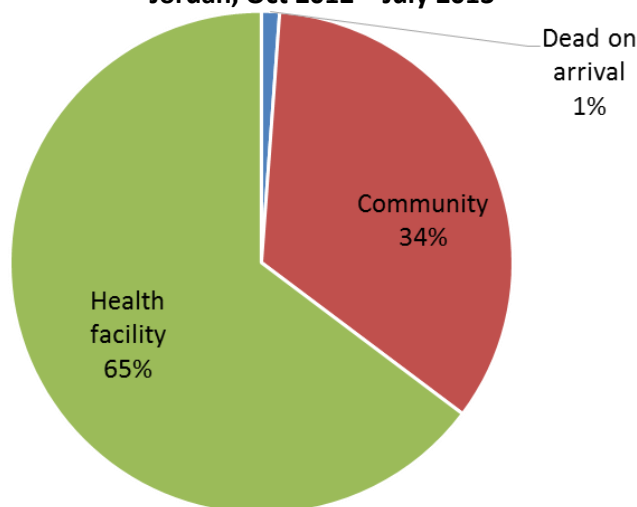
Table 1 – Crude, age-specific and quarterly mortality indicators for Za’atri refugee camp, Jordan, Oct 2012 – July 2013

Mortality rate*	Rate per 1,000 per month (95% confidence interval)
Crude	0.20 (0.17 – 0.23)
Age-specific	
<1 year**	1.34 (1.03 – 1.74)
1 to <5 years	0.13 (0.08 – 0.20)
5 to <18 years	0.06 (0.04 – 0.10)
18 to <60 years	0.10 (0.07 – 0.13)
60+ years	2.04 (1.58 – 2.64)
Quarters (2012 – 2013)	
2012.Quarter 4	0.15 (0.09 – 0.26)
2013.Quarter 1	0.37 (0.30 – 0.45)
2013.Quarter 2	0.21 (0.17 – 0.27)

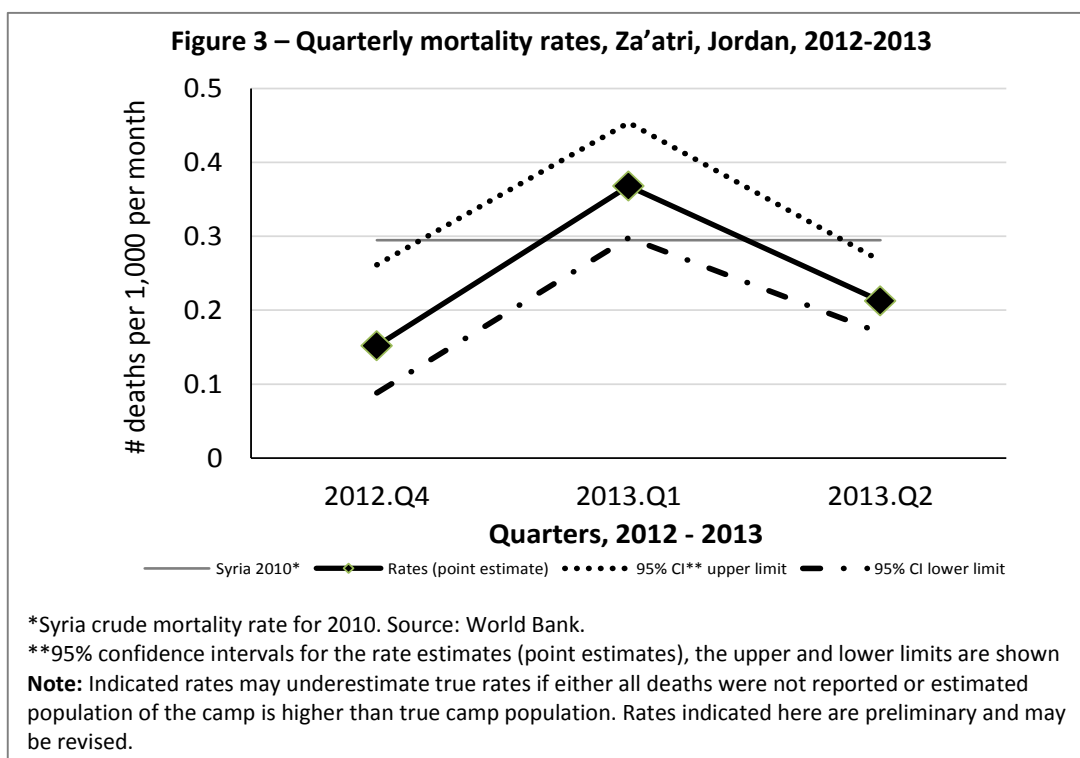
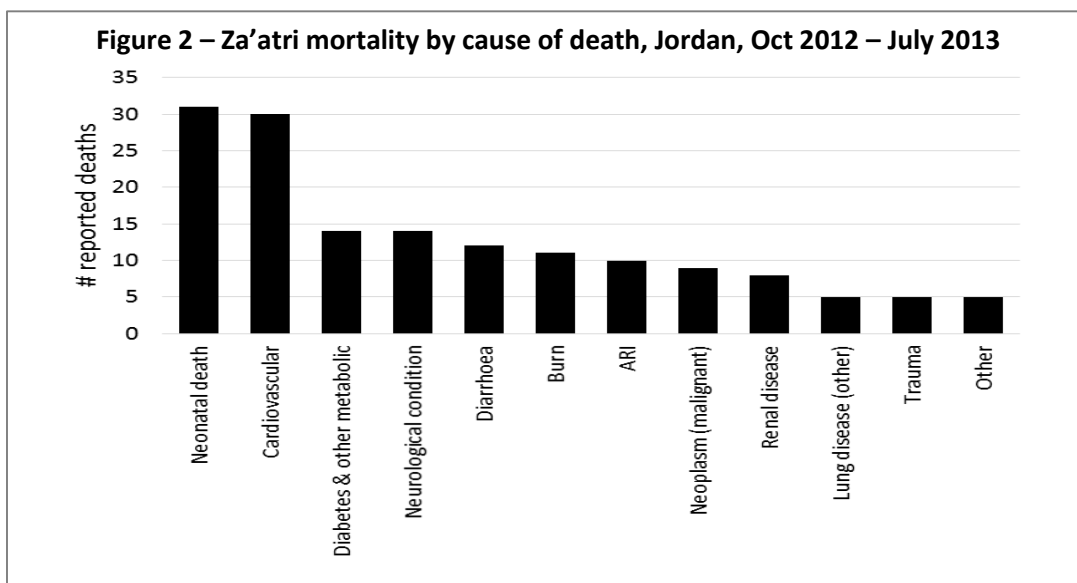
*Indicated rates may underestimate true rates if either all deaths were not reported or estimated population of the camp is higher than true camp population. Rates indicated here are preliminary and may be revised.

**this is not infant mortality rate. Denominator is mid-interval age-specific population and not live births.

Figure 1 – Za’atri mortality by location of death, Jordan, Oct 2012 – July 2013



incentive to increase household size, or not report departures from camp primarily because household size is correlated with assistance received (e.g. food and non-food items). If that were the case in Za’atri, it may artificially increase population estimates (denominator) and thus lead to underestimation of true mortality rates.



- **Communicable diseases:** major causes of morbidity remain acute respiratory tract infections (ARIs) and diarrhoea. In Za’atri, among the 9,870 visitations due to acute conditions, 38% were ARI, and 9% were diarrhoea. IOM and JHAS continue to screen new refugee arrivals and provide vaccination for polio and measles.
- **Non-communicable diseases (NCDs):** among 3,058 visits due to NCDs in Za’atri camp, 25% were cardiovascular disease, 18% diabetes and 9% lung disease.

Disease surveillance

- There were no new confirmed cases of **measles** reported from Za'atri. As of July 20, there were 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%). Mass measles campaign organized by MoH, UNICEF, WHO and UNHCR in the northern governorates was completed. Coverage survey conducted by WHO demonstrated 86% coverage in Syrians and 90% in Jordanians. The number of cases for **acute jaundice syndrome** in the camp remain above alert threshold. In week 28, 354 cases (92% <18 years including 38% <5 years) were reported; 6 of 14 samples tested were positive for hepatitis A. More specimens will be tested for other types of hepatitis viruses. Community level activities such as tent to tent visit, district mapping, active case finding are continuing in the camp.

Mental health

- Among the 355 patients who visited mental health clinics in Za'atri, 42% were diagnosed with severe emotional disorders, 17% with psychotic disorders and 14% had epilepsy or seizures.

Nutrition

- In coordination with UNICEF, NRC, and Save the Children Jordan, progress made on the preparation for the implementation of active management of acute moderate malnutrition in Zaatri camp. A registry was developed, quantities of porridge to be given to each child and mechanism for distribution and repacking by NRC were agreed upon. Start date is now set for after Ramadan

LEBANON

Primary health care (PHC)

- During the reporting period, 8,233 patients sought primary health care services in UNHCR supported health facilities including mobile clinics serving populations living in tented settlements.
- In South Lebanon, AMEL assisted 581 patients. These patients received care for acute and chronic conditions, mental health care, antenatal care and other reproductive health care including family planning.
- **Communicable diseases:** in the South, the ARIs accounted for 20.2% of morbidity due to acute illness followed by diarrhoea (9.7%), sexually transmitted infections (8.9%) and ear infections (8.2%).
- **Non-communicable diseases (NCDs):** in the South, among the 78 NCDs who attended care at AMEL supported facilities, 44.9% were diabetic, 29.5% had hypertension or other cardiovascular diseases, and 15.4% had lung disease.

Disease surveillance

- **Vaccinations** against measles and polio, and vitamin A administration continued in North, South and Bekaa registration centres. In collaboration with UNICEF, 7,277 children were vaccinated.

Mental health

- A total of 1,778 patients received clinical and social consultations, diagnosis and treatment services provided by IMC, Makhzoumi Foundation and Restart in the past 2 weeks.

IRAQ

Operational highlights

- Department of health for Al-Qaim provided the PHC in Al-Obaidi camp with medicines and some laboratory equipment.
- Tadamon, a local NGO contributed to providing diapers for children, elderly and disabled patients. Under UNHCR Al-Qaim supervision and following data provided by medical clinic in Al-Obaidi camp, distribution is ongoing for 20 disabled patients and 40 children older than 3 years with nocturnal enuresis.
- On 16th July, a cholera preparedness meeting, chaired by Department of Health, Dohuk governorate,

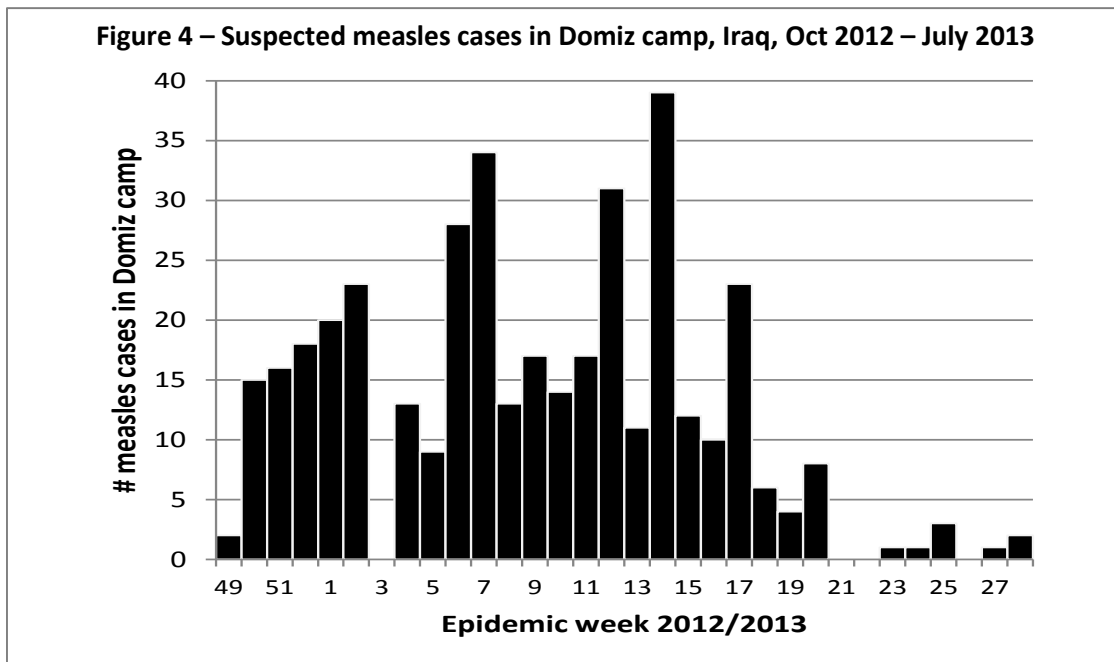
was held in Dohuk. Issues discussed include: surveillance, water source analysis, sanitation monitoring, health and hygiene promotion, setting up of treatment and rehydration centres, management of burials, needed human resources and intersectoral co-ordination mechanisms. The meeting was followed by camp visits and identification of sites for treatment centre and rehydration points. Final response plan is expected by August 1st 2013.

Primary health care (PHC)

- In Domiz, there was a total of 4,733 new consultations during the reporting period.
- **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. Of the 4,733 consultations, ARI was 29.5%, and diarrhoea 7.2%
- **Non-communicable diseases (NCDs):** in Domiz, among 257 cases with NCDs, 44.4% were cardiovascular disease and 15.2% were lung diseases.

Disease surveillance

- **Measles:** in the past two weeks, two suspected measles cases were identified in Domiz camp. As of July 20, total cases reported so far are 391 cases (attack rate 1.0%, case fatality rate 0%) (Figure 4).



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

This biweekly report is compiled by UNHCR Regional Refugee Coordination, Amman, Jordan and published on the second Monday following the reporting period. For more information or to be added to the distribution list please contact the UNHCR Regional Public Health Officer at ahmedja@unhcr.org or the Senior Regional Public Health Officer at khalifaa@unhcr.org. Additional information on the Syria Regional Refugee Response can be found on the UNHCR webportal at <http://data.unhcr.org/syrianrefugees/regional.php>

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