Progress analysis of Primary Health care provided through JHAS clinics in urban and camp settings

- **Urban settings**

  Figure 1 demonstrates the number of patients who received primary health care (PHC) services within JHAS/UNHCR urban clinics during the first half of 2014.

  As of Jan. 2014 till the end June 2014, total of 39667 Syrian refugees have received primary medical consultations within JHAS/UNHCR clinics. Nevertheless, notable decrements in the rates of patients approaching certain JHAS/UNHCR clinics in ramtha, mafraq and irbid in certain months are explained as follows;

  i. Ramtha clinic: reallocation of JHAS/UNHCR ramtha clinic as of February 1\textsuperscript{st} into a different location.

  ii. Mafraq clinic: reallocation of JHAS/UNHCR mafraq clinic as of April 1\textsuperscript{st} into a different location.

  iii. Irbid clinic: reallocation of JHAS/UNHCR Irbid clinic as of Jan 1\textsuperscript{st} into a different location.

  For the three clinics, the new locations were carefully selected taking into consideration localization of the Syrian refugees and ease of transportation. For all nationalities, figures of primary medical consultations provided in the months following reallocation demonstrate retrieved original rate of consultations provided for patients of different nationalities. Apart from indicated changes in consultation figures, the rate of medical consultations provided through JHAS/UNHCR clinics have remained relatively stable; being highest in Zarqa where the Syrian refugee population is gradually increasing and also because the UNHCR provides registration related services through the clinic every Thursday.

  While Syrians in Zarqa have become increasingly aware of UNHCR and other humanitarian and UNHCR services available for Syrians in zarqa after JHAS/UNHCR clinic in zarqa has officially started in October 2013 as the main comprehensive PHC centre for the Syrian refugees in Zarqa governorate, the JHAS/UNHCR clinics in irbid, Mafra and Al-Madina have maintained relatively constant rate of patients flow throughout 2013 and the first half of 2014 accounting to a relatively stable rate refugees with expired UNHCR registration or awaiting registration per month whom are the main targeted refugee group with JHAS/UNHCR services.
Figure 1: Number of medical consultations provided for Syrian refugees within urban JHAS/UNHCR clinics throughout the first half of 2014.

Figure 2: Indicates that the total number of primary medical consultations provided for Iraqi refugees within JHAS clinics throughout the first half of 2014 had reached 6797. With respect to the geographical residence of Iraqi refugees, JHAS/UNHCR clinics in Zarqa and Amman (Abu-Nsair clinics and Al-Madina) serve highest numbers of Iraqi refugees (1013) and (3928, 1632) respectively. At a lower rate, the remaining JHAS/UNHCR clinics provide primary medical consultations for UNHCR PCO’s; total 6 in Ramtha, 161 in Irbid and 57 in Al- Mafraq).

Among Iraqi refugees provided primary medical consultations through JHAS/UNHCR, the majority were in need for chronic medication or medical consultation for referral to advanced medical care.
Figure 2: Number of medical consultations provided for Iraqi refugees within urban JHAS/UNHCR clinics throughout the first half of 2014.

Figure 3 and 4 show that the total number of Jordanians and other (non-syrian, non-Iraqi) refugees who have received PHC services through JHAS/UNHCR clinics during the first half of 2014 was 567 Jordanians and 813 other nationalities.

While the caseload of vulnerable Jordanians is distributed between different JHAS/UNHCR clinics, the caseload of non-Syrian, non-Iraqi refugees (mainly Somalis and Sudanese) is mainly observed in Amman and Zarqa clinics, which relates to their residence areas in eastern Amman and Zarqa where living costs are relatively tolerable in comparison to other areas.
Figure 3: Number of medical consultations provided for vulnerable Jordanians within urban JHAS/UNHCR clinics throughout the first half of 2014.

Figure 4: Number of medical consultations provided for non-Syrian, non-Iraqi refugees within urban JHAS/UNHCR clinics throughout the first half of 2014.

- Camp settings

As shown in figure 5, total of 91835 Syrian refugees have received PHC services through JHAS/UNHCR clinics in Zaatri camp (90295) and cyber city camp (1540).

As demonstrated in figure 5, the number of medical consultations provided for Syrian refugees approaching JHAS/UNHCR clinic in Zaatri had dropped in February. This is explained by the application of patients' record database system as of late January 2014 in the clinic, which had assisted massively in data sharing and avoiding duplication, nevertheless, rate of medical consultations provided was raised...
once again in March and remained relatively stable afterwards accounting to JHAS comprehensive primary health centre opening in zaatri/sector six where the patients record system has been applied. In the two clinics now, JHAS applies the patients’ record system in order to guarantee quality data management and reporting.

Figure 5 also shows a relatively stable population figure in cyber city camp. Syrian refugees in cyber city camp continue to benefit from JHAS/UNHCR PHC services provided through one clinic inside the camp.

Figure 5: Primary medical consultations provided for the Syrian refugees within JHAS/UNHCR clinics in zaatri and cyber city camps throughout the first half of 2014.

The JHAS/UNHCR clinic in cyber city camp continues to provide primary health services for Palestinian refugees in Cyber city camp as the first line PHC provider for the Palestinian refugees from Syria whom are obliged to reside in cyber city camp apart from other Syrian refugees for safety issues. As shown in figure 6, throughout the first half of 2014, the JHAS/UNHCR clinic in cyber city camp had provided 1930 general primary medical consultations, 251 reproductive health consultations and had facilitated referral of 357 Palestinian refugees for advanced medical care through the JHAS/UNHCR referral system.
1.1. Progress analysis of Primary Reproductive Health care provided through JHAS/UNHCR and JHAS/UNFPA clinics.

- **Urban settings**

Now after over a year since JHAS – UNFPA first partnered to support reproductive health services for vulnerable population groups in Jordan, JHAS/UNHCR clinics have established a strong reproductive health system (RH) that extends further beyond the Minimal Initial Services package (MISP) of reproductive health services to include comprehensive primary RH services; Iron deficiency Anemia screening, management of Urinary Tract Infections (UTI’s), Sexually Transmitted Infections (STI’s), Antenatal care, ultrasound fetal growth monitoring, post natal care and immediate response to obstetric and newborn conditions requiring hospitalization through the JHAS/UNHCR referral system. Built accountability of JHAS had further allowed JHAS to promote awareness on Gender Based Violence (GBV) at the clinic and community outreach levels, following the latter concept; JHAS assists GBV victims referred from different agencies and manages such cases with high level of confidentiality and discretion.

In all urban clinics, the number of primary medical consultations had increased gradually throughout the first half of 2014. As indicated in figure 7 a total of **5356** primary reproductive medical consultations were provided for Syrian refugee women; out of which, **30.0%**, **29.3%** and **17.6%** were provided through JHAS/UNHCR clinics in Ramtha, Almafraq and Al-Madina clinics respectively. This however, might be attributed to the fact that a large portion of Syrian refugees reside in those governorates.

In Irbid and Zarqa JHAS/UNHCR clinics, RH medical consultations provided were doubled in April and May as GYN/specialist days in clinics were increased into 3 days weekly, therefore, descending order of
RH consultations provided is expected to change in the second half of 2014, given the generally high caseload of Irbid and Zarqa clinics.

The relatively increasing rate of Syrian women receiving RH services within different JHAS/UNHCR clinics reflects the increased patients’ satisfaction with clinic services as well as clinics accountability in terms of safety, security and vulnerable representation.

<table>
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<tr>
<th>Month</th>
<th>Total</th>
<th>Zarqa</th>
<th>Ramtha</th>
<th>Mafraq</th>
<th>Irbid</th>
<th>Madina</th>
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<tr>
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<td>482</td>
<td>1611</td>
<td>1571</td>
<td>747</td>
<td>945</td>
</tr>
</tbody>
</table>

Figure 7: Primary reproductive health and family planning consultations provided for Syrian refugee women within urban JHAS/UNHCR clinics throughout the first half of 2014.

Figure 8, 9 and 10 show the numbers of reproductive medical consultations provided for Iraqi refugee women, vulnerable Jordanian women and refugee women from non-syrian non-iraqi nationalities within JHAS/UNHCR clinics.

A total of (191) primary RH consultations were provided for Iraqi refugee women, throughout the first half of 2014, mainly through JHAS/UNHCR clinic in Amman (97), similarly, out of (161) primary RH consultations provided for non-syrian non-Iraqi refugee women (103) were provided through JHAS/UNHCR Amman clinic.

According to figure 9, total of (129) primary RH consultations were provided for vulnerable Jordanian women throughout the first half of 2014. Mainly primary RH for vulnerable Jordanian women was provided through JHAS/UNHCR clinics in Al-Ramtha (60) and Al- Madina (36).
Figure 8: Primary reproductive health and family planning consultations provided for Iraqi refugee women within urban JHAS/UNHCR clinics throughout the first half of 2014.

Figure 9: Primary reproductive health and family planning consultations provided for vulnerable Jordanian women within urban JHAS/UNHCR clinics throughout the first half of 2014.
Figure 10: Primary reproductive health and family planning consultations provided for Non-Syrian, Non-Iraqi refugee women within urban JHAS/UNHCR clinics throughout the first half of 2014.

- RH - Camp Settings

Similar to urban JHAS/UNHCR clinics, the MISP of RH services has been established in JHAS/UNFPA clinics in zaatri camp at onset of the Syrian emergency. Ever since, continual close communication with the Syrian refugee population had allowed JHAS to interpret the actual RH needs and reflect them into comprehensive RH services integrated into the health system. Moreover, JHAS management realizes the importance of timely provision of quality RH services, therefore, in addition to increasing RH coverage in the camp under JHAS/UNFPA agreement with equipping new clinics, JHAS proposed for additional funds from the Office of Coordination of Humanitarian Affairs (OCHA) / Emergency Response Fund (ERF) and Bureau of Population, Refugees, and Migration (BPRM) in order to empower the primary RH system in JHAS; urban and camp clinics, patients emergency transportation in zaatri camp and JHAS/UNHCR referral system which resides as backbone dynamic system responding to emergency, complicated delivery and newborn situations requiring secondary and tertiary/life saving medical interventions in the camp and from the camp to affiliated hospitals outside the camp.

Currently in zaatri camp, there are 4 fully equipped RH clinics providing comprehensive primary RH including antenatal, post-natal, ultrasound foetal growth monitoring, management of UTI and STI, and management of SGBV/GBV. Out of the four clinics, three function 9 hours/6 days weekly, whereas, the fourth clinic remains on call around the clock to respond to RH emergencies including normal vaginal deliveries.

It must be pointed out that JHAS provides needed RH services for Syrian refugees in King Abdullah Park Camp through MoH daytime clinic and both Syrian and Palestinian refugees in Cyber city daytime primary JHAS/UNHCR clinic.

The RH system of JHAS in camp and urban settings is interconnected with JHAS/UNHCR referral system in order to respond to Emergency, Obstetric and newborn emergencies within proper timeframe.
As shown in figure 11, with respect to the larger population figure, the four JHAS-UNFPA primary RH clinics in zaatri camp provided 35068 RH consultations comparing to 563 and 364 primary RH consultations provided through Cyber city and King Abdullah Park camps; respectively, throughout the first half of 2014. As shown in Figure 11, primary RH consultations provided through zaatri camp clinics had been notably increased in April in comparison to former months, which accounts to the opening of the RH fourth clinic as of April 1/2014. Whereas, no considerable differences in the rate of RH services provided through both KAP and Cyber city camps clinics given the constant population figures in those camps and no changes on the health services provided.

![Primary Reproductive Health Care for Syrians - Camps](image)

**Figure 11:** Primary reproductive health and family planning consultations provided the Syrian refugee women within camp JHAS/UNHCR/UNFPA clinics throughout the first half of 2014.

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**Progress Analysis of secondary and tertiary/life saving patients’ referrals**

- **Urban Settings**

Following UNHCR guidelines and standard referral operating protocols, systemic advanced medical services at the secondary and tertiary/life saving levels for the Syrian, Iraqi and refugees of other nationalities are mainly facilitated through JHAS/UNHCR referral system at JHAS/HQ, through this system, JHAS referral unit team exchanges referral documents between UNHCR/Health unit and different channels of JHAS network including JHAS clinics, affiliated hospitals of MoH, Academic hospitals and The Royal Medical Services for ensured quality equitable service provision and proper reporting.
Figure 12, demonstrates referrals supported through JHAS/UNHCR urban primary health care clinics. JHAS referral team managed total of (6998) referral cases for the Syrian refugees throughout the first half of 2014. The number of syrian refugee patients referred from clinics was the highest in JHAS/UNHCR Irbid clinic (1706), Mafraq (1660), Amman (1187), Zarqa (1046) and lowest in Ramtha clinic (707).

![Referral for Advanced Medical Care for Syrians - Urban](image)

Figure 12: Referral for secondary and tertiary/life-saving medical interventions for Syrian refugees within Urban settings throughout the first half 2014.

Figure 13, indicates lower number of Iraqi refugees referred through urban JHAS/UNHCR clinics. Of total (673) referred Iraqi refugees, 47.2% and 34.3% were referred through JHAS/UNHCR Al-Madina and Abu-Nsair clinics respectively and 14.4% through the clinic in zarqa. The remaining 4% were referred through JHAS clinic in Irbid 3.4%, Mafraq and Ramtha where very low numbers of Iraqi refugees reside.

Similar to Iraqi refugees’ referral figures, figure 14 shows that the majority of non-syrian non-iraqi (Sumali’s and Sudanese) refugees have been referred for secondary and tertiary medical care through JHAS/UNHCR Amman clinics; Al-Madina (140) and Abu-Nsair (10) which goes in line with their residence area in eastern Amman.
For the extremely vulnerable Jordanians, JHAS/UNHCR continues to provide needed medical support. According to figure 15, total of **(198)** Jordanians were referred for secondary and tertiary medical care through JHAS/UNHCR referral system throughout the first half of 2014.
Figure 15: Referral for secondary and tertiary/life-saving medical interventions for vulnerable Jordanians throughout the first half 2014.

- **Referral progress - Camp Settings**

Figure 16, Indicates that the total accumulative number of Syrian refugees referred from zaatri and Cyber city camps had reached (3, 499) by the end of June 2014. As of the official opening of Al-Azraq Camp for Syrian refugees in late April 2014, JHAS took over the management of referring patients for advanced medical care; throughout May and June, the JHAS/UNHCR referral hub had successfully managed to refer 228 syrian refugee patient from Al-Azraq camp to JHAS affiliated hospitals. It must be pointed out that indicated figures from both camps do not include number of cases referred for renal dialysis.
Figure 16: Referral for secondary and tertiary/life-saving medical interventions for Syrian refugees in camp settings throughout the first half 2014.