



# Al Za'atari Refugee Camp Health Assessment

## Assessment Report

May 2014

## SUMMARY

Since the outbreak of the civil war in Syria in March 2011, approximately 2,697,808 refugees have fled into neighbouring countries. Jordan hosts some 589,792 refugees.<sup>1</sup> Al Za'atari refugee camp<sup>2</sup> opened in July 2012 and has since received a large influx of displaced populations from Syria. The camp is housing 104,494 refugees,<sup>3</sup> mainly from the Dar'a region of Syria, and it is placed under the responsibility of the United Nations High Commissioner for Refugees (UNHCR) working in close collaboration with the Jordanian government as well as Non-Governmental Organisations (NGOs) and other United Nations agencies and programmes. In particular, the United Nations' Fund for Children (UNICEF) leads interventions targeting the health of children, and the United Nations Population Fund (UNFPA) coordinates interventions related to sexual and reproductive health.

In collaboration with UNICEF, REACH conducted a multi-sector camp census in December 2013 which highlighted information gaps in regards to vaccination coverage, Infant and Young Child Feeding (IYCF) practices and reproductive health. Based on the findings and recommendations from the multi-sector camp census, REACH carried out a follow-up **thematic assessment on health, with technical and financial support from UNICEF, and in consultation with UNFPA. The health assessment focused on routine vaccinations for children, breastfeeding practices, and reproductive health for women.** Key findings from this assessment are briefly summarised below and presented in more details in the present report.

**For routine vaccinations, 41.1% of respondents across the camp reported visiting health centres to give their children under five years routine vaccinations,** but this varied significantly between districts, with District 8 having the lowest percentage at only 26.8% of respondents. This is unsurprising given that District 8 comprises mainly new arrivals that may not yet be aware of the services available in the camp, and point to a need for greater awareness raising in this area, or perhaps during registration itself. Of those who had attended routine vaccination centres, 78.7% said that they had received a vaccination card, and 75.8% said they had been told when to return for follow up vaccinations.

**For breastfeeding practices, 88% of respondents with children under the age of 6 months reported to exclusively breastfeed their children,** with the commonly cited reason for not doing so being that they did not have enough milk to do so (53.3%, n=16). This is a far higher rate of exclusive breastfeeding for children under the age of 6 months than that reported in Jordan or Syria prior to the war, suggesting that there may be something specific to the refugee camp context that is encouraging mothers to exclusively breastfeed their children.

**For reproductive health, only 39.9% of currently pregnant or lactating women (PLWs)<sup>4</sup> reported that they had seen a healthcare provider about their pregnancy,** demonstrating an opportunity for higher levels of engagement with the community to ensure PLWs get the care they need. In regards to contraception methods, only 3.9% of respondents said that they had not heard of any methods of contraceptives, whereas 20.4% said that they were currently using a method, demonstrating relatively high rates of knowledge about contraception among the camp population.

This assessment highlights the **need for further outreach on the uptake of routine vaccinations,** as less than half of households currently report attending the routine vaccination sites, with highest levels amongst new arrivals. It also shows that less than half of women sought advice from a health professional during their latest pregnancy, showing need **to raise awareness of the importance of regular antenatal care visits during pregnancy.** Rates of knowledge about contraceptives were extremely high at over 90%, but current use was much lower (20.4%), and in addition the most commonly used forms of contraceptives, IUDs and pills, do not protect against sexually transmitted diseases. There is therefore potentially still a need **to raise awareness of the benefits of condom use over other forms of contraceptive that do not protect against disease.**

The findings presented in this report will usefully inform the country-level health sector response for camps across Jordan, as Syrian refugee children and women are likely facing similar situations specific to refugee camp settings.

<sup>1</sup> <https://data.unhcr.org/syrianrefugees/country.php?id=107>

<sup>2</sup> Hereafter referred to as 'Al Za'atari'

<sup>3</sup> <http://data.unhcr.org/syrianrefugees/settlement.php?id=176&region=77&country=107>

<sup>4</sup> From a sample size of 848 women.

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### About REACH

REACH is a joint initiative of two international NGOs - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH was created in 2010 to facilitate the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information visit: [www.reach-initiative.org](http://www.reach-initiative.org). You can write to us at: [jordan@reach-initiative.org](mailto:jordan@reach-initiative.org) and follow us @REACH\_info

## ABBREVIATIONS AND ACRONYMS

<b>GPS</b>	Global Positioning System
<b>JHAS</b>	Jordan Health Aid Society
<b>ODK</b>	Open Data Kit
<b>IUD</b>	Intra Uterine Device
<b>IYCF</b>	Infant and Young Child Feeding
<b>MDM</b>	Médecins du Monde
<b>NFI</b>	Non Food Item
<b>NGO</b>	Non-Governmental Organization
<b>SAG</b>	Strategic Advisory Group
<b>UN</b>	United Nations
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNFPA</b>	UNFPA United Nations Population Fun
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation and Hygiene

## GEOGRAPHICAL CLASSIFICATIONS

<b>District</b>	Used to distinguish between areas of the camp. There are 12 districts in Al Za'atari refugee camp.
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## INTRODUCTION

Since the outbreak of the civil war in Syria in March 2011, approximately 2,697,808 refugees have fled to neighbouring countries seeking safety, and Jordan hosts some 589,792 refugees;<sup>5</sup> the majority of these refugees live in host communities. However there are also several camps across the country. Al Za'atari is currently the biggest refugee camp for Syrians in Jordan. During the last REACH comprehensive camp assessment in March 2014 the population of Al Za'atari was 83,575,<sup>6</sup> although the number has increased since: the latest UNHCR figures show that the camp is host to 104,494 refugees.<sup>7</sup>

Al Za'atari is run by UNHCR in close collaboration with the Jordanian government and a range of non-governmental organizations (NGOs) and United Nations (UN) actors. The Jordanian Ministry of Health is closely involved in the health response in the camp, and there are a number of partners in the health sector, both NGO and from other States. There are also coordination mechanisms in place at the Mafraq and Amman levels, ultimately tying into the Regional Response Plan for the Syria Crisis as a whole. Since the opening of the camp, the health sector has evolved over time. Several actors who came to provide relief assistance have now left the camp as the situation stabilised; notably the French military hospital and the MSF hospital. Currently, there are clinics in the camp run by Médecins du Monde (MDM), as well as a Moroccan and an Italian field hospital, and several additional clinics (Qa'atari, JHAS, and specialist clinics for women, and psychosocial support). In addition, MSF has recently opened a small treatment centre for severely war wounded patients who require long term treatment and care, and Handicap International provides services and support for people with disabilities.

Following the multi-sector camp census done by REACH in December 2013, it was decided that further information on vaccination coverage, Infant and Young Child Feeding (IYCF) practices and reproductive health knowledge was required for the camp. This is especially important in response to the Syria crisis due to outbreaks of polio in Syria, which means health partners are particularly vigilant about keeping vaccination rates high in order to ensure herd immunity. In addition, there was an information gap regarding the IYCF caravans and breastfeeding practices, as data from the previous REACH census for UNICEF had suggested that there were possibly some women in the camp who were unable to breastfeed. All of these fall directly into UNICEF's mandate for activities in refugee camp settings. Lastly, UNFPA requested some information regarding sexual and reproductive health, an often sensitive subject which health actors need more information on in order to target their programming.

## METHODOLOGY

**This assessment was conducted using one structured survey questionnaire, which was programmed onto smartphones using the Open Data Kit (ODK) software.** A random sample was taken which can be generalized to the district-level with a 95% confidence level and a 5% margin of error, using only female data collectors due to the sensitive nature of the topic. The data was then analysed using both Microsoft Excel and STATA, in order to highlight trends and differences, and to explore whether these were statistically significant. Data collection and analysis was done by REACH, training on the technical aspects of the questionnaire and funding was provided by UNICEF Country Office in Jordan.

Assessment findings are based on a **random sample of households from each district in Al Za'atari**, which can be generalized to the district-level with a 95% confidence level and a 5% margin of error. The purpose of using random sampling was to ensure that each household in the camp had an equal chance of being interviewed, thereby allowing REACH and other camp actors to generalise data collected to camp and district-levels. Households were **selected through the generation of random Global Positioning System (GPS) coordinates** in accordance with the sample size for each district, with enumerators interviewing the household concurrent with, or closest to, each randomly selected coordinate. The sampling was based on findings from the most recent previous REACH camp sweep during December 2013, where 12,767 households were identified.

<sup>5</sup> <https://data.unhcr.org/syrianrefugees/country.php?id=107>

<sup>6</sup> REACH Comprehensive Camp Shelter Assessment, forthcoming

<sup>7</sup> <http://data.unhcr.org/syrianrefugees/settlement.php?id=176&region=77&country=107>

**Enumerators were all female, due to the sensitive issues covered during this assessment**, specifically use of contraceptives. Respondents present at selected households<sup>8</sup> were requested to answer a survey questionnaire designed in coordination with UNICEF and other health specialists. Surveys were only asked if a household contained either children under the age of 5 or women of reproductive age, and if a household did not contain this target group then another was randomly selected using the method stated above. Over the course of data collection, 97.8% of households targeted contained either or both of these target groups. Every effort was made to ensure privacy of the respondent in order to gain more accurate data.

For the purpose of this survey, **a household was defined as a set of individuals/families sharing a set of shelters/caravans or a compound**.<sup>9</sup> No individual household or household identifiers were collected. This approach ensured households could provide information in confidence, thereby reducing household bias and mitigating any potential protection concerns. Data collection was conducted using the Open Data Kit (ODK) mobile data collection platform with smart-phone and GPS-enabled technology, to reduce the incidence of inaccuracies and inconsistencies in data collection, cleaning and analysis processes. All data was stored on a secure server with restricted access to further ensure privacy and protection.

## FINDINGS

This section of the report presents the main findings of the assessments, including:

- Information regarding emergency vaccination coverage in children under 5 and adult women
- Information regarding routine vaccination coverage in children under 5 and reasons for not attending routine vaccination sites
- Breastfeeding practices and use of infant and young child feeding (IYCF) sites
- Knowledge of contraceptive methods

### EMERGENCY VACCINATIONS

This sub-section outlines data regarding reported uptake of emergency vaccinations for under fives (polio and measles). The term 'emergency vaccinations' refers to vaccinations done in response to the current refugee crisis, and therefore done outside of the normal vaccination calendar for children. Routine vaccinations mentioned below refers to vaccines that would normally be given to a child, and not done as a response to the refugee crisis.

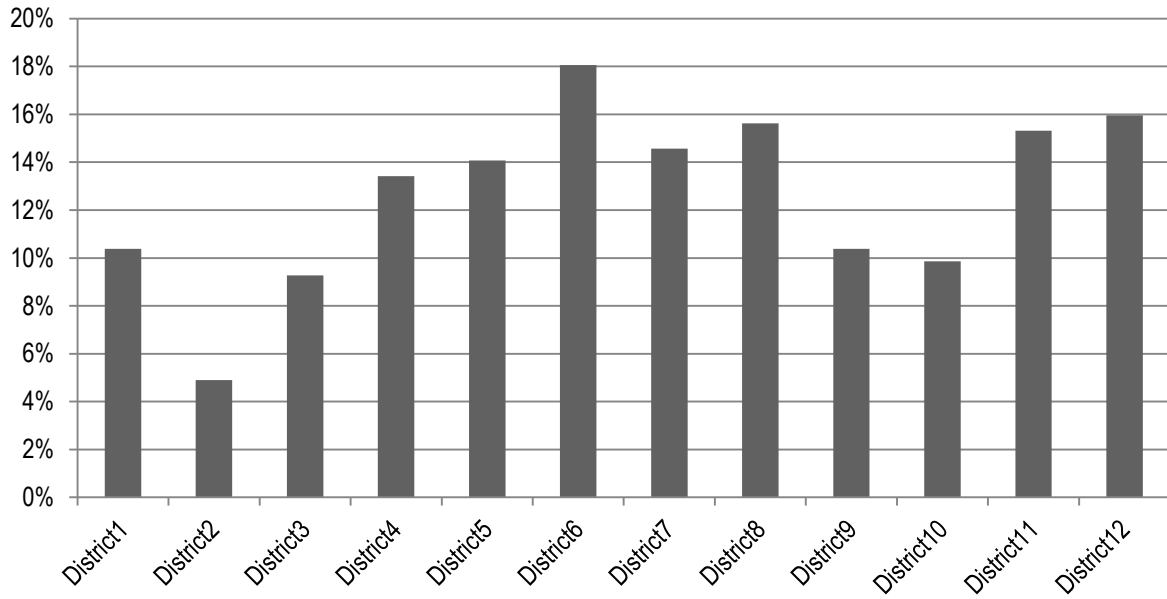
**Of the respondents who reported having children under the age of 5, only 1.6% reported that none of the children in the household had received polio vaccinations, but 9% reported none of them having received measles vaccinations.** Conversely, however, in total households reported 4,365 children who had received polio vaccinations, but 6,511 who had received measles vaccinations. This suggests that although there were more households where none of their children had been vaccinated against measles, overall there were higher vaccination rates for measles than for polio.

Levels between different districts varied slightly, with no families in District 9 indicating that none of their children had received the polio vaccination, rising to a high of 2.7% of respondents in District 8. For measles vaccinations to reported variation was higher, rising from only 4.9% of respondents in District 2, to 16% in District 11, as shown in Figure 1 below.

<sup>8</sup> Each household represented one household unit, encompassing, in some instances, more than one family.

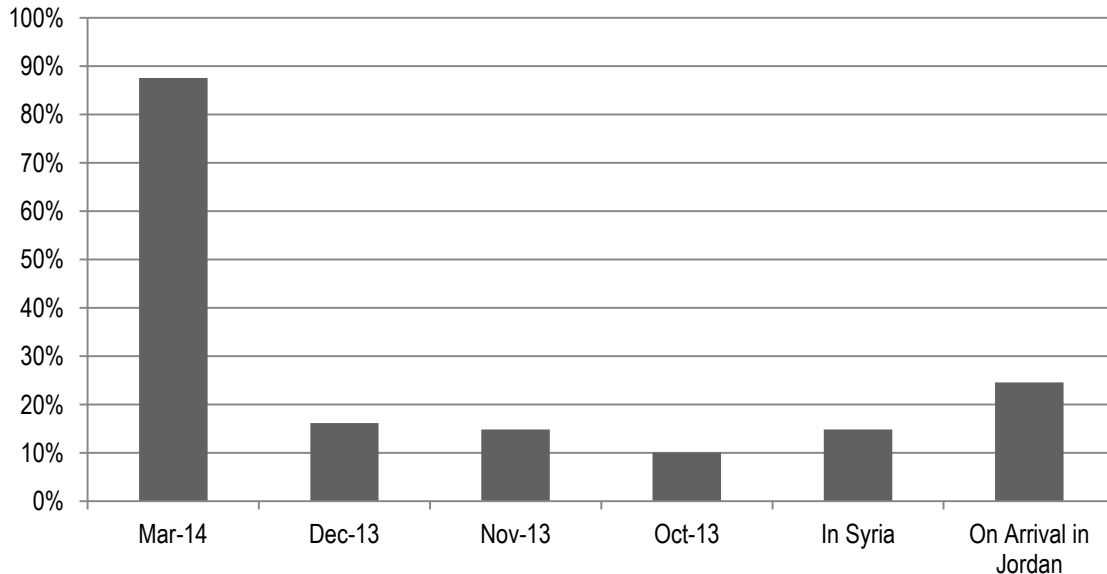
<sup>9</sup> A collection of tents/caravans which have clustered together, but are nonetheless regarded as one household despite potentially containing multiple families.

Figure 1: Respondents who indicated none of their children aged 6 months - 15 years had received measles vaccinations



As can be seen in Figure 2 below, **87.5% of respondents whose children under five had received polio vaccinations reported that this had occurred during March 2014.** A majority of respondents (64.2%) only reported receiving a polio vaccination once, of which 84.7% reported that this was during March 2014. This high proportion could be in part due to respondents remembering the most recent round of polio vaccination and not recalling or mentioning previous rounds in which they participated. The low rates of recall are also demonstrated by the low percentage of respondents (24.6%) that reported their children having received the oral polio vaccination on arrival, even though all children below the age of 15 years are given the vaccination on arrival.

Figure 2: Time of oral polio vaccination<sup>10</sup>



<sup>10</sup> NB as this was a multiple choice question figures do not add up to 100%

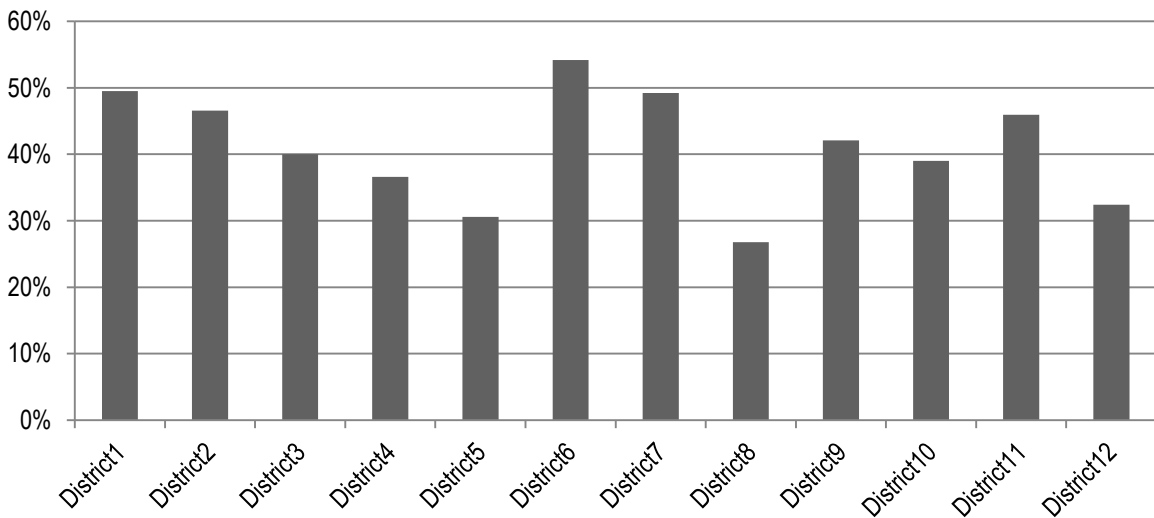
**ROUTINE VACCINATIONS**

**For children**

This sub-section outlines data regarding attendance of children under five at routine vaccination centres in the camp. Overall, routine vaccination coverage is far lower than that for emergency vaccinations, largely due to a perception by parents that their children are already vaccinated, even though this is unlikely to be the case.

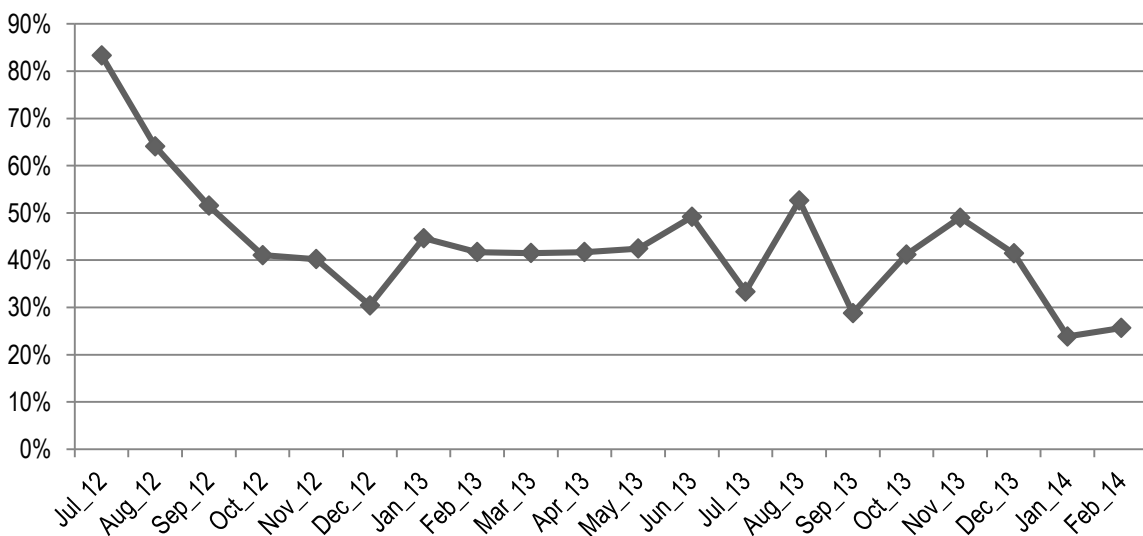
As can be seen in the figure below, **certain districts have much higher percentages of respondents who reported attending routine vaccination sites for their children under five.** This was found to be statistically significant.<sup>11</sup> District 8 had the lowest percentage of respondents reporting visiting these sites (26.8%), whereas District 6 had the highest (54.2%).

Figure 3: Households reporting their children <5 have received routine vaccinations



There was a general trend that households that had resided in Al Za'atari for a longer period of time were more likely to have attended the routine vaccination sites than those that came more recently, as shown in Figure 4 below.

Figure 4: Rates of household attendance at routine vaccination site by time of arrival in Al Za'atari



<sup>11</sup> P < 0.005



Of those respondents who said their children had received routine vaccinations, **40.7% reported doing so at the Médecins Du Monde (MDM) Clinic 1, followed by 20.4% who had done so at MDM Clinic 2.**

Of those who had received routine vaccinations, **75.8% said that the nurse had told them when to return for follow up vaccinations, and 78.7% said that the nurse had given them a vaccination card.** Of those who had received a vaccination card, 94.8% were able to show the enumerators the vaccination card upon request, demonstrating a high proportion of the population who keep this card safe and accessible.

Map 1: Site of routine vaccinations

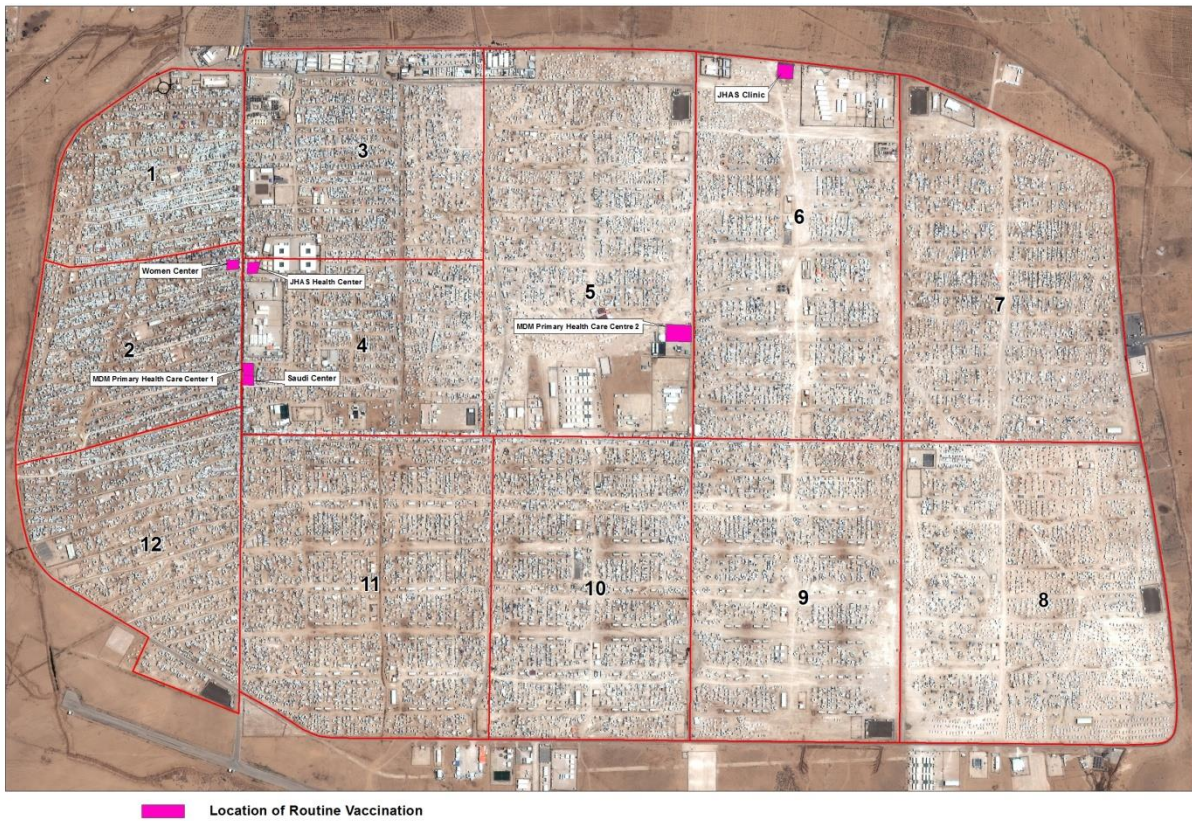
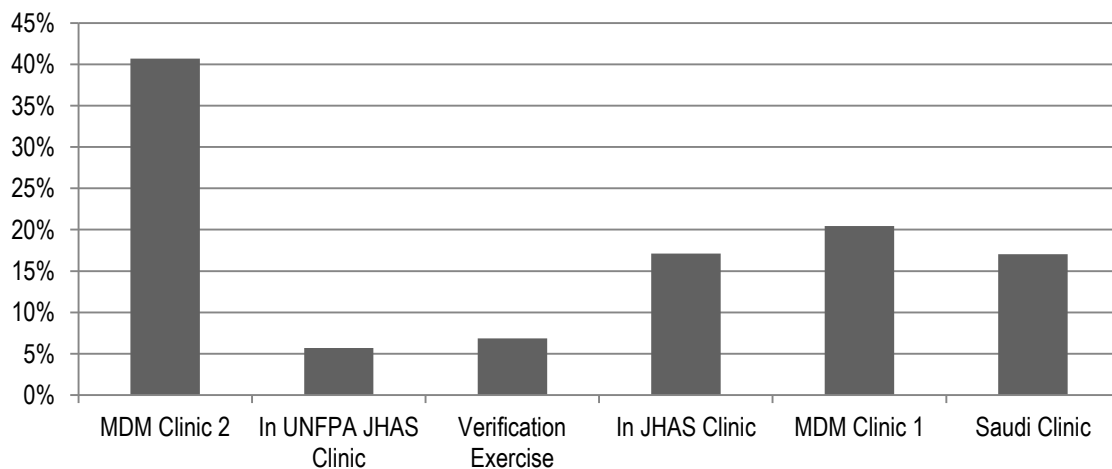


Figure 5: Site of routine vaccinations<sup>12</sup>

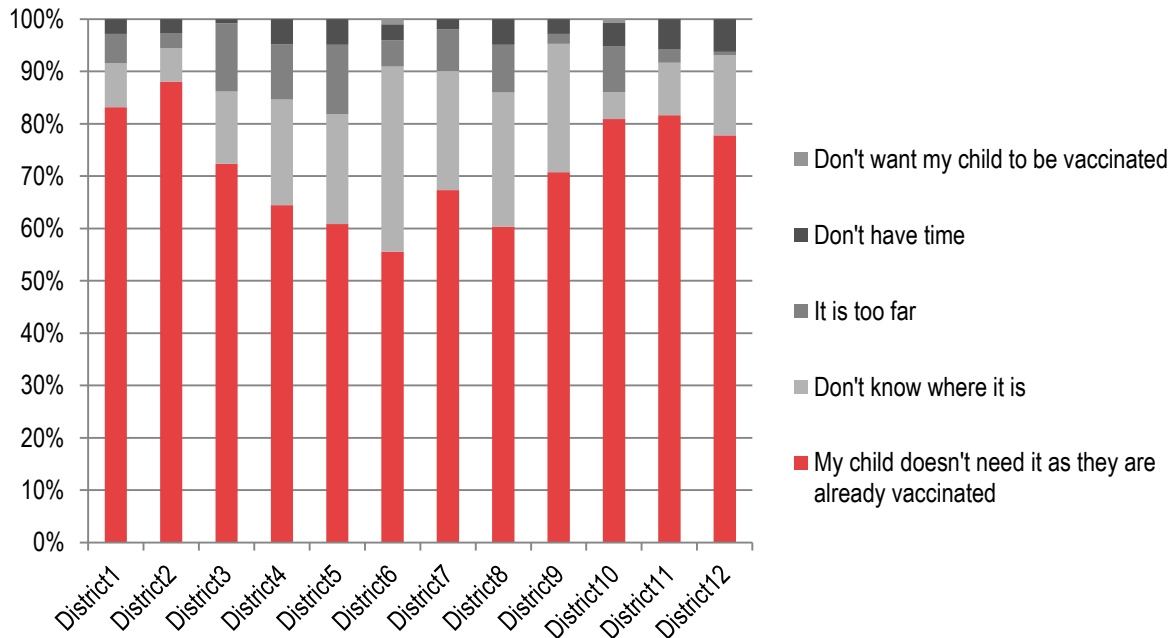


<sup>12</sup> NB: This question was multiple choice, therefore the percentages do not add up to 100%

As can be seen in Figure 6 below, there were differences between reasons for not attending vaccination centres between districts.<sup>13</sup> The most commonly cited reason was because the children had already been vaccinated, and therefore did not need further vaccinations. This warrants further research, as there is the possibility that **parents think the emergency vaccinations their children have received are sufficient, and are not clear that the routine vaccinations are against different diseases.** In most cases, children would not have completed their routine vaccination course in Syria, due to the lack of medical care available but also the fact that this course is done over several years. For the second most common reason 'I do not know where it is', responses ranged from only 5.1% of respondents in District 10, to 35.4% of respondents in District 6.

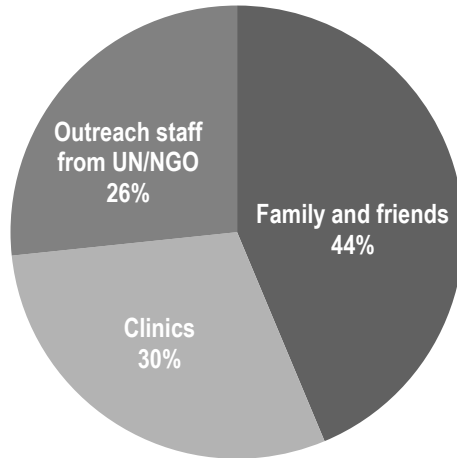
This suggests that **messaging about where to receive routine vaccinations could be effective if it targeted specific areas, for example by concentrating efforts on awareness raising in those districts with higher levels of respondents stating that they did not know where to go.** As could be expected given the clustering of health centres around the market street area (although this will soon be mitigated by the opening of a new hospital in the south-east of the camp), there were also large differences in the proportion of respondents who said that vaccination centres were 'too far'. Only 0.7% of respondents in District 12 cited this example, whereas in districts 3 and 5 13.0% and 13.3% of respondents respectively cited this reason.

Figure 6: Reasons for not attending routine vaccination centres



<sup>13</sup> This was shown to be statistically significant: p < 0.005

Figure 7: Source of information about routine vaccinations<sup>14</sup>

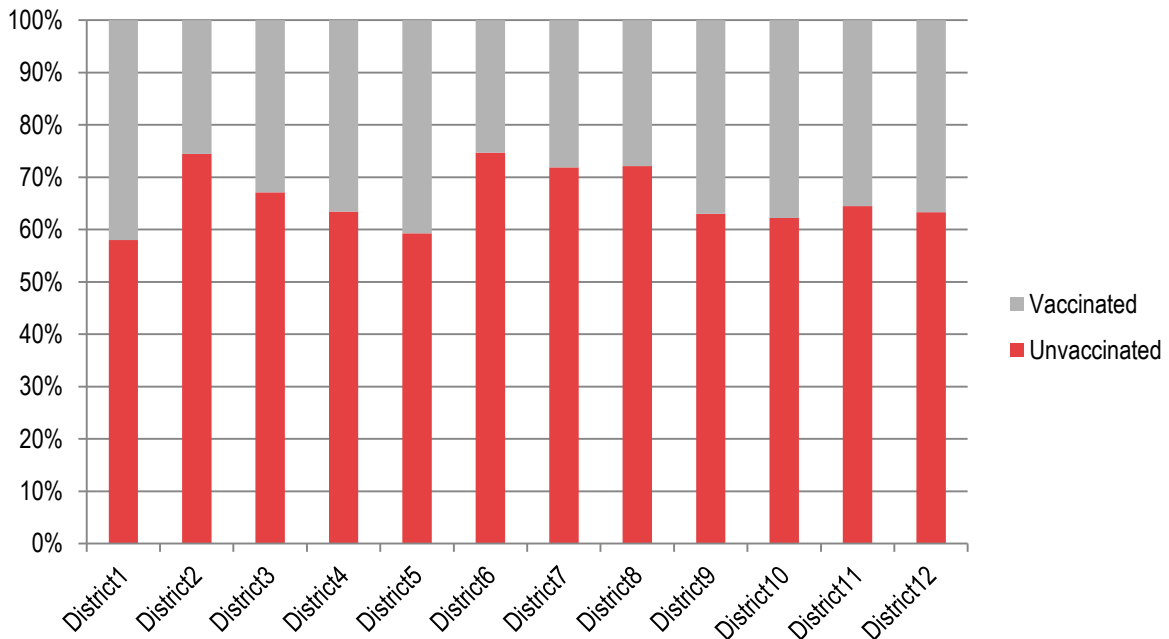


### Tetanus Toxoid vaccinations for women

This section details findings relating to the coverage of tetanus toxoid vaccination, currently on offer for all women of reproductive age (defined as ages 15-49) in the camp. Coverage was found to be less than half of respondents, again largely due to a perception that they are already vaccinated.

As can be seen from the figure below, **vaccination rates for tetanus toxoid in women of reproductive age ranged from a low of 25.3% and 25.5% in districts 6 and 2 respectively, to a high of 42.0% in District 1.** This was shown to be statistically significant.<sup>15</sup>

Figure 8: Vaccination rates for tetanus toxoid in women of reproductive age (15-49)

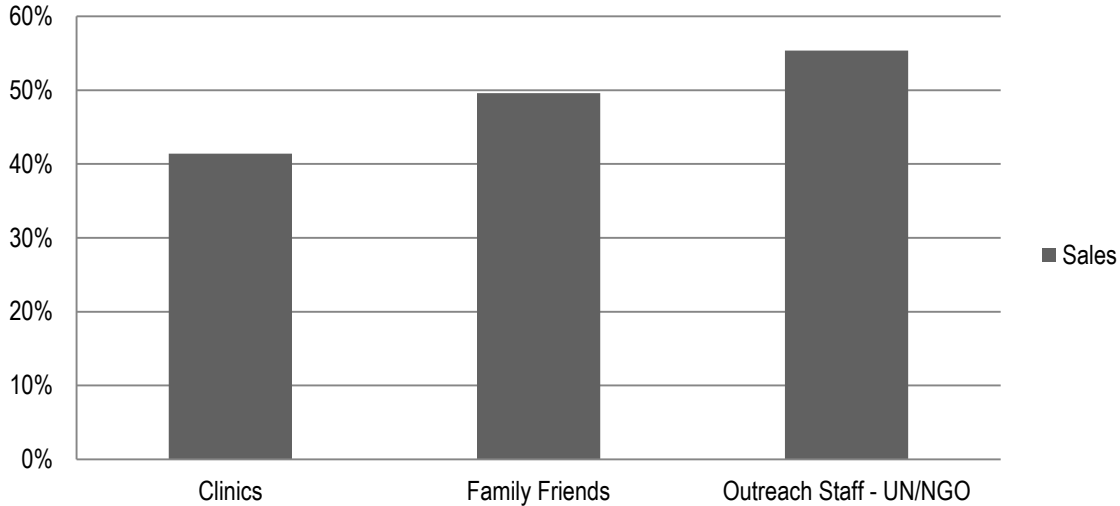


<sup>14</sup> In addition to that shown in the below figure, 0.08% (n=1) stated the option 'other'

<sup>15</sup> P < 0.05

The most commonly cited source of information for hearing about tetanus toxoid vaccinations was from UN/NGO outreach staff, at 55.4% in comparison to only 26% of respondents who cited this source of information for routine vaccinations. This suggests there is the potential for outreach staff to expand the messages they are giving to include more information about routine vaccinations.

Figure 9: Source of information about tetanus toxoid vaccinations



Over a third (38.3%) of women who had not gotten a tetanus toxoid vaccination did so because they believed themselves to be vaccinated already. There were significant numbers of respondents who had not gone because either they did not know about these vaccinations at all (18%), or they did not know where they could access them (14.9%). Worryingly, of women who had received a tetanus toxoid vaccination, only 14.5% said that the nurse had given them a vaccination card, and only 15.3% said the nurse has instructed them on when to come for a follow up injection. This suggests there could be improvements made to these aspects of the vaccination procedure for tetanus toxoid, as these rates are far lower than those reported for routine vaccinations for children.

Figure 10: Reasons for not getting tetanus toxoid vaccination

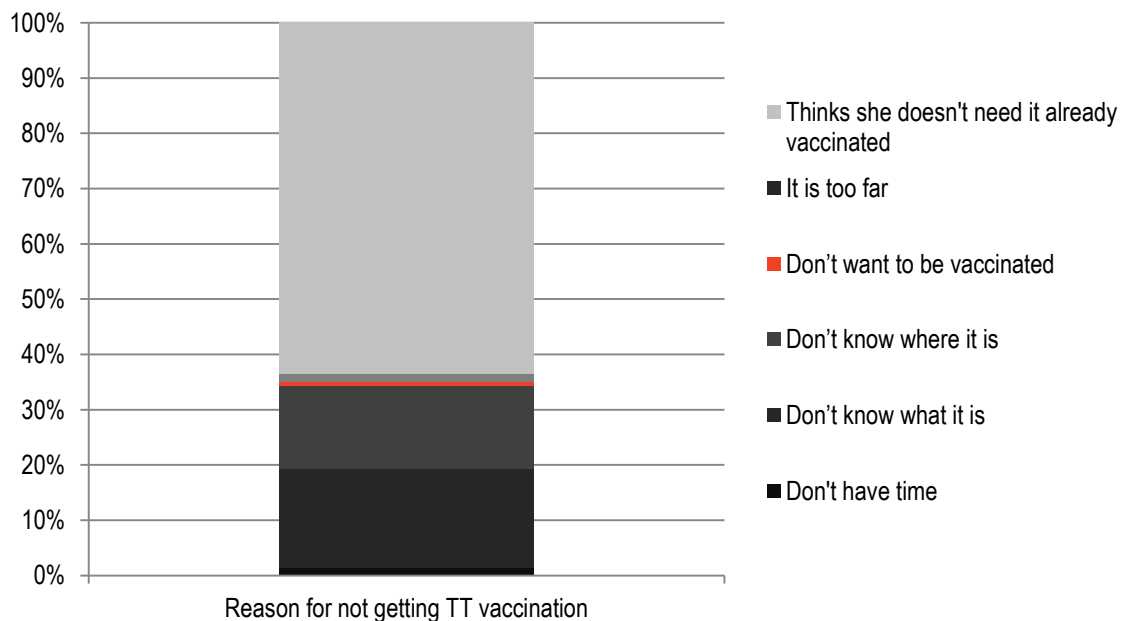
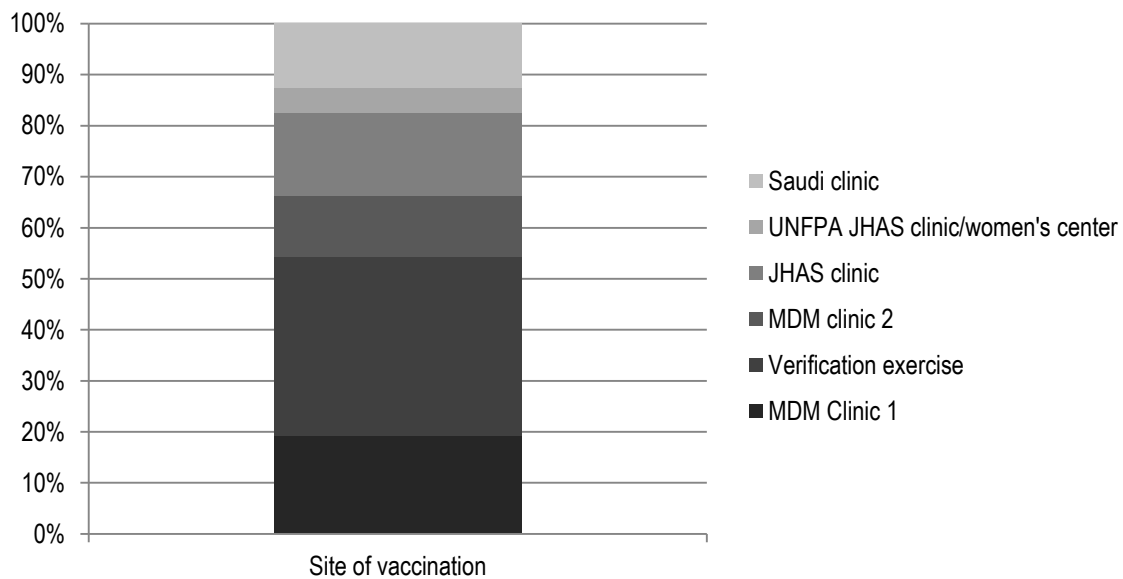


Figure 11: Location where tetanus toxoid vaccination was received

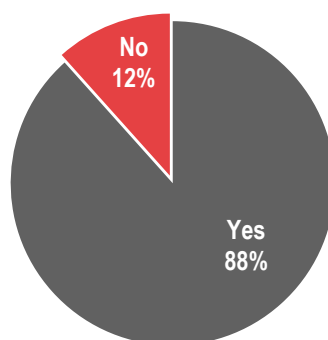


### INFANT AND YOUNG CHILD FEEDING PRACTICES

This sub-section details information regarding breastfeeding practices and attendance at the infant and young child feeding (IYCF) units in the camp. **Reported rates of exclusively breastfeeding children under six months are extremely high compared to data from 2010 in Jordan and Syria**, which may be due to erroneous responses, or alternatively factors in the camp environment encouraging exclusive breastfeeding.

**Of all respondents to this survey, 7.4% had a child under the age of six months at the current time (n=258). Of these, 88.4% said that they exclusively breastfed their children.** This compares to 22% of Jordanian and 29% of Syrian mothers who exclusively breastfed in a study in 2010.<sup>16</sup> The very high rates reported during this study could be due to respondents falsely reporting exclusively breastfeeding, or alternatively it could be due to the refugee camp setting: for example having less food available due to the ration, which does not normally include formula, or due to increased presence of messaging from NGOs on the importance of exclusively breastfeeding.

Figure 12: Proportion of respondents with children under 6 months who exclusively breastfeed<sup>17</sup>

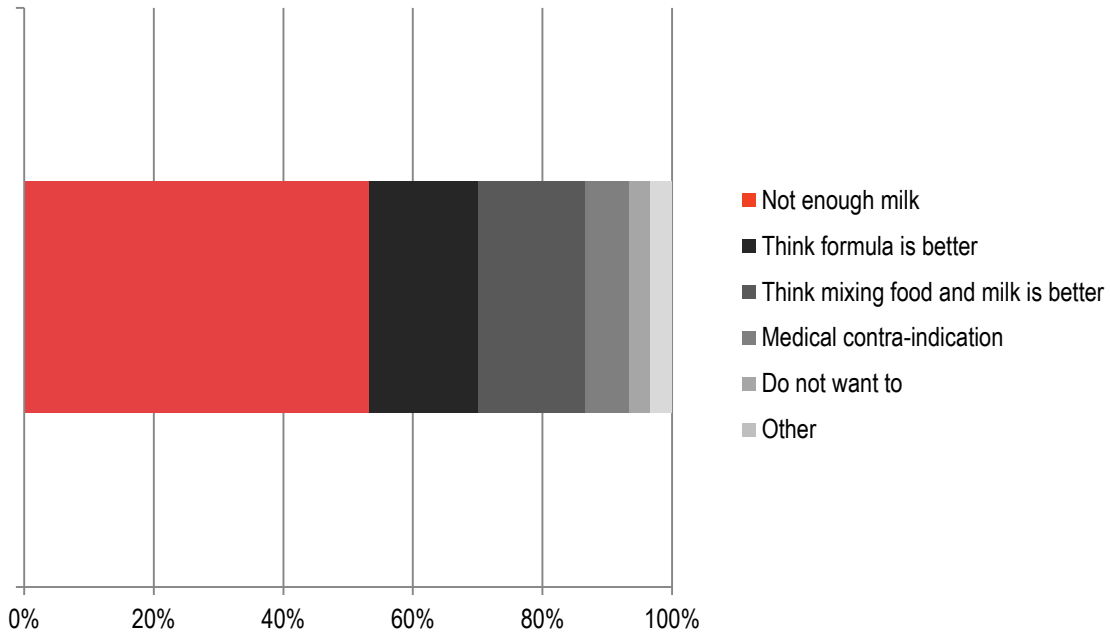


<sup>16</sup> <http://www.internationalbreastfeedingjournal.com/content/5/1/6>

<sup>17</sup> N=258

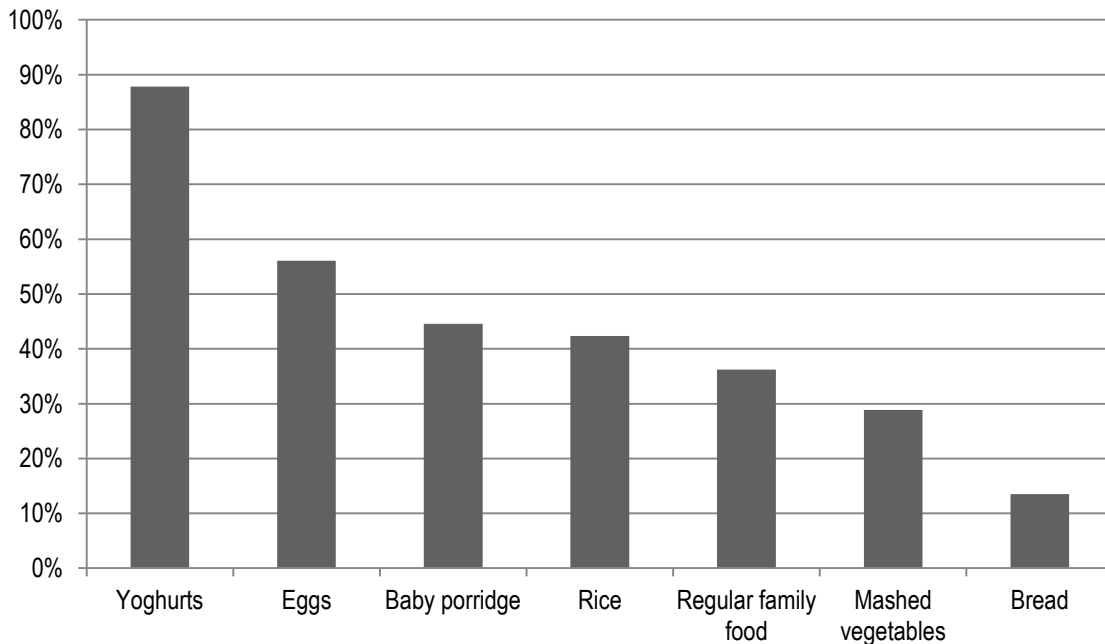
As can be seen for the below figure, the **most commonly cited reason** for not exclusively breastfeeding children under the age of six months was **not having enough milk**, which was cited by 53.3% (n=16) of respondents.

Figure 13: Main reason cited for not exclusively breastfeeding children < 6 months<sup>18</sup>



The most common solid food given to start diversification of food for children under the age of 2 years was yoghurt, which 87.8% of respondents with children under the age of two cited, followed by eggs, which 56.1% mentioned. Over a third (36.2%) of respondents said that they gave normal family food to their children below the age of two years.

Figure 14: Solid food first given to children<sup>19</sup>



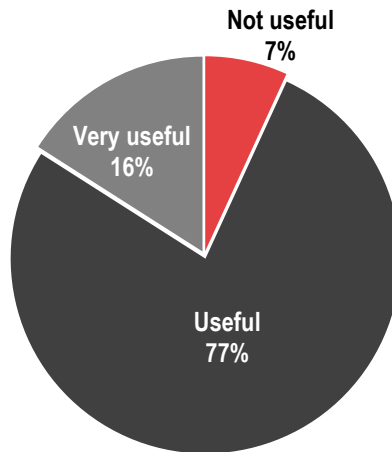
<sup>18</sup> N=30

<sup>19</sup> NB as this was a multiple choice question it does not add up to 100%

Of the households including female members of reproductive age<sup>20</sup>, 25.4% had a woman who was either pregnant or lactating, demonstrating a relatively high prevalence of PLWs in the camp. Of these, a bit less than a third (31%) said that they had attended an IYCF caravan, and 39.9% said that they had seen a healthcare provider about their pregnancy. This suggests that although many women do take advantages of these services, there is still room to improve access and uptake, to reach a higher proportion of PLWs.

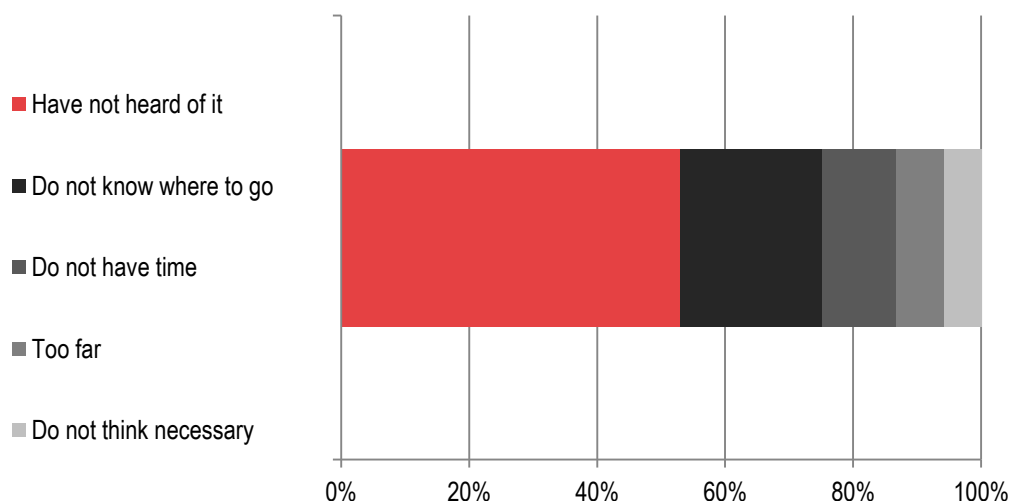
As can be seen from Figure 15 below, over three-quarters (77.2%) of people who had attended IYCF caravans said that the information they received was useful, with a further 16.0% saying that it was very useful. Only 6.8% of respondents who had attended the IYCF caravans did not find them useful.

Figure 15: Perceived utility of IYCF caravans (from respondents who had attended)



The most common reason for not attending the IYCF caravans was not having heard about them, which was cited by a majority (53%) of PLW who had not attended them. A further 22.2% of women said they had not gone because they did not know where it was. There was a statistically significant difference for the reasons that women stated they did not go to the IYCF caravans between the different districts,<sup>21</sup> with for example 51.2% of respondents (n=22) who stated the reason they did not go was because the IYCF caravans were too far away residing in districts 6 or 7, as shown in Figure 16 below.

Figure 16: Reasons for not attending IYCF caravans



<sup>20</sup> This was defined at women aged 15-49 years

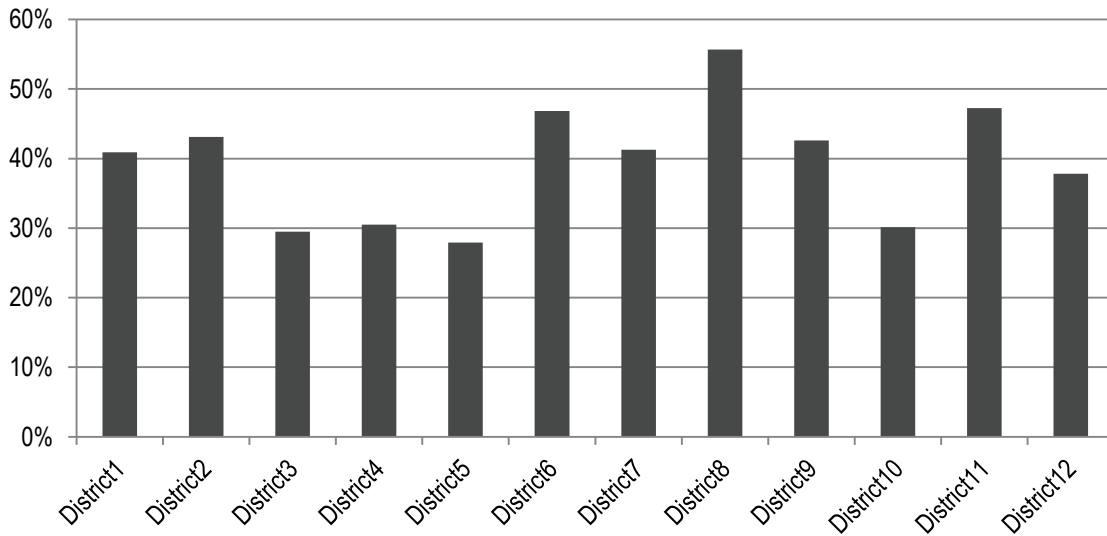
<sup>21</sup> P < 0.05

**REPRODUCTIVE HEALTH**

This sub-section outlines respondents use and knowledge of contraceptives, as well as their attendance for ante-natal care visits. **Knowledge of contraceptive options was found to be extremely high in the camp, although uptake is far lower.**

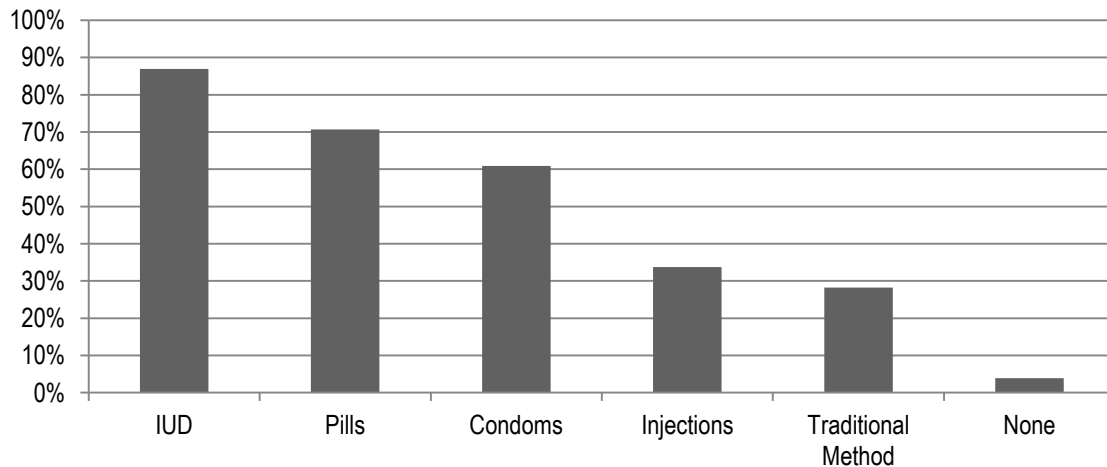
As see in the below figure, the percentage of currently pregnant or lactating women who said they had received ante-natal care varied between districts, from a low of only 27.9% in District 5 to a high of 55.7% in District 8. Across the camp, 39,9% of PWLs responding to this survey indicated they had not gone for an ante-natal check up.

Figure 17: Proportion of PLWs who had attended ante-natal care



As can be seen from Figure 17 below, **only 3.9% of respondents said that they had never heard of any methods of family planning. The most commonly mentioned form of contraception was Intra Uterine Devices (IUDs), which 87% of respondents had heard of, followed by pills, which 70.7% had heard of.** Almost all respondents (93.8%) said that they had primarily heard about family planning methods whilst in Syria.

Figure 18: Methods of contraceptive known about by women aged 15-49<sup>22</sup>

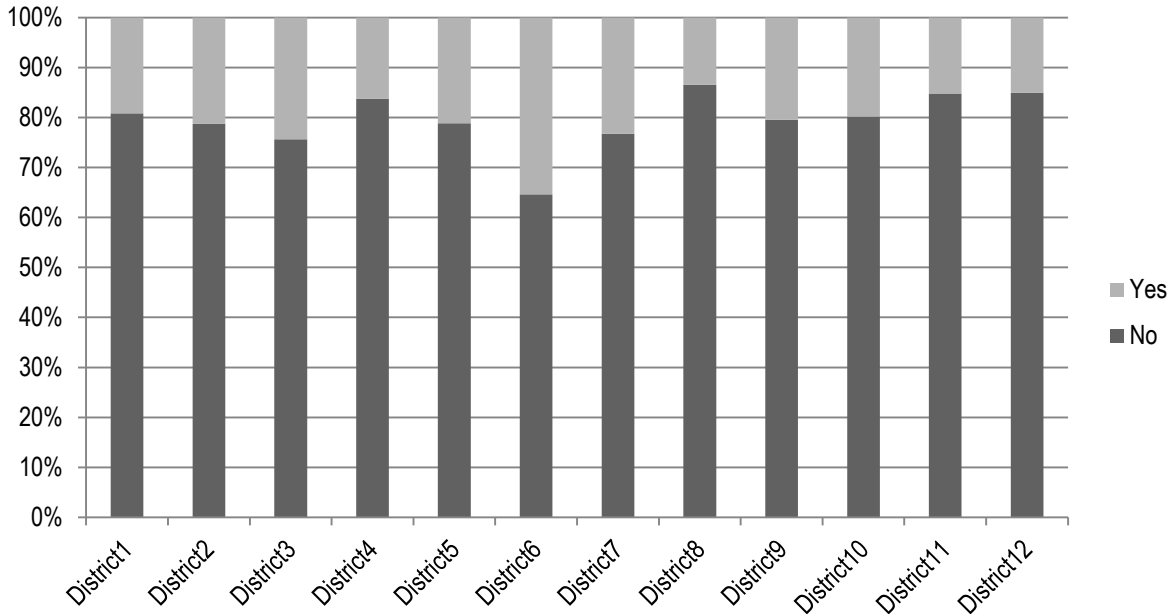


<sup>22</sup> Nota Bene, due to a methodological oversight, the option for hormone implants was not included in this survey, however during the data collection, enumerators combined the options for 'injection' and 'implant', as they felt these to be similar and related.



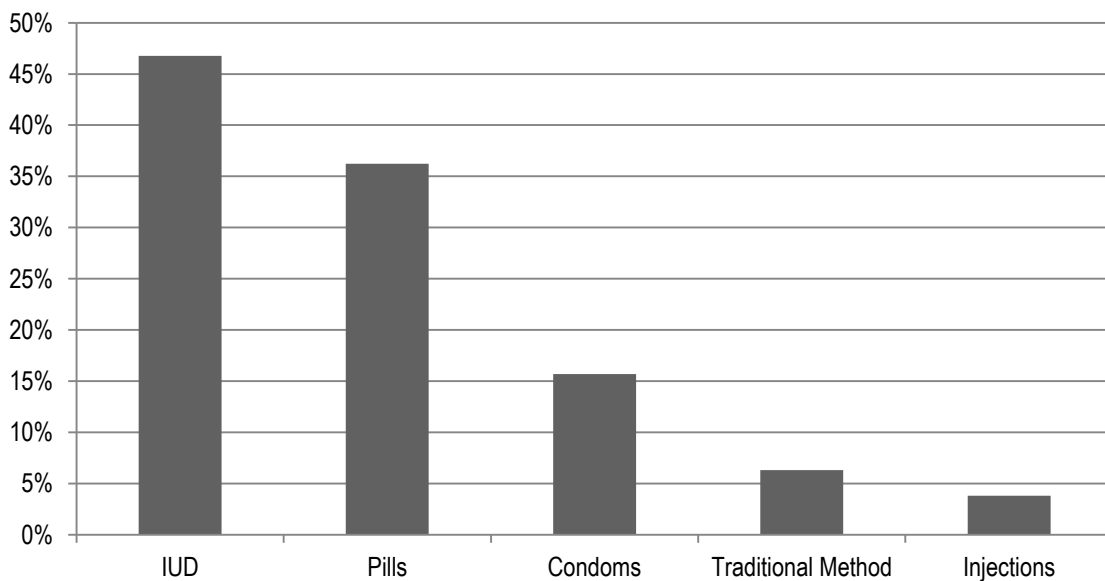
Across the entire camp, 20.4% of respondents said that they were currently using a form of family planning. This varied between districts, ranging from only 12.5% of respondents in District 8 to 35.3% in District 6, as illustrated in the figure below.

Figure 19: Current use of contraceptives by women aged 15-49



When asked what type of contraceptives they were currently using, a vast majority (94.7%) indicated they were only using one type of contraceptive. As can be seen from Figure 20 below, IUDs were the most commonly used contraceptive, with 46.8% of respondents who used contraceptives using them, followed by pills, which 36.2% used. As neither of these types of contraception protect against the transmission of sexual diseases, there is a clear benefit in advocating for condom usage instead of only IUDs and pills, and to expand the aim of contraceptive use beyond only family planning to also include prevention of the transmission of disease.

Figure 20: Type of contraceptive currently used by women aged 15-49



## CONCLUSION

The findings presented in this report provide key information on uptake of routine and emergency vaccinations in Al Za'atari camp, as well as the use of the IYCF caravans, and knowledge and use of contraceptives. These findings aim **to inform future programming decisions and interventions in the health sector**. Findings will be presented to the health working group in Al Za'atari, and the report being disseminated to all stakeholders in Al Za'atari and in Amman. The findings of this assessment also tie in with the 2014 Regional Syria Response Plan's sectoral priorities for health, which specifies that increasing routine vaccination coverage and the expansion of the reproductive health response are the key priorities for aid actors operating in Jordan.

Overall, this assessment highlights that **health provision in Al Za'atari has a wide coverage and a high uptake**, especially when it comes to emergency vaccinations. Nonetheless, **there is still scope for further outreach to a broader section of the camp population**, in particular for more routine medical services such as attending ante-natal clinics, routine vaccinations and attendance at the IYCF caravans. In some cases for example people indicate they do not know where to access routine vaccinations even though are sites in the district they live in, pointing to a need for better communication and advocacy within the community.

As the new camp of Azraq just opened in addition to the other three formally established refugee camps of Cyber City, Emirates-Jordan Camp, and King Abdullah Park, the findings from this assessment in Al Za'atari will also usefully **inform the country-level health sector strategy and response planning for all camps across Jordan**, as Syrian refugee children and women are likely facing similar situations specific to refugee camp settings. Moreover, the health sector response would benefit from close coordination with aid interventions in a range of sectors, include protection of children and women within the broader sector of Protection and through which specialist interventions are targeting persons with specific needs.

**REACH will continue to provide support to the health sector in Al Za'atari** as well as in the host communities in Jordan, and will follow-up with its partner UNICEF if a need for future health assessments is identified. Within the next quarter of the year REACH will be providing support to the health sector by assisting in identifying potential sources of food and drink contamination in Al Za'atari market, as well as hygiene practices in the food and drink shops there. All REACH products from assessments carried out in Al Za'atari are publicly available through the UNHCR data sharing portal, as well as on the REACH resource centre.

## ANNEX 1: ASSESSMENT QUESTIONNAIRE (ENGLISH)

- 1- In which district do you live?
 

- 1	- 5	- 9
- 2	- 6	- 10
- 3	- 7	- 11
- 4	- 8	- 12
- 2- Take the GPS coordinate of this house
- 3- When did you arrive in the camp?
 

- July 2012	- February 2013	- September 2013
- August 2012	- March 2013	- October 2013
- September 2012	- April 2013	- November 2013
- October 2012	- May 2013	- December 2013
- November 2012	- June 2013	- January 2014
- December 2012	- July 2013	- February 2014
- January 2013	- August 2013	
- 4- Do you have children under 15yo or women aged 15-49 yo living here? (If no, end questionnaire)
  - Yes
  - No

### Emergency vaccinations:

- 5- Do you have children under the age of 5 living in this household? (if no, skip to Textanus Toxoid section)
  - Yes
  - No
- 6- How many of your children under 5 yo received oral polio vaccinations (2 drops)? .../...
- 7- If yes, how please indicate each place this occurred :
  - In Syria
  - on arrival in Jordan
  - in October 2013
  - in November 2013
  - in December 2013
  - in March 2013
- 8- How many of your children aged 6 months-15yo receive measles vaccination (injection)? .../...
- 9- If yes, when :
  - On arrival in Jordan
  - In April 2013
  - In November 2013

### Routine vaccinations for children:

- 10- Did you hear about routine vaccinations sites for small children in the camp?
- 11- If yes, from where did you hear about it : (select all that apply)
  - Clinics
  - Family/friends
  - Outreach staff (from UN or NGO)
  - Other (if other specify)
- 12- If yes, how many of your children under 5yo received vaccines there?
- 13- If yes, in which site did your child receive the vaccines (select all that apply) :
  - MDM clinic 2 (district 5)
  - MDM clinic 1 (on "champs elysees")
  - In JHAS clinic (same)

- In Saudi clinic (same)
  - In UNFPA/JHAS clinic (women center)
  - Verification exercise
- 14- If yes, did the nurse tell you when and where to come back for next vaccine?
- Yes
  - No
- 15- Did the nurse give you a vaccination card?
- Yes
  - No
- 16- If yes, can you show it to me? (select answer below based on if you see the card or not)
- Yes
  - No
- 17- If your children under 5 are not vaccinated, why didn't you bring them there?
- Don't know where it is
  - It is too far
  - my child doesn't need it/already vaccinated
  - Don't have time
  - Don't want my child to be vaccinated. (if so specify in open text box)----- Why?.....

**Tetanos Toxoid (TT) vaccines for women:**

- 18- Do you have women aged from 15-49 living here? (if no skip to end)
- Yes
  - No
- 19- How many women aged from 15 to 49 yo live here?
- 20- How many of them received TT vaccines in the camp?
- 21- If yes, from where did they know about it :
- Clinics
  - Family/friends
  - Outreach staff (from UN or NGO)
  - Other
- 22- If yes, in which site did they get TT vaccines :
- MDM clinic 2 (district 5)
  - MDM clinic 1 (on old market street)
  - In JHAS clinic (same)
  - In Saudi clinic (same)
  - In UNFPA/JHAS clinic (women centre)
  - Verification exercise
- 23- Did the nurse tell you when and where to get the next doses?
- Yes
  - No
- 24- Did the nurse give you a vaccination card?
- Yes
  - No
- 25- If yes, could you show it to me? (only select yes if you have seen the card)
- Yes
  - No
- 26- If not, why did they not go : (select one only)
- Don't know what it is
  - Don't know where it is
  - It is too far
  - Thinks she doesn't need it/already vaccinated
  - Don't have time
  - Don't want to be vaccinated. Why?.....

**Pregnant and lactating women and IYCF:**

- 27- Does the person you are speaking to currently have a baby under 6 months old? (if no skip to end)
- Yes
  - No
- 28- If you have a baby under 6 months, do you exclusively breastfeed him?
- Yes
  - No
- 29- If you don't exclusively breastfeed, why not :
- Don't want
  - Medical contra-indication
  - Think that formula is better
  - Think that mixing milk and food is better
  - Not enough breast milk
  - Other
- 30- For children under 2 years, at what age did you start to give solid food (not only milk)? (number box)
- 31- What kind of food did you give him then : (don't spell the list)
- Mashed vegetables
  - Yoghurts
  - Meat
  - Eggs
  - Baby porridge
  - Rice
  - Family food (regular food prepared for the family)
  - Bread
- 32- Did you ever go to IYCF caravans (for pregnant and lactating mothers)?
- 33- If yes, did you find the informations received useful: (if answer useful or very useful skip 34 and end survey)
- Not useful
  - Useful
  - Very useful
- 34- If not, why :
- Doesn't know about it
  - Doesn't know where it is
  - It is too far
  - No time
  - No need
  - Other
- 35- If you are pregnant now, have you seen any health care provider about this pregnancy?
- 36- What family planning methods have you ever heard of? (do not list them, allow people to talk freely and then pick the appropriate answer)
- IUD
  - Condoms
  - Pills
  - Injections
  - Traditional method
- 37- Where did you heard about FP methods?
- Syria
  - Camp
  - I never heard about FP methods
  - Others
- 38- Do you use any FP method currently? If Yes , which one?
- IUD
  - Condoms
  - Pills
  - Injections
  - Traditional method

## ANNEX 2: ASSESSMENT QUESTIONNAIRE (ARABIC)

- 1- في اي قطاع تسكن ؟
- |     |     |     |      |
|-----|-----|-----|------|
| - 1 | - 4 | - 7 | - 10 |
| - 2 | - 5 | - 8 | - 11 |
| - 3 | - 6 | - 9 | - 12 |
- 2- Take the GPS coordinate of this house
- 3- متى وصلت الى المخيم ؟
- |                         |                         |
|-------------------------|-------------------------|
| - 2012 الشهر السابع     | - 2013 الشهر الخامس     |
| - 2012 الشهر الثامن     | - 2013 الشهر السادس     |
| - 2012 الشهر التاسع     | - 2013 الشهر السابع     |
| - 2012 الشهر العاشر     | - 2013 الشهر الثامن     |
| - 2012 الشهر الحادي عشر | - 2013 الشهر التاسع     |
| - 2012 الشهر الثاني عشر | - 2013 الشهر العاشر     |
| - 2013 الشهر الاول      | - 2013 الشهر الحادي عشر |
| - 2013 الشهر الثاني     | - 2013 الشهر الثاني عشر |
| - 2013 الشهر الثالث     | - 2014 الشهر الاول      |
| - 2013 الشهر الرابع     | - 2014 الشهر الثاني     |
- 4- هل يوجد لديك اطفال دون سن 15, او نساء اعمارهن بين 15 سنة الى 49 سنة يعيشون معكم حاليا في هذا المسكن ؟  
( اذا لا قم بألغاء الاستبانة )
- نعم  
- لا
- اللقاءات في حالات الطوارئ
- 5- هل يوجد لديك اطفال دون سن الخامسة يعيشون معك في هذا المسكن ؟  
( إذا لم يكن هناك، انتقل إلى القسم المضاد لتوكسويد الكزاز )
- نعم  
- لا
- 6- كم عدد الاطفال في هذا المسكن الذين اعمارهم دون الـ 5 سنوات تلقوا اللقاح القموي ضد شلل الاطفال (قطرتان) ؟  
.../...
- 7- اذا نعم , الرجاء ذكر كل مكان تم فيه ذلك
- في سوريا  
- عند الوصول الى الاردن  
- 2013 الشهر العاشر  
- 2013 الشهر الحادي عشر  
- 2013 الشهر الثاني عشر  
- 2013 الشهر الثالث
- 8- كم طفل من الاطفال الذين يعيشون في هذا المسكن الذين اعمارهم بين الـ 6 اشهر الى الـ 15 سنة تلقوا لحاح الحصبة ( عن طريق الحقن ) ؟
- 9- اذا نعم , متى ؟
- عند الوصول الى الاردن  
- 2013 الشهر الرابع  
- 2013 الشهر الحادي عشر

## اللقاءات الروتينية للأطفال

- 10- هل سمعت عن مراكز اللقاءات الروتينية للأطفال الصغار في المخيم ؟
- 11- اذا نعم , من اين سمعت عنهم ؟
- العيادات  
- الاقارب / الاصدقاء  
- من موظفين التوعية الميدانيين ( الامم المتحدة او المنظمات )  
- اخر ( وضح )

- 12- اذا نعم , كم طفل من اطفالك الذين اعمارهم دون الـ 5 سنوات تلقوا اللقاحات هناك ؟
- 13- اذا نعم , في اي مركز أخذ طفلك اللقاحات ؟ ( اختار جميع الاختيارات الممكنة )
- MDM عيادة منظمة اطباء العالم رقم 2 (القطاع الخامس )
  - MDM عيادة منظمة اطباء العالم رقم 1 (شارع السوق الرئيسي)
  - في عيادة العون الصحية (شارع السوق الرئيسي)
  - العيادة السعودية (شارع السوق الرئيسي)
  - في عيادة جمعية العون/صندوق الامم المتحدة (مركز المرأة)
  - عملية التحقق
- 14- اذا نعم , هل اخبرتك الممرضة متى يجب ان تعود بطفلك لأخذ اللقاح التالي ؟
- نعم
  - لا
- 15- هل اعطتك الممرضة بطاقة التطعيم ؟
- نعم
  - لا
- 16- اذا نعم , هل بإمكانك رؤيتها ؟
- ( اجب عن السؤال على اساس رؤيتك للبطاقة او لا )
- نعم
  - لا
- 17- اذا كان لديك اطفال دون الـ 5 سنوات لم يتم تطعيمهم , لماذا لم تحضرهم الى هناك ؟
- If your children under 5 are not vaccinated, why didn't you bring them there?
- لا اعرف مكان هذه المراكز
  - بعيدة جدا
  - طفلي لا يحتاج / سبق وأن أخذ اللقاحات
  - ليس لدي وقت كافي لذلك
  - لماذا -----(اذا كانت هذه الاجابة , وضح السبب في مربع النص التالي ) . لا اريد تلقيح طفلي ؟.....

#### لقاحات المرأة (TT) توكسيد الكزاز

- 18- هل لديك نساء اعمارهن بين الـ 15 سنة الى الـ 49 سنة يعيشن في هذا المسكن ؟ ( اذا لا , تخطى للنهاية )
- نعم
  - لا
- 19- كم عدد النساء اللواتي اعمارهن بين الـ 15 سنة الى الـ 49 سنة يعيشن في هذا المسكن ؟
- 20- كم منهم اللواتي أخذن لقاح توكسيد الكزاز في المخيم ؟
- 21- اذا نعم , من اين عرفوا عن هذا اللقاح ؟
- العيادات
  - الاقارب/الاصدقاء
  - من موظفين التوعية الميدانيين ( الامم المتحدة او المنظمات )
  - اخر
- 22- اذا نعم , في اي مركز تلقوا لقاح توكسيد الكزاز ؟
- MDM عيادة منظمة اطباء العالم رقم 2 (القطاع الخامس )
  - MDM عيادة منظمة اطباء العالم رقم 1 (شارع السوق الرئيسي)
  - في عيادة العون الصحية (شارع السوق الرئيسي)
  - العيادة السعودية (شارع السوق الرئيسي)
  - في عيادة جمعية العون/صندوق الامم المتحدة (مركز المرأة)
  - عملية التحقق
- 23- هل اخبرتك الممرضة متى واين ستتلقى الجرعة التالية ؟
- نعم
  - لا

- 24- هل اعطتك الممرضة بطاقة القاحات ؟
- نعم
  - لا
- 25- اذا نعم , هل بإمكانك رؤيتها ؟  
( اجب عن السؤال على اساس رؤيتك للبطاقة او لا )
- نعم
  - لا
- 26- اذا كان غير ذلك , لماذا لم يذهبوا (اختر اجابة واحدة )
- لا يعرفون ما هي
  - لا يعرفون اين
  - بعيدة جدا
  - تعتقد انها لا تحتاج / سبق وأن اخذت اللقاح
  - لا يوجد وقت كافي
  - لا تريد ان تأخذ اللقاح . لماذا ؟
  -

**IYCF: النساء الحوامل والمرضعات**

- 27- هل لدى الشخص الذي تتكلم اليه طفل عمره اقل من 6 اشهر حاليا ؟  
( اذا لا , تخطى للنهاية )  
Does the person you are speaking to currently have a baby under 6 months old? (if no skip to end)
- نعم
  - لا
- 28- اذا لديك طفل عمره اقل من 6 اشهر , هل يتلقى الرضاعة الطبيعية حصرا ؟
- نعم
  - لا
- 29- اذا لا يتلقى الرضاعة الطبيعية حصرا , لماذا ؟  
If you don't exclusively breastfeed, why not :
- لا اريد
  - موانع طبية
  - اعتقد ان الغذاء البديل افضل
  - أعتقد أن مزج الحليب وطعام هو أفضل
  - حليب الصدر لا يكفي
  - اخر
- 30- للاطفال دون السنيتين , عند اي عمر بدأت بأطعمه المواد الغذائية الصلبة ( ليس الحليب فقط ) ؟  
(number box)
- 31- ما هو نوع الطعام الذي كنت تطعمه اياه ؟ ( لا تقرأ الخيارات الموجودة في القائمة )
- الخضروات المهروسة
  - اللبن
  - لحم
  - بيض
  - سيريلاك
  - ارز
  - طعام العائلة ( الوجبة المعتادة والمجهزة للعائلة )
  - خبز
- 32- هل سبق لك أن زرت كرفان النساء الحوامل والمرضعات ؟
- 33- اذا نعم , هل وجدت ان المعلومات التي تلقيتها هناك مفيدة ؟ ( اذا كانت الاجابة مفيدة او مفيدة جدا , تخطى 34 للنهاية )
- غير مفيدة
  - مفيدة
  - مفيدة جدا
- 34- اذا لا , لماذا ؟
- لا اعرف عنها
  - لا اعرف مكانها



- بعيدة جدا
- لا يوجد وقت
- لا حاجة لذلك
- اخر

إذا كنتي حامل الآن ، هل رأيتي أي مقدمي خدمات الرعاية الصحية حول هذه الحمل؟ - 35

ما هي طرق تنظيم الاسرة التي سبق وأن سمعت عنها ؟ - 36

( لا تقرأ الاختيارات , اعطي المجال للتحدث بحرية ثم اختار الاجابة المناسبة )

- الواقي الذكري -اللولب
- حبوب منع الحمل
- الحقن -
- الطرق التقليدية -

اين سمعت عن طرق تنظيم الاسرة ؟ - 37

- سوريا
- المخيم
- لم اسمع بطرق تنظيم الاسرة ابدا
- اخر

هل تستخدم اي من طرق تنظيم الاسرة حاليا ؟ - 38

اذا نعم , اي واحدة منهم ؟

- اللولب
- الواقي الذكري
- حبوب منع الحمل
- الحقن
- الطرق التقليدية