

#### Summary Key Points:

##### Mortality

In the third quarter of 2016, 29 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.5/1,000 population/year) which is slightly lower than the reported CMR in the first half of 2016, and is also lower than both the reported CMR in Syria prior to the conflict in 2010 (0.33/1,000 population/month; 4.0/1,000 population/year)<sup>1</sup> and the reported CMR in Jordan in 2014 according to the Department of Statistics (0.51/1,000 population/month; 6.1/1,000 population/year)<sup>2</sup>.

Among the 29 deaths, 5 were neonatal with a proportional mortality of 17% which is comparable to the first half of 2016. Calculated neonatal mortality rate (NNMR) in the third quarter was 6.8/1,000 livebirths which is lower than the NNMR in the first half (9.8/1,000 livebirths) and is also lower than Jordan's NNMR (14.9/1,000 livebirths).

Ischemic heart disease, cardiovascular disorder and cerebrovascular disease accounted for approximately 55% of all reported mortality cases.

CMR is influenced by the size of the population. Thus, despite the fact that CMR was calculated based on the median population in Zaatri in the third quarter of 2016 which was 79,128, it should be kept in mind that there may have been some fluctuations through the year due to people moving in and out of the camp as well as refugees leaving the camp. Furthermore, the death cases reported in Zaatri are mortalities that took place inside the camp in addition to cases referred to health facilities outside the camp. Nevertheless, this system does not capture death cases that take place outside the camp who have not followed the usual referral procedures; i.e. cases that by themselves directly approached health facilities outside the camp and have not been reported by their family members back in the camp.

Taking the two above mentioned factors into consideration, the calculated CMR for Zaatri in the third quarter of 2016 might be underestimated or overestimated.

##### Morbidity

There were 58.7 full time clinicians in Zaatri camp during the third quarter of 2016 covering the outpatient department (OPD) with 31 consultations/clinician/day on average which is comparable to the first half of 2016 and is within the acceptable standard (<50 consultations/clinician/day).

Eighteen alerts were investigated during the third quarter of 2016 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles and suspected meningitis.

For acute health conditions upper respiratory tract infections (URTI), dental conditions and skin influenza-like illness were the main reasons to seek medical care in the third quarter of 2016.

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<sup>1</sup>World Bank Indicators

[http://data.worldbank.org/indicator/SP.DYN.CDRT.IN/countries?order=wbapi\\_data\\_value\\_2013+wbapi\\_data\\_value+wbapi\\_data\\_value-last&sort=asc](http://data.worldbank.org/indicator/SP.DYN.CDRT.IN/countries?order=wbapi_data_value_2013+wbapi_data_value+wbapi_data_value-last&sort=asc)

<sup>2</sup>Jordan Statistical Yearbook 2014 – Department of Statistics

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in the third quarter of 2016 same as first half of 2016, as well as 2015 and 2014.

Mental health consultations accounted for 1.5% of total consultations. Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during the third quarter of 2016 same as first half of 2016, as well as 2015 and 2014.

### Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), MSF-Holland and JHAS/UNFPA clinic in Zaatri camp. 989 new inpatient admissions were reported during the third quarter of 2016 with a bed occupancy rate of 47% and hospitalization rate of (4.2/1,000 population/month; 50.0/1,000 population/year) which is 30% higher than the first half of 2016. The reason behind this increase is that delivery cases performed at JHAS/UNFPA clinic were not captured in the IPD section of HIS during 2015; JHAS/UNFPA clinic started reporting on the IPD section as of February 2016. Please note this does not include referrals for inpatient admissions outside of the camp.

### Referrals

Total referrals to hospitals outside the camp were 1,966 during the third quarter of 2016 with a referral rate of 8.3/1,000 population/month which is comparable to the second quarter. Referrals for internal medicines accounted for 51% of total referrals.

### Reproductive Health

1,610 pregnant women were reported to have made their first antenatal care (ANC) visit during the third quarter of 2016, only 77% of those made their first visit during the first trimester. Given that this number is 2.1 times the number of deliveries during the third quarter of 2016 there is likely to be significant reporting error (follow- up antenatal visits being reported as the first visit, or women accessing antenatal care in multiple locations and thus being reported more than once).

Reported coverage of antenatal care in the third quarter of 2016 is low. In particular (4 or more ANC visits; 77%), tetanus vaccination (73%). This is comparable to the coverage in the first half of 2016 but this has improved since 2015 when it was even lower.

740 live births were reported in the third quarter of 2016 with a crude birth rate (CBR) of 3.1/1,000 population/month. All were attended by skilled health worker. 24% of deliveries were caesarian section. This is comparable to first half of 2016.

Low birth weight is under-reported (1% of livebirths) due to the unavailability of the birth weight for many cases referred for delivery at hospitals outside the camp.

The number of obstetric complications treated is incompletely reported as the number of very low. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the second quarter of 2016 is 57%. This is 1.2 times lower than the first half of 2016. Situation will be monitored over the fourth quarter of 2016.