

Summary Key Points:

Mortality

In 2017, 183 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.3/1,000 population/year) which is slightly higher than the reported CMR in the 2016 (0.2/1,000 population/month; 2.0/1,000 population/year) and 2015 (0.2/1,000 population/month; 2.8/1,000 population/year). This 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)¹ and the reported CMR in Jordan in 2015 according to the Department of Statistics (0.5/1,000 population/month; 6.0/1,000 population/year)².

Among the 183 deaths, 48 were neonatal deaths with a (26%) of all deaths and (73%) of under 5 mortalities. This resulted in neonatal mortality rate (NNMR) of 13.8/1,000 livebirths which is lower than Jordan's NNMR of 14.9/1,000 livebirths, but is higher than that reported NNMR in 2016 (10/1,000 livebirths) Neonatal deaths. It cannot be compared with that of 2015 since the NNMR for 2015 (14.5/1,000 livebirths) was likely to be overestimated as reporting of neonatal mortalities improved and became more accurate in 2016 and 2017 taking into consideration age in terms of days.

Ischemic heart disease, cardiovascular disorder and cancer accounted for approximately 36% 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 Zaatari in 2017 which was 80,079, 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 cases of deaths reported in Zaatari are the cases that took place inside the camp as well as 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 Zaatari in 2017 might be underestimated or overestimated.

Morbidity

There were 58 full time clinicians in Zaatari camp during 2017 covering the outpatient department (OPD) with 61 consultations/clinician/day on average which is almost double than that of 2016 (31 consultations/clinician/day) and is slightly higher than the acceptable standard (<50 consultations/clinician/day).

Fifty six alerts were investigated during 2017 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles and suspected meningitis. No outbreak declared in Zaatari Camp in 2017.

¹World 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

² Jordan Statistical Yearbook 2016 – Department of Statistics

For acute health conditions upper respiratory tract infections (URTI), influenza-like illness (ILI) and dental conditions were the main reasons to seek medical care in 2017.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in 2017. Chronic health consultations accounted for 15.4% of total OPD consultations.

Mental health consultations accounted for 1.4% of total consultations. This is comparable to 2016 (1.5%). Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during 2017.

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH) and JHAS/UNFPA. 2,868 new inpatient admissions were reported during 2017 with a bed occupancy rate of 32% and hospitalization rate of (4.3/1,000 population/month; 51.8/1,000 population/year) which is comparable to that of 2016 (3.7/1,000 population/month; 44.8/1,000 population/year). Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 7,731 during 2017 with a referral rate of 8.0/1,000 population/month, which is slightly lower than referral rate in 2016 (9.1/1,000 population/month). Referrals for internal medicines accounted for 40% of total referrals.

Reproductive Health

6,166 pregnant women were reported to have made their first antenatal care (ANC) visit during 2017, only 76% of those made their first visit during the first trimester. Given that this number is 1.7 times the number of deliveries during 2017 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 2017 is low. In particular complete antenatal care coverage (72%) and antenatal tetanus immunization coverage (72%).

3,483 live births were reported in 2017 with a crude birth rate of (3.6/1,000 population/month) which is higher than that of 2016 (3.2/1,000 population/month) and is slightly lower than the CBR in 2015 (3.8/1,000 population/month). 33% of deliveries were caesarian section

1% of livebirths are reported to be low birth weight (LWB) is under-reported. Reporting LWB has improved in 2017 when compared to previous years.

The number of obstetric complications treated is partially 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 2017 is 57%. This is lower than 2016 PNC coverage which was (69%).