

Summary Key Points:

Mortality

In 2015, 230 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.2/1000 population/month; 2.4/1000 population/year) which is equivalent to the reported CMR in Zaatri camp for 2014 and is lower than both the reported CMR in Syria prior to the conflict in 2010 (0.33/1000 population/month; 4/1000 population/year)¹ as well as the reported CMR in Jordan in 2013 according to two sources; World Bank Indicators and Jordan Department of Statistics respectively; (0.33/1000 population/month; 4/1000 population/year)¹ and (0.48/1000 population/month; 5.7/1000 population/year)².

Among the 230 deaths, 23% were neonatal with a neonatal mortality rate of 14.5/1000 livebirths which is comparable with Jordan's neonatal mortality rate of 14.9/1000 livebirths; 40% were children under 5 and 44% were children and youth under 18 years of age.

There was one maternal mortality reported from Zaatri in 2015.

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 2015 which was 81,405, 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 back to Syria. Furthermore, the cases of deaths reported in Zaatri 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 Zaatri in 2015 might be underestimated or overestimated.

Morbidity

There were 59.7 full time clinicians in Zaatri camp during the first half of 2015 covering the outpatient department (OPD) with 29 consultations/clinician/day on average which is within the acceptable standard (<50 consultations/clinician/day)

Sixty eight alerts were investigated during 2015 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), influenza like illness (ILI) and skin infections were the main reasons to seek medical care in 2015 as well as 2014.

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

²Jordan Statistical Yearbook 2013 – Department of Statistics

Acute health conditions accounted for approximately 70% of total OPD consultations.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in 2015 as well as 2014.

Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during 2015 as well as 2014.

Reproductive tract infections were collected differently in the first quarter of 2015 thus on the report it appears twice under "Acute Health Conditions" and as a separate component under "Morbidity".

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH) and MSF-Holland in Zaatri camp. 1,243 new inpatient admissions were reported during 2015 with a bed occupancy rate of 25% and hospitalization rate of (1.3/1000 population/month; 15.3/1000 population/year) which is comparable to the hospitalization rate in 2014. Please note this does not include referrals for inpatient admissions outside of the camp.

Please note that there is slight discrepancy between the number of admissions in section 4.1 and 4.2 and this is due to reporting errors.

Referrals

Total referrals to hospitals outside the camp were 11,830 during 2015 which is 55% more than the average referrals in 2014. 60% of referrals were to Ministry of Health (MoH) hospitals.

Reproductive Health

5,096 pregnant women made their first antenatal care (ANC) visit during 2015, only 59% of those made their first visit during the first trimester. Given that this number is 1.36 times the number of deliveries during 2015 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 2015 is low (4 or more ANC visits), tetanus vaccination and anemia screening but this has significantly improved since 2014 when it was even lower.

3,730 live births were reported in 2015 with a crude birth rate of 3.8/1000 population/month. 28% of deliveries were caesarian section and all were attended by skilled health workers. This is an increase compared to 2014 (17%) and the reasons for this are being explored.

Low birth weight is under-reported (2% 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 2015 is 94% but is overestimated due to the incorrect collection and reporting during the first quarter of 2015 where any PNC visit was recorded regardless of number and timing of visit.