

### Summary Key Points:

#### Mortality

In the fourth quarter of 2016, 41 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.1/1,000 population/year) which is comparable to the reported CMR in the first half of 2016 as well as 2015 (0.2/1,000 population/month; 2.4/1,000 population/year). It is also slightly higher than the CMR in the third quarter of 2016 (0.1/1,000 population/month; 2.3/1,000 population/year), however is 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 41 deaths, 11 were neonatal with a proportional mortality of 27% accounting for the highest percentage amongst reported causes of death. This is 1.6 times the quarterly average in the first three quarters of 2016. Calculated neonatal mortality rate (NNMR) in the fourth quarter was 13.3/1,000 livebirths which is higher than the NNMR in the first half (9.8/1,000 livebirths) and the third quarter (6.8/1,000 livebirths), but is comparable to Jordan's NNMR (14.9/1,000 livebirths).

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 79,354, 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 fourth quarter of 2016 might be underestimated or overestimated.

#### Morbidity

There were 58.2 full time clinicians in Zaatri camp during the fourth quarter of 2016 covering the outpatient department (OPD) with 34 consultations/clinician/day on average which is comparable to the first half of 2016 and is within the acceptable standard (<50 consultations/clinician/day).

Thirteen alerts were investigated during the fourth quarter of 2016 for diseases of outbreak potential; bloody diarrhea, acute jaundice syndrome, suspected measles and suspected meningitis.

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 the fourth 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 fourth quarter of 2016 same as first three quarters of 2016, as well as 2015 and 2014. Chronic health consultations accounted for 16.4% of total OPD consultations in the fourth quarter of 2016.

Mental health consultations accounted for 1.3% 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 were conducted by Moroccan Field Hospital (MFH), JHAS/UNFPA and MSF-Holland in Zaatri camp the latter was operational up until the first week of December. 1,026 new inpatient admissions were reported during the fourth quarter of 2016 with a bed occupancy rate of 38% and hospitalization rate of (4.3/1,000 population/month; 51.7/1,000 population/year) which is comparable to the third quarter of 2016. Please note this does not include referrals for inpatient admissions outside of the camp.

### Referrals

Total referrals to hospitals outside the camp were 2,249 during the fourth quarter of 2016 with a referral rate of 9.4/1,000 population/month which is comparable to the average referral rate in the first three quarters of 2016. Referrals for internal medicines accounted for 44% of total referrals.

### Reproductive Health

1,929 pregnant women were reported to have made their first antenatal care (ANC) visit during the fourth quarter of 2016, only 66% of those made their first visit during the first trimester. Given that this number is 2.3 times the number of deliveries during the fourth 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; 76%), tetanus vaccination (75%). This is comparable to the coverage in the first three quarters of 2016 but this has improved since 2015 when it was even lower.

826 live births were reported in the fourth quarter of 2016 with a crude birth rate (CBR) of 3.5/1,000 population/month. All were attended by skilled health worker. 31% of deliveries were caesarian section which is slightly higher than the C/S rate in the first three quarters and the reasons behind this are being explored.

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 is very low. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the fourth quarter of 2016 is 75%. This has improved compared to the third quarter (57%) and is back to average baseline of (72%) in the first half of 2016.