



OVERVIEW

79,581 persons of concern	461,701 refugees have passed through the camp	57% are under 24, 19.9% of whom are under 5 years old	1 in 5 households are headed by women	Average of 80 births per week, and 14,000 weekly consultations	The Camp covers some 5.3 km²
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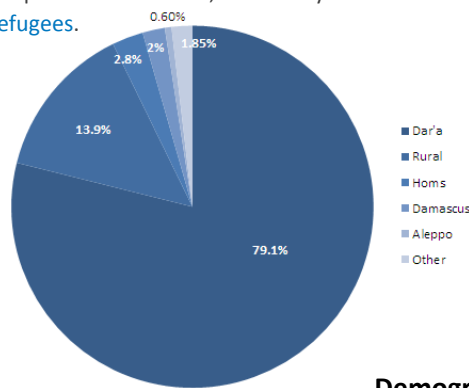
Location: Mafraq Governorate, Northern Jordan

Opening: 29 July 2012

HIGHLIGHTS

Population of concern

79,581 persons of concern, exclusively Syrian refugees.

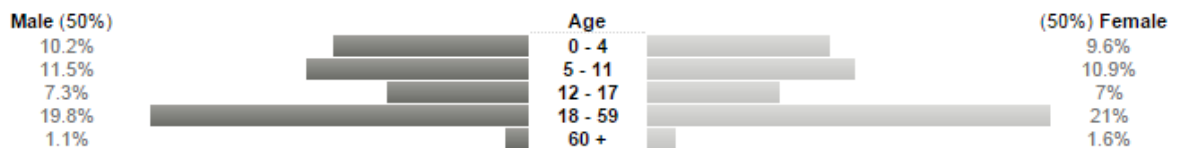


Essential services

Daily and **monthly** support in addition to education and health care.

Service	Amount
Pre-fabricated caravans	24,000
Water per person	35+ litres
Food per person per day	2,100 k/calories
Cash for work per day for entire camp	36,000 JD

Demographic breakdown



Community based services

29 schools (14 facilities) where 21,587 school-aged children enrolled.	27 community centres provide psychosocial support & recreational activities	2 hospitals with 55 beds and 9 health care centres, 1 delivery unit and 120 community health volunteers.
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Zaatari Camp, close to Jordan's northern border with Syria has become emblematic of the displacement of Syrians across the Middle East following its establishment in 2012. In that time, the camp's evolution, from a small collection of tents into an urban settlement of some 80,000 persons reflects both the needs and aspirations of the camp's residents and a transition to a more predictable, cost effective and participatory platform for the delivery of assistance. This includes a household level electricity distribution network with a solar power plant set to become operational by the end of the year. The Camp's informal market, reflecting the vibrant trade relationship between the peoples of northern Jordan and southern Syria, comprises of approximately 3,000 informal shops and businesses.

STRATEGIC PRIORITIES

Protection

- Humanitarian partners in Zaatari support the Government of Jordan's efforts to provide protection services to the camp's residents. This includes safeguarding the right to seek asylum, safety, and equal access to services and durable solutions; strengthening targeted services and assistance for persons with specific needs; protecting children from all forms of harm, exploitation, violence and abuse to ensure their well-being and resilience through giving them space and opportunities to develop themselves; reducing the risk of SGBV and ensure survivors lead a life in dignity; increasing community resilience through engagement and ownership.

Health

- To sustain quality primary health services, building the capacity of national partners to assume greater responsibility for service provision is a priority, while furthering the health status of refugees through self-care. In support of secondary and tertiary health care interventions; including off-camp referrals, priorities include: the integration of Health Information System (HIS) reporting; the mainstreaming of standard operation procedures in instances of sexual and gender based violence; the establishment of a Health Quality Control Committee for assessment and monitoring; a transition to a unified E-Health electronic records system for patient care; the adoption of a health education strategy, the implementation of targeted reproductive health behavioural change programmes; and investments in infrastructure to expand the scope of emergency health care.

Basic Needs and Livelihoods

- Ensuring access to essential amenities including food, household items, and other priority services remains a necessary component of the assistance. A camp-wide assessment focused on socio-economic vulnerability; combining livelihoods assessment on household skills, experience, income and interests will be implemented in 2017 to ensure accurate and complete data on vulnerabilities. In this regard, a phased transition to the self-management of needs through cash assistance is envisaged, together with the development of Cash for Work (CFW), skills-training and community-development, livelihoods programming to promote prosperity, stability, and peaceful coexistence.

Education

- From 2015-2016, rates of school enrolment increased by 3.4%. Currently, 20,771 children, 50.8 per cent girls and 49.2 per cent boys, are enrolled in formal schools from an eligible population (5-17yrs) of 28,569. To further the quality of basic education, school expansion, class formation planning, the development of physical infrastructure, together with investment in teaching and supervision practices are seeking to address barriers to enrolment and retention. To compliment formal education, 5,539 children have access informal education and psychosocial support activities via 26 'Makani' centres. While 3500 youth have access to skills training opportunities in the camp, the establishment of quality, relevant, flexible and diverse pathways to certified post-basic and tertiary level learning opportunities is a priority.

Water, Sanitation and Hygiene

- In a bid to improve efficiency, cost effectiveness, sustainability and the overall quality in service delivery, in 2016 three internal water wells were established with a combined daily capacity of 3,800m³, and a wastewater treatment plant with a capacity of 3,600m³/d; to meet the needs of the Camp's population. In addition, a piped water supply distribution system is currently under construction that will ensure piped water delivery to every household in the camp, together with a piped sewerage network, linking the collection system to the wastewater treatment plant. In addition, solid waste management and community-led low cost recycling are priorities.

PRESENCE IN THE CAMP

- ACTED, AMR, Ardd-Legal AID, EMPHNET, FCA, FPSC, HI, Holy Land, NHF, ICRC, IFH, IMC, IOM, IRC, IRD, JEN, JHAS, KFHI, KNK, LWF, MDM, MFH, MSF, MercyCorps, NRC, Oxfam, QRC, Questscope, RAF, REACH, RI, RMS, Royal Police and Gendarmerie, Saudi Clinic, Save the Children, Siren Associates, SRAD, UN Women, UNFPA, UNHCR, UNICEF, UNOPS, WFP and WV.

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