

# Zaatri Health Information System

Second Quarter Report 2017



## Summary Key Points:

### Mortality

In the second quarter of 2017, 38 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 1.9/1,000 population/year) which is significantly lower than the CMR in the first quarter of 2017 (0.3/1,000 population/month; 3.0/1,000 population/year), but is comparable to the CMR in 2016 (0.2/1,000 population/month; 2.0/1,000 population/year). The increase in the first quarter mortalities of 2017 was observed in 60 years and above with a proportional mortality of 48% for this age group in the first quarter of 2017 compared to 29%, 30% and 38% in first quarter of 2017, 2015 and 2016 respectively. CMR in the second quarter of 2017 is lower than 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>, as well as the reported CMR in Jordan in 2015 according to the Department of Statistics (0.51/1,000 population/month; 6.1/1,000 population/year)<sup>2</sup>.

Among the 38 deaths, 7 were neonatal with a neonatal mortality rate (NNMR) of 8.1/1,000 livebirths and proportional mortality of 18%. NNMR in second quarter of 2017 is higher than both the NNMR in the first quarter of 2017 (18.5/1,000 livebirths) and Jordan's NNMR (14.9/1,000 livebirths), but it comparable to is comparable to the NNMR in 2016 (10.0/1,000 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 second quarter of 2017 which was 79,792, 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 second quarter of 2017 might be underestimated or overestimated.

### Morbidity

There were 57.9 full time clinicians in Zaatri camp during the second quarter of 2017 covering the outpatient department (OPD) with 36 consultations/clinician/day on average, which is comparable to the first quarter of 2017 (37 consultations/ clinician/ day), but is slightly higher than the rate in 2016 (31 consultations/ clinician/ day). This is within the acceptable standard (<50 consultations/clinician/day).

Thirteen alerts were generated, verified and investigated during the second quarter of 2017 for diseases of outbreak potential; bloody diarrhea, watery diarrhea, acute jaundice syndrome, acute flaccid paralysis and suspected meningitis. No outbreaks reported in Zaatari camp in the second quarter of 2017.

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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 2015 – Department of Statistics

The leading reported morbidity for acute conditions is upper respiratory tract infections (URTI) accounting for (29%) of total acute conditions, followed secondly by dental conditions (10%), and third is influenza-like illness (ILI)(8%), all three accounted for almost one half (47%) of the acute health condition diseases required medical care.

Chronic health consultations accounted for 16% of total OPD consultations in the second quarter of 2017 with hypertension, diabetes and asthma contributing to nearly one half (51%) of chronic health consultations

Mental health consultations accounted for 1.3% of total consultations which is comparable to the first quarter of 2017 (1.2%) Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during the first quarter of 2017 same as in 2016, 2015 and 2014.

### Inpatient Department Activities

Inpatient department activities were conducted by Moroccan Field Hospital (MFH) and JHAS maternity in Zaatri camp. 1,021 new inpatient admissions were reported during the second quarter of 2017 with a bed occupancy rate of 37% and hospitalization rate of (4.3/1,000 population/month; 51.2/1,000 population/year) which is comparable to first quarter of 2017 (4.5/1,000 population/month; 53.5/1,000 population/year), as well as the second half of 2016 (4.2/1,000 population/month; 50.4/1,000 population/year). This does not include referrals for inpatient admissions outside of the camp.

### Referrals

Total referrals to hospitals outside the camp were 1,666 during the second quarter of 2017 with a referral rate of 7.0/1,000 population/month. Referrals for internal medicines accounted for 40% of total referrals.

### Reproductive Health

1,291 pregnant women were reported to have made their first antenatal care (ANC) visit during the second quarter of 2017, of which 77% made their first visit during the first trimester. Total number of women who attended their first ANC visit is not comparable with the number of women who gave birth in Q2. Nevertheless, reporting has enhanced compared to the first quarter of 2017 where the number of reported first ANC visits was 2.3 times the number of deliveries.

Reported coverage of antenatal care in the second quarter of 2017 is low. In particular (4 or more ANC visits; 75%), tetanus vaccination (75%). This is comparable to the coverage in the first quarter of 2017 as well as 2016.

860 live births were reported in the second quarter of 2017 with a crude birth rate (CBR) of 3.6/1,000 population/month which is compared to the first quarter CBR (3.6/1,000 population/month), and higher than CBR of the second quarter of 2016 (2.9 /1,000 population/month). All were attended by skilled health worker. 32% of deliveries were caesarian section which is similar to that of the first quarter of 2017 (32%) and higher than the second quarter of 2016(20%). Reasons behind this increase in Caesarean section rate are being explored.

Low birth weight is under-reported (0.6% 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 zero due to unavailability as most complicated cases are referred to out of camp hospitals. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the second quarter of 2017 is low; 60%. This is comparable to the coverage in the first quarter of 2017 (69%) as well as 2016 (69%).