

Zaatri Health Information System

First Quarter 2016



Summary Key Points:

Mortality

In the first quarter of 2016, 51 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 2015 and 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 51 deaths, 18% were neonatal with a neonatal mortality rate of 10.8/1000 livebirths which is lower than the reported neonatal mortality rate in Zaatri camp for 2015 (14.5/1000 livebirths) as well as Jordan's neonatal mortality rate of 14.9/1000 livebirths; 35% were children under 5.

Ischemic heart disease, cardiovascular disorder and cerebrovascular disease accounted for approximately 50% 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 Zaatri in the first quarter of 2016 which was 79,422, 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 the first quarter of 2016 might be underestimated or overestimated.

Morbidity

There were 56.6 full time clinicians in Zaatri camp during the first quarter of 2016 covering the outpatient department (OPD) with 29 consultations/clinician/day on average which is comparable with 2015 and is within the acceptable standard (<50 consultations/clinician/day).

Seventeen alerts were investigated during the first quarter of 2016 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles and suspected meningitis.

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

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 first quarter of 2016.

Acute health conditions accounted for approximately 65% of total OPD consultations.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in the first quarter of 2016 as well as 2015 and 2014.

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 2016 as well as 2015 and 2014.

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), MSF-Holland and JHAS/UNFPA clinic in Zaatri camp. 694 new inpatient admissions were reported during the first quarter of 2016 with a bed occupancy rate of 35% and hospitalization rate of (2.9/1000 population/month; 3.5/1000 population/year) which is 2.5 times higher than hospitalization rate in 2015. The reason behind this increase is that delivery cases performed at JHAS/UNFPA clinic were not captured in the IPD section of HIS during 2015; JHAS/UNFPA clinic started reporting on the IPD section as of February 2016. Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 2,893 during the first quarter of 2016 with a referral rate of 12.1/1000 population/month, which is comparable with the referral rate in 2015. 50% of referrals were to Ministry of Health (MoH) hospitals.

Reproductive Health

1,588 pregnant women made their first antenatal care (ANC) visit during the first quarter of 2016, only 66% of those made their first visit during the first trimester. Given that this number is 1.8 times the number of deliveries during the first 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 first quarter of 2016 is low (4 or more ANC visits), tetanus vaccination and anemia screening but this has significantly improved (especially tetanus vaccination coverage) since 2015 when it was even lower.

837 live births were reported in the first quarter of 2016 with a crude birth rate of 3.5/1000 population/month. 99.9% were attended by skilled health worker; 1 delivery was not attended by skilled health worker. 30% of deliveries were caesarian section and this is comparable with 2015 (28%) and 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 the first quarter of 2016 is 73%. This is lower than 2015 however in 2015 is was 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.