

Zaatari Health Information System

First Half Report 2017



Summary Key Points:

Mortality

In the first half of the year, 101 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.3/1,000 population/year) which is comparable to the reported CMR in 2016 and 2015, but 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)¹ 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)².

Among the 101 deaths, 23% were neonatal with a neonatal mortality rate of 13.3/1,000 livebirths which is higher than the reported neonatal mortality rate in Zaatari camp for 2016 (10.0/1,000 livebirths) but lower than Jordan's neonatal mortality rate of 14.9/1,000 livebirths; 30% were children under 5, and 46% of total mortalities were elderly above 60 years of age.

Ischemic heart disease, cardiovascular disorder and cancer accounted for approximately 46% 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 Zaatari in the first half of 2017 which was 79,693, 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 cases of deaths reported in Zaatari 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 Zaatari in the first half of 2017 might be underestimated or overestimated.

Morbidity

There were 57.5 full time clinicians in Zaatari camp during the first half of 2017 covering the outpatient department (OPD) with 37 consultations/clinician/day on average which is higher than 2016 and is within the acceptable standard (<50 consultations/clinician/day).

Thirty five alerts were investigated during the first half of 2017 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles and suspected meningitis. No outbreaks reported in Zaatari camp in the 1st quarter 2017.

For acute health conditions upper respiratory tract infections (URTI), dental conditions and influenza like illness (ILI) were the main reasons to seek medical care in the first half of 2017.

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 2014 – Department of Statistics

Reporting on watery diarrhea cases has significantly improved in the first half of 2017 with a decrease by approximately 50% compared to the first half of 2016. There is still over-reporting on watery diarrhea where cases that do not meet the case definition are being recorded on HIS.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in the first half of 2017 as well as 2016 and 2015.

Mental health consultations accounted for 1.4% of total consultations. There is a marked decrease in reported mental health consultations (40%) as compared to the first and second halves of 2016 and the reasons behind this are being explored. Severe emotional disorders (including moderate-severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during the first half of 2017, as well as 2016 and 2015.

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), and JHAS/UNFPA clinic in Zaatri camp. 2,087 new inpatient admissions were reported during the first half of 2017 with a bed occupancy rate of 33% and hospitalization rate of (4.4/1,000 population/month; 52.8/1,000 population/year) which is higher than hospitalization rate in 2016. Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 4,023 during the first half of 2016 with a referral rate of 4.2/1,000 population/month. Referrals for internal medicines accounted for 47% of total referrals.

Reproductive Health

3,338 pregnant women were reported to have made their first antenatal care (ANC) visit during the first half of 2017, only 72% of those made their first visit during the first trimester. Given that this number is 1.9 times the number of deliveries during the first half of 2017 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 half of 2017 is below target (4 or more ANC visits), tetanus vaccination has improved since 2016 and anemia screening is meeting standard indicator.

1,723 live births were reported in the first half of 2017 with a crude birth rate of 3.6/1,000 population/month. There has been a gradual increase in the CBR since the first half of 2016 (3.2/1,000 population/month), (3.3/1,000 population/month) in the second half of 2016, (3.6/1,000 population/month) in the first quarter of 2017, and (3.6/1,000 population/month) in the second quarter of 2017. 100% were attended by skilled health worker. 32% of deliveries were caesarian section and this has shown increase in the second quarter of 2017 (32%) as compared to the first quarter of 2017 (32%) and 2016 (27%), and is comparable to 2015 (28%).

Low birth weight reporting has improved (1% of livebirths); improved neonatal care reporting and proper documentation of deliveries outcome inside Zaatari camp as part of UNHCR initiative for improving neonatal care in camps to decrease NNMR also data on cases referred for delivery at hospitals outside the camp has been improved.

The number of obstetric complications treated is incompletely reported as the number is 0%. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the first quarter of 2017 is 62%. This has declined compared to the second half of 2016 (69%) and first half of 2016 (72%).