

Zaatri Health Information System

Second Quarter Report 2018



Summary Key Points:

Mortality

In the second quarter of 2018, 39 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 1.98/1,000 population/year) which is lower than the reported CMR in Zaatri in the first quarter of 2018 (0.3/1,000 population/month; 3.5/1,000 population/year). CMR in the second quarter of 2018 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)¹ and is lower than the reported CMR in Jordan in 2015 according to the Department of Statistics (0.5/1,000 population/month; 6.0 /1,000 population/year)².

Among the 39 deaths, 10 were neonatal deaths with a neonatal mortality rate (NNMR) of 12.1/1,000 livebirths and proportional mortality of 26%. NNMR in second quarter of 2018 is higher than the NNMR in the first quarter of 2018 (9.9/1,000 livebirths) but is lower than 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 first quarter of 2018 which was 78,561, it should be kept in mind that there may have been some fluctuations through the period due to refugees moving in and out of 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 second quarter of 2018 might be underestimated.

Morbidity

There were 60.4 full time clinicians in Zaatri camp during the first quarter of 2018 covering the outpatient department (OPD) with 29 consultations/clinician/day on average which is lower than that of the first quarter of 2018 (36 consultations/clinician/day) and is comparable to the rate in 2017 (31 consultations/ clinician/ day) and is within the acceptable standard (<50 consultations/clinician/day).

Twelve alerts were generated, verified and investigated during the first quarter of 2018 for diseases of outbreak potential; bloody diarrhea, watery diarrhea, and suspected meningitis. No outbreaks reported in Zaatari camp in the 2nd quarter of 2018.

Upper respiratory tract infections (URTI) (27%), influenza-like illness (ILI) (11%), and dental conditions (13%) accounted for more than one half (51%) of the acute health condition diseases necessitating medical care.

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 2016 – Department of Statistics

Chronic health consultations accounted for 22.5% of total OPD consultations in the second quarter of 2018 with hypertension (19%), diabetes (15%), thyroid problems (8%) and asthma (7%) contributing to nearly one half (49%) of chronic health consultations

Mental health consultations accounted for 1.7% 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 second quarter of 2018 same as in 2017, 2016 and 2015.

Inpatient Department Activities

Inpatient department activities were conducted by Moroccan Field Hospital (MFH) and JHAS (UNFPA funded) maternity in Zaatri camp. 649 new inpatient admissions were reported during the second quarter of 2018 with a bed occupancy rate of 26% and hospitalization rate of (2.8/1,000 population/month; 33/1,000 population/year). This does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 1,601 during the second quarter of 2018 with a referral rate of 6.8/1,000 population/month which is the same referral rate in the first quarter in 2018 and lower than that of 2017 (9.9/1,000 population/month). Referrals for internal medicines accounted for 46.2% of total referrals.

Reproductive Health

2,517 pregnant women were reported to have made their first antenatal care (ANC) visit during the first quarter of 2018, only 63% of those made their first visit during the first trimester. Given that this number is three times the number of deliveries during the first quarter of 2018 (828) 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 2018 has improved. In particular (4 or more ANC visits; 90%), and tetanus vaccination (81%). This is higher than that of the first quarter of 2018.

828 live births were reported in the first quarter of 2018 with a crude birth rate (CBR) of 3.5/1,000 population/month. All were attended by skilled health care worker. 37% of deliveries were caesarian section which is slightly lower than the C/S rate in the first quarter in 2018 (42%) and reasons behind this are being explored. Low birth weight reporting has improved since 2017 (2 % of livebirths).

Reporting the number of obstetric complications treated has improved (30 cases). It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the first quarter of 2018 is low; 78%. This is comparable to the coverage in the first quarter of 2018 (70%).