

Zaatari Health Information System

First Quarter Report 2017



Summary Key Points:

Mortality

In the first quarter of 2017, 60 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.3/1,000 population/month; 3.0/1,000 population/year) which is 48% higher than the reported CMR in Zaatari in 2016. The increase is observed in 60 years and above with a proportional mortality of 48% for this age group in the first quarter of 2017 compared to 30% and 38% in 2015 and 2016 respectively. CMR in the first quarter of 2017 is comparable to the reported CMR in Syria prior to the conflict in 2010 (0.33/1,000 population/month; 4.0/1,000 population/year)¹ but is lower than 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)².

Among the 60 deaths, 16 were neonatal with a neonatal mortality rate (NNMR) of 18.5/1,000 livebirths and proportional mortality of 25%. NNMR in first quarter of 2017 is higher than the NNMR in 2016 (10.0/1,000 livebirths) as well as NNMR in 2015 (14.5/1,000 livebirths), and 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 Zaatari in the first quarter of 2017 which was 79,713, 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 Zaatari 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 Zaatari in the first quarter of 2017 might be underestimated or overestimated.

Morbidity

There were 57.2 full time clinicians in Zaatari camp during the first quarter of 2017 covering the outpatient department (OPD) with 37 consultations/clinician/day on average which is slightly higher than the rate in 2016 (31 consultations/ clinician/ day) and is within the acceptable standard (<50 consultations/clinician/day).

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

Upper respiratory tract infections (URTI), influenza-like illness (ILI), and dental conditions accounted for more than one half (56%) 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

² Jordan Statistical Yearbook 2015 – Department of Statistics

Chronic health consultations accounted for 17.1% of total OPD consultations in the first quarter of 2017 with hypertension, diabetes and asthma contributing to nearly one half (49%) of chronic health consultations

Mental health consultations accounted for 1.2% 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 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 (UNFPA funded) maternity in Zaatri camp. 1,066 new inpatient admissions were reported during the first quarter of 2017 with a bed occupancy rate of 30% and hospitalization rate of (4.5/1,000 population/month; 53.5/1,000 population/year) which is comparable to 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 2,357 during the first quarter of 2017 with a referral rate of 9.9/1,000 population/month which is comparable to the referral rate in 2016 (9.1/1,000 population/month). Referrals for internal medicines accounted for 49% of total referrals.

Reproductive Health

2,047 pregnant women were reported to have made their first antenatal care (ANC) visit during the first quarter of 2017, only 69% of those made their first visit during the first trimester. Given that this number is 2.3 times the number of deliveries during the first quarter of 2017 (863) 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 2017 is low. In particular (4 or more ANC visits; 73%), tetanus vaccination (75%). This is comparable to the coverage in 2016 but this has improved since 2015 when it was even lower.

863 live births were reported in the first quarter of 2017 with a crude birth rate (CBR) of 3.6/1,000 population/month. All were attended by skilled health worker. 32% of deliveries were caesarian section which is slightly higher than the C/S rate in 2016 (27%) and reasons behind this are being explored.

Low birth weight is under-reported (0.2% 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 is 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 2017 is low; 69%. This is comparable to the coverage in 2016 (69%).