

## Zaatri Health Information System

First Half Report 2016



### Summary Key Points:

#### Mortality

In the first half of 2016, 91 mortalities were reported from Zaatri 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 2015 and 2014 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)<sup>1</sup> 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)<sup>2</sup>.

Among the 91 deaths, 15% were neonatal with a neonatal mortality rate of 9.7/1,000 livebirths which is lower than the reported neonatal mortality rate in Zaatri camp for 2015 (14.5/1,000 livebirths) as well as Jordan's neonatal mortality rate of 14.9/1,000 livebirths; 30% were children under 5, and 43% of total mortalities were elderly above 60 years of age.

Reporting of NNM and neonatal audits has improved in 2016 taking into consideration age in terms of days, months and years, thus the NNMR in 2015 is likely to be overestimated.

Ischemic heart disease, cardiovascular disorder and cerebrovascular disease accounted for approximately 48% 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 half of 2016 which was 79,526, 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 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 half of 2016 might be underestimated or overestimated.

#### Morbidity

There were 59.2 full time clinicians in Zaatri camp during the first half 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).

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

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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 2014 – Department of Statistics

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 2016.

Reporting on watery diarrhea cases has significantly improved in the first half of 2016 with a decrease by approximately 50% compared to the first half of 2015. 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 2016 as well as 2015 and 2014.

Mental health consultations accounted for 1.5% of total consultations. There is a marked decrease in reported mental health consultations (30%) as compared to the first and second halves of 2015 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 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. 1,537 new inpatient admissions were reported during the first half of 2016 with a bed occupancy rate of 35% and hospitalization rate of (3.2/1,000 population/month; 42.8/1,000 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 4,487 during the first half of 2016 with a referral rate of 9.2/1,000 population/month. Referrals for internal medicines accounted for 47% of total referrals.

### Reproductive Health

2,942 pregnant women were reported to have made their first antenatal care (ANC) visit during the first half of 2016, only 71% 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 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). Nevertheless, reporting has improved since the first half of 2015 when the reported first ANC visits were 2.9 times the number of deliveries.

Reported coverage of antenatal care in the first half of 2016 is low (4 or more ANC visits), tetanus vaccination and anemia screening and has improved since 2015 when it was even lower.

1,524 live births were reported in the first half of 2016 with a crude birth rate of 3.2/1,000 population/month. There has been a gradual decrease in the CBR since the first half of 2015 (4.1/1,000 population/month), (3.9/1,000 population/month) in the second half of 2015, (3.5/1,000 population/month) in the first quarter of 2016, and (2.9/1,000 population/month) in the second quarter of 2016. 99.9% were attended by skilled health worker, only one delivery was not attended

by a skilled health worker. 25% of deliveries were caesarian section and this has improved in the second quarter of 2016 (20%) as compared to the first quarter of 2016 (30%) and 2015 (28%), and is comparable to 2014 (17%).

Low birth weight is under-reported (2.2% 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 partially 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 second quarter of 2016 is 72%. This has improved compared to the second half of 2015 (52%) but cannot be compared to the first half of 2015 (131%) as there was incorrect collection and reporting during the first quarter of 2015 where any PNC visit was recorded regardless of number and timing of visit.