

Zaatri Health Information System

First Quarter Report 2018



Summary Key Points:

Mortality

In the first quarter of 2018, 66 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.3/1,000 population/month; 3.5/1,000 population/year) which is higher than the reported CMR in Zaatri in 2017 (0.2/1,000 population/month; 2.3/1,000 population/year). The increase is observed in 60 years and above with a proportional mortality of 55% for this age group in the first quarter of 2018 compared to 40% in 2017. CMR in the first 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 66 deaths, 8 were neonatal with a neonatal mortality rate (NNMR) of 9.9/1,000 livebirths and proportional mortality of 12%. NNMR in first quarter of 2018 is lower than the NNMR in 2017 (13.8/1,000 livebirths) as well as NNMR in 2016 (10.0/1,000 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 Zaatri in the first quarter of 2018 which was 79,035, 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 first quarter of 2018 might be underestimated or overestimated.

Morbidity

There were 62.6 full time clinicians in Zaatri camp during the first quarter of 2018 covering the outpatient department (OPD) with 36 consultations/clinician/day on average which 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, acute jaundice syndrome, acute flaccid paralysis, suspected meningitis. No outbreaks reported in Zaatari camp in the 1st quarter 2018.

Upper respiratory tract infections (URTI) (32%), influenza-like illness (ILI) (12%), and dental conditions (10%) accounted for more than one half (54%) 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 19.6% of total OPD consultations in the first quarter of 2018 with hypertension (21%), diabetes (16%) and asthma (11%) contributing to nearly one half (48%) 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 2018 same as in 2017, 2017 and 2015.

Inpatient Department Activities

Inpatient department activities were conducted by Moroccan Field Hospital (MFH) and JHAS (UNFPA funded) maternity in Zaatri camp. 882 new inpatient admissions were reported during the first quarter of 2018 with a bed occupancy rate of 22% and hospitalization rate of (3.9/1,000 population/month; 46.4/1,000 population/year). This does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 1,541 during the first quarter of 2018 with a referral rate of 6.8/1,000 population/month which is lower than the referral rate in 2017 (9.9/1,000 population/month). Referrals for internal medicines accounted for 40% of total referrals.

Reproductive Health

2,128 pregnant women were reported to have made their first antenatal care (ANC) visit during the first quarter of 2018, only 65% of those made their first visit during the first trimester. Given that this number is 2.6 times the number of deliveries during the first quarter of 2018 (814) 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 is low. In particular (4 or more ANC visits; 73%), tetanus vaccination (71%). This is comparable to the coverage in 2017 and 2016 but this has improved since 2015 when it was even lower.

807 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 worker. 42% of deliveries were caesarian section which is slightly higher than the C/S rate in 2017 (32%) and reasons behind this are being explored. Low birth weight is under-reported (0 % of livebirths).

Reporting the number of obstetric complications treated has improved (123 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; 70%. This is comparable to the coverage in 2017 (69%).