

## Zaatari Health Information System

First Half Report 2018



### Summary Key Points:

#### Mortality

In the first half of 2018, 105 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.7/1,000 population/year) which is comparable to the reported CMR in 2017 and 2016 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 2016 according to the Department of Statistics (0.51/1,000 population/month; 6.1/1,000 population/year)<sup>2</sup>.

Among the 105 deaths, 17% were neonatal deaths with a neonatal mortality rate of 11/1,000 livebirths which is lower than the reported neonatal mortality rate in Zaatari camp for 2017 (13.8/1,000 livebirths) and lower than Jordan's neonatal mortality rate of 14.9/1,000 livebirths; 36% were children under 5, and 45% of total mortalities were elderly above 60 years of age.

Ischemic heart disease, cardiovascular disorder and cancer accounted for approximately 32% 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 2018 which was 80,079, 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 2018 might be underestimated.

#### Morbidity

There were 61.5 full time clinicians in Zaatari camp during the first half of 2018 covering the outpatient department (OPD) with 36 consultations/clinician/day on average which is comparable to 2017 and is within the acceptable standard (<50 consultations/clinician/day).

Twenty four alerts were investigated during the first half of 2018 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute, and suspected meningitis. No outbreaks reported in Zaatari camp in the 1st half of 2018.

---

<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 2016 – Department of Statistics

For acute health conditions upper respiratory tract infections (URTI) (30%), dental conditions (11%) and influenza like illness (ILI) (11%) were the main reasons to seek medical care in the first half of 2018.

A total of 900 cases were reported as watery diarrhea in the first half of 2018. 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 2018 as in 2017 and 2016.

Mental health consultations accounted for 1.4% 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 half of 2018, as well as 2017 and 2016.

### Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), and JHAS/UNFPA clinic in Zaatri camp. 1,531 new inpatient admissions were reported during the first half of 2018 with a bed occupancy rate of 26% and hospitalization rate of (3.2/1,000 population/month; 38.9/1,000 population/year) which is lower than hospitalization rate in 2017 which was (4.3/1,000 population/month; 51.8/1,000 population/year). Please note this does not include referrals for inpatient admissions outside of the camp.

### Referrals

Total referrals to hospitals outside the camp were 3,142 during the first half of 2018 with a referral rate of 6.6/1,000 population/month. Referrals for internal medicines accounted for 43% of total referrals.

### Reproductive Health

4,645 pregnant women were reported to have made their first antenatal care (ANC) visit during the first half of 2018, only 64% of those made their first visit during the first trimester. Given that this number is 2.8 times the number of deliveries during the first half of 2018, 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 2018 is below target (4 or more ANC visits) (81%) , tetanus vaccination (76%) has improved since 2016 and 2017 and anemia screening is meeting standard indicator.

1,635 live births were reported in the first half of 2018 with a crude birth rate of 3.5/1,000 population/month. 39% of deliveries were caesarian section and this has shown slight decrease in the second quarter of 2018 (37%) as compared to the first quarter of 2018 (42%) but is higher than that of 2017 (33%) and 2016 (27%).

Low birth weight reporting has slightly 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. Reporting the number of obstetric complications

treated has highly enhanced as the number used to be 0%. In the first half of 2018 it was 23%. 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 74%.