

Zaatri Health Information System

Third Quarter Report 2017



Summary Key Points:

Mortality

In the third quarter of 2017, 46 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.19/1,000 population/month; 2.3/1,000 population/year) which is slightly lower than the CMR in the second quarter of 2017 (0.2/1,000 population/month; 3.0/1,000 population/year), and to the CMR in 2016 (0.2/1,000 population/month; 2.0/1,000 population/year). There is an increase in under 5 mortality rate in the third quarter in 2017 (0.45/1,000 population/month; 5.46/ 1,000 population/year) compared to the second quarter of 2017 (0.21/1,000 population/month; 2.63/ 1,000 population/year), almost 2/3rd of this increase attributed to neonatal death. A decrease in mortality rate in the third quarter of 2017 was observed in 60 years and above age group, with a proportional mortality of 28% for this age group in the third quarter of 2017 compared to 48%, 28% and 30% in second quarter of 2017, in 2016 and in 2015 respectively. CMR in the third quarter of 2017 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 , as well as 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.

14 neonatal mortalities reported in the 3rd quarter, with a neonatal mortality rate (NNMR) of 16.1/1,000 livebirths, and proportional under five mortality of 67%. NNMR in third quarter of 2017 almost doubled compared to the second quarter of 2017 (8.1/1,000 livebirths) and higher than Jordan's NNMR (14.9/1,000 livebirths), and the NNMR in 2016 (10.0/1,000 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 third quarter of 2017 which was 79,843, 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 third quarter of 2017 might be underestimated or overestimated.

Morbidity

There were 55.9 full time clinicians in Zaatri camp during the second quarter of 2017 covering the outpatient department (OPD) with 39 consultations/clinician/day on average, which is comparable to the second quarter of 2017 (36 consultations/ clinician/ day), but is slightly higher than the rate in 2016 (31 consultations/ clinician/ day). This is within the acceptable standard (<50 consultations/clinician/day).

Eleven alerts were generated, verified and investigated during the third quarter of 2017 for diseases of outbreak potential; (3) bloody diarrhea, (5) watery diarrhea, (2) acute jaundice

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

syndrome, and (1) suspected meningitis. No outbreaks reported in Zaatari camp in the third quarter of 2017.

The top reported morbidity for acute conditions is upper respiratory tract infections (URTI) accounting for (24%) of total acute conditions, followed secondly by dental conditions (11%), and third is influenza-like illness (ILI)(9%), all three accounted for almost one half (44%) of the acute health condition diseases necessitating medical care.

Chronic health consultations accounted for 15% of total OPD consultations in the second quarter of 2017 with hypertension, diabetes and asthma contributing to one half (50%) of chronic health consultations.

Mental health consultations accounted for 1.06% of total consultations which is slightly lower to the second quarter of 2017 (1.3%). 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 2017 same as in 2016, 2015 and 2014.

Inpatient Department Activities

Inpatient department activities were conducted by Moroccan Field Hospital (MFH) and JHAS maternity in Zaatari camp. 1014 new inpatient admissions were reported during the third quarter of 2017 with a bed occupancy rate of 35% and hospitalization rate of (4.2/1,000 population/month; 50.8/1,000 population/year) which is comparable to second quarter of 2017 (4.3/1,000 population/month; 51.6/1,000 population/year), as well as the third quarter 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 1,724 during the third quarter of 2017 with a referral rate of 7.2/1,000 population/month. This is comparable to the referral rate in the second quarter of 2017 (7.0/1,000 population/month) and lower than the referral rate of the third quarter of 2016 (8.3/1,000 population/month). Referrals for internal medicines accounted for 41% of total referrals in the third quarter of 2017.

Reproductive Health

1,374 pregnant women were reported to have made their first antenatal care (ANC) visit during the third quarter of 2017, of which 80% made their first visit during the first trimester. Total number of women who attended their first ANC visit is not comparable with the number of women who gave birth in the third quarter. Nevertheless, reporting has enhanced compared to the first quarter of 2017 where the number of reported first ANC visits was 2.3 times the number of deliveries.

Reported coverage of antenatal care in the third quarter of 2017 is low. In particular (4 or more ANC visits; 77%), tetanus vaccination (77%). This is comparable to the coverage in the second quarter of 2017 as well as 2016.

870 live births were reported in the third quarter of 2017 with a crude birth rate (CBR) of 3.6/1,000 population/month which is equal to the second quarter CBR (3.6/1,000 population/month), and higher than CBR of the third quarter of 2016 (3.1 /1,000 population/month). This is higher than Jordan's CBR (1.9 /1,000 population/month)². All were attended by skilled health worker. 28% of deliveries were caesarian section which is slightly

lower than that of the second quarter of 2017 (32%) and higher than the third quarter of 2016(24%).

Low birth weight is under-reported (1.0% 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 zero due to unavailability as most complicated cases are referred to out of camp hospitals. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) coverage for the third quarter of 2017 is low; 47%. This is lower than the coverage in the second quarter of 2017 (60%) as well as 2016 (69%).