Zaatri Health Information System

Annual Report 2016

Summary Key Points:

Mortality

In 2016, 161 mortalities were reported from Zaatri camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.0/1,000 population/year) which is slightly lower than the reported CMR in the 2015 (0.2/1,000 population/month; 2.8/1,000 population/year) and 2014 (0.2/1,000 population/month; 2.5/1,000 population/year). This is also 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)[1] 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)[2].

Among the 161 deaths, 19% were neonatal with a neonatal mortality rate (NNMR) of 10.0/1,000 livebirths which is lower than Jordan's NNMR of 14.9/1,000 livebirths, and is also lower than that reported NNMR in 2015 (14.5/1,000 livebirths), noting that the NNMR for 2015 (14.5/1,000 livebirths) is likely to be overestimated as reporting of neonatal mortalities improved and became more accurate in 2016 taking into consideration age in terms of days.

Ischemic heart disease, cardiovascular disorder and cerebrovascular disease accounted for approximately 45% 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 2016 which was 79,282, 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 2016 might be underestimated or overestimated.

Morbidity

There were 58.8 full time clinicians in Zaatri camp during 2016 covering the outpatient department (OPD) with 31 consultations/clinician/day on average which is slightly higher than 2015 (27 consultations/clinician/day) and is within the acceptable standard (<50 consultations/clinician/day).

Sixty seven alerts were investigated during 2016 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles and suspected meningitis. No outbreak declared in Zaatari Camp in 2016.

[1] 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

[2] Jordan Statistical Yearbook 2014 – Department of Statistics

For acute health conditions upper respiratory tract infections (URTI), influenza-like illness (ILI) and dental conditions were the main reasons to seek medical care in 2016.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in 2016. Chronic health consultations accounted for 15.4% of total OPD consultations.

Mental health consultations accounted for 1.5% of total consultations. This is a marked decrease compared to 2015 (2.3%) 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 2016.

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), JHAS/UNFPA and MSF-Holland in Zaatri camp, the latter was operational up until the first week of December. 3,552 new inpatient admissions were reported during 2016 with a bed occupancy rate of 39% and hospitalization rate of (3.7/1,000 population/month; 44.8/1,000 population/year) which is 2.8 times the hospitalization rate in 2015 (1.3/1,000 population/month; 15.3/1,000 population/year). The reason behind this increase is that 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 8,702 during 2016 with a referral rate of 9.1/1,000 population/month. Referrals for internal medicines accounted for 47% of total referrals.

Reproductive Health

6,481 pregnant women were reported to have made their first antenatal care (ANC) visit during 2016, only 71% of those made their first visit during the first trimester. Given that this number is 2.1times the number of deliveries during 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).

Reported coverage of antenatal care in 2016 is low. In particular complete antenatal care coverage (77%) and antenatal tetanus immunization coverage (70%). This has slightly improved since 2015 when it was even lower.

3,090 live births were reported in 2016 with a crude birth rate of 3.2/1,000 population/month which is slightly lower than the CBR in 2015 (3.8/1,000 population/month). All deliveries were attended by skilled health worker except for one. 27% of deliveries were caesarian section

Low birth weight is under-reported (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 2016 is 69%. PNC coverage 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.