

Zaatari Health Information System

Second Quarter Report 2016



Summary Key Points:

Mortality

In the second quarter of 2016, 40 mortalities were reported from Zaatari camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.0/1,000 population/year) which is comparable to the reported CMR in the first quarter of 2016, as well as 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)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 40 deaths, 15% were neonatal with a neonatal mortality rate of 8.7/1,000 livebirths which is lower than the reported neonatal mortality rate in Zaatari camp for 2015 (14.5/1,000 livebirths) as well as Jordan's neonatal mortality rate of 14.9/1,000 livebirths; 23% were children under 5, and 50% of total mortalities were elderly above 60 years of age.

Ischemic heart disease, cardiovascular disorder and cerebrovascular disease accounted for approximately 48% of all reported mortality cases, while cancer accounted for 20% 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 second quarter of 2016 which was 79,382, 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 second quarter of 2016 might be underestimated or overestimated.

Morbidity

There were 61.7 full time clinicians in Zaatari camp during the second quarter of 2016 covering the outpatient department (OPD) with 27 consultations/clinician/day on average which is comparable with 2015 and is within the acceptable standard (<50 consultations/clinician/day).

Nineteen alerts were investigated during the second quarter of 2016 for diseases of outbreak potential; watery diarrhea, bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, and suspected meningitis.

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 2014 – Department of Statistics

For acute health conditions upper respiratory tract infections (URTI), dental conditions and skin infections were the main reasons to seek medical care in the second quarter of 2016.

For chronic health conditions, hypertension, diabetes and asthma were the main reasons to seek medical care in the second quarter of 2016 same as first quarter of 2016, as well as 2015 and 2014.

There is a marked decrease in the total consultations for Diabetes and Hypertension. This could be owed to the fact that MdM clinic stopped providing health services in Zaatri camp during the first quarter of 2016 and all chronic disease patients were shifted to JHAS clinic. JHAS clinic has a system in place for chronic disease patients to follow up with the internist once every three months if in stable state and to come collect the prescribed medications once every month directly from the pharmacy. This has resulted in decreased consultations for both Diabetes and Hypertension.

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 second quarter of 2016 same as first quarter of 2016, as well as 2015 and 2014.

There is a marked increase in the number of reported injuries "bites (all causes)" as compared to the first quarter of 2016. The increased trend was noticed during the month of June noting that this increased trend was also observed during the second quarter of 2015.

Inpatient Department Activities

Inpatient department activities are conducted by Moroccan Field Hospital (MFH), MSF-Holland and JHAS/UNFPA clinic in Zaatri camp. 843 new inpatient admissions were reported during the second quarter of 2016 with a bed occupancy rate of 35% and hospitalization rate of (3.5/1,000 population/month; 42.8/1,000 population/year) which is 2.7 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 1,594 during the second quarter of 2016 with a referral rate of 6.7/1,000 population/month. Referrals for internal medicines accounted for 47% of total referrals.

Reproductive Health

1,354 pregnant women were reported to have made their first antenatal care (ANC) visit during the second quarter of 2016, only 77% of those made their first visit during the first trimester. Given that this number is 1.9 times the number of deliveries during the second quarter 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).

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

687 live births were reported in the second quarter of 2016 with a crude birth rate of 2.9/1,000 population/month. All were attended by skilled health worker. 20% of deliveries were caesarian section and this has improved compared to the first quarter of 2016 (30%) and 2015 (28%), and is comparable to 2014 (17%).

Low birth weight is under-reported (3% 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 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 70%. This is comparable to the first quarter of 2016 but has improved since the last quarter of 2015 (58%).