

Azraq Health Information System

Annual Report 2015



Summary Key Points:

Mortality

In 2015, 31 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1000 population/month; 1.6/1000 population/year) which is equivalent to the reported CMR in Azraq camp for 2014 and is lower than both the reported CMR in Syria prior to the conflict in 2010 (0.33/1000 population/month; 4/1000 population/year)¹ as well as the reported CMR in Jordan in 2013 according to two sources; World Bank Indicators and Jordan Department of Statistics respectively; (0.33/1000 population/month; 4/1000 population/year)¹ and (0.48/1000 population/month; 5.7/1000 population/year)².

Among the 31 deaths, 39% were neonatal with neonatal mortality rate of 18.2/1000 livebirths which is slightly higher than Jordan's neonatal mortality rate of 14.9/1000 livebirths; 45% were children and youth under 18 years of age.

There was one maternal mortality reported from Azraq camp in 2015.

CMR is influenced by the size of the population. Thus, despite the fact that CMR was calculated based on the median population in Azraq in 2015 which was 19,749, it should be kept in mind that this figure was fluctuating all through the year due to continual influx into the camp as well as refugees leaving the camp back to Syria or to reside in urban areas of Jordan. It is likely that the official population in Azraq is considerably higher than the number actually residing in the camp.

Furthermore, the cases of deaths reported in Azraq 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 and their relative importance, the calculated CMR for Azraq in 2015 is likely to be underestimated.

Morbidity

There were 9 full time clinicians in Azraq camp during 2015 covering the outpatient department (OPD) with 36 consultations/clinician/day on average which is within the acceptable standard (<50 consultations/clinician/day).

Twenty one alerts were investigated during 2015 for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome and suspected measles.

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

² Jordan Statistical Yearbook 2013 – Department of Statistics

Hepatitis A outbreak in Azraq camp started on 26th July with total of 218 acute jaundice syndrome (AJS) cases reported from the start date till the end of 2015 of whom around 95% were children and youth under the age of 18.

Acute health conditions accounted for approximately 80% of total OPD consultations in 2015; upper respiratory tract infections (URTI), watery diarrhoea and skin infections were the main reasons to seek medical care in 2015 as well as 2014.

There were 5,845 consultations for chronic non-communicable diseases of which hypertension, diabetes and asthma were the main reasons to seek medical care in 2015 as well as 2014. Hypertension constituted 45% of the total consultations for chronic non-communicable diseases

There were 2,003 consultations for mental health conditions in 2015. Even though this is less than 2% of total consultations mental health problems demand lot of staff time and frequent follow up. Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during 2015 as well as 2014.

Reproductive tract infections were collected differently in the first quarter of 2015 thus on the report it appears twice under "Acute Health Conditions" and as a separate component under "Morbidity".

Inpatient Department Activities

Inpatient department activities were conducted by Finnish Red Cross hospital at Azraq camp until its closure in late October 2015, and reopened under IMC on the 20th December 2015 where emergency and delivery services were available. 2,477 new inpatient admissions were reported during 2015 with a bed occupancy rate of 45% and hospitalization rate of (12/1000 population/month; 144/1000 population/year) which is comparable to the hospitalization rate in 2014. Please note this does not include referrals for inpatient admissions outside of the camp.

Please note that there is slight discrepancy between the number of admissions in section 4.1 and 4.2 and this is due to reporting errors.

Referrals

Total referrals to hospitals outside the camp were 3,004 during 2015. 81% of referrals were to Ministry of Health (MoH) hospitals. The referral numbers increased substantially during the temporary closure of the hospital late in the year.

Reproductive Health

1,508 pregnant women made their first antenatal care (ANC) visit during 2015; only 46% of these made their first visit during the first trimester. Given that this number is 2.3 times the number of deliveries during 2015 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 complete antenatal care in 2015 is satisfactory but can still be improved. In particular Tetanus vaccination coverage (at least two doses) is 77% but coverage of antenatal care (4 or more ANC visits) is 85%, and 89% of pregnant women undergo anaemia screening.

661 live births were reported in 2015 with a crude birth rate of 2.8/1000 population/month which is comparable to Jordan's CBR of 2.3/1000 population/month². 21% of deliveries were caesarian section and all were attended by skilled health workers. This is an increase compared to 2014 (13%) and the reasons for this are being explored.

Low birth weight is under-reported (6% of livebirths) due to the unavailability of the birth weight for many cases referred for delivery at hospitals outside the camp. However the coverage of low birth weight reporting is considerably higher than in Zaatri Camp. Proportion of low birth weight less than 15% is considered acceptable

Postnatal care (PNC) of at least three postnatal visits within six weeks is low (63%) and could be partially underestimated due to the incorrect collection and reporting during the first quarter of 2015.