

Azraq Health Information System

Fourth Quarter Report 2016



Summary Key Points:

Mortality

In the fourth quarter of 2016, 17 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 1.95/1,000 population/year) which is lower than the CMR in the second quarter (0.3/1,000 population/month; 3.9/1,000 population/year) but is comparable to the CMR in the first and third quarters (0.2/1,000 population/month). This 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 17 deaths, 5 were neonatal with a proportional mortality of 29%. Calculated Neonatal Mortality Rate (NNMR) in the fourth quarter is 14.1/1,000 livebirths which is significantly lower than the reported NNMR in the second (22.2/1,000 livebirths) and third (26.5/1,000 livebirths) quarters but is still higher compared to both the first quarter of 2016 (3.9/1,000 livebirths) and is comparable to Jordan's NNMR (14.9/1,000 livebirths).

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in the fourth quarter of 2016 which was 34,857.

The mortalities reported in Azraq camp are the death cases that took place inside the camp in addition to cases referred to health facilities outside the camp. 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. Thus, the calculated CMR for Azraq in the fourth quarter of 2016 is likely to be underestimated.

Morbidity

There were 12.9 full time clinicians in Azraq camp during the fourth quarter of 2016 covering the outpatient department (OPD) at IMC clinics in villages 3 and 6, the semi-permanent structure in village 5, the clinic that was covering village 2 for the first five weeks of the fourth quarter and to a lesser extent IMC hospital. The average rate of consultations per clinician per day was 67 which is 34% higher than the maximum acceptable standard (<50 consultations per clinician per day). This is comparable to the third quarter of 2016 (62).

Eleven alerts generated and were investigated during the fourth quarter of 2016 for diseases of outbreak potential including acute jaundice syndrome, bloody diarrhea, suspected measles 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

² Jordan Statistical Yearbook 2014 – Department of Statistics

Total consultations slightly increased (by 5%) in the fourth quarter (70,196) compared to the third quarter (66,966)

Acute health conditions accounted for approximately 73% of total OPD consultations in the fourth quarter of 2016; upper respiratory tract infections (URTI), influenza-like illness (ILI) and skin infections were the main reasons to seek medical care.

There were 3,175 consultations for chronic non-communicable diseases in the fourth quarter of 2016 which is less than proportionate to the increase in population in 2016 and the reasons behind this are being explored.

Mental health consultations in the fourth quarter of 2016 (1,358) accounted for 1.9% of total consultations. This is comparable to the second quarter (2.0%) and the third quarter (1.7%) but is one half that of the first quarter (3.4%). The number of mental health consultations in the second, third and fourth quarters is disproportionate to the increase in population. The reasons behind this are being explored.

Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency, delivery and pediatrics inpatient services, the latter as of the last week of October. 898 new inpatient admissions were reported during the fourth quarter which is 2.5 times the quarterly average attributed to the addition of the pediatrics unit. The bed occupancy rate is 86% with a hospitalization rate of (8.6/1,000 population/month; 103/1,000 population/year) which is markedly higher than the rate in the first three quarters for the same reason mentioned above.

Referrals

Total referrals to hospitals outside the camp were 2,302 in the fourth quarter of 2016 with a referral rate of 22/1,000/month.

Reproductive Health

1,787 pregnant women made their first antenatal care (ANC) visit during the fourth quarter of 2016; only 66% of these made their first visit during the first trimester. This is a marked improvement since the beginning of 2016 when it was even lower. Nevertheless, given that the total number of first ANC visits is 5 times the number of deliveries during the fourth 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 especially those who moved from villages 2 and 5 to villages 3 and 6 and thus being reported more than once).

Reported coverage of complete antenatal care in fourth quarter of 2016 is low. In particular antenatal tetanus immunization (41%) and complete antenatal care (67%). Nevertheless this has significantly improved compared to the first 3 quarters of 2016 when the reported coverage was much lower. The coverage for anemia screening is 99%.

354 live births were reported in the fourth quarter of 2016 with a crude birth rate (CBR) of (3.4/1,000 population/month) which is comparable to the third quarter (3.1/1,000 population/month) but is significantly lower than the CBR rate in the first half of 2016 (4.6/1,000 population/month) but is slightly higher than CBR during 2015 (2.8/1,000 population/month)

as well as Jordan's CBR (2.4/1,000 population/month)². 18% of deliveries were caesarian section and all were attended by skilled health workers. This is comparable to the first three quarters of 2016.

Low birth weight is 5.4% of livebirths. Reporting has continued to be improved in the fourth quarter as in the second and third quarters (3.4% and 3.8% respectively) compared to the first quarter (0.4%).

The number of obstetric complications treated is under-reported as there are no reported cases. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) of at least three postnatal visits within six weeks is very low (6%). According to available records, most women complete only 2 visits after delivery. This is comparable to the third quarter (6%) and second quarter of 2016 (5%). The coverage reported in the first quarter (74%) was overestimated due to reporting error where PNC visits other than the third within 6 weeks of delivery were reported.