

Azraq Health Information System

Second Quarter Report 2017



Summary Key Points:

Mortality

In the second quarter of 2017, 17 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 1.9/1,000 population/year) which is slightly lower than the CMR in the first quarter of 2017 (0.2/1,000 population/month; 2.4/1,000 population/year), and CMR in 2016 (0.2/1,000 population/month; 2.3/1,000 population/year). However, this is significantly 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 2015 according to the Department of Statistics (0.51/1,000 population/month; 6.1/1,000 population/year)².

Among the 17 deaths, 6 were neonatal with a proportional mortality of 35%. Calculated Neonatal Mortality Rate (NNMR) in the second quarter of 2017 is 12.9/1,000 livebirths which is comparable to the reported NNMR in the first quarter of 2017 (10.5/1,000 livebirths). This is significantly lower (30% less) than the reported NNMR in 2016 (19.0/1,000 livebirths), and is also slightly lower than 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 second quarter of 2017 which was 36,037. 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 second quarter of 2017 is likely to be underestimated.

Morbidity

There were 18.8 full time clinicians in Azraq camp during the second quarter of 2017 covering the outpatient departments (OPD) of different health facilities in Azraq Camp. Including IMC clinics in villages 3, 6, and 5, AMR clinic in village 2 and to a lesser extent IMC hospital. The average rate of consultations per clinician per day was 52 which is slightly higher than the maximum acceptable standard (<50 consultations per clinician per day). This is slightly lower (15%) than the rate in the first quarter of 2017.

Thirteen alerts were generated, verified and investigated (in coordination with MOH) during the second quarter of 2017 for diseases of outbreak potential including suspected meningitis, acute flaccid paralysis, acute jaundice syndrome, bloody diarrhea and watery diarrhea. No outbreaks reported in the second quarter in Azraq camp.

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 2015 – Department of Statistics

Acute health conditions accounted for approximately 77% of total OPD consultations in the second quarter of 2017. Upper respiratory tract infections (URTI), dental conditions and skin infections contributed to almost one half of acute health conditions necessitating medical care.

Chronic non-communicable diseases accounted for approximately 6.3% of total OPD consultations of which more than one third were for Hypertension. This is comparable to the first quarter of 2017.

Mental health consultations accounted for 1.8% of total consultations. This is one fifth lower than the reported cases in the first quarter of 2017. Epilepsy/seizures and severe emotional disorders (including moderate – severe depression) contributed to more than one half of mental health consultations.

Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency, delivery and pediatrics inpatient services. 1,170 new inpatient admissions were reported during the second quarter of 2017. This is comparable to both the first quarter of 2017, but is more than 3 times the average in the first three quarters of 2016 and is attributed to the addition of the pediatrics unit as of the last week of October 2016. The bed occupancy rate is 94% with a hospitalization rate of (10.8/1,000 population/month; 129.9/1,000 population/year) which is comparable to the first quarter of 2017.

Referrals

Total referrals to hospitals outside the camp were 1,233 in the second quarter of 2017 with a referral rate of 11.2/1,000 population/month.

Reproductive Health

984 pregnant women were reported to have made their first antenatal care (ANC) visit during the second quarter of 2017; of which 83% of these made their first visit during the first trimester. This is comparable to the first quarter of 2017 (83%), and is a marked improvement since 2016 when it was very low (49%). Given that the total number of first ANC visits is 2.1 times the number of deliveries during the second quarter of 2017, 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). Nevertheless, this has improved since the first quarter of 2017 where the reported first ANC visits were 3.7 the number of deliveries.

Reported coverage of complete antenatal care in second quarter of 2017 has significantly enhanced. In particular antenatal tetanus immunization (75%) and completed antenatal care (88%), compared to (77% and 50% for complete antenatal care coverage, and 31% and 62% for tetanus immunization coverage) in the first quarter of 2017, and 2016 respectively.

465 live births were reported in the second quarter of 2017 with a crude birth rate (CBR) of (4.3/1,000 population/month) which is one fifth higher than the reported CMR in the first quarter of 2017 (3.6/1,000 population/month), the CBR in second half of 2016 (3.2/1,000 population/month), and Jordan's CBR (1.9/1,000 population/month) ². However, this is

comparable to the CBR rate in the first half of 2016 (4.6/1,000 population/month). 23% of deliveries were caesarian section and all were attended by skilled health workers.

Low birth weight is 6% of livebirths. Reporting markedly improved since the first quarter of 2016 (0.4%).

The number of obstetric complications treated is under-reported (4.0%). It is expected that approximately 15% of deliveries will have a complication necessitating intervention. Nevertheless, reporting has significantly enhanced since 2016 (1%).

Postnatal care (PNC) of at least three postnatal visits within six weeks is still very low (19%). According to available records, most women complete only 2 visits after delivery. This has slightly improved compared to the first quarter of 2017 (12%), as well as the second quarter (5%), third quarter (6%) and fourth quarter (6%) of 2016. The coverage reported in the first quarter of 2016 (74%) was overestimated due to reporting error were PNC visits other than the third within 6 weeks of delivery were reported.