

Azraq Health Information System

Third Quarter Report 2017



Summary Key Points:

Mortality

In the third quarter of 2017, 16 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.16/1,000 population/month; 1.9/1,000 population/year) which is slightly lower than the CMR in the second quarter of 2017 (0.2/1,000 population/month; 1.9/1,000 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 2016 according to the Department of Statistics (0.5/1,000 population/month; 6.0/1,000 population/year)².

Among the 16 deaths, 7 were neonatal with a proportional mortality of 38% and one maternal death. Calculated Neonatal Mortality Rate (NNMR) in the second quarter of 2017 is 16.8/1,000 livebirths which is higher than the reported NNMR in the second quarter of 2017 (12.9/1,000 livebirths). This is slightly lower (32% less) than the reported NNMR in 2016 (19.0/1,000 livebirths), and is also slightly higher 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 third quarter of 2017 which was 34,019. 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 third quarter of 2017 is likely to be underestimated.

Morbidity

There were 19.2 full time clinicians in Azraq camp during the third 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. Since September 2017; PHC services in village 6 were provided by AMR. Mental health, nutrition, and pediatrics continued to be provided by IMC. The average rate of consultations per clinician per day was 44 which is lower than the maximum acceptable standard (<50 consultations per clinician per day). This is slightly lower (15%) than the rate in the second quarter of 2017.

Twelve alerts were generated, verified and investigated (in coordination with MOH) during the third quarter of 2017 for diseases of outbreak potential including suspected meningitis, acute

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 2016 – Department of Statistics

flaccid paralysis, Measles, and bloody diarrhea. No outbreaks reported in the third quarter in Azraq camp.

Acute health conditions accounted for approximately 73% of total OPD consultations in the third quarter of 2017. Upper respiratory tract infections (URTI) 28%, dental conditions 10% and skin infections 6% contributed to a total of 44% of acute health conditions necessitating medical care.

Chronic non-communicable diseases accounted for approximately 6.9% of total OPD consultations of which more than one third were for Hypertension. This is comparable to the first and second quarter of 2017.

Mental health consultations accounted for 2.3% of total consultations. This is one fifth higher than the reported cases in the second quarter of 2017. Epilepsy/seizures and severe emotional disorders (including moderate – severe depression) contributed to almost 66% 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. 1,077 new inpatient admissions were reported during the third quarter of 2017. This is comparable to both the first and second 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 96% with a hospitalization rate of (10.6/1,000 population/month; 126.6/1,000 population/year) which is comparable to the second quarter of 2017.

Referrals

Total referrals to hospitals outside the camp were 1,086 in the third quarter of 2017 with a referral rate of 10.6/1,000 population/month. This is comparable to the referrals rate in the second quarter of 2017 which was 11.2/1,000 population/month, and to the referral rate in the third quarter of 2016 which was also 11.2/1,000 population/month.

Reproductive Health

1436 pregnant women were reported to have made their first antenatal care (ANC) visit during the third quarter of 2017; of which only 60% made their first visit during the first trimester. This is lower than the proportion reported in the second quarter of 2017 (83%). Given that the total number of first ANC visits is 3.4 times the number of deliveries during the third 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). In addition, reproductive health services have been disrupted during the month of August. This disruption affected IMC clinics in villages 3,5, and 6, which led to shift of RH services to Camp hospital, where the staff did not report ANC coverage properly; 15% of the total of first ANC visit > 1st trimester was reported from IMC hospital, which lowered the indicator of first visit during the first trimester.

Reported coverage of complete antenatal care in third quarter of 2017 has declined. In particular antenatal tetanus immunization (63%) and completed antenatal care (79%), compared to (88%

and 50% for complete antenatal care coverage, and 75% and 62% for tetanus immunization coverage) in the second quarter of 2017, and 2016 respectively.

416 live births were reported in the third quarter of 2017 with a crude birth rate (CBR) of (4.1/1,000 population/month) which is comparable to the reported CBR in the second quarter of 2017 (4.3/1,000 population/month), the CBR in third half of 2016(3.1/1,000 population/month), However, this is higher than Jordan's CBR (1.9 /1,000 population/month) ². 21% of deliveries were caesarian section and 97% were attended by skilled health workers as 14 deliveries occurred in caravans.

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

The number of obstetric complications treated is under-reported (5%). 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 (21%). According to available records, most women complete only 2 visits after delivery. This has slightly improved compared to the second quarter of 2017 (19%), as well as the 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.