

## Azraq Health Information System

Annual Report 2016



### Summary Key Points:

#### Mortality

During 2016, 86 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.3/1,000 population/year) which is lower than the reported CMR in Syria prior to the conflict in 2010 (0.33/1,000 population/month; 4/1,000 population/year)<sup>1</sup> as well as 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)<sup>2</sup> but is higher than the reported CMR in Azraq camp in 2015 (0.1/1,000 population/month; 1.6/1,000 population/year) noting that the CMR for 2015 is likely to be underestimated due to the unavailability of population data resident in Azraq camp and thus its overestimation.

Among the 86 deaths, 24 were neonatal with neonatal mortality rate (NNMR) of 19.0/1,000 livebirths which is to the NNMR in 2015 (18.2/1,000 livebirths) but is higher than Jordan's NNMR (14.9/1,000 livebirths); 51% of total reported mortalities were children under 5 years of age. Reporting of NNM has improved in 2016 taking into consideration age in terms of days, months and years.

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in 2016 which was 37,667.

The cases of deaths reported in Azraq camp 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. Thus, the calculated CMR for Azraq in 2016 is likely to be underestimated.

#### Morbidity

There were 12.3 full time clinicians in Azraq camp during 2016 covering the outpatient department (OPD) with an average rate of 56 consultations per clinician per day and a maximum rate of 77 consultations per clinician per day. This is higher than the maximum acceptable standard (<50 consultations/clinician/day). This can be attributed to the significant increase in Azraq camp population as of the second quarter of 2016 with poor health profile in need of medical care and attention.

Fifty two alerts were investigated during 2016 for diseases of outbreak potential including bloody diarrhea, watery diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles, and suspected meningitis. Noting that the investigated alerts in the second quarter account for 40% of total alerts in 2016 Total of 339 cases of acute jaundice syndrome (AJS)

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<sup>1</sup>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](http://data.worldbank.org/indicator/SP.DYN.CDRT.IN/countries?order=wbapi_data_value_2013+wbapi_data_value+wbapi_data_value-last&sort=asc)

<sup>2</sup> Jordan Statistical Yearbook 2014 – Department of Statistics

were reported during 2016. Ministry of Health declared Hepatitis A outbreak in Azraq camp on the July, 05<sup>th</sup> 2016 and its end was announced on November, 01<sup>st</sup> 2016.

The reported number of OPD consultations in 2016 (223,623) is double that of 2015 (110,095) which could also be attributed to the same reason mentioned above noting that the increase in consultations was observed as of the second quarter of 2016.

Acute health conditions accounted for approximately 75% of total OPD consultations in 2016; upper respiratory tract infections (URTI), skin infections and dental conditions were the main reasons to seek medical care in 2016.

There were 11,563 consultations for chronic non-communicable diseases in 2016 which is less than proportionate to the increase in population in 2016 and the reasons behind this are being explored.

There were 4,687 consultations for mental health conditions in 2016 with comparable number of consultations during the first and second half of 2016 which is disproportionate to the increase in population as of the second quarter of 2016. Reasons behind this are also being explored. Mental health consultations accounted for approximately 2.1% of total consultations with epilepsy/seizures and severe emotional disorders (including moderate- severe depression) being the two main reasons to seek mental health care.

#### Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency, delivery and pediatrics inpatients services, the latter as of the last week of October. 1,902 new inpatient admissions were reported during 2016 with a bed occupancy rate of 77% and hospitalization rate of (4.2/1,000 population/month; 50.5/1,000 population/year) which is significantly less than the rate in 2015, which could be attributed to the fact that Finnish Red Cross hospital was functioning in 2015 and had a wider range of inpatient services compared to the IMC Hospital. Please note this does not include referrals for inpatient admissions outside of the camp.

#### Referrals

Total referrals to hospitals outside the camp were 5,549 in 2016. 71% of referrals were to private affiliated hospitals. The referral rate during 2016 was 12.3/1,000/month but was fluctuating over the year.

#### Reproductive Health

6,942 pregnant women made their first antenatal care (ANC) visit during 2016; only 49% of these made their first visit during the first trimester. Nevertheless, given that the total number is 5.5 times the number of deliveries during 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 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 the second half of 2016 is low. In particular Tetanus vaccination coverage (at least two doses) is 31% coverage of antenatal care (4 or more

ANC visits) is 50%, noting that the coverage in the fourth quarter improved compared to the first three quarters. The low coverage can be attributed to the fact that a considerable number of new arrival pregnant women were in their second or third trimester of pregnancy and thus did not complete 4 or more ANC visits nor did they take 2 doses of tetanus vaccine.

1,265 live births were reported in 2016 with a crude birth rate (CBR) of 2.8/1,000 population/month which lower than the CBR in the first half of 2016 (4.6/1,000 livebirths) as well as and the second half (3.2/1,000 population/month). This could be interpreted by influence of population figure on CBR, where the median population for 2016 was higher than the median populations for the first and second halves of 2016. 21% of deliveries were caesarian section and all were attended by skilled health workers. This is comparable to 2015.

Low birth weight is 3.5% of livebirths. Reporting enhanced gradually over 2016 where it was (0.4%) of livebirths in the first quarter and improved to 5.4% in the fourth quarter of 2016.

Postnatal care (PNC) of at least three postnatal visits within six weeks is very low (20%). Despite the lower coverage, it is overestimated during to inaccurate reporting in the first quarter (74%) compared to (5-6%) coverage in the second, third and fourth quarters of 2016. According to available records, most women complete only 2 visits after delivery. The reasons behind this are being explored.