

Azraq Health Information System

Annual Report 2017



Summary Key Points:

General Overview

During 2017, health partners have changed in Azraq camp; for primary health care services provided in village 6 Arab Medical Relief (AMR) started implementing in the end of Q3. For Reproductive health services provided in villages 3, 5, and 6; International Rescue Committee started implementing in Q4 of 2017. By the end of 2017; AMR has suspended the provision of primary health care services in village 2; where a temporary clinic was opened in IMC hospital (without an increase in number of full time clinicians) to receive village 2 patients temporarily and fill the gap in services. HIS training was conducted for new partners to ensure sustainability of data compilation and minimizing changes in morbidity trends due to change of health providers in the villages.

Mortality

During 2017, 67 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 lower than the reported CMR in Syria prior to the conflict in 2010 (0.33/1,000 population/month; 4/1,000 population/year)¹ as well as 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. Additionally, it is lower than the reported CMR in Azraq camp in 2016 (0.2/1,000 population/month; 2.3/1,000 population/year).

Among the 67 deaths, 20 were neonatal with neonatal mortality rate (NNMR) of 11.9/1,000 livebirths which is lower than that in 2016 (19.0/1,000 livebirths) and lower than Jordan's NNMR (14.9/1,000 livebirths); NNMR constituted for 53% of total reported under five mortalities. Reporting of NNM has improved since 2016 taking into consideration age in terms of days, months and years.

2 maternal mortalities reported by health facilities in 2017, it was investigated by the committee with recommendation provided, no maternal mortalities reported in 2016.

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in 2017 which was 35,608.

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 2017 is likely to be underestimated.

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 2016 – Department of Statistics

Morbidity

There were 17.9 full time clinicians in Azraq camp during 2017 covering the outpatient department (OPD) with an average rate of 71 consultations per clinician per day. This is higher than the maximum acceptable standard (<50 consultations/clinician/day). This can be attributed to the decrease in the average number of days on which health facilities were functioning (due to change in partners and suspended health services in village 2).

Thirty nine alerts were generated during 2017 for diseases of outbreak potential including bloody diarrhea, watery diarrhea, and acute jaundice syndrome, acute flaccid paralysis, suspected measles, and suspected meningitis. Those alerts were verified by UNHCR and MOH, No outbreaks were confirmed or announced by the ministry of health.

The reported number of OPD consultations in 2017 (273,907) is higher than that of 2016 (223,623) and that of 2015 (110,095). OPD consultations fluctuated across 2017 quarters with the highest total consultations being in Q4 (72,251) and the lowest being in (64,712).

Acute health conditions accounted for approximately 74% of total OPD consultations in 2017; the main reasons to seek medical care in 2017 were upper respiratory tract infections (URTI) (31%), dental conditions (9%) and Influenza-like illnesses (ILI) (7%).

There were 17,653 consultations for chronic non-communicable diseases in 2017 which is higher than the consultations reported in 2016 (11,563).

There were 5,809 consultations for mental health conditions in 2017 with slightly higher than number of consultations in 2016 (4,687). Reasons behind this are also being explored. Mental health consultations accounted for approximately 2.1% of total consultations with epilepsy/seizures (34%) and severe emotional disorders (including moderate- severe depression) (28%) 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. 1,664 new inpatient admissions were reported during 2017 with a bed occupancy rate of 93% and hospitalization rate of (10.3/1,000 population/month; 123.1/1,000 population/year) which is significantly higher than the rate in 2016 (4.2/1,000 population/month; 50.5/1,000 population/year) which could be attributed to the fact that in the middle of 2016 Pediatrics ward was opened in the hospital which increased hospitalization rate. Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 6,186 in 2017, which is 11% increase from 2016 total referrals of 5,549. 59% of referrals were to private affiliated hospitals compared to 71% in 2016. The referral rate during 2017 was (14.5/1,000 population/month).

Reproductive Health

5,203 pregnant women made their first antenatal care (ANC) visit during 2017; only 67% of these made their first visit during the first trimester. Nevertheless, given that the total number is 3 times the number of deliveries during 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 villages). Proportion of first time antenatal visits made < 1st trimester decreased in the second half of 2017; this might be linked to the hold which occurred on RH services during the second half of 2017.

Tetanus vaccination coverage (at least two doses) has improved in 2017 (64%) compared to 2016 when it was (31%). Additionally, coverage of complete antenatal care in 2017 (64%) compared to 2016 when it was (50%).

1684 live births were reported in 2017 with a crude birth rate (CBR) of 3.9/1,000 population/month which higher than the CBR in 2016 (2.8/1,000 livebirths). The reasons behind the increase are being investigated. 19% of deliveries were caesarian section and 99% were attended by skilled health workers. This is comparable to 2016.

Reporting low birth weight (LWB) has improved in 2017, with 4.8% of livebirths being LWB.

Postnatal care (PNC) of at least three postnatal visits within six weeks is still low (35%), however increased from last year 20% PNC coverage.