

Azraq Health Information System

First Quarter Report 2016



Summary Key Points:

Mortality

In the first quarter of 2016, 12 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1000 population/month; 2.8/1000 population/year) which is higher than the reported CMR in Azraq camp for 2015 and is lower than both the reported CMR in Syria prior to the conflict in 2010 (0.33/1000 population/month; 4/1000 population/year)¹ as well as the reported CMR in Jordan in 2013 according to two sources; World Bank Indicators and Jordan Department of Statistics respectively; (0.33/1000 population/month; 4/1000 population/year)¹ and (0.48/1000 population/month; 5.7/1000 population/year)².

Among the 12 deaths, 1 was neonatal with neonatal mortality rate of 3.9/1000 livebirths which is lower than Jordan's neonatal mortality rate of 14.9/1000 livebirths; 58% were children under 5 years of age.

CMR is influenced by the size of the population. Thus, despite the fact that CMR was calculated based on the median population in Azraq in the first quarter of 2016 which was 17,346, it should be kept in mind that this figure was fluctuating all through the year due to continual influx into the camp as well as refugees leaving the camp back to Syria or to reside in urban areas of Jordan.

Furthermore, the cases of deaths reported in Azraq 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.

Taking the two above mentioned factors into consideration and their relative importance, the calculated CMR for Azraq in the first quarter of 2016 is likely to be underestimated.

Morbidity

There were 11.1 full time clinicians in Azraq camp during the first quarter of 2016 covering the outpatient department (OPD) with 36 consultations/clinician/day on average which is comparable to 2015 and is within the acceptable standard (<50 consultations/clinician/day).

Eleven alerts were investigated during the first quarter of 2016 for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome, suspected measles, suspected meningitis and watery diarrhea.

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 2013 – Department of Statistics

Acute health conditions accounted for approximately 80% of total OPD consultations in first quarter of 2016; upper respiratory tract infections (URTI), influenza like illness (ILI) and skin infections were the main reasons to seek medical care in the first quarter of 2016.

There were 2,318 consultations for chronic non-communicable diseases of which hypertension, diabetes and asthma were the main reasons to seek medical care in the first quarter of 2016 as well as 2015 and 2014. Total number of consultations for chronic and non-communicable diseases is approximately 60% higher as compared to 2015 and this is likely related to the new arrivals at Azraq camp during 2016.

There were 1,146 consultations for mental health conditions in first quarter of 2016 accounting for approximately 3.4% of total consultations. This is more than 125% increase as compared to 2015. Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during the first quarter of 2016 as well as 2015 and 2014.

Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency and delivery. 272 new inpatient admissions for delivery were reported during the first quarter of 2016 with a bed occupancy rate of 62% and hospitalization rate of (5.2/1000 population/month; 62.7/1000 population/year) which is 65% lower compared to hospitalization rate in 2015. This can be attributed to the fact that the Finnish Red Cross Hospital that was functioning in 2015 had a wider range of inpatient services compared to the current 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 1,087 during 2016. 65% of referrals were to Ministry of Health (MoH) hospitals. The referral rate during the first quarter of 2016 was 20.9/1000/month which is higher than the referral rate during 2015. This as well can be attributed to the fact that the IMC Hospital has limited range of inpatient activities as compared to the Finnish Red Cross Hospital that was functioning at Azraq camp during 2015.

Reproductive Health

1,159 pregnant women made their first antenatal care (ANC) visit during the first quarter of 2016; only 40% of these made their first visit during the first trimester. Given that this number is 4.5 times the number of deliveries during the first quarter of 2015 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 thus being reported more than once).

Reported coverage of complete antenatal care in first quarter of 2016 is low and is even lower than the reported coverage in 2015. In particular Tetanus vaccination coverage (at least two doses) is 46% coverage of antenatal care (4 or more ANC visits) is 56%, but anemia screening of pregnant women has improved (99%)

256 live births were reported in first quarter of 2016 with a crude birth rate of 4.9/1000 population/month which is higher than CBR during 2015 (2.8/1000 population/month) as well as Jordan's CBR of 2.3/1000 population/month². 25% of deliveries were caesarian section and all were attended by skilled health workers. This is a slight increase compared to 2015.

Low birth weight is under-reported (0.4% of livebirths) due to the unavailability of the birth weight for many cases referred for delivery at hospitals outside the camp.

Postnatal care (PNC) of at least three postnatal visits within six weeks is low (74%) but has improved since 2015 when it was even lower (63%) and possibly underestimated.