

Azraq Health Information System

First Half Report 2017



Summary Key Points:

Mortality

In the first half of 2017, 28 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.1/1,000 population/year) which is comparable to the 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 38 deaths, 10 were neonatal with a proportional mortality of 26%. Calculated Neonatal Mortality Rate (NNMR) in the first half of 2017 is 11.8/1,000 livebirths. This is lower than both the reported NNMR in 2016 (19.0/1,000 livebirths), and 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 first half of 2017 which was 35,529. 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 first half of 2017 is likely to be underestimated.

Morbidity

There were 16.3 full time clinicians in Azraq camp during the first half of 2017 covering the outpatient department (OPD) at IMC clinics in villages 3 and 6, the permanent structure in village 5, AMR clinic in village 2 and to a lesser extent IMC hospital. The average rate of consultations per clinician per day was 56 which is slightly higher than the maximum acceptable standard (<50 consultations per clinician per day). This is lower than the rate in the second half of 2016 (64 consultations per clinician per day).

Eighteen alerts were generated, verified and investigated (in coordination with MOH) during the first half of 2017 for diseases of outbreak potential including suspected meningitis, suspected measles, acute flaccid paralysis, acute jaundice syndrome, bloody diarrhea and watery diarrhea. Zero outbreaks reported in the first half 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 first half 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.

Mental health consultations accounted for 2.0% of total consultations. This is comparable to 2016. 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. 2,268 new inpatient admissions were reported during the first half of 2017. Noting that the increase in inpatient admissions has been noticed as of the last week of October 2016 and is attributed to the addition of the pediatrics unit. The bed occupancy rate is 100% with a hospitalization rate of (10.6/1,000 population/month; 127.7/1,000 population/year). This is more than twice the hospitalization rate in 2016 (4.2/1,000 population/month; 50.5/1,000 population/year) and is attributed to the addition of the pediatrics unit as of the last week of October 2016.

Referrals

Total referrals to hospitals outside the camp were 3,450 in the first half of 2017 with a referral rate of 16.2 1,000 population/month.

Reproductive Health

2,390 pregnant women were reported to have made their first antenatal care (ANC) visit during the first half of 2017; of which 83% of these made their first visit during the first trimester. This has markedly improved since 2016 when it was very low (49%). Given that the total number of first ANC visits is 2.8 times the number of deliveries during the first half 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, reporting has significantly enhanced in the second quarter of 2017 (2.1) compared to the first quarter of 2017 (3.7) as well as 2016 (5.5).

Reported coverage of complete antenatal care in first quarter of 2017 is low. . In particular antenatal tetanus immunization (69%) and complete antenatal care (83%). Nevertheless, reporting has enhanced in the second quarter of 2017 compared to the first quarter of 2017 as well as 2016.

846 live births were reported in the first half of 2017 with a crude birth rate (CBR) of (4.0/1,000 population/month) which is comparable to the CBR in the first half of 2016 (4.0/1,000 population/month). This is higher than both the CBR in the second half of 2016 (3.2/1,000 population/month) as well as Jordan's CBR (1.9/1,000 population/month)². 20% of deliveries were caesarian section and all were attended by skilled health workers.

Low birth weight is 5% 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 (16%). According to available records, most women complete only 2 visits after delivery. This has slightly improved in the second quarter of 2017 (19%) 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 where PNC visits other than the third within 6 weeks of delivery were reported.