

## Azraq Health Information System

Third Quarter Report 2016



### Summary Key Points:

#### Mortality

In the third quarter of 2016, 26 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.8/1,000 population/year) which is lower than the CMR in the second quarter (0.3/1,000 population/month; 3.9/1,000 population/year) but is comparable to the CMR in the first quarter of 2016. This is 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)<sup>1</sup> and 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>.

Among the 26 deaths, 9 were neonatal with a proportional mortality of 35% which is 1.8 times that of the first half of 2016 (19%). Calculated Neonatal Mortality Rate (NNMR) in the third quarter was 26.5/1,000 livebirths which is slightly higher than the reported NNMR in the second quarter (22.2/1,000 livebirths) but is markedly higher compared to both the first quarter of 2016 (3.9/1,000 livebirths) and to 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 2016 which was 36,644 (75% increment compared to the median population in the first half of 2016).

The mortalities reported in Azraq camp are the cases that took place inside the camp as well as 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 2016 is likely to be underestimated.

#### Morbidity

There were 13.4 full time clinicians in Azraq camp during the third quarter of 2016 covering the outpatient department (OPD) at IMC clinics in villages 3 and 6, the semi-permanent structure in village 5, the mobile clinic covering village 2 as of the third week of the third quarter and to a lesser extent IMC hospital. The average rate of consultations per clinician per day was 62 which is 25% higher than the maximum acceptable standard (<50 consultations per clinician per day). This is higher than the rate in the second quarter of 2016 (53 consultations per clinician per day) and could be attributed to the fact that the median population in the third quarter was relatively stable throughout the period and increased by 20% compared to the second quarter.

Nine alerts generated and were investigated during the third quarter of 2016 for diseases of outbreak potential including acute jaundice syndrome, bloody diarrhea, suspected measles and

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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

suspected meningitis. Total of 214 cases of acute jaundice syndrome (AJS) were reported during the third quarter of 2016. Ministry of Health declared Hepatitis A outbreak in Azraq camp on the July, 05<sup>th</sup> 2016.

Total consultations further increased in the third quarter of 2016 (66,966) by 25% compared to the second quarter, and is two times that of the first quarter.

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

Chronic health consultations accounted for only 4.9% of total consultations. The reasons behind this are being explored.

Mental health consultations in the third quarter of 2016 (1,121) accounted for 1.7% of total consultations. This is comparable to the second quarter (2.0%) but is one half that of the first quarter (3.4%). The number of mental health consultations in both the second and third quarter is disproportionate to the increase in population. The reasons behind this are also being explored.

#### Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency and delivery. 368 new inpatient admissions were reported during the third quarter of 2016 with a bed occupancy rate of 83% and hospitalization rate of (3.3/1,000 population/month; 40.2/1,000 population/year) which is slightly lower than the second quarter and is proportionate to the slight decrease in the Crude Birth Rate (CBR) as most of the inpatient admissions are obstetric.

#### Referrals

Total referrals to hospitals outside the camp were 1,229 in the third quarter of 2016. The referral rate during the third quarter of 2016 was 11.2/1,000/month which is comparable to the rate in the second quarter (10.1/1,000/month).

#### Reproductive Health

2,264 pregnant women made their first antenatal care (ANC) visit during the third quarter of 2016; only 52% of these made their first visit during the first trimester. This is a marked improvement since the second quarter when it was even lower (34%). Nevertheless, given that the total number of first ANC visits is 6.6 times the number of deliveries during the third quarter of 2016 and due to the fact that the rate of new arrivals was very low in the third quarter compared to the second quarter, 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 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 third quarter of 2016 is very low. In particular antenatal tetanus immunization (24%) and complete antenatal care (45%). Nevertheless this has significantly improved compared to the second quarter of 2016 when the reported coverage was

1.5 times lower. The coverage for anemia screening is 99%. The reasons behind this are being looked at.

339 live births were reported in the third quarter of 2016 with a crude birth rate (CBR) of 3.1/1,000 population/month which is significantly lower than the CBR rate in the first half of 2016 (4.6/1,000 population/month) but is still higher than CBR during 2015 (2.8/1,000 population/month) as well as Jordan's CBR (2.4/1,000 population/month)<sup>2</sup>. 22% of deliveries were caesarian section and all were attended by skilled health workers. This is comparable to the first half of 2016.

Low birth weight is 3.8% of livebirths. This is comparable to the second quarter. Reporting has markedly improved in the second and third quarters of 2016 compared to the first quarter (0.4%).

The number of obstetric complications treated is incompletely reported as the number of very low. It is expected that approximately 15% of deliveries will have a complication necessitating intervention.

Postnatal care (PNC) of at least three postnatal visits within six weeks is very low (6%). According to available records, most women complete only 2 visits after delivery. This is comparable to the second quarter of 2016 (5%). The coverage reported in the first quarter (7.3%) was overestimated due to reporting error where PNC visits other than the third within 6 weeks of delivery were reported.