

Azraq Health Information System

Fourth Quarter Report 2017



Summary Key Points:

Mortality

In the fourth quarter of 2017, 13 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.48/1,000 population/year) which is lower than the CMR in the third quarter (0.16/1,000 population/month; 1.9/1,000 population/year) but is comparable to the CMR in the first and second quarters (0.2/1,000 population/month). 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)¹ and the reported CMR in Jordan in 2014 according to the Department of Statistics (0.51/1,000 population/month; 6.0/1,000 population/year)².

Among the 13 deaths, 3 were neonatal with a proportional mortality of 23%. Calculated Neonatal Mortality Rate (NNMR) in the fourth quarter is 7.1/1,000 livebirths which is significantly lower than the reported NNMR in the second (12.9/1,000 livebirths) and third (16.8/1,000 livebirths) quarters. Finally, it is lower than Jordan's NNMR (14.9/1,000 livebirths).

No maternal mortalities reported in the 4th quarter.

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in the fourth quarter of 2017 which was 35,060.

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 fourth quarter of 2017 is likely to be underestimated.

Morbidity

There were 19.7 full time clinicians in Azraq camp during the fourth quarter of 2017 covering the outpatient department (OPD) at IMC clinics in villages 3 and 5. And AMR in village 2 and 6. The average rate of consultations per clinician per day was 43 which is within the maximum acceptable standard (<50 consultations per clinician per day). This is comparable to the third quarter of 2017 (44 consultation per clinician per day).

Eight alerts generated and were investigated during the fourth quarter of 2017 for diseases of outbreak potential including acute jaundice syndrome, bloody diarrhea, and suspected meningitis. No outbreaks declared by the MOH in relation to those alerts.

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

Total consultations slightly increased (by 11%) in the fourth quarter (72,251) compared to the third quarter (64,712)

Acute health conditions accounted for approximately 69% of total OPD consultations in the fourth quarter of 2017; upper respiratory tract infections (URTI) (34%), influenza-like illness (ILI) (10%) and dental conditions (8%) were the main reasons to seek medical care.

There were 4,520 consultations for chronic non-communicable diseases in the fourth quarter of 2017 which is comparable to Q3 consultations (4,492) but is higher than that of Q4 in 2016 where it was (3,175).

Mental health consultations in the fourth quarter of 2017 (1,518) accounted for 2.1% of total consultations. This is comparable to the third quarter (2.3%), the second quarter (1.8%) and the first quarter (2.3%).

Inpatient Department Activities

Inpatient department activities were conducted by IMC Hospital at Azraq camp covering emergency, delivery and pediatrics inpatient services. 1037 new inpatient admissions were reported during the fourth quarter. The bed occupancy rate is 95% with a hospitalization rate of (9.9/1,000 population/month; 118/1,000 population/year) which is comparable to the previous quarters of 2017.

Referrals

Total referrals to hospitals outside the camp were 1,650 in the fourth quarter of 2017 with a referral rate of 15.7/1,000 population/month. This rate is higher than the referral rate in the third quarter 10.6/1,000 population/month but is almost half that of the fourth quarter in 2016 when it was 22 /1,000 population/month.

Reproductive Health

1,377 pregnant women made their first antenatal care (ANC) visit during the fourth quarter of 2017; only 45% of these made their first visit during the first trimester. Nevertheless, given that the total number of first ANC visits is 3 times the number of deliveries during the fourth quarter 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 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 fourth quarter of 2017 is low. In particular antenatal tetanus immunization (53%) and complete antenatal care (66%). This is lower than the third quarter in 2017 (tetanus immunization 63% and completed antenatal care 79%) and the fourth quarter in 2016. Nevertheless this has significantly improved compared to the first 3 quarters of 2017 when the reported coverage was much lower. The coverage for anemia screening is 100%.

422 live births were reported in the fourth quarter of 2017 with a crude birth rate (CBR) of (4.0/1,000 population/month) which is comparable to the third quarter (4.1/1,000 population/month) and the CBR rate in the first half of 2017 (4.0/1,000 population/month) but is higher than CBR during 2016 (2.8/1,000 population/month) as well as Jordan's CBR (2.4/1,000

population/month)². 15% of deliveries were caesarian section and 98% were attended by skilled health workers.

Low birth weight is 3% of livebirths. This is lower than that of the second and third quarters (both 6%) and the first quarter (4%).

The number of obstetric complications treated has improved compared to previous year yet it is still under-reported, only 15 cases were reported. 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 has improved (85%). This is higher than the third quarter (21%), second quarter of 2017 (19%) and the first quarter (12%). This can be attributed to the fact of resuming reproductive health services in villages 3, 5, and 6.