

Azraq Health Information System

Second Half Report 2017



Summary Key Points:

Mortality

In the second half of 2017, 29 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.7/1,000 population/year) which is lower than the CMR in the first half of 2017 (0.2/1,000 population/month; 2.1/1,000 population/year), and is also 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 (0.51/1,000 population/month; 6.0/1,000 population/year)². Finally, 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 29 deaths, 10 were neonatal with neonatal mortality rate (NNMR) of 11.9/1,000 livebirths which is comparable to the reported neonatal mortality rate in the first half of 2017 (11.8/1,000 livebirths) and lower than NNMR in 2016 (19.0/1,000 livebirths) as well as Jordan's NNMR (14.9/1,000 livebirths); 50% of total reported mortalities were children under 5 years of age. Reporting of NNM has improved in 2017 taking into consideration age in terms of days, months and years.

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in the second half of 2017 which was 35,837.

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 the second half of 2017 is likely to be underestimated.

Morbidity

There were 19.4 full time clinicians in Azraq camp during the second half of 2017 covering the outpatient department (OPD) with 43 consultations per clinician per day on average which is within the acceptable standard (<50 consultations/clinician/day).

Twenty alerts were investigated during the second half of 2017 for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome, and suspected meningitis.

The total number of consultations in the second half of 2017 (136,963) which is comparable to the first half. Acute health conditions accounted for approximately 71% of total OPD

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 2014 – Department of Statistics

consultations in the second half of 2017; upper respiratory tract infections (URTI), dental conditions and Influenza-like illness were the main reasons to seek medical care in the second half of 2017.

There were 9,012 consultations (6.5% of the total consultations) for chronic non-communicable diseases in the second half of 2017. Which is comparable to that of the proportionate consultation of the first half of 2017 which was (6.3% of the total consultations)

There were 3,031 consultations for mental health conditions in the second half of 2017 which is comparable to the consultations during the first half. Mental health consultations accounted for approximately 2.2% of total consultations with epilepsy/seizures and severe emotional disorders (including moderate- severe depression) 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, the latter as of the last week of October. 1,266 new inpatient admissions were reported during the second half of 2017 with a bed occupancy rate of 85% and hospitalization rate of (5.9/1,000 population/month; 70.7/1,000 population/year) which is comparable to the first half of 2017, noting that the number of inpatients beds doubled after the addition of the pediatrics unit. Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 2,114 in the second half of 2017. 47% of referrals were to private affiliated hospitals. The referral rate during the second half of 2017 was 13.4/1,000 population/month which is lower than the first half of 2017 (16.2/1,000 population/month).

Reproductive Health

2,813 pregnant women made their first antenatal care (ANC) visit during the second half of 2017; only 53% of these made their first visit during the first trimester. Nevertheless, given that the total number is 3.3 times the number of deliveries during the second 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 and 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 the second half of 2017 is low. In particular Tetanus vaccination coverage (at least two doses) is 58% coverage of antenatal care (4 or more ANC visits) is 73%, noting that the coverage in the fourth quarter improved compared to the first three quarters.

838 live births were reported in the second half of 2017 with a crude birth rate (CBR) of 4.1/1,000 population/month which comparable to the CBR 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 of 2.4/1,000 population/month². Low birth weight is 4.5% of livebirths which is still under-reported. Postnatal care (PNC) of at least three postnatal visits within six weeks is very low (54%) which is higher than the first half of 2017 (16%).