

## Azraq Health Information System

Second Half Report 2016



### Summary Key Points:

#### Mortality

In the second half of 2016, 44 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.5/1,000 population/year) which is lower than the CMR in the first half of 2016 (0.3/1,000 population/month; 4.0/1,000 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)<sup>1</sup> as well as 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> but is higher than the reported CMR in Azraq camp in 2015 (0.1/1,000 population/month; 1.6/1,000 population/year).

Among the 44 deaths, 15 were neonatal with neonatal mortality rate (NNMR) of 21.6/1,000 livebirths which is higher than the reported neonatal mortality rate in the first half of 2016 (14.0/1,000 livebirths) and in 2015 (18.2/1,000 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 2016 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 2016 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 2016 is likely to be underestimated.

#### Morbidity

There were 13.1 full time clinicians in Azraq camp during the second half of 2016 covering the outpatient department (OPD) with 64 consultations per clinician per day on average which is 1.3 times the maximum acceptable standard (<50 consultations/clinician/day). This can be attributed to the significant increase in Azraq camp population as of the second quarter of 2016 with poor health profile in need of medical care and attention.

Twenty alerts were investigated during the second half of 2016 for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome, suspected measles, and suspected meningitis. Noting that the investigated alerts in the second half of 2016 are 0.6 times

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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

the alerts of the first half which could be attributed to the influx of new arrivals with poor health profile over the second quarter of 2016.

There is a significant increase in the total number of consultations in the second half of 2016 compared to the first half (60%) which could also be attributed to the same reason mentioned above noting that the increase in consultations was observed as of the second quarter of 2016.

Acute health conditions accounted for approximately 73% of total OPD consultations in the second half of 2016; upper respiratory tract infections (URTI), dental conditions and skin infections were the main reasons to seek medical care in the second half of 2016.

There were 6,468 consultations for chronic non-communicable diseases in the second half of 2016 which is less than proportionate to the increase in population in 2016 and the reasons behind this are being explored.

There were 2,479 consultations for mental health conditions in the second half of 2016 which is comparable to the consultations during the first half, however is also less than proportionate to the increase in population and to the increase in the total number of consultations in the second half of 2016. Reasons behind this are also being explored. Mental health consultations accounted for approximately 1.8% 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 2016 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 2016, 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 3,531 in the second half of 2016. 80% of referrals were to private affiliated hospitals. The referral rate during the second half of 2016 was 16.4/1,000/month which is comparable to the first half of 2016.

#### Reproductive Health

4,051 pregnant women made their first antenatal care (ANC) visit during the second half of 2016; only 58% of these made their first visit during the first trimester. Nevertheless, given that the total number is 5.8 times the number of deliveries during the second half of 2016 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 2016 is low. In particular Tetanus vaccination coverage (at least two doses) is 33% coverage of antenatal care (4 or more ANC visits) is 56%, noting that the coverage in the fourth quarter improved compared to the first three quarters. . The low coverage can be attributed to the fact that a considerable number of new arrival pregnant women were in their second or third trimester of pregnancy and thus did not complete 4 or more ANC visits nor did they take 2 doses of tetanus vaccine.

693 live births were reported in the second half of 2016 with a crude birth rate (CBR) of 3.2/1,000 population/month which lower than the CBR in the first half of 2016 (4.6/1,000 population/month) but is higher than CBR during 2015 (2.8/1,000 population/month) as well as Jordan's CBR of 2.4/1,000 population/month<sup>2</sup> noting that the CBR for 2015 was underestimated due to the overestimation of population residing in Azraq camp. 20% of deliveries were caesarian section and all were attended by skilled health workers. This is comparable to 2015.

Low birth weight is 4.6% of livebirths. Reporting further improved in the third quarter (3.8) and fourth quarter (5.4) compared to the first quarter of 2016 when reported low birth weight was 0.4% of livebirths.

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. The reasons behind this are being explored.