

## Azraq Health Information System

First Quarter Report 2017



### Summary Key Points:

#### Mortality

In the first quarter of 2017, 21 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.2/1,000 population/month; 2.4/1,000 population/year) which is comparable to the CMR in 2016 (0.2/1,000 population/month; 2.3/1,000 population/year). 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 2015 according to the Department of Statistics (0.51/1,000 population/month; 6.1/1,000 population/year)<sup>2</sup>.

Among the 21 deaths, 4 were neonatal with a proportional mortality of 19%. Calculated Neonatal Mortality Rate (NNMR) in the first quarter of 2017 is 10.5/1,000 livebirths which is lower than the reported NNMR in 2016 (19.0/1,000 livebirths) noting that there were fluctuations in NNMR during 2016. This is also lower than 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 quarter of 2017 which was 35,384. 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 quarter of 2017 is likely to be underestimated.

#### Morbidity

There were 13.8 full time clinicians in Azraq camp during the first quarter 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 61 which is 22% higher than the maximum acceptable standard (<50 consultations per clinician per day). This is slightly lower ( $\approx 5\%$ ) than the rate in the second half of 2016.

Five alerts were generated, verified and investigated (in coordination with MOH) during the first quarter of 2017 for diseases of outbreak potential including suspected meningitis, suspected measles and watery diarrhea, zero outbreaks reported in the first quarter in Azraq camp.

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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 2015 – Department of Statistics

Acute health conditions accounted for approximately 78% of total OPD consultations in the first quarter of 2017. Upper respiratory tract infections (URTI), dental conditions and skin infections contributed to 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 2.3% of total consultations which 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. 1,098 new inpatient admissions were reported during the first quarter of 2017. This is more than 3 times the average in the first three quarters of 2016 and is attributed to the addition of the pediatrics unit as of the last week of October 2016. The bed occupancy rate is 95% with a hospitalization rate of (10.3/1,000 population/month; 124.1/1,000 population/year) which is markedly higher than the rate in the first three quarters of 2016 for the same reason mentioned above.

### Referrals

Total referrals to hospitals outside the camp were 2,217 in the first quarter of 2017 with a referral rate of 20.8/1,000 population/month which is comparable to the referral rate in the fourth quarter of 2016 (22/1,000 population/month).

### Reproductive Health

1,406 pregnant women were reported to have made their first antenatal care (ANC) visit during the first quarter of 2017; of which 83% of these made their first visit during the first trimester. This is a marked improvement since 2016 when it was very low (49%). Nevertheless, given that the total number of first ANC visits is 3.7 times the number of deliveries during the first 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).

Reported coverage of complete antenatal care in first quarter of 2017 is low. In particular antenatal tetanus immunization (62%) and complete antenatal care (77%). Nevertheless this has significantly improved compared to 2016 when the reported coverage was much lower (50 % and 31% for complete ANC coverage and tetanus immunization respectively). The coverage for anemia screening is 100%.

381 live births were reported in the first quarter of 2017 with a crude birth rate (CBR) of (3.6/1,000 population/month) which is comparable to the second half of 2016 (3.2//1,000 population/month) but is significantly lower than the CBR rate in the first half of 2016 (4.6/1,000 population/month)<sup>2</sup>. 18% of deliveries were caesarian section and all were attended by skilled health workers. This is slightly lower than the caesarian section rate in 2016 (21%).

Low birth weight is 4% of livebirths. Reporting markedly improved since the first quarter of 2016 (0.4%).

The number of obstetric complications treated is under-reported (3.9%). 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 still very low (12%). According to available records, most women complete only 2 visits after delivery. This is comparable to 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.