

Azraq Health Information System

First Half Report 2016



Summary Key Points:

Mortality

In the first half of 2016, 42 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.3/1,000 population/month; 4.0/1,000 population/year) which is higher than the reported CMR in Azraq camp in 2015 (0.1/1,000 population/month; 1.6/1,000 population/year) and is comparable to the reported CMR in Syria prior to the conflict in 2010 (0.33/1,000 population/month; 4/1,000 population/year)¹ but lower than 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)².

Among the 42 deaths, 8 were neonatal with neonatal mortality rate of 14.0/1,000 livebirths which is lower than the reported neonatal mortality rate in Azraq in 2015 (18.2/1,000 livebirths) and is comparable to Jordan's neonatal mortality rate of 14.9/1,000 livebirths; 52% 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, thus the NNMR in 2015 is likely to be overestimated.

CMR is influenced by the size of the population. CMR was calculated based on the median population in Azraq camp in the first half of 2016 which was 20,854. The peak of influx of new arrivals to Azraq camp was observed mainly during the second quarter of 2016.

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 first half of 2016 is likely to be underestimated.

Morbidity

There were 11.5 full time clinicians in Azraq camp during the first half of 2016 covering the outpatient department (OPD) with 45 consultations per clinician per day on average which is 25% higher than average in 2015. The increase was mostly observed in the second quarter of 2016 and this can be attributed to the significant increase in Azraq camp population with poor health profile in need of medical care and attention.

Thirty two alerts were investigated during the first half of 2016 for diseases of outbreak potential including bloody diarrhea, acute jaundice syndrome, acute flaccid paralysis, suspected measles, suspected meningitis and watery diarrhea. Noting that the investigated alerts in the

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

second quarter of 2016 are double the investigated alerts in the first quarter of 2016. This can also be attributed to the poor health profile of the new arrivals at Azraq camp.

There is a marked increase in the total consultations in the first half of 2016 (86,461) as compared to the first half and second half of 2015. However, this marked increase is proportionate to the increase in population and was mostly observed during the second quarter of 2016.

Acute health conditions accounted for approximately 78% of total OPD consultations in the first half of 2016; upper respiratory tract infections (URTI), watery diarrhea and skin infections were the main reasons to seek medical care in the first half of 2016. Noting that the number of reported watery diarrhea cases is likely to be overestimated especially in children under 5 years of age where some physicians rely only on the history obtained from the mother in diagnosing watery diarrhea cases.

There were 5,095 consultations for chronic non-communicable diseases in the first half of 2016 with comparable consultations during the first and second quarters which is less than proportionate to the increase in population in the second quarter of 2016 and the reasons behind this are being explored. The main reasons to seek medical care in the second quarter of 2016 were hypertension, diabetes and asthma.

There were 2,208 consultations for mental health conditions in the first half of 2016 with comparable consultations during the first and second quarters which is less than proportionate to the increase in population during the second quarter of 2016. Reasons behind this are also being explored. Mental health consultations accounted for approximately 2.6% of total consultations with severe emotional disorders (including moderate- severe depression) and epilepsy/seizures 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 and delivery. 636 new inpatient admissions for delivery were reported during the first half of 2016 with a bed occupancy rate of 65% and hospitalization rate of (5.1/1,000 population/month; 61.0/1,000 population/year) which is 58% lower compared to hospitalization rate in 2015. This can be attributed to the fact that the Finnish Red Cross Hospital that was functioning in 2015 had a wider range of inpatient services compared to the current IMC Hospital. Please note this does not include referrals for inpatient admissions outside of the camp.

Referrals

Total referrals to hospitals outside the camp were 2,018 in the first half of 2016. 38% of referrals were to Ministry of Health (MoH) hospitals. The referral rate during the second quarter of 2016 was 16.1/1,000/month which is higher than the referral rate in 2015 noting that the referral rate during 2015 was likely underestimated due to the unavailability thus the overestimation of actual population figure resident inside Azraq camp during 2015.

Reproductive Health

2,891 pregnant women made their first antenatal care (ANC) visit during the first half of 2016; only 36% of these made their first visit during the first trimester. This is expected as most of the new arrival pregnant women were in their third trimester. Nevertheless, given that the total number is 5.1 times the number of deliveries during the first 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 thus being reported more than once).

Reported coverage of complete antenatal care in the first half of 2016 is low and is even lower than the reported coverage in 2015. In particular Tetanus vaccination coverage (at least two doses) is 30% coverage of antenatal care (4 or more ANC visits) is 41%, but anemia screening of pregnant women has improved (99%). The low coverage can be attributed to the fact that most of the new arrival pregnant women were in their third trimester of pregnancy and thus did not complete 4 or more ANC visits nor did they take 2 doses of tetanus vaccine.

572 live births were reported in the first half of 2016 with a crude birth rate of 4.6/1,000 population/month which is higher than CBR during 2015 (2.8/1,000 population/month) as well as Jordan's CBR of 2.4/1,000 population/month². 21% of deliveries were caesarian section and all were attended by skilled health workers. This is comparable to 2015.

Low birth weight is 2.1% of livebirths. This is likely to be under-reported but reporting in the second quarter of 2016 compared to the first quarter of 2016 and 2015.

Postnatal care (PNC) of at least three postnatal visits within six weeks is low (36%) with very low reported coverage during the second quarter of 2016 (5%) and likely overestimated coverage in the first quarter of 2016 (74%). According to available records, most women complete only 2 visits after delivery. The reasons behind this are being explored.