



Azraq Health Information System

Summary Report

Second Half 2023

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the second half of 2023 covers the period 01 July to 29 December 2023 (Week 26 – Week 52). It includes data from all health facilities in Azraq camp reporting on HIS on weekly basis. This includes IMC Hospital, IMC clinic in Village 5, comprehensive AMR health facility, and AMR clinic in Village 2 in addition to the reproductive health services provided by IRC in village 5 and the comprehensive health facility. The population figure used for calculating indicators is the median for the reporting period; 41,012.

II. Mortality

During the second half of 2023, 24 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.2/1,000 population/year). This is lower by 33% compared to the first half (1.6/1,000 population/year). The rate is also lower compared to the reported CMR in Jordan in 2022 according to the Department of Statistics (0.50/1,000 population/month; 6.0/1,000 population/year)¹.

Among the 24 deaths, 10 (42%) were in children under 5, of which 8 were neonatal with a neonatal mortality rate (NNMR) of 14.8/1,000 livebirths. NNMR in the second half is comparable to the first half (14.3/1,000 livebirths).

Neonatal deaths and cardiovascular disease were the top causes of mortality with proportional mortalities of 33% and 25%, respectively.

Mortalities reported on HIS are obtained from Azraq Camp Central Death Registry which includes deaths that took place inside the camp and deaths at referral health facilities outside the camp. Nevertheless, the system does not capture death cases that occur out of the camp who have not followed the usual referral pathways.

III. Morbidity

The health facilities in Azraq camp with outpatient department (OPD) activities operated on average 4.9 days per week. On each day the health facilities were functioning, there were on average 23 full time clinicians covering the OPD with a rate of 40 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day).

1. Acute health conditions

Thirteen alerts were investigated during the reporting period for diseases of outbreak potential including watery diarrhea, bloody diarrhea, acute jaundice syndrome, and suspected meningitis.

¹ Jordan Statistical Yearbook 2022 – Department of Statistics

Upper respiratory tract infections (URTI), dental conditions, and skin diseases were the main reasons to seek medical care for an acute health condition with proportional morbidities of 36%, 14% and 4% respectively. The reported acute health conditions in the second half of 2023 (94,232) are comparable to the first half (91,397).

2. Chronic health conditions

Hypertension, diabetes and thyroid disorders were the main reasons to seek medical care for a chronic health condition with proportional morbidities of 33%, 19% and 9% respectively. T

3. Mental health conditions

Mental health consultations accounted for 2.1% of total OPD consultations. Severe emotional disorders (including moderate- severe depression) and epilepsy/seizures were the two main reasons to seek mental health care during the reporting period.

4. Injuries

Consultations for injuries accounted for approximately 1.8% of total OPD consultations.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 1,326 new inpatient admissions were reported with a bed occupancy rate of 54% and a hospitalization rate of (5.4/1,000 population/month; 65/1,000 population/year). 42% of the admissions were for children under 5.

V. Referrals to Secondary and Emergency Healthcare (Out-of-Camp)

Total referrals to hospitals outside the camp for secondary and emergency healthcare were 2,154 with a referral rate of 8.8/1,000 population/month. 54% of referrals were to private-affiliated hospitals.

VI. Reproductive Health

1. Antenatal care

633 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 91% of those were reported to have made the visit during the first trimester.

2. Delivery care

Anemia screening coverage and complete antenatal coverage at time of delivery are 97% and 94% respectively. Both are above the standard ($\geq 90\%$). TT vaccination coverage is low (30%) and the reasons behind this are still being looked at.

540 live births were reported with crude birth rate of 2.2/1,000 population/month. 99.4% of the reported deliveries were attended by a skilled health worker. 24% of all deliveries were performed by caesarian section. Low birth weight accounted for 5% of livebirths.

3. Postnatal care

Postnatal care (PNC) coverage during the reporting period is 59% which is below the standard. Reasons behind the low coverage are being looked at.