Azraq Health Information System

Summary Report

2024

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for 2024 covers the period 29 December 2023 to 27 December 2024 (Week 01 – Week 52) with data from all health facilities in Azraq camp reporting on HIS on weekly basis. This includes IMC Hospital, comprehensive AMR health facility in Village 3, AMR Clinic in Village 5, and AMR clinic in Village 2 in addition to the reproductive health services provided by IFH in village 5 and the comprehensive health facility. The population figure used for calculating indicators is the median for the reporting period; 41,554.

II. Mortality

Sixty-one mortalities were reported during 2024 from Azraq camp with a Crude Mortality Rate (CMR) of (0.12/1,000 population/month; 1.5/1,000 population/year). Among the 61 deaths, 21 (34%) were in children under 5, 12of which were neonatal with a neonatal mortality rate (NNMR) of 13.7/1,000 livebirths.

Cardiovascular diseases, neonatal deaths, and cancer were the top causes of mortality with a proportional mortality of 26, 22%, and 5%, 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 5 days per week. On each day the health facilities were functioning, there were 23 full time clinicians covering the OPD with a rate of 39 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day).

1. **Acute health conditions**
   Thirty-eight alerts were investigated during the reporting period for diseases of outbreak potential including watery diarrhea, bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles.
   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 34%, 13% and 4% respectively.

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 34%, 21%, and 10%, respectively.

3. **Mental health conditions**
   Mental health consultations accounted for 2.5% of total OPD consultations. Moderate-severe emotional disorder and epilepsy/seizures were the two main reasons to seek mental health care with proportional morbidities of 38% and 33%, respectively.

4. **Injuries**
   Consultations for injuries accounted for approximately 1.0% of total OPD consultations, majority of which were accidents.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 2,205 new inpatient admissions were reported with a bed occupancy rate of 60% and a hospitalization rate of (4.4/1,000 population/month; 53.1/1,000 population/year). 46% 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 4,093 with a referral rate of 8.2/1,000 population/month.

VI. Reproductive Health

1. **Antenatal care**
   During 2024, 1,191 pregnant women were reported to have made their first antenatal care (ANC) visit, of which only 73% of those were reported to have made the visit during the first trimester. The number of reported first ANC visits during the third quarter of 2024 was two times higher than the number of deliveries during the same period and can be attributed to the transition between partners implementing reproductive health services in Azraq Camp resulting in double counting of women. This affected the overall 2024 percentage.

2. **Delivery care**
   Coverage of anemia screening in pregnancy and coverage of complete antenatal care at time of delivery were 91% and 90% respectively. Coverage of antenatal tetanus immunization is low (33%) and the reasons behind this are still being looked at.

   Reported livebirths were 873 during 2024 with a crude birth rate of 1.8/1,000 population/month (21.0/1,000 population/year). Caesarian section accounted for 29% of all deliveries were performed by caesarian section. Low birth weight accounted for 6% of livebirths.

3. **Postnatal care**
   Postnatal care (PNC) coverage during the reporting period is 53%. Reasons behind the low coverage are being explored by the reproductive health service providers.

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