



Azraq Health Information System

Summary Report

Second Quarter 2022

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the second quarter of 2022 covers the period 02 April to 01 July 2022 (Week 14 – Week 26). It includes data from all health facilities in Azraq camp reporting on HIS on weekly basis. This includes IMC Hospital, IMC COVID-19 Treatment Center, IMC Clinic in Village 5, AMR Clinics in Villages 2, 3 and 6, in addition to the reproductive health services provided by IRC in villages 3, 5, and 6. The population figure used for calculating indicators is the median for the reporting period; 39,505.

II. Mortality

During the second quarter of 2022, 17 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.7/1,000 population/year). This is comparable to the first quarter of 2022 (0.2/1,000 population/month; 2.1/1,000 population/year). Nevertheless, the rate is lower compared to the reported CMR in Jordan in 2021 according to the Department of Statistics (0.50/1,000 population/month; 6.0/1,000 population/year)¹.

Among the 17 deaths, 7 (41%) were in children under 5, of which 6 were neonatal with a neonatal mortality rate (NNMR) of 19.3/1,000 livebirths. This is slightly lower than the NNMR is the first quarter of 2022 (25.7/1,000 livebirths).

Neonatal deaths and cardiovascular diseases were the top causes of mortality with proportional mortalities of 35% and 12% 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 5.4 days per week. On each day the health facilities were functioning, there were approximately 25.2 full time clinicians covering the OPD with a rate of 37 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day). The rate is comparable to the first quarter of 2022 (32 consultations per clinician per day).

1. Acute health conditions

Twelve alerts were investigated during the reporting period for diseases of outbreak potential including watery diarrhea, bloody diarrhea, acute jaundice syndrome,

¹ Jordan Statistical Yearbook 2021 – Department of Statistics

suspected measles and suspected meningitis. In addition, trends of COVID-19 cases in the camp were continuously monitored.

Upper respiratory tract infections (URTI), dental conditions, and urinary tract infections (UTI) were the main reasons to seek medical care for an acute health condition with proportional morbidities of 26%, 14% and 6% 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 33%, 21% and 8% respectively.

3. Mental health conditions

Mental health consultations accounted for 2.2% 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 4.4% of total OPD consultations.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital and IMC COVID-19 treatment center in Azraq camp, the latter until the end of May 724 new inpatient admissions were reported with a bed occupancy rate of 30% and a hospitalization rate of (6.1/1,000 population/month; 73.3/1,000 population/year). 42.3% of the admissions were for children under 5.

V. Referrals (Out-of-Camp)

Total referrals to hospitals outside the camp were 917 with a referral rate of 7.7/1,000 population/month. Referrals for children under 5 and obstetric referrals accounted for 15.8% and 7% of total referrals respectively. 74.8% of referrals were to private-affiliated hospitals.

VI. Reproductive Health

1. Antenatal care

340 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 92% 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 88% and 88% respectively. Both are within the acceptable standard. TT vaccination coverage is low; 33%.

311 live births were reported with crude birth rate of 2.6/1,000 population/month. 2 deliveries were not attended by a skilled health worker and 27% of all deliveries were performed by caesarian section. Low birth weight accounted for 7% of livebirths.

3. Postnatal care

4. Postnatal care (PNC) coverage during the reporting period is 49%. PNC coverage is more reflective as a bi-annual and annual figure.