



Azraq Health Information System

Summary Report

Second Quarter 2023

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the second quarter of 2023 covers the period 01 April to 30 June 2023 (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 Clinic in Village 5, AMR Clinics in Villages 2 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; 40,628.

II. Mortality

During the second quarter of 2023, 12 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 compared to the first quarter (2.1/1,000 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 12 deaths, 8 (67%) were in children under 5, of which 3 were neonatal with a neonatal mortality rate (NNMR) of 11.5/1,000 livebirths. This is lower compared to the rate in 2022 and in the first quarter (18.3/1,000 livebirths, and 16.6/1,000 livebirths respectively).

Cardiovascular diseases, neonatal deaths, and LRTI were the top causes of mortality with proportional mortalities of 29%, 24% and 14% 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 approximately 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). The rate is slightly lower compared to the first quarter (45 consultations per clinician per day).

¹ Jordan Statistical Yearbook 2022 – Department of Statistics

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, suspected measles and suspected meningitis.

Upper respiratory tract infections (URTI), dental conditions, and watery diarrhea were the main reasons to seek medical care for an acute health condition with proportional morbidities of 32%, 13% and 4% respectively. The reported acute health conditions in the second quarter (41,241) are lower by 18% compared to the first quarter (50,156) and is mainly attributable to the decreased reported URTI cases in the second quarter.

2. **Chronic health conditions**

Hypertension, diabetes and asthma were the main reasons to seek medical care for a chronic health condition with proportional morbidities of 31%, 20% and 8% respectively.

3. **Mental health conditions**

Mental health consultations accounted for 1.9% 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 2.2% of total OPD consultations.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 682 new inpatient admissions were reported with a bed occupancy rate of 62% and a hospitalization rate of (5.6/1,000 population/month; 67/1,000 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 1,102 with a referral rate of 9.1/1,000 population/month. 48% of referrals were to private-affiliated hospitals.

VI. Reproductive Health

1. **Antenatal care**

361 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 85% 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 98% and 95% respectively. Both are above standard ($\geq 90\%$). TT vaccination coverage is low (23%) and the reasons behind this are still being looked at.

260 live births were reported with crude birth rate of 2.1/1,000 population/month. One of the reported deliveries was not attended by a skilled health worker. 27% 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 42% which is below the standard, however PNC coverage is more reflective as a bi-annual and annual figure.