



Azraq Health Information System

Summary Report

First Quarter 2024

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the first quarter of 2024 covers the period 30 December 2023 to 29 March 2024 (Week 01 – Week 13). 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; 41,216.

II. Mortality

During the first quarter of 2024, 14 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.4/1,000 population/year).

Among the 14 deaths, 3 (21%) were in children under 5, 2 of which were neonatal with a neonatal mortality rate (NNMR) of 8.0/1,000 livebirths.

Cardiovascular diseases and neonatal deaths were the top causes of mortality with proportional mortalities of 50% 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 5.5 days per week. On each day the health facilities were functioning, there were 25 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

Three alerts were investigated during the reporting period for diseases of outbreak potential including bloody diarrhea, watery diarrhea, and acute jaundice syndrome. Upper respiratory tract infections (URTI), dental conditions, and urinary tract infections were the main reasons to seek medical care for an acute health condition with proportional morbidities of 40%, 12% and 4% respectively.

2. Chronic health conditions

Hypertension, diabetes and musculoskeletal disorders were the main reasons to seek medical care for a chronic health condition with proportional morbidities of 36%, 21%, and 16%, 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 37% and 33%, respectively.

4. **Injuries**

Consultations for injuries accounted for approximately 0.9% of total OPD consultations, majority of which were accidents.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 645 new inpatient admissions were reported with a bed occupancy rate of 67% and a hospitalization rate of (5.2/1,000 population/month; 62.6/1,000 population/year). 51% 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 1,076 with a referral rate of 8.7/1,000 population/month.

VI. Reproductive Health

1. **Antenatal care**

218 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 94% of those were reported to have made the visit during the first trimester.

2. **Delivery care**

Coverage of anemia screening in pregnancy and coverage of complete antenatal care at time of delivery were 97% and 94% respectively. Both are above standard ($\geq 90\%$). Coverage of antenatal tetanus immunization is low (36%) and the reasons behind this are still being looked at.

250 live births were reported with crude birth rate of 2.0/1,000 population/month (24.3/1,000 population/year). 99.6% deliveries were 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 76% which is below the standard, however PNC coverage is more reflective as a bi-annual and annual figure.