Azraq Health Information System

Summary Report

Second Half 2024

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the second half of 2024 covers the period 29 June to 27 December 2024 (Week 27 – 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; 41,742.

II. Mortality

Twenty-seven mortalities were reported during the second half of 2024 from Azraq camp with a Crude Mortality Rate (CMR) of (0.11/1,000 population/month; 1.3/1,000 population/year). Among the 27 deaths, 13 (48%) were in children under 5, 6 of which were neonatal with a neonatal mortality rate (NNMR) of 14.9/1,000 livebirths.

Cardiovascular diseases and neonatal deaths were the top causes of mortality with a proportional mortality of 22% each.

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 21 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**
   Twenty alerts were investigated during the reporting period for diseases of outbreak potential including 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 31%, 14% and 5% 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 2.6% 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 40% and 32%, 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. 1,026 new inpatient admissions were reported with a bed occupancy rate of 63% and a hospitalization rate of (4.1/1,000 population/month; 49.1/1,000 population/year). 44% 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 2,054 with a referral rate of 8.2/1,000 population/month.

VI. Reproductive Health

1. **Antenatal care**
   During the second half, 731 pregnant women were reported to have made their first antenatal care (ANC) visit, of which only 63% of those were reported to have made the visit during the first trimester. The number of reported first ANC visits is two times 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.

2. **Delivery care**
   Coverage of anemia screening in pregnancy and coverage of complete antenatal care at time of delivery were 86% and 86% respectively. Coverage of antenatal tetanus immunization is low (32%) and the reasons behind this are still being looked at.

   Reported livebirths were 404 during the second half with a crude birth rate of 1.6/1,000 population/month (19.4/1,000 population/year) and all of which were attended by a skilled health worker. Caesarian section accounted for 28% 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%. Reasons behind the low coverage are being explored by the reproductive health service providers.

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