



## Azraq Health Information System

### Summary Report

#### First Half 2024

## I. Introduction

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Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the first half of 2024 covers the period 30 December 2023 to 28 June 2024 (Week 01 – 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, 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; 41,421.

## II. Mortality

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During the first quarter of 2024, 34 mortalities were reported from Azraq camp with a Crude Mortality Rate (CMR) of (0.1/1,000 population/month; 1.6/1,000 population/year).

Among the 34 deaths, 8 (24%) were in children under 5, 6 of which were neonatal with a neonatal mortality rate (NNMR) of 12.8/1,000 livebirths.

Cardiovascular diseases, neonatal deaths, and cancer were the top causes of mortality with proportional mortalities of 32%, 18%, and 9%, 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

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The health facilities in Azraq camp with outpatient department (OPD) activities operated on average 5.3 days per week. On each day the health facilities were functioning, there were 24 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

Eighteen alerts were investigated during the reporting period for diseases of outbreak potential including bloody diarrhea, watery diarrhea, acute jaundice syndrome, and suspected meningitis.

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 36%, 12% 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 35%, 21%, and 11%, 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 1.0% of total OPD consultations, majority of which were accidents.

## **IV. Inpatient Department Activities (In-Camp)**

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Inpatient department activities are conducted by IMC Hospital. 1,179 new inpatient admissions were reported with a bed occupancy rate of 59% and a hospitalization rate of (4.7/1,000 population/month; 56.9/1,000 population/year). 49% of the admissions were for children under 5.

## **V. Referrals to Secondary and Emergency Healthcare (Out-of-Camp)**

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Total referrals to hospitals outside the camp for secondary and emergency healthcare were 2,050 with a referral rate of 8.2/1,000 population/month.

## **VI. Reproductive Health**

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### 1. **Antenatal care**

460 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 89% 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 95% and 94% respectively. Both are above standard ( $\geq 90\%$ ). Coverage of antenatal tetanus immunization is low (34%) and the reasons behind this are still being looked at.

469 live births were reported with crude birth rate of 1.9/1,000 population/month (22.6/1,000 population/year). One delivery was not attended by a skilled health worker. 30% 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 63% which is below the standard.