Azraq Health Information System
Summary Report
Second Quarter 2025

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014.

The report for Quarter2 2025 covers the period 29 March to 27 June 2025 (Week 14 – Week 26) 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 average for the reporting period; 39,452.

II. Mortality

Ten mortalities were reported during the second quarter of 2025 from Azraq camp with a Crude Mortality

Rate (CMR) of (0.1/1,000 population/month; 1.2 /1,000 population/year). which is decreased comparing with the same period of the last year, which was (0.2/1,000 population/month; 1.9/1,000 population/year).

Among the 10 deaths, 4 (40%) were in children under 5, 2 of which were neonatal with a neonatal mortality rate (NNMR) of 11.3/1,000 livebirths. The results show decrease in death rate comparing with the same period of the last year

The top causes of mortalities are 2 neonatal deaths, and 2 Pneumonia, 1 Cardiovascular, and 1 Cancer, with a proportional mortality of 20%, 20%, 10% and 10% respectively. The same underlaying causes usually reported.

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

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.

functioning, there were 22 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

Eleven alerts were investigated during the reporting period for diseases of outbreak potential including watery diarrhea, bloody diarrhea, acute jaundice syndrome, suspected meningitis, and suspected measles. Around the average numbers of the previous reports.

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 33%, 17% and 4% respectively. Around the average percentages of the same period of the last year.

2. Chronic health conditions

Hypertension, diabetes, Asthma and thyroid disorders were the main reasons to seek medical care for a chronic health condition with proportional morbidities of 37%, 23%, 10% and 9%, respectively. Nearly the same compared with the same period of the last year.

3. Mental health conditions

Total cases served by Mental health services during the reported period were 1404. Moderate severe emotional disorder and epilepsy/seizures were the two main reasons to seek mental health care with proportional morbidities of 21% and 29%, respectively. The same reasons reported in the last year with a little deceased percentages comparing with the same period of the last year.

4. Injuries

Total cases served due to injuries were 0.9% of total OPD consultations, majority of which were accidents. Decreased 0.4%, comparing with the last year second quarter.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 423 new inpatients admissions were reported with a bed occupancy rate of 48% and a hospitalization rate of (3.5/1,000 population/month; 42/1,000 population/year) noticed a little decreased numbers and percentages comparing with the same period of the last year.31% of the admissions were for children under 5**.** Around 15% decreased compared with the same period of last year.

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

Total referrals to hospitals outside the camp for secondary and emergency healthcare were 739 with a referral rate of (6.2/1,000 population/month; 74.4/1,000 population/year). Around 10% decreased in percentages comparing with the same period of the last year report.

VI. Reproductive Health

1. Antenatal care

During second quarter of 2025, 239 pregnant women were reported to have made their first antenatal care (ANC) visit, of which only 68% of those were reported to have made the visit during the first trimester. The number of reported first ANC visits during the Second quarter of 2025 was higher than 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. Follow up to improve the coordination between SRHWG and services providers.

2. Delivery care

Coverage of anemia screening in pregnancy and coverage of complete antenatal care at time of delivery were the same 92% respectively. Coverage of antenatal tetanus immunization is low (33%) and the reasons behind this are still being looked at.

Reported livebirths were 177 during the second quarter of 2025 with a crude birth rate of (1.5/1,000 population/month; 18/1,000 population/year). 31% of all deliveries were performed by caesarian section. Low birth weight accounted for 3%

of livebirths. A significant decrease in percentages comparing with the same period reports of the last year

3. Postnatal care

Postnatal care (PNC) coverage during the reporting period is 14%. Reasons behind the low coverage is being explored by the reproductive health service providers. Needs more follow up among SRHWG meeting.