



Azraq Health Information System

Summary Report

First Half 2023

I. Introduction

Health information system (HIS) has been implemented in Azraq camp since April 2014. The report for the first half of 2023 covers the period 31 December 2022 to 30 June 2023 (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, 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; 40,449.

II. Mortality

During the first half of 2023, 33 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). This is comparable to 2022 (1.7/1,000 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 33 deaths, 17 (52%) were in children under 5, of which 8 were neonatal with a neonatal mortality rate (NNMR) of 14.3/1,000 livebirths. This is lower compared to the rate in 2022 (18.3/1,000 livebirths).

Neonatal deaths, LRTI, and cardiovascular disease were the top causes of mortality with proportional mortalities of 24%, 24% and 21% 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 42 consultations per clinician per day and is within the acceptable standard (<50 consultations per clinician per day). The rate is slightly higher compared to 2022 (38 consultations per clinician per day).

1. Acute health conditions

Twenty-two 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.

¹ Jordan Statistical Yearbook 2022 – Department of Statistics

Upper respiratory tract infections (URTI), dental conditions, and urinary tract infections (UTI) were the main reasons to seek medical care for an acute health condition with proportional morbidities of 36%, 14% and 4% respectively. The reported acute health conditions in the first half of 2023 (91,397) are comparable to the first half of 2022 (95,672).

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 33%, 21% and 8% respectively. The reported chronic health conditions in the first half of 2023 (10,673) are comparable to the first half of 2022 (10,393).

3. Mental health conditions

Mental health consultations accounted for 2.1% 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 1.8% of total OPD consultations.

IV. Inpatient Department Activities (In-Camp)

Inpatient department activities are conducted by IMC Hospital. 1,392 new inpatient admissions were reported with a bed occupancy rate of 62% and a hospitalization rate of (5.7/1,000 population/month; 68/1,000 population/year). 47% 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 1,958 with a referral rate of 8.1/1,000 population/month. 58% of referrals were to private-affiliated hospitals.

VI. Reproductive Health

1. Antenatal care

759 pregnant women were reported to have made their first antenatal care (ANC) visit, of which 84% 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 96% respectively. Both are above the standard ($\geq 90\%$). TT vaccination coverage is low (26%) and the reasons behind this are still being looked at.

561 live births were reported with crude birth rate of 2.3/1,000 population/month. Three of the reported deliveries were 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 40% which is below the standard. Reasons behind the low coverage are being looked at.